

Area I Agency on Aging Action for Eastern Montana

Area Plan on Aging



October 1, 2023 – September 30, 2027

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Executive Summary

This Area Plan on Aging is hereby submitted for Planning and Service Area I, serving the counties of Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, Wibaux, and Fort Peck Reservation.

This plan includes all assurances and plans to be followed by Area I Agency on Aging under provisions of the Older Americans Act of 1965, as amended during the period identified.

This plan also includes no requests for waivers to provide direct services.

Area I Agency on Aging and its Executive/Governing Board assumes full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Older Americans Act and Regulations, Administrative Rules of Montana, and related State policy. In accepting this authority, the Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the Planning and Services Area.

The focus group meetings were held on this plan were conducted in all of Area I counties including on the Fort Peck Reservation. There were approximately 286 people that put their input into this plan with eighteen meetings.

The Area Plan on Aging has been developed in accordance with all rules and regulations as specified under the Older Americans Act, has been reviewed by the Area Agency on Aging Advisory Council and the Executive/Governing Board of the Area Agency on Aging, and is hereby submitted to the State Office on Aging for approval.

The AAA will revise our contract with our subcontractors to include a section on how they intend to serve individuals with greatest economic need, greatest social need and older individuals at risk for institutional placement. Our State Unit on Aging launched a new statewide database, Capstone, and we will be able to run reports from this system that will show the numbers of people served by service categories. Subcontractors will be required to include specific objectives in an attachment to the contract for providing services to individuals with greatest economic need, greatest social need, older individuals at risk for institutional placement and low-income minority older individuals where appropriate.

Page 36 lists what core programs the Area I subcontractors expect to provide in FY 2023. Not all needed core programs are available in all counties and on the Ft Peck reservation as there isn't enough funding to provide all services.

Many Area I subcontractors are having to do more fund raising and increase client suggested contributions to continue to provide current services with the cost of inflation.

Action for Eastern Montana's mission, Vision, and Values follow below

MISSION STATEMENT

Action for Eastern Montana is committed to strengthening and enhancing the quality of life within the communities we serve by promoting education, advocacy, and dignity for achieving independence.

VISION

Action for Eastern Montana, through advocacy, education, collaboration, and initiative will empower people of all ages to build on their dreams, live with dignity and achieve independence.

VALUES

An organization's values are reflected in how its staff go about their work and how they interact with one another, with their customer and with larger community. Those values also give the organization a reference point from which to measure its success.

WORTH OF EVERY INDIVIDUAL... Action for Eastern Montana believes in the fundamental value of each individual; all people deserve respect for their basic humanity and individuality. It is Action for Eastern Montana's goal to empower individuals to recognize and achieve their fullest potential.

FAMILY... Families are basic building blocks of society; individuals learn to relate to one another in families. Families train children for full participation in society, to become the parents of future generations. Healthy families create healthy societies and healthy future generations.

GROWTH AND DEVELOPMENT... Discovery, learning, growth, and change are the means by which individuals and organizations reach their full potential. Action for Eastern Montana believes in nurturing self-esteem and self-reliance in our customers and ourselves, forming partnerships, which build strong motivated individuals. Responsibility lies in the hands of the individual.

OPPORTUNITY... Action for Eastern Montana empowers families to overcome the barriers which limit their opportunities, to acquire the skills with which to learn and grow, to reclaim their right to dream of a better future and to pursue their share of the best their community can offer.

PARTNERSHIPS... Action for Eastern Montana does not work alone; it is part of a network of community organizations. Effective partnerships are grounded on trust.

COMMUNITY... Action for Eastern Montana believes that all people should feel they are part of their community, that all individuals, families, and organizations need to be treated as valuable members of the community if they are to grow and succeed.

INNOVATION... Seeing our role as an advocate in the lives of the families with whom we work and in the communities, we serve, Action for Eastern Montana strives to operate at the cutting edge of knowledge and practice, continually exploring new ways to achieve Action for Eastern Montana's mission.

EXCELLENCE... Giving one's best is the Action for Eastern Montana standard measure of human performance. We achieve excellence with honesty, integrity, a sense of humor, a sense of enjoyment and an optimistic attitude.

THE ONLY FAILURE IS NOT TRYING!!

Context

Area I Agency on Aging is housed in Action for Eastern Montana. Our service area covers 47,953 square miles, which is larger than the combined size of Massachusetts, Vermont, Delaware, New Hampshire, New Jersey, Connecticut, and Rhode Island; in fact, it is larger than 18 individual states, one tribal nation Fort Peck Assiniboine and Sioux Tribes. We cover 82 specific communities and towns. Our 2020 service area population is 78,902

Core Services continue to be the vital link to independence and community. Access services to community focal points allow for important involvement in meeting the needs of older Montanans. Services such as Congregate Meals; Home Delivered Meals, Nutrition Education, Transportation, Homemaker Services, Socialization and Evidenced Based Health Promotion & Disease Prevention; Senior Center Activities; Caregiver Support; Respite and Outreach Activities; Aging and Disability Resource Centers and State Health Insurance Program / Option Counselors provide the link necessary to connect older Montanans with information, resources, and services necessary for independence and autonomy. Elder Justice Programs such as Legal Support, Adult Protective Services and the Montana Long-Term Care Ombudsman Program assist individuals to reside in settings of their choosing and support their choice of lifestyle while preserving individual rights and reduce the risk abuse, neglect, and exploitation.

Major challenges to provision of necessary services are funding, location & population density, access, and transportation.

Funding - The top concern continues to be funding for all services and programs. This comes as no surprise as the federal funding over many years has declined or remained flat despite an increasing senior population. This has resulted in service partners within our area having to make hard choices about the level of service they can offer. In many of the smaller communities services are extremely limited and do not fulfill the need, but participants are grateful to have services that are available.

These challenges not only interfere with any real possibility to expand programs but provide great challenges with maintaining the current level of services being provided. There is great concern and anxiety over the fact that our elderly population continues to increase, but our funding is not following that trend.

Location & Population Density - The very frontier nature of services in our PSA creates huge issues. In our PSA much of our population is centered in the more rural/urban area of Custer County with a population of 3,859 residents over age 60 years and older. The smallest County in the PSA is Treasure with 316 residents over 60 years old. Despite the fact that our largest county has some of the largest number of program participants, residents of our smaller counties and communities have needs that can't be achieved with limited resources. Resolution will require creative solutions and perhaps a different way to provide services than how they have been provided traditionally.

The Area as a whole includes almost 50,000 square miles and is the largest area agency on aging in the nation. There are many individuals spread out through the farming/ranching community and living in or near communities with very sparsely populated areas with little or no community services available. Often there are no individuals available to provide caregiving activities when they are necessary. Many individuals rely on friends and neighbors to provide necessary care and support.

A number of individuals residing in our most rural locations have had to make the choice to move to a more populated location to receive services such as assisted living as it is not offered in their home communities. Housing options, especially subsidized housing is scarce in smaller communities and often in the more populated areas of the PSA there are waiting lists for affordable housing. If there are individuals experiencing disability and mobility issues, the problems are even greater. Our Counselors and staff are aware of what is available and do their best to assist with problem resolution for citizens throughout our area.

Access & Transportation - Given our frontier location, transportation continues to be a major issue. The programs with the ability to provide a transportation program are sparsely located throughout our planning and service area. The needs of the individuals in our area also vary greatly. Many have available transportation or individuals that can transport them for their needs, but the most isolated and vulnerable individuals often do not. Rural communities have faced increased challenges in providing this service as a result of limited funding and participant numbers.

Area I also recognizes the responsibility to serve older Montanans by advocating for necessary services, funding, and education of policymakers on the real issues older Montanans are facing in their communities.

Recent budget challenges in our state have limited public access to the Office of Public Assistance (OPA) and resulted in the closure of rural offices. During the same time, funding to public mental health programs were cut resulting in less available case management to the individuals that required the most assistance. This has shifted the burden of support to other programs such as the Area Agency on Aging, health care and other social service programs to provide support and avoid more expensive facility-based care.

Needs Assessment

Summary of Needs Assessment and Findings

The information contained in the Area Plan was compiled through discussions, public listening sessions, meetings with centers, county councils on aging boards & tribal entities as well as through feedback from program participants, service providers and other stakeholders in our 18 county Planning and Service Area (PSA) in Eastern Montana. The information obtained provides an accurate snapshot of the issues faced in the PSA as they relate to delivery of needed services and community challenges. The plan includes the expressed desire for inclusion and preservation of community.

The State of Montana also compiled a statewide needs assessment to a random sampling to citizens over the age of 55. Feedback from that survey was also used in the writing of this area plan.,

Area I had a total of 778 responses over Area I service area that includes seventeen counties and the Fort Peck Assiniboine tribes.

The needs summary from this state wide assessment show that the following are areas of major or moderate problems that we as Area I will be working on in the coming years to address them.

Caregiving

- Feeling PHYSICALLY burdened by providing care for another person
- Feeling EMOTIONALLY burdened by providing care for another person
- Feeling FINANCIALLY burdened by providing care for another person

Civic Engagement

- Feeling like your voice is heard in the community

Community Inclusivity

- Having friends or family you can rely on
- Feeling lonely or isolated
- Feeling like you don't fit in or belong

Employment

- Finding work in retirement
- Building skills for paid or unpaid work

Equity

- Being treated fairly no matter your age or disability, racial or ethnic status, cultural, social or geographic isolation, religious affiliation, or gender identity

Finances

- Having enough money to meet daily expenses
- Having enough money to pay your property taxes

Health Care

- Finding affordable health insurance
- Getting the health care, you need
- Getting the oral health care, you need
- Getting the vision care you need
- Affording the medications, you need

Housing

- Having housing to suit your needs
- Doing heavy or intense housework
- Maintaining your home
- Maintaining your yard

Information and Assistance

- Having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid
- Not knowing what services are available to older adults in your community

Mental Health

- Experiencing confusion or forgetfulness
- Feeling depressed
- Dealing with the loss of a close family member or friend

Mobility

- Having safe and affordable transportation available
- No longer being able to drive

Physical Health

- Your physical health
- Falling or injuring yourself in your home
- Staying physically fit
- Maintaining a healthy diet
- Having enough food to eat

Safety

- Being a victim of crime
- Being a victim of fraud or a scam
- Being physically or emotionally abused

Social Engagement

- Feeling bored

Impact of Changing Demographics

Population Type by Area I	Total #	% of Area
	in Area	Population
Total Area Population	80,263	100%
Total Area Population 60+	22,004	27.55
African-American 60+	41	0.19
American Indian 60+	1,501	6.82
Hispanic/ Latino 60+	95	0.43
Pac Islander 60+	10	0.05
Two Or More Races 60+	280	1.27
Hispanic/ Latino 60+	286	1.30
Poverty (low-income) 60+	2,485	3.19
Poverty (low-income) Minority 60+	362	0.46
Limited English proficiency 65+	28	0.04
Individuals Living Alone 65+	4,810	6.17
Grandparents Raising Grandchildren/Kinship Caregivers 60+	385	0.49
Individuals with Disabilities 65+	5,724	7.28

The Montana population is aging as people live longer and our birth rate has declined. In looking at the demographics for our area we utilized population figures from the Decennial Census 2020 Redistricting Summary which were provided by the State Unit on Aging and compared those with the 2010 Census figures that we have been utilizing in our federal funding formula. The number of individuals 60 and older in our eighteen-county and tribes service area increased 10% compared to only a 9.5% increase in total population. Our oldest county is Prairie County with a population over 60 at 43.45% of their total population. In all, Area I has a total of ten of their counties over 30% of the total population over sixty (60). If these figures are accurate it clearly reflects the rapid aging of the Montana elderly population and shows a disturbing trend of how this age group is outpacing the rest of the population leaving limited resources in terms of individuals available to help care for this growing population segment.

The number of individuals sixty and older identifying as a minority, made up 10% of the total senior population in the area with 6.82% of that being those who identified as American Indian. The largest percent Non-White elderly occurred in Roosevelt County with 43.67% identifying as non-white and the lowest occurring in McCone County at .8%. Rosebud county also has a large population of those identifying as a minority at 21.8% of their over 60 population.

The Decennial Census 2020 Redistricting Summary showed that 2,485 individuals 60 and over were at or below the poverty level representing 3.19% of the 60 plus population in Area I. In Prairie County more than 8% of the 60 and older population are in poverty which is concerning. With Area I over all at 3.19% living in poverty, Over the years we have found that the majority of those accessing our services tend to be those at 200% of poverty or lower. Although we were not able to find reliable data regarding other income levels it would be prudent to assume that the increase in the 60 and over population in the area would be accompanied by a relative increase in those that fall under 200% of the poverty level. This equates to more individuals who will struggle to afford to pay for some very basic needs such as food, utilities, and medical expenses. As with everything else unless we can find ways to increase our resource base it is unrealistic to believe that we will be able to meet this growing demand as we are certainly not able to do so now.

Impact of COVID-19

Aside from the physical health impacts of COVID-19 the majority of AAAI's seniors have also seen major impacts to their emotional and financial health which lowers their quality of life. In particular, the AAAI has noted:

- Isolation: Many seniors had difficulty during the period when our area was "shut down" and many of those effects have continued. In particular, seniors cite:
 - Loneliness
 - Feeling alienated
 - Fear of going into public areas
- Emotional hardships: In addition to Isolation and its components many seniors are struggling emotionally due to:
 - The loss of loved ones whether it be family or friends
 - Living with lingering physical issues resulting from contracting COVID-19
 - Anger and distrustfulness
- Financial hardships: Seniors continue to be impacted by the financial difficulty of fixed budgets with increasing prices. Among the largest concerns are noted as:
 - Inflation of goods and services due to supply chain shortages and stimulus programs
 - Increased prices for food and groceries
 - Additional cost for medical appointments, supplies, and medication while dealing with the ongoing effects of contracting COVID-19

In an attempt to combat or alleviate some of the lasting impacts of COVID-19, the AAAI has implemented the following strategies:

- All counties in Area I provided "grab and go" meals at all senior centers for those who do not feel comfortable in a group setting
- Some counties implemented a Technology Checkout program so seniors can connect with each other virtually if they are unable to or uncomfortable with being around others
- Some counties participation in senior SOS programs such as weekly calls to seniors who are isolated and providing colored "I'm Ok/Need Help" window posters so seniors can easily communicate with passersby and neighbors
- Most counties identified and provided referrals to organized errand and chore groups who have volunteered to help seniors who do not feel comfortable in public
- Most Counties in Area I collected and distributed donated items that are in short supply (paper goods, toiletries, etc.) as well as entertainment items (puzzles, books, movies)

Title III/VI Coordination

Area I PSA includes the Fort Peck Assiniboine and Sioux Tribe. The agency has worked hard to ensure that tribal members are included in all of our services and that we work in coordination with the Elder Tribal Services programs.

Funding Provided includes OAA Titles III-B, III-C1 and III-C2, III-D, and III-E monies as well as State General Funds. Meals are provided five days a week through Elder Service programs in multiple locations. Service and accounting records are required by contract to ensure that services are provided, and allocated funds are accounted for. Agency staff is assigned to ensure compliance.

The Title VI funding to tribes is used in tandem with Title III funds to ensure services are available for tribal members. Often, without the funding of both programs, it would be difficult to ensure an adequate supply of services. Many of the tribal members are among the most economically disadvantaged in the PSA. Many are unable to provide contribution to their services and programs would find it hard to sustain without the coordinated efforts of both Title III and Title VI services and allocated funding.

The Area I Advisory Council is composed of the county council on aging coordinator and one senior representative from all 17 of our counties and one Tribal government representative and one Tribal member representative. This provides opportunity for inclusion in how services are delivered and coordinated.

Area I also offers training opportunities for nutrition education, Serve Safe food handlers and Food Safety Specialist training.

Quality Management

Outreach

AAAI continues to work toward reaching all seniors and ensuring the services and programs are open to all. Through meetings with the collaborative agencies, AAAI is able to find and identify seniors who may benefit from the offered services and/or programs. We will continue to coordinate with the local counties that are subrecipients to develop a plan to reach as many people in their area as possible.

Quality Management

AAAI reviews each county's contract and their sub recipients contracts in accordance with the requirements detailed in each of these Sections. Centralizing this responsibility among the employees allows for specialization and the development of a comprehensive knowledge of AAA operations, needs, and practice.

The desk review process involves an on-going, continuous review of AAAI and contractor monthly financial reports, analysis of spending patterns, and unit cost analysis. This process has been centralized in AAAI main office for same as the above reasons. AAAI staff periodically visit COA and contractors to conduct on-site reviews. These on-site visits are scheduled based on random selection.

Monitoring/assessments

Every two years AAAI conducts an assessment for each county. We have the COA's and their advisory councils fill out the proper paperwork and turn it in. Once AAAI receives and reviews said assessment, we schedule a visit to go over what the assessment said and what we can do to improve services if needed.

Local Initiatives

AAAI works with all the local COAs in each of our seventeen counties and the reservation. We also coordinate with the local county health departments.

Goals, Objectives, Strategies and Outcomes

Goal 1 - OLDER AMERICANS ACT CORE PROGRAMS

The Older Americans Act provides the foundation for services to older Montanans. Core Services offer basic services necessary to promote independence and meet basic needs allowing individuals to thrive in their homes and communities. Area I Agency on Aging has the desire to increase services throughout the PSA as our population of older Montanans grows. It will take substantial increases in funding or public-private partnerships to achieve this goal.

Goal 1a. Supportive Services - Supportive Services includes access services with services such as transportation, assisted transportation, in-home information and assistance and outreach to connect with other community resources and in-home services such as homemaker and home chore. As Focal Points for community services, our local community contractors are in the best position to know available resources in their communities. Often issues with funding and location determine what is provided in individual communities and there is a need to find solutions in non-traditional ways.

Outcome# 1 Offer Supportive Services Programs that result in older Montanans living a life of independence and self-determination in the community of their choosing.

Strategies:

- Use available funding through fair formula and allocation to provide equal opportunity to each community in the PSA to provide service.
- Provide board governance support and regular contact with contractors to offer guidance to address areas of need within their community.
- Bolster and grow the home modification program to better help eastern Montana residents to age in place in their own homes
- Provide support and participation to county council on aging's to grow their transportation programs

Example; Area I director saw a need through inquires of ramps and small home modifications to clients homes in order for them to stay in their homes independently. The director spoke to the SUA and requested an increase in what the OAA allowed as it was only \$150 per lifetime, it was increased to \$1,500 per lifetime. The Director implemented the program using ARPA funds not knowing how big the need was and realized very soon that there is an increasing need for this service in eastern Montana. There is now a wait list of over 25 clients. The director will be looking for ways to reduce the wait list and to add more funding moving forward.

Performance Measures;

- 1.1 – Continue to provide service at or exceeding current levels; Senior Center Activities; 19,000 units of service; Transportation & Assisted Transportation 320 individuals with 17,168 units of Service; Homemaker 287 individuals/ 8,094 units of service; Skilled Nursing 58 individuals with 1,891 units of service; non-evidenced based health promotion/health screening 136 individuals and 405 units of service.
- 1.2 – Provide home repair grant monies to 50 or more people in the 4 years of this plan

Goal 1b. Nutrition Service - Nutrition services are provided throughout the PSA for both Congregate and Home Delivered meal programs. The programs also provide nutritional education and other information important to program participants. The nutrition programs are the heart of available services for older Montanans. In the most current FY 2022 ended there were 70,853 meals served to 2,296 unduplicated individuals in the Congregate Meal Program and 102,732 meals served to 1,552 individuals in the Home Delivered program.

For many participants of the Congregate Meals Program, the opportunity for socialization and engagement is as important as the meal. The Meal sites provide an opportunity for social engagement and activity that result in community engagement and personal satisfaction. That is why it is imperative that our congregate meals get back to pre-covid numbers.

The Home Delivered Program provides options for individuals that would be unable to reach a congregate location as a result of being homebound for a meal. Often for participants of both programs, the meal might be their only nutritious meal of the day.

As a result of funding challenges and location issues, some smaller programs are only able to serve 1-2 meals a week. That leaves a huge gap in meeting nutrition needs for older Montanans. As with other programs, solutions to increase service will require additional funding and creative ideas.

There is no means testing for program participants and each site has a recommended donation for program participants with no one turned away if they do not make a contribution. Nutrition programs are necessary in every area of the PSA.

Outcome# 2 Program participants will meet their nutrition and nutrition education needs through receiving quality nutritious meals and information.

Strategies:

- Work with contractors and meal sites to ensure that quality meals are provided to program participants in a safe setting without regard of social or economic circumstances and within program guidelines.
- Utilize meetings with senior center boards and councils on aging as a mechanism to monitor progress and issues related to service delivery. Share information on best practices to improve the quality and level of services.
- Continue to utilize the USDA Commodities Products as a way to help meal sites reduce the actual raw food expenses while expanding options of available foods to program participants.
- Review budgets to offer feedback to assist contractors to manage their budgets effectively and provide quality services and maintain organizational sustainability.
- Work with nutrition providers to get their full cost of meals. We will provide training and education of guest fees and role of volunteers.

Performance Measures;

- 2.1 - Maintain or increase the level of service provided through the congregate meal program. In the most current FY 2022 ended there were 70,853 meals served to 2,296 unduplicated individuals.
- 2.2 – Maintain or increase the level of service provided through the home delivered meal program. In the most current FY 2022 ended there were 1,552 unduplicated individuals and 102,732 meals served.

Goal 1c. Disease Prevention & Health Promotion Service- Disease Prevention and Health Promotion services are provided to assist individuals to remain healthy and independent in their communities. States that receive Older Americans Act funds under Title III are required to spend those funds on evidence-based programs to improve health and well-being and reduce disease and injury.

Area I receives a very small budget for III-D services that is contracted out to individual counties and used in partnership with health departments for evidence-based programs such as Thai Chi-Quan, Diabetes Self-Management and Stepping On, SAIL, and Walk with Ease.

Other non-evidence based services provided throughout the area by other organizations have included screening activities for blood pressure and depression. Several community organizations offer fee-for-service foot clinics which are provided by community health centers and podiatrists. This is important as many older Montanans have a difficult time trimming their nails. During this service other issues are identified that could impact mobility and overall health. This service is now offered through Title IIIB supportive services.

Outcome# 3 Improve the lives and protect the welfare of older Montanans in PSA through Disease Prevention and Health Promotion evidence-based programs.

Strategies:

- Use available funding for Disease Prevention and Health Promotion activities within the PSA to provide the greatest benefit to individuals of greatest need as defined by ACL.
- Through Discussion with Aging Services Bureau and Administration for Community Living information, stay informed about approved evidence-based programs and where they could be used. Communicate need to Aging Services Bureau and advocate for additional funds to promote the service.
- Meet on a regular basis with contractors providing Disease Prevention and Health Promotion activities to monitor service provision and ensure that resources are being utilized as intended.

Performance Measures;

- 3.1 - Maintain or increase the level of service provided through Disease Prevention and Health Promotion.
- 3.2 – Increase the number of providers that are trained in evidence-based programs.

Goal 1d. Family Caregiver Support Program - The Family Caregiver Support Program assists family and caregivers to care for their loved ones at home for as long as possible. Services provided under the program include;

- information to caregivers about available services
- assistance to caregivers in gaining access to services
- individual counseling, organization of support groups, and caregiver training

- respite care; and
- supplemental services, on a limited basis

The following specific populations of caregivers are eligible to receive services:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders
- Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities

Outcome# 4 Improve the health and support of family caregivers by assisting them to prosper in their efforts of keeping their loved ones at home for as long as possible.

Strategies:

- Provide Caregivers information about the program through information provided at local health fairs that the agency participates in. Make information available through Area I social media accounts.
- Increase efforts to provide information on and utilization of the Lifespan Respite Program to assist caregivers in the PSA with the support they need to continue in their role.

Performance Measures;

- 4.1 - Maintain or increase the level of service provided through our Caregiver Support programs.
- 4.2 – Increase the number of clients that use Montana Lifespan Respite in our PSA.

Goal 1 e. – Title III/VI Coordination - AAI will pursue an increase to all supports and services to the elders on the Fort Peck and Assiniboine reservation. Title III and Title VI coordination will be accomplished through the coordination between the following efforts.

- Funding for tribal entities is set aside in the Aging budget for services provided on the reservations;
- Funding factors of minority and low-income are included in the allocation plan;
- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication; and
- Title VI staff are invited to serve on AAI advisory council

Goal 1 f. – Title VII – Elder Rights Programs - Services to promote safety, legal security, rights and protection for seniors and individuals with disability such as those provided by Adult Protective Services, Montana Long-Term Care Ombudsman Program, Aging Services Legal Developer Program and Senior Medicare Patrol (SMP). Programs designed to protect the welfare and offer legal protection to vulnerable adults.

Long-Term Care Ombudsman Program - The Long-Term Care Ombudsman Program serves to promote resident rights, quality person-centered care and self-determination for residents of long-term care facilities such as nursing homes, assisted living facilities and critical access hospitals throughout the PSA. Currently the program serves residents of 42 long-term nursing facilities, this includes nursing homes, assisted livings, and critical access hospitals; with 1,399 beds. There are 2.4 FTE to serve this population and is simply not enough staff to cover so many facilities. Area I is especially in need of another Ombudsman, but adequate funding is not available. For years, Area I Agency on Aging has contributed Admin funding to assist and meet the program need.

Adult Protective Services - Adult Protective Services Specialists help to protect vulnerable adults from abuse, neglect, and exploitation. They help reduce abuse by matching the needs of the person, with community partners in their area. Partners like mental health, public health centers, law enforcement, the courts, the aging network, community groups and the public.

Legal Services / Legal Assistant Developer Program - Legal support for Older Montanans is an important component of preserving independence. Area I Agency on Aging works in tandem with the Legal Developer Program with the Aging Services Bureau to assist individuals within the PSA. Individual consultation for legal matters is provided and referrals made pro bono or community legal resources as necessary to assist individuals as necessary. Often program staff knows of resources to assist the individual and resolve problems. Education with topics such as power-of-attorney, estate planning, living wills, advanced directives, guardianship, and conservatorship are available.

Montana Board of Crime Control Grant - The grant strives to address financial exploitation of Montana seniors through expanding the services available through the Legal Developer Program. Legal document clinics are well attended as offered within the PSA and agency staff and area volunteer to assist with the clinics. Tele-Clinics are offered to assist individuals and reduce the risk of financial exploitation. Currently our Director serves as an AAA representative on the Advisory Council for the grant.

Senior Medicare Patrol - Through Montana SMP, trained counselors and volunteers help seniors become pro-active consumers identifying potential mistakes, abuse, or fraud in medical billing. Montana SMP trained staff & volunteers also give presentations in the community to help educate consumers, their families, and caregivers about waste, fraud, and abuse in the Medicare system.

Outcome# 5 Older Montanans will live their lives with self-direction and free of abuse, neglect, and exploitation in a setting of their choice.

Strategies;

- Continue and expand the strong commitment the agency has demonstrated with providing quality Ombudsman services. Advocate for and educate about the need for program resources.
- Work with the State Long-Term Care Ombudsman and Aging Services Bureau staff to promote quality care in all long-term care facilities.
- Ensure that staff participates in available training about elder justice programs and re- certifications when offered to stay informed about available services and increase knowledge base.
- Provide referral to and work cooperatively with Legal Services developer program to serve elders in need of legal services.
- Encourage participation in and hosting of Legal Document Clinics through the PSA. Often the motivation to host a clinic starts with discussion and education during agency site visits.
- Provide SMP presentations and information to service recipients and members of the public through presentation and social media posts.

Performance Measures;

- 5.1 – Maintain or increase the number of in-service trainings that the Ombudsman provide to non-facility stakeholders and providers.
- 5.2 – Maintain or increase the number of public presentations regarding SMP information.

Goal: 1 a. Supportive Services	Key Tasks	Lead Position and Entity	Timeframe for 2023-2027 (mm/yyyy)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective and Anticipated Outcome: Offer Supportive Services Programs that result in older Montanans living a life of independence and self-determination in the community of their choosing.	a. Continue to provide service at or exceeding current levels; Senior Center Activities; 19,000 units of service; Transportation & Assisted Transportation 320 individuals with 17,168 units of Service; Homemaker 287 individuals/ 8,094 units of service; Skilled Nursing 58 individuals with 1,891 units of service; non-evidenced based health promotion/health screening 136 individuals and 405 units of service.	AAA1 Director	10/01/2023	9/30/2027	
	b. Provide home repair grant monies to 50 or more people	AAA1 Director	10/01/2023	9/30/2027	

	during this 4-year plan.				
Goal: 1 b. Nutrition	Key Tasks	Lead Position and Entity	Timeframe for 2023-2027 (mm/yyyy)		Accomplishment or Update
Measurable Objective and Anticipated Outcome: Program participants will meet their nutrition and nutrition education needs through receiving quality nutritious meals and information.			Start Date	End Date	
	a. Maintain or increase the level of service provided through the congregate meal program. In the most current FY 2022 ended there were 70,853 meals served to 2,296 unduplicated individuals.		10/01/2023	9/30/2027	
	b. Maintain or increase the level of service provided through the home delivered meal program. In the most current FY 2022 ended there were 1,552 unduplicated individuals and 102,732 meals served.		10/01/2023	9/30/2027	

Goal: 1 c. Health Promotion Disease Prevention	Key Tasks	Lead Position and Entity	Timeframe for 2023- 2027 (mm/yyyy)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective and Anticipated Outcome: Improve the lives and protect the welfare of older Montanans in PSA through Disease Prevention and Health Promotion evidence-based programs.	a. Maintain or increase the level of service provided through Disease Prevention and Health Promotion.		10/01/2023	9/30/2027	
	b. Increase the number of providers that are trained in evidence-based programs.		10/01/2023	9/30/2027	

<p>Goal: 1 d. Caregiver Programs</p>	<p>Key Tasks</p>	<p>Lead Position and Entity</p>	<p>Timeframe for 2023-2027 (mm/yyyy)</p>		<p>Accomplishment or Update</p>
<p>Measurable Objective and Anticipated Outcome: Improve the health and support of family caregivers by assisting them to prosper in their efforts of keeping their loved ones at home for as long as possible.</p>	<p>a. Maintain or increase the level of service provided through our Caregiver Support programs.</p>		<p>10/01/2023</p>	<p>9/30/2027</p>	
	<p>b. Increase the number of clients that use Montana Lifespan Respite in our PSA.</p>		<p>10/01/2023</p>	<p>9/30/2027</p>	
<p>Goal: 1 e. Title III/VI Coordination Working with American Indian Elders on and off Reservation</p>	<p>Key Tasks</p>	<p>Lead Position and Entity</p>	<p>Timeframe for 2023-2027 (mm/yyyy)</p>		<p>Accomplishment or Update</p>
<p>Measurable Objective and Anticipated Outcome:</p>	<p>a. Train at least one new SHIP/I&A counselor to work on the reservation</p>		<p>10/01/2023</p>	<p>9/30/2027</p>	
<p>Goal: 1 f. Title VII Elder Rights</p>	<p>Key Tasks</p>	<p>Lead Position and Entity</p>	<p>Timeframe for 2023-2027 (mm/yyyy)</p>		<p>Accomplishment or Update</p>
<p>Measurable Objective and Anticipated Outcome: Older Montanans will live</p>	<p>a. Maintain or increase the number of in-</p>	<p>AAA1 Ombudsman</p>	<p>10/01/2023</p>	<p>9/30/2027</p>	

their lives with self-direction and free of abuse, neglect, and exploitation in a setting of their choice.	service trainings that the Ombudsman provide to non-facility stakeholders and providers.				
	b. Maintain or increase the number of public presentations regarding SMP information.	AAA1 Staff	10/01/2023	9/30/2027	

Goal 2— COVID - 19

The COVID-19 Pandemic has had an adverse impact on everyone, but older individuals were impacted the most. Throughout the pandemic Aging Services had to shift how we administered key services such as the nutrition program, in-home LTSS, and protective services while trying to mitigate impact of increased social isolation on older individuals. Social isolation is still a concern with the older individuals in AAAI service area as the nation progresses to the “new normal.” The pandemic created awareness on how “we” need to function differently, prompting Aging Services and other public/private organizations to adapt, be innovative with service delivery, and continue to support those at greatest risk such as older individuals and individuals with physical disabilities. Leveraging new partnerships and connecting individuals to technology were some of the key strategies to better support and empower older individuals in ways that more than likely would not have occurred if not for needs that arose during the pandemic.

Goal: 2a	Key Tasks	Lead Position and Entity	Timeframe for 2023-2027 (mm/yyyy)		Accomplishment or Update
Measurable Objective and Anticipated Outcome:			Start Date	End Date	
Maintain and increase services that we are currently providing due to COVID	a. Maintain the level of meals that are being served to clients who still do not wish to go out to a senior center for fear of getting COVID-19.	AAA1 Director	10/01/2023	9/30/2027	
	b. Maintain or increase the number of outreach efforts that include COVID-19 information for our clients to better understand the virus.	AAA1 Director	10/01/2023	9/30/2027	

Goal 3— Equity, Targeting and Outreach to Vulnerable Populations

As AAI’s older adult population continues to grow and become more diverse, it is important to consider the implications of health disparities and social determinants of health, racism, LGBTQ+, older individuals living with HIV, cultural discrimination, and systemic inequities have on the individuals Aging Services serve. Aging Services is currently working on issues like unconscious bias, diversity and inclusion, and cultural competence to become more effective when providing services. In addition, AAI will collaborate with the SUA, to disseminate information and to ensure LGBTQ+ and older individuals living with HIV are aware of the services AAI has to offer.

Goal: 3	Key Tasks		Lead Position and Entity	Timeframe for 2023-2027 (mm/yyyy)		Accomplishment or Update
Measurable Objective and Anticipated Outcome:			Start Date	End Date		
Increase the number of presentations given and the number of staff trained to give those presentations for this population	a.	Increase the number of equity presentation given to this specific vulnerable population		10/01/2023	9/30/2027	
	b.	Increase the number of staff attending equity related training		10/01/2023	9/30/2027	

Public Input/Focus Groups

Area I held a focus group in each one of our 17 counties and one on the Fort Peck Tribe. We sent flyers to each coordinator so they could hang them in their centers and asked that they invite all commissioners, council on aging, and the public who have an interest in senior services in their counties. Area I also posted on our Facebook page and the individual counties then shared to their platforms.

Area I started the meetings explain what an area plan was and why it is important to share ideas. We went through the focus questions provided to us by the SUA. Area I asked that everyone in attendance turn in their papers so that we could compile all answers.

Here is our list of towns and places we met and the number of people that attended each place.

Date	County	Town	Place	Time	Number Attended
3-May	Daniels	Scobey	Courthouse	1:15pm	16
10-May	Valley	Glasgow	Senior Center	1:00pm	15
11-May	Phillips	Malta	Senior Center	2:00pm	18
18-May	Roosevelt	Wolf Point	Senior Center	10:00am	13
26-May	Sheridan	Medicine Lake	Senior Center	1:00pm	24
1-Jun	Dawson	Glendive	Senior Center	1:00pm	23
2-Jun	Wibaux	Wibaux	Assemble of God Church	11:30am	22
15-Jun	Prairie	Terry	Senior Center	2:30pm	16
21-Jun	Richland	Sidney	Senior Center	12:00pm	24
30-Jun	Garfield	Jordan	Senior Center	1:00pm	25
6-Jul	Custer	Miles City	EOC Room 10	12:00pm	16
19-Jul	Carter	Ekalaka	Senior Center	1:00pm	13
21-Jul	Powder River	Broadus	Senior Center	10:00am	5
26-Jul	Fallon	Baker	Senior Center	2:00pm	19
27-Jul	Rosebud	Forsyth	Senior Center	10:00am	6
27-Jul	Treasure	Hysham	Senior Center	5:00pm	26
6-Sep	Fort Peck Tribes	Poplar	Tribal Elderly Community Center	10:00am	5
				Total	286

This is the consensus of all our focus group put into one document.

1. What makes this a good community for older adults?

PEOPLE CARE ABOUT OTHERS, SENIOR CENTER, TRANSPORTATION, CONGREGATE MEALS AND HOME DELIVERED MEALS, HEALTH DEPARTMENT, LOW CRIME RATE, GROCERIES BEING DELIVERED.

2. What are the challenges facing older adults in our community?

SPECIALIZED SERVICES, LACK OF FAMILY, RISING COSTS, MEDICAL NOT OFFERED HERE, LACK OF 24 HR IN HOME SERVICE, LACK OF WEEKEND TRANSPORTATION, LACK OF TRANSPORTATION OUT OF TOWN, NEED MORE SENIOR COMPANIONS, AFFORDABLE ONE LEVEL HOUSING

3. Of the list below, what do you think are the top five concerns for older adults in your community?

PLEASE CIRCLE YOUR TOP FIVE

- a. Funding for safety net programs like Social Security, Medicare, Medicaid, Older Americans Act programs such as nutrition, education, and in-home services
- b. Affordable and accessible housing
- c. Available and accessible transportation
- d. Financial assistance for basic needs (housing, food, transportation, insurance/health care/prescriptions)
- e. Access to and affordability of supportive services in the home to prevent or delay institutional care
- f. Support for family caregivers of older adults
- g. Access to health care, including preventive care and mental health services
- h. Social isolation and loneliness – need for planned and supported opportunities for engagement
- i. Individual planning for aging years
- j. Employment opportunities for older adults
- k. Home maintenance, repair, and modifications for accessibility
- l. Elder abuse, neglect and/or exploitation

4. What kinds of services should be provided to help older adults stay in their homes and communities as long as possible?

PERSONAL CARE, KEEP CURRENT PROGRAMS, NEED TO EXPAND TRANSPORTATION HOURS

5. How can we best support families who are caring for loved ones (i.e., aging parents, grandparents, spouses)?

RESPIRE, DAY CARE, FINANCIAL ASSISTANCE FOR RESPIRE, FINDING CAREGIVERS, VOLUNTEERS

6. What can we do to better support older adults with Alzheimer's or other dementias?

SUPPORT GROUPS, EDUCATION, OVERNIGHT OR AFTER-HOURS RESPITE

7. What are the specific challenges facing rural residents and how might we creatively serve them given limited resources?

DISTANCE, MOW MEALS IN COUNTY, GETTING TO MEDICAL APPOINTMENTS OUT OF TOWN, CLIMATE, CHECK IN ON SENIORS SERVICE

8. Do you think people know to call the Area Agency on Aging for help with aging issues and services? What could we do to improve our outreach?

RADIO, NEWSPAPER, MORE OUTREACH, WAITING ROOM TABLES AT CLINICS, LUNCH AND LEARNS, FACEBOOK, TV,

9. What could we do to help educate the community about issues important to older adults?

RESOURCE GUIDES, EDUCATION

10. Beyond the services we provide, what could our community as a whole do to help older adults remain independent?

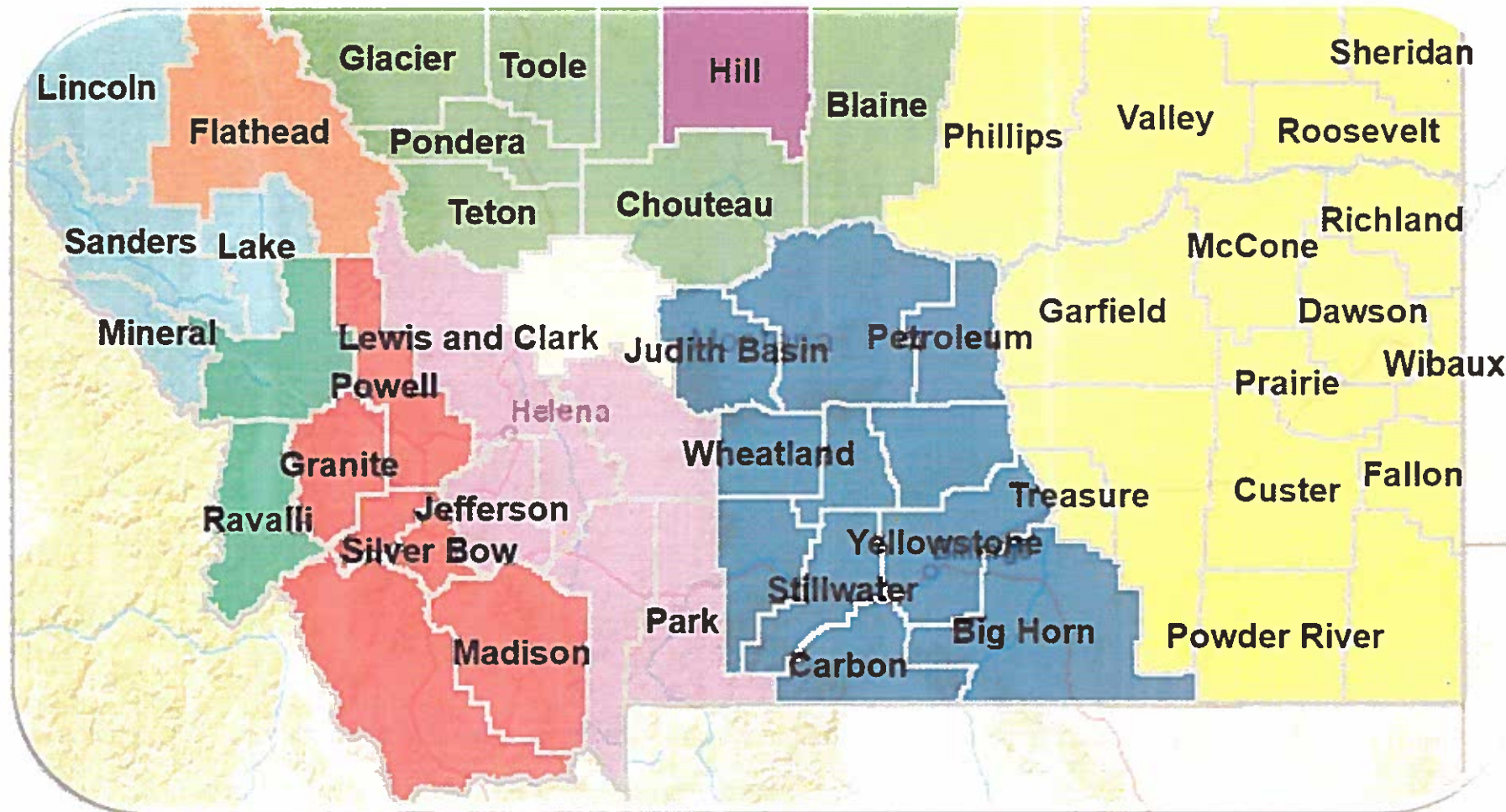
SENIOR COMPANIONS, MORE VOLUNTEERS, EXPAND TRANSPORTATION INTO WEEKENDS AND OUT OF TOWN FOR DR APPOINTMENTS, OUTDOOR YARD CARE

Area Plan Service Waiting List

Area I only has a wait list for the Home Modifications program as it is a fairly new program that we are just getting started. \$30,000 was set aside for the program in fiscal year 2022 and that was spoken for quickly showing a huge need that we were unprepared for. Fiscal year 2023, we are working on putting more funding into the program to take care of the wait list plus help another 15 to 20 clients if possible. This is one program that Area I would like to see grow as it is clearly a much needed program to help people stay safe in their homes as they wish.

Map of PSA

Area I is in yellow. We cover the following counties plus the Fort Peck Assiniboine and Sioux Tribes; Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.



Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this chapter, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

The Aging Services Bureau understands that Area Agency Advisory Councils have been in existence and were created under simpler guidance. The ASB/SUA is asking that when it is time to recruit new members, the Area Agency do its due diligence in recruiting members that fit the outlined criteria mentioned in 45 CFR 1321.57(b).

Older Americans Act 45 Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council. The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council should be made up of:

1. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
2. Representatives of older persons;
3. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4. Representatives of supportive services provider organizations;
5. Persons with leadership experience in the private and voluntary sectors;
6. Local elected officials;
7. The general public; and
8. Representation from the Tribes/Urban Indians.

General Responsibilities of Advisory Council:

The purpose of the Council is to provide continuity between aging services with the counties, exchange programmatic information, develop and administer the area plan, participate in conducting public hearings, represent the interests of older persons, review and comment on all community actions, policies, programs and actions which affect older persons. Some specific responsibilities are to approve the funding formula, the AAA Policies and Procedures Manual, and the Area Plan; and to designate community focal points. The AAA Director appoints the CCOA Presidents as the Advisory Council members, so they don't have a set term- some Presidents don't like to travel so they have the CCOA Coordinator take their position. The additional 3 members are appointed per their position, so their term follows their position.

Area Agency Advisory Council Membership for: [AAA1].

List all persons presently serving as members of your Area Agency Advisory Council.

Name	Organization Affiliation
Patricia Lovec	Carter County Council on Aging
Rebecca Lynam	Custer County Council on Aging
Karina Soucy	Custer County Council on Aging
Sherie Anderberg	Daniels County Council on Aging
Deanna Mitchell	Dawson County Council on Aging
Andeen Raymond	Dawson County Health Department
Joe Sharbano	Dawson County Commissioners
Lori Brengle	Dawson County Council on Aging
Carla Brown	Fallon County Council on Aging
Annette Thomas	Garfield County Council on Aging
Leah Buffington	Garfield County Council on Aging
Kandi Holland	McCone County Council on Aging
Dixie Moore	Phillips County Health Department
Steve Schumacher	Phillips County Council on Aging
Tammy Jackman	Powder River County Council on Aging
Karen Rausch	Prairie County Council on Aging
Jodi Berry	Richland County Commission on Aging
Julie Bach	Roosevelt County Council on Aging
Ana Thompson	Rosebud County Council on Aging
Vicki Ruby	Sheridan County Council on Aging
Avice Hoff	Sheridan County Council on Aging
Alana Swenson	Treasure County Council on Aging
Ruth Baue	Treasure County Commissioners
Ruth Baker	Treasure County Commissioners
Mario Moehr	Treasure County Commissioners
JoAnn Zeiger	Valley County Council on Aging
Corrinne Bacon	Wibaux County Council on Aging

Sheila Spotted Bull Fort Peck Assiniboine & Sioux Tribes

Please indicate on the table below how many members meet the criteria outlined in 45 CFR1321.57(b) Composition of Council

More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in OAA programs	Representatives of older persons	Representatives of health care provider organizations, including providers of veterans' health care (if appropriate)	Representatives of supportive services provider organizations	Persons with leadership experience in the private and voluntary sectors	Local elected officials	The general public	Representation from the Tribes/Urban Indians
18	28	2	18	6	4	0	1

Direct Services Provided by Area Agencies

The AAA provides five (5) direct services. Four of those services- Information and Assistance (I&A), the State Health Insurance Partnership program, Options Counseling and Senior Medicare Patrol (SMP) are now under the umbrella of the ADRC. Area I I&As are doing more work due to the lack of other service providers in our service area. At a minimum our SHIP Counselors speak to clients coming in for a Part D drug plan comparison about five (5) additional services and they either complete or help them complete these applications- LIS for Social Security, the Big Sky Rx application, QMB, SLMB and LIHEAP. We are fortunate that our SUA has been able to get MIPPA funding to help pay for I&A time and expenses for LIS and MSP applications. Our umbrella agency, Action for Eastern Montana's LIHEAP program, pays for our LIHEAP application assistance time. We don't receive any financial assistance for completing Big Sky Rx applications, though this falls under I&A. Also, with the closing of all but a few Public Assistance Office's in eastern Montana, our employees have been taking on helping clients complete Medicaid applications online for our clients. We do track Medicaid related time for Medicaid match funding at 50%.

There used to be two APS workers in our northern counties, and they are down to one, we have one in each of our other district, leaving us with a total of 3 for our area. Mental Health services hardly exist. I&As are spending more time than ever on clients with mental health issues.

Due to the difficulty of cases and federal and state requirements, Area I has had to hire one regional long-term care ombudsman, who was one of our local LTCO, that leaves one full-time LTCO and one part time LTCO to cover 42 long term care facilities with a bed capacity of 1,399.

Assurances and Information Requirements for the Area Plan on Aging

42 U.S.C.A. § 3026

§ 3026. Area plans

Effective: March 25, 2020

(a) Preparation and development by area agency on aging; requirements

Each area agency on aging designated under section 3025(a)(2)(A) of this title shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 3027(a)(1) of this title. Each such plan shall--

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

Response Required:

(2) provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

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

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction);¹; and

(C) legal assistance;

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

The SUA requires each area agency on aging to expend a minimum percentage of Title III Part B funding for access, in-home and legal assistance services. The Department has established the following minimum percentages for priority services:

Access Services: 10%

In-Home Services: 10%

Legal Assistance: 4%

AAA's Response:

Area I is a rural frontier area. The AAA has incorporated a base into its funding formula for each title of funding to ensure even the most rural frontier county is able to receive funding to maintain a constant funding source based on the Older American Act. This in turn allows each county to provide services as described in OAA. Area I also assures that we will provide the SUA monthly reports that detail the amount of funds expended.

Response Required:

- (3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
 (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

AAA's Response:

This assurance is met by the information you provided in the "Other Required Information" section of the Fillable Form "Service Providers and Senior Center/Focal Points".

Response Required:

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

AAA's Response:

The AAA monitors the counties to ensure preference is provided to individuals with the greatest social and economic needs through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to address efforts to target underserved individuals and those in the rural areas. Additionally, the SUA is updating its policies and procedures in collaboration with the AAAs ensuring the requirements of the Older Americans Act are being met. When those policies and procedures are completed, AAA will make sure each county gets a copy and is trained on any new procedures and policies.

Response Required:

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
 (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared--
 (I) identify the number of low-income minority older individuals in the planning and service area;
 (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

AAA's Response:

AAA has a total population of 80,263, of that 10% is minority population, 3.19% is low income with .46% is poverty low income. The AAA requires the counties maintain current information about opportunities, benefits and services available to older adults and their caregivers. In an area in which five percent or more of older adults speak a given language, other than English, as their principal language, information and assistance shall also be provided in that language.

In AAA the OAA programs are an important safety net program. Through the area plan process, AAAs target services to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Response Required:

- (B) provide assurances that the area agency on aging will use outreach efforts that will--
- (i) identify individuals eligible for assistance under this chapter, with special emphasis on--
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease And related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

AAA's Response:

AAA uses their SHIP and I&A employees to travel to each county to provide outreach of the different programs that can help this population. We also send out a lot of information for each individual county to use on the newsletter and / or put in the local newspapers. Most of our outreach is geared to reach this population that might not already be reached. We also partner with county providers that serve these populations that may not already be served by AAA. We also utilize our AAA Facebook page to reach families and friends and possible client.

Response Required:

- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will--
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this subchapter, enter into arrangements and coordinate with organizations that have a proven record of providing services

to older individuals, that--

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 ([42 U.S.C. 2790](#))² for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and
- (III) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings; and that meet the requirements under [section 9910](#) of this title;

AAA's Response:

AAAI will be growing older in the years to come and that presents challenges on their own. They include the overall increase in the aging population, funding streams that have not kept pace with the increased demands, the uncertainty of future federal funding, the growth in Medicaid and non-Medicaid HCBS, the push for health promotion and disease prevention efforts. In AAAI, like many other areas in Montana, rural localities continue to lose residents, and urban areas continue to see a growth in population. The result for the aging network is disproportionate levels of geographically and potentially socially isolated rural older adults who need services and supports. AAAI leadership continues to monitor the shifting demographics, particularly as it relates to the upcoming release of the 2020 Census effort, and the OAA priority population categories and those age 85 and older. The outcomes of the 2020 Census will prove invaluable to further identifying and assessing needs as they relate to characteristics.

Response Required:

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

AAA's Response:

This assurance is met by the information you provided in the Fillable Form under "Other Required Information" "Advisory Council".

Response Required:

- (E) establish effective and efficient procedures for coordination of--
 - (i) entities conducting programs that receive assistance under this chapter within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in [section 3013\(b\)](#) of this title, within the area;

AAA's Response:

AAAI is unique in that we are one of two area agencies that are housed within a HRDC. AAAI is housed within Action for Eastern Montana, which is a community action non-profit. We are lucky to have in our main office, a housing department, LIHEAP, weatherization, Employment and Training for Youths, Head Start and our newest program is the Montana Emergency Rental Assistance Program. When a client contacts us, we are able to screen them for all those programs plus any other Federal programs that they may qualify for such as Extra Help through Social Security and the Medicare Savings Programs. If they qualify, we help them fill out the application and send in any information needed. Under our Aging Department umbrella, we also oversee the Commodity Supplemental Food Program (CSFP) and Senior Companions.

Response Required:

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

AAA's Response:

AAAI sub contracts with individual counties and they in turn contract with their local behavior health or a Critical Access hospital that would serve those needs. AAAI maintains oversight of these programs and helps secure providers if needed.

Response Required:

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

AAA's Response:

AAAI is to promote and strengthen Native American heritage and further the needs of our Native American community through state and local policy and programs. AAAI has made its resources available to the Commission and remain available to provide information, technical assistance and/or support. AAAI service providers are required to provide culturally and linguistically appropriate services to all older people and persons with disabilities.

Response Required:

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

AAA's Response:

AAAI contracts with the State SMP coordinator out of Missoula Aging services, local attorneys that are able to provide help if needed and the state Legal Services Developer program to bringing legal clinics to our area. We also refer to them if a local attorney is not able to help the individual. We regularly reach over 5,000 people with our SMP presentations regarding fraud, waste and abuse. The AAAI director has also been appointed by the Governor as part of the Eastern Montana Elder Justice council. This council seeks to educate locals about any fraud and possible prevention. AAAI also has a regional long term care ombudsman, one full time local long term care ombudsman and one part time LTCO.

Response Required:

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

AAA's Response:

AAAI collaborates with MonTECH to access assistive technology options for older adults and individuals with physical disabilities. AAAI routinely disseminates information regarding options for accessing assistive technology .

Response Required:

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

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

- (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better--
- (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

AAA's Response:

AAA will develop an area wide strategy that elevates the use of social media platforms to reach and inform caregivers. AAA will also educate more professionals and consumers to report fraud, waste and abuse. We will also promote any evidenced-based programs that can educate caregivers. AAA will maintain a listing of all community-based services to easily hand out to anyone who may ask for it. AAA will also help set up support groups for those caregivers if needed.

Response Required:

- (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to--
- (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

AAA's Response:

AAA provides guidance to individual counties on what qualifies as an evidenced-based program that is allowable. The AAA also provides funding for Title IID to all counties that have a need for this service. The AAA provides information to be disseminated to the public on this subject. We also provide Options Counseling to help plan for the future if requested.

Response Required:

- (8) provide that case management services provided under this subchapter through the area agency on aging will--
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that--
- (i) gives each older individual seeking services under this subchapter a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

AAA's Response:

AAA will maintain a list for each county in our service area of all the services and providers.

(9) provide assurances that—

- (A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under [section 3027\(a\)\(9\)](#) of this title, will expend not less than the total amount of funds appropriated under this chapter and expended by the agency in fiscal year 2019 in carrying out such a program under this subchapter; and**

(B) funds made available to the area agency on aging pursuant to section 3058g of this title shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 3058g of this title;

AAA's Response:

AAAI receives only approximately \$24,450 of Title III B monies to use towards the LTCO program as well as approximately \$13,000 of Title VII ombudsman monies. To run the LTCO program in our area is approximately \$200,000, what we don't received through federal funds, we supplement with state general monies and other funding. We cover at least a third of Montana so there is a lot of driving time just to visit one facility. This is an underfunded but much needed program.

Response Required:

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

AAA's Response:

AAAI maintains a policy for grievance's with our clients and with our sub-contractors as well.

Response Required:

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

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

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

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

AAA's Response:

This assurance is met by the information you provided in the Fillable Form under "Context" "Title III/VI Coordination".

Response Required:

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 3013(b) of this title within the planning and service area.

AAA's Response:

AAAI maintains a policy and procedures manual and provides a copy to each county. We also provide them with the State's policy and procedures manual.

Response Required:

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

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

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

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

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

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

result from such contract or such relationship;

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

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

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

AAA's Response:

AAA maintains contracts with each subrecipient along with all of their individual provider contracts in our main office. We monitor and make sure each contract is being fulfilled according to the rules and regulations.

Response Required:

(15) provide assurances that funds received under this subchapter will be used--

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

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in [section 3020c](#) of this title;

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

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

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

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

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

AAA's Response:

The local counties work with their clients to prepare for a disaster. Some COAs have provided their clients that receive congregate and home delivered meals with a limited supply of shelf-stable meals to be used in the event of a disaster. Most emergencies and special events start and end at the local level and are handled by local emergency management officials, and during public health emergencies with assistance from local county council on aging coordinators, in conjunction with police, fire, and emergency personnel.

Response Required:

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

AAA's Response:

This assurance is met by the information you provided in the Fillable Form under "Context" "Title III/VI Coordination".

(b) Assessment of preparation of area agencies

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

(2) Such assessment may include--

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

(c) Waiver of requirements

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

(d) Transportation services; funds

(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 3025(a)(2)(A) of this title or, in areas of a State where no such agency has been designated, the State agency, may enter into agreements with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this subchapter.

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

(e) Confidentiality of information relating to legal assistance

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

(f) Withholding of area funds

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

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

accordance with procedures established by the State agency.

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

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

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

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

(g) No restriction on provision of services

Nothing in this chapter shall restrict an area agency on aging from providing services not provided or authorized by this chapter, including through--


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

Statement of Intent, Signature Page - AAA Authorization to Submit the Area Plan and Assurances

The four-year area plan has been developed in accordance with the rules and regulations specified under the Older American's Act and is hereby submitted to the Montana Department of Public Health and Human Services, Senior and Long Term Care Division Aging Services Bureau for review and approval.

Area Agency on Aging Name	Primary Street Address	Email Address	Telephone Number
Area I Agency on Aging	2030 N Merrill Ave Glendive MT 59330	h.handran@aemt.org	406.377.3564

Print Name: [Director First and Last Name]	Heather Handran
	
Signature of AAA Director	Date Signed 1-20-2023

Print Name: [Chairperson, First and Last Name]	Janet Wolff
	
Signature of Chairperson, Governing Board of the Area Agency on Aging	Date Signed 1-20-23

The area agency Advisory body has had the opportunity to review and comment on the Area Plan. Comments are attached.

Print Name: [Advisory Chairperson First and Last Name]	Lori Brengle
	
Signature of Chairperson, Advisory Council	Date Signed 1-17-23

Final Update on Area Agency on Aging Implementation from the 2020 – 2023 Area Plan

This information reflects on the increase service needs that we are seeing and the concern for how we are going to serve the increase in seniors in the years ahead and who will pay for the necessary services to meet this trend. In general, service availability has matched the funding that is available to provide it. With the upcoming release of the 2020 census, this is not the case, our area is going to be hit hard with the loss of population but increase of older people staying in our area that need the services.

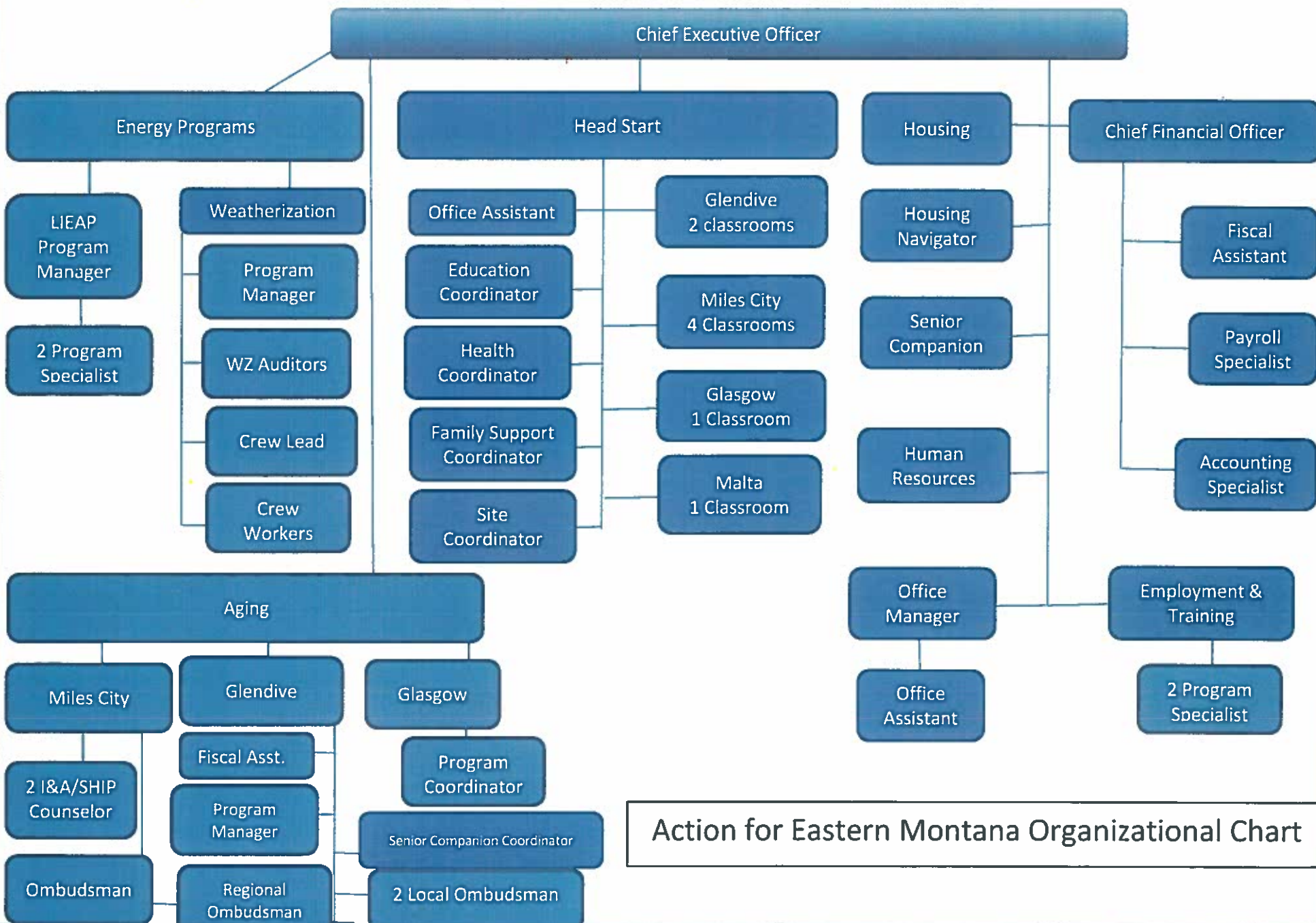
As recorded in the public comments received in the preparation for this Area Plan, many individuals are wanting to stay in their community but are finding it harder and harder with no services and healthcare available to them in our frontier area.

Larger communities in our PSA are also feeling the crunch. There are increasing numbers of individuals that need service; more demand for the available services to meet the needs of other programs that suffered or decreased as a result of budget cuts; raw food prices are increasing service costs and for many providers it is difficult to pay a competitive wage to attract staff to their programs.

In a PSA that is so large it is difficult to meet the transportation needs as described earlier in the plan as the further you travel from the larger communities the smaller the population becomes. This makes the issues of limited funding a larger roadblock. A large number of the individuals we serve throughout the PSA are on fixed incomes or are economically disadvantaged. There is no means testing done for program participants. The most recent data on individuals living below the poverty level was recorded after the 2010 census. Counties in the PSA ranged from 8.2 % living below the federal poverty rate to 29%. We are seeing an increase in the number of individuals raising grandchildren and great grandchildren in the PSA.

There is a strong spirit of independence and community in the residents of our entire PSA that has persisted to keep organizations and services available on the community level. The contributions monetarily and otherwise have assisted small communities to keep some level of service in place. The challenge remains as to how to increase service availability with limited funding and ensure that we are meeting the intent of the Older Americans Act in serving those older Montanans with the greatest challenges and needs. The solutions will require all stakeholders to work together to achieve successful outcomes.

Organization Chart



Action for Eastern Montana Organizational Chart

Community Focal Points and Senior Centers

[Please complete the following form "Community Focal Points and Senior Centers"]

AREA: _____

COMMUNITY FOCAL POINTS AND SENIOR CENTERS

LIST ALL FOCAL POINTS AND SENIOR CENTERS INCLUDING NUTRITION SITES IF IT IS A FOCAL POINT

	CENTER NAME MAILING & PHYSICAL ADDRESS, CITY, COUNTY, ZIP CODE CONTACT NAME CONTACT PERSON	CHECK IF FACILITY IS:				FUNDED THROUGH TITLE III-B	CHECK IF LOCATION SERVES:	
		A FOCAL POINT	A SENIOR CENTER	HOME DELIVERED MEALS AND # OF TIMES A WEEK	CONGREGATE MEALS, DAYS AND TIMES OF MEALS, AVERAGE PARTICIPATION No.		PREDOMINANTLY LOW INCOME ELDERLY	PREDOMINANTLY LOW-INCOME MINORITY ELDERLY
1	Carter County Senior Center	X	x		T - W - Th 11:30		Y	
	106 S Main / PO Box 504				Ave monthly 300			
	Ekalaka, MT 59324							
	Attn: Patricia Lovec							
	406.775.8751							
	ccsencit@midrivers.com							
2	Scobey Senior Center	X	X					
	201 Main St / PO Box 914							
	Scobey MT 59263							
	Attn: Sherie Anderberg							
	406.487.2434							
	dcseniorcenter@gmail.com							
3	Sagebrush Alley	X	X	6	M-F NOON			
	604 Grant				Ave monthly 637			
	Glendive, MT 59330							
	Attn: Deanna Mitchell							

	glensrs@midrivers.com					
	406.377.3791					
4	Richey Senior and Community Center		X		M T W TH NOON	
	S 4 th Street / PO Box 94				Ave monthly 152	
	Richey, MT 59259					
	Attn: Pixine Zieske					
	richeysr@midrivers.com					
5	Baker Senior Center	X	X			
	420 W Montana Ave / PO Box 1025					
	Baker MT 59313					
	Attn: Carla Brown					
	406.778.3595					
	brownc@falloncounty.net					
6	Plevna Senior Center		X			
	Highway 12 / PO Box 183					
	Plevna MT 59344					
	Attn: Carla Brown					
	406.778.3595					
	brownc@falloncounty.net					
7	Garfield County Senior Center	X	X	5	T TH NOON	
	922 Jordan Ave / PO Box 364				Ave monthly 333	
	Jordan MT 59337					
	Attn: Annette Thomas					
	406.557.2501					
	gcseiorctransit@gmail.com					
8	McCone County Community Center	X	X			
	210 West Main Street / PO Box 442					
	Circle MT 59215					
	Attn: Kandi Holland					
	406.485-2418					
	kcarlstad@gmail.com					
9	Phillips County Senior Center		X			

	216 1 st St W / PO Box 462						
	Malta MT 59538						
10	Powder River Senior Center	X	X				
	119 North Park Ave / PO Box 266						
	Broadus MT 59317						
	406.436.2635						
	Attn: Tammy Jackman						
	seniorcenter@rangeweb.net						
11	Prairie County Senior Center	X	X		T, TH NOON		
	112 Garfield Ave / PO Box 873				Ave monthly		
	Terry MT 59349						
	Attn: Karen Rauch						
	406.635.5364						
	comcntr@midrivers.com						
12	Fairview Senior Center		X		M, W 11:30		
	217 5 th Street West / PO Box 521				Ave monthly 191		
	Fairview MT 59221						
	Attn: Jodi Berry						
	406.433.7433						
	jodi.berry@richland.org						
13	Fox Lake Senior Center		X		T NOON		
	200 Main Street / PO Box 23				Ave monthly 52		
	Lambert MT 59243						
	Attn: Jodi Berry						
	406.433.7433						
	jodi.berry@richland.org						
14	Savage Senior Center		X		TH NOON		
	178 East Main Street / PO Box 112				Ave monthly 105		
	Savage MT 59262						
	Attn: Jodi Berry						
	406.433.7433						
	jodi.berry@richland.org						

15	Sidney Senior Center		X		TU, F 11:30		
	813 3 rd St NE				Ave monthly		
	Sidney MT 59270						
	Attn: Jodi Berry						
	406.433.7433						
	jodi.berry@richland.org						
16	Bainville Senior Center		X		TU, TH NOON		
	204 Clinton Ave				Ave monthly 142		
	Bainville, MT 59212						
	Attn: Julie Bach						
	406.653.6221						
	jbach@roosveltcounty.org						
17	Culbertson Senior Center		X		M, F NOON		
	210 Broadway Ave				Ave monthly 237		
	Culbertson, MT 59218						
	Attn: Julie Bach						
	406.653.6221						
	jbach@roosveltcounty.org						
18	Froid Senior Center		X		M, W NOON		
	107 2 nd St N				Ave monthly 177		
	Froid, MT 59226						
	Attn: Julie Bach						
	406.653.6221						
	jbach@roosveltcounty.org						
19	Wolf Point Senior Center	X	X		T, TH NOON		
	124 Custer				Ave monthly		
	Wolf Point MT 59201						
	Attn: Julie Bach						
	406.653.6221						
	jbach@roosveltcounty.org						
20	Forsyth Senior Center	X	X	5	M-F NOON		
	1060 Cedar St /PO Box 1256				Ave monthly 329		

	Forsyth MT 59327						
	Attn: Ana Thompson						
	406.346.2878						
	athompson@rosebudcountymt.com						
21	Colstrip Senior Center	X	X		M-F NOON		
	415 Willow Avenue /PO Box 41				Ave monthly 277		
	Colstrip MT 59323						
	Attn: Ana Thompson						
	406.748.3525						
	athompson@rosebudcountymt.com						
22	Medicine Lake Senior Center		X		M-F 12-1PM		
	114 Main St				Ave monthly 250		
	Medicine Lake MT 59247						
	Attn: Vicki Ruby						
	406.765.3412						
	vruby@sheridancountymt.gov						
23	Golden Years Club		X		M, W, F 11-1		
	120 West 2 nd Ave				Ave monthly		
	Plentywood MT 59254						
	Attn: Vicki Ruby						
	406.765.2034						
	vruby@sheridancountymt.gov						
24	Westby Senior Center		X		TU – SAT 11-1PM		
	208 North Main				Ave monthly 315		
	Westby MT 59275						
	Attn: Vicki Ruby						
	406.765.3412						
	vruby@sheridancountymt.gov						
25	Outlook Senior Center		X				
	220 Main St						
	Outlook MT 59252						
	Attn: Vicki Ruby						

	406.765.3412						
	vruby@sheridancountymt.gov						
26	Treasure County Community Center	X	X		W 5PM		
	306 Rapelje				Ave monthly 138		
	Hysham MT 59038						
	Attn: Alana Swenson						
	406.342.5547						
	aswenson@treasurecountymt.com						
27	Valley County Senior Center	X	X	5	TU, TH, FR 11:30		
	328 4 th St S				Ave monthly 305		
	Glasgow MT 59230						
	Attn: JoAnn Zieger						
	406.228.9500						
	jzeiger@valleycountymt.gov						
28	Nashua Senior Center		X		M, W, F NOON		
	105 Front Street				Ave monthly 127		
	Nashua MT 59248						
	Attn: JoAnn Zieger						
	406.228.9500						
	jzeiger@valleycountymt.gov						
29	Wibaux County Senior Center	X	X		TU, TH 11:30		
	203 Wibaux Street South				Ave monthly 103		
	Wibaux MT 59353						
	Attn: Corrine Bacon						
	701.872.6272						
	senior@wibauxcounty.net						
30	Fort Peck Tribes Community Center - Brockton		X		M-F 11-12:30		
	630 6 th St						
	Brockton MT 59213						
	Attn: Sheila Spotted Bull						
	406.768.5833						

	sspottedbull@fortpecktribes.net					
31	Fort Peck Tribes Community Center - Frazer	X		M-F 11-12:30		
	400 Moccasin Ave					
	Frazer MT 59225					
	Attn: Sheila Spotted Bull					
	406.768.5833					
	sspottedbull@fortpecktribes.net					
32	Fort Peck Tribes Community Center - Poplar	X		M-F 11-12:30		
	603 E "G" St					
	Poplar MT 59225					
	Attn: Sheila Spotted Bull					
	406.768.5833					
	sspottedbull@fortpecktribes.net					
33	Fort Peck Tribes Community Center - Wolf Point	X		M-F 11-12:30		
	800 Hwy 2					
	Wolf Point MT 59201					
	Attn: Sheila Spotted Bull					
	406.768.5833					
	sspottedbull@fortpecktribes.net					
				Fort Peck Elderly Programs Ave monthly as a whole 1,669		
34						

Emergency Plan or Plans for Development

Disaster & Emergency Services (DES) - There are significant gaps in planning for older Montanans as it relates to Disaster and Emergency Services. Each county has an individual appointed for DES, but all too often the planning falls short and there is not coordination between the DES Coordinator and Senior Services Providers in local communities. This causes issues at times of natural disasters and when emergency services are needed for individuals. Most counties don't have phone chains or recorded lists and locations of elderly residents. Montanans are good about looking out for their neighbors, but a more organized effort could lead to safety and a security for individuals that would otherwise go unidentified for assistance. One of the county DES Coordinators attended one of the listening sessions for the Area Plan and expressed an interest in getting other DES Coordinators together to discuss efforts.

Disaster and emergency needs of older Montanans within the PSA will be met, and they will be treated with dignity and respect by first responders when emergency services are needed.

Strategies;

- Conduct organizational meetings for fact finding as a basis of assisting in creating a longer- term plan for senior citizens in the area when emergency occurs.
- Help foster relationships between county disaster, first responders and local service providers and the area agency to result in a better process.
- Help Adult Protective Services through efforts to identify short-term foster care providers for emergency situations to avoid more restrictive alternatives.

Performance Measures

- Participate in 1-2 meetings annually with invited Disaster & Emergency Planning Coordinators within the PSA. Goal of the meetings will be a coordinated beneficial planning effort to assist seniors and the most vulnerable individuals within the PSA.
- Agency staff will conduct 1-2 trainings annually to first responders in the PSA to assist them with approaches to emergency situations involving older Montanans with special needs.
- Help connect DES staff and first responders with community senior service providers through the use of the Advisory Council meetings.

