

SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A-1 Introduction

This is the two-year update of the Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) 2008 – 2011 Area Plan. This update will explain what has been accomplished on the goals and objectives outlined in the original 2008 – 2011 Area Plan, as well as describe new goals and objectives for the next two years, a new budget, and other changes made since the original four year Area Plan was submitted.

The Lewis-Mason-Thurston Area Agency on Aging has operated since 1976 under the sponsorship of Lewis, Mason and Thurston counties. The policy board of the Agency is the Council of Governments (COG). One county commissioner from each of the three sponsoring counties serves on the Council of Governments; the commissioners are assigned by their respective County Commissions each year. The Agency has an 18 member Advisory Council that provides on-going guidance to the professional staff and the Council of Governments. Six members of the Advisory Council are appointed from each county with appointments are made by each county's Commissioners. Advisory Council members are allowed to serve three consecutive two-year terms.

With input from the community, LMTAAA plans for and prioritizes services as part of the development of the Area Plan. The Area Plan is a four-year plan, updated annually, which is submitted to the Washington State Department of Social and Health Services, Aging and Disability Services Administration for approval. The Area Plan outlines a considerable amount of information on our communities such as a demographic overview, provider and service systems, some multi-year planning objectives, as well as revenue and expenditure proposals for the current year.

LMTAAA directly provides case management and nurse consultation for approximately 1,500 consumers receiving in-home care assistance ensuring their on-going eligibility, need and service delivery. Thousands of individuals use our Information and Assistance program to gain information about local services and to access help. Our Family Caregiver Support Program offers information and assistance, educational opportunities, respite and other supports to unpaid family caregivers involved in the care of an elderly family member. LMTAAA manages the Home Care Referral Registry for the South Sound region, linking Individual Providers (home care aides) with Medicaid eligible elderly and disabled people who need home care services. The LMTAAA staff work directly with community organizations in developing, monitoring and managing the delivery of a wide variety of services to seniors and younger disabled adults.

LMTAAA contracts with governmental, non-profit and for-profit agencies for the delivery of services to eligible individuals. Services provided through contracts include: Long Term Care Ombudsman services, adult day care, congregate nutrition, home-delivered meals, the Senior Farmer's Market Nutrition Program, transportation, legal assistance, respite care, in-home personal care, caregiver basic training, kinship and family caregiver support and Medicaid waiver services.

In June 2007, the Agency held multiple informational meetings throughout the region to discuss the Area Plan and seek input. Three public hearings were held in August 2007 to provide information about and receive comments on the Agency's plan for 2008 and beyond.

In September 2009, the Agency held a public hearing to provide information about and receive comments on the Agency's plan for 2008 and beyond.

Further comments on the Area Plan may be sent to:

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For more information, contact Dennis Mahar at 360-664-2168 or toll free 888-545-0910.

A-2 Mission, Values and Vision

The mission of the Lewis-Mason-Thurston Area Agency on Aging is to help develop, provide and advocate for quality long term care services and supports emphasizing home and community care options.

In operating the Area Agency on Aging and in contracting for services on behalf on the elderly and younger disabled people, the LMTAAA is guided by the following values:

- We value individual efforts to remain at home living as independently as possible.
- We value treating individuals with respect and dignity as they make decisions about their lives and care needs.
- We value the growing diversity within our communities and efforts to make planning and programming responsive to all people.
- We value efforts to reach under-served and under-represented people whose culture, language, residence or financial circumstances limit focus on their unique needs.
- We value the wealth of support families, friends and other informal relationships bring to consumers of our services.
- We value a community stewardship model of leadership that builds local capacity to engage and serve the elderly and younger disabled people.
- We value strong accountability that safeguards the resources used by the LMTAAA, the confidentiality of our consumers and fair treatment of providers doing business with the Agency.
- We value the dedicated workforce of our Agency and our provider organizations as they seek to fulfill their professional roles within a highly regulated system.
- We value the volunteer efforts of senior citizens who work, promote, advise and act on the needs of our communities and citizens.

Working towards our mission and honoring our values requires constant collaboration with a wide range of private and public entities that affect the lives of the elderly and younger disabled people within our communities. Consumer advocate groups, local and statewide providers, their professional organizations, local businesses and Chambers of Commerce, our United Way agencies, local and county government, religious groups and private individuals are all important stakeholders with something to contribute to make our communities more inclusive and responsive to the needs of the elderly and younger disabled.

A-3 Planning and Review Process

The planning process and objectives, revenue projections, expenditure proposal, and the Agency structure were developed for the 2008-2011 Area Plan under the leadership of the Council of Governments and the Advisory Council. The process began with staff and Advisory Council discussions, financial reviews and projections, a series of 6 community meetings throughout the region, a consumer survey, observations from providers, directions from the COG, and consideration of our contractual obligations and requirements. US Census data, regional demographics reports, and regional and local service data were also used in the plan development.

In April and May of 2007, LMTAAA distributed 950 community needs surveys throughout the three-county area. Of these, a total of 217, or 23%, were returned. The highest percentage of respondents was in the 75 – 84 year old age category, with the majority being female and Caucasian. The highest percent had monthly incomes in the \$1500 per month range. Although most considered themselves to be in good health, it was interesting to note that 44% reported a disability that limited one or more activity of daily living. Additionally, more than half reported taking three or more medications, and more than one-third had fallen in the last 12 months. The services they reported using the most included congregate and home delivered meals, fitness classes and the food bank. The services they indicated were most needed included more affordable and physically accessible housing, free health screening, safer sidewalks and crosswalks, and improved access to healthcare.

On May 9, 2007, a panel of contracted OAA providers presented information to the LMTAAA Advisory Council, which included a description of the services they provide, the size of their budget and funding sources, the greatest challenges they face, and their future goals. Advisory Council members indicated that they found this very helpful in preparing them to better understand the issues involved in prioritizing and developing service goals and objectives, which are an important part of the area plan process.

In June of 2007, LMTAAA held six community meetings in preparation for Area Plan development (see Appendix D for dates and locations). During those meetings, national, state, and local issues were discussed and current local service priorities were reviewed with the public.

On August 15, 2007, LMTAAA hosted a meeting of the local tribes, to review the current 7.01 Plan and develop a new Plan for 2008-10. All local tribes were invited, and participants included members of the Cowlitz, Nisqually, Squaxin Island, and Skokomish Tribes, as well as South Puget Intertribal Planning Agency (SPIPA). A draft plan was distributed to all local tribes, for final review and comment.

Later in August, LMTAAA held three public hearings, one in each county (see Appendix D for dates and locations). The Area Plan was distributed in draft form, including draft goals and objectives and a draft budget. Service priorities were also explained. Comments indicated general support for planning priorities. Questions and comments

frequently involved concern about healthcare costs, and the inadequacy of Medicare coverage, particularly for hearing and vision services.

At each monthly meeting since April, the Advisory Council received updates from LMTAAA staff on the plan progress, and continually provided input on the plan. At the September 5, 2007 Advisory Council meeting, members again reviewed the draft plan, made some final suggestions, and voted to approve the plan, in preparation for Council of Governments (COG) review. COG also received monthly progress reports on the plan as it was being developed, and at the September COG meeting, the plan was presented in its final form for board review and approval.

2010 Update:

Meetings with Tribal representatives have been held bi-annually throughout 2008-09. On September 3, 2009, LMTAAA and the Tribes met to develop a new 7.01 Plan for 2010-11. All local tribes were invited; participants included members of the Cowlitz, Squaxin Island and Skokomish Tribes. A draft plan was distributed to all, including the Cowlitz, Chehalis, Nisqually, Squaxin Island and Skokomish Tribes, as well as South Puget Intertribal Planning Agency (SPIPA), for review and comment prior to finalization.

On September 2, 2009, the LMTAAA Advisory Council received updates from LMTAAA staff on the progress of the updates to the Area Plan. Members reviewed a draft of the Plan, made comments, and voted to approve. A public hearing was held on September 16, 2009 at the Olympia office. At the September 24, 2009 COG meeting, the Plan was presented in its final form for board review and approval.

A-4 Prioritization of Discretionary Funding

While the bulk of LMTAAA revenue is dedicated to specific services by funding sources and/or regulations, the Agency does receive discretionary funding as well from the State Senior Citizens Services Act (SCSA) and the Federal Older American Act Title III B. In prioritizing which programs to support with discretionary funds, LMTAAA considers the following questions:

- Does the program reach those with the greatest economic and/or social need, those with severe disabilities, those with limited English-speaking ability, those residing in rural areas and/or those in minority racial or ethnic populations?
- What is the program's significance to the larger network of services?
- Does the program enhance a person's ability to live independently?
- What are the alternative revenue sources available to the program and is the service cost-effective compared with the benefits received?
- What are the expressed preferences of the community?

As a result of the public process, LMTAAA funds Transportation, Adult Day Care, Information & Assistance, Case Management for non-Medicaid consumers and the Small Project Support Program with discretionary dollars.

The provision of transportation services is not a requirement of any LMTAAA revenue source, but is critical to providing access to available services and therefore significant in helping to maintain independence for many within the community. A number of other funding sources support transportation, including transit authorities in all three counties, other public and private grants, one county government and the Medicaid brokerage program. However, gaps still remain. With input through the planning process, transportation remains a priority use of LMTAAA discretionary funds.

Adult Day Care services is not a mandated service; however, it plays an important role in maintaining and/or improving the cognitive and physical abilities of those attending the program, as well as provides much needed respite for the caregivers of those attendees. Participants receive needed assistance with activities of daily living while attending the program, which includes socialization activities, nutritional services and routine health monitoring. Adult Day Care is not a medical service. Participation in Adult Day Care services frequently delays or prevents the need for more costly and restrictive institutional care. For this reason, LMTAAA continues to support Adult Day Care services with its discretionary funds.

Information and Assistance (I&A) is a vital part of our local network of services for older adults. LMTAAA has and will continue to prioritize providing access services provided in our communities. I&A connects older people with the information and services they need or are interested in learning more about. Information is provided on a one-on-one basis and can be provided over the phone or in person. The assistance provided includes information giving, service referral, advocacy and assistance, and helping with application processes. I&A staff screen callers for eligibility for specific services and

programs, such as Respite, Family Caregiver Support services, COPES and Medicaid Personal Care. The I&A program links people to medical services, arranges for prescription drug coverage and supports a number of other specific activities that promote individual health and disease management. I&A staff additionally work in conjunction with the Statewide Health Insurance Benefit Advisors (SHIBA) staff and volunteers to provide Medicare Part D education and assistance with enrollment.

Although LMTAAA is not required to provide case management help to non-Medicaid consumers, we continue to prioritize this service on a relatively small scale. A number of consumers, just above the Medicaid eligibility requirements, continue to present themselves with significant needs. These families greatly benefit from the service and would otherwise be unable to initiate, coordinate and/or continue support services without the professional help of a Case Manager.

And lastly, the Small Projects Support Program is not a federal, state or local requirement. Rather, it is a relatively small amount of discretionary funding that supports a wide variety of small needs throughout the community. The program funds organizations serving older persons living in Lewis, Mason and Thurston Counties. The intent of the program is to provide funding for “one time” needs as identified by proposing organizations. Examples of historical projects funded through the Small Projects Support Program include roof repair on a small senior center, maintenance tools, supplies for a community garden at an elders program, a program banner to be used at health fairs and other similar events, software for computers used at a senior center, and the purchase and installation of a furnace. As funding allows, LMTAAA believes using a relatively small amount of discretionary funds for this purpose has great benefit to many organizations and the seniors they serve in our community.

2010-2011 Two Year Update:

The Small Projects Support Program has been eliminated from the LMTAAA Area Plan budget. The funding is no longer available for this purpose at this time. If funding becomes available in the future, LMTAAA will consider amending our Plan.

America Recovery and Reinvestment Act (ARRA)

Federal ARRA funds were allocated to LMTAAA, and other Area Agencies on Aging statewide, according to the Older Americans Act funding formula. The intent of the funding is to increase the number of congregate and home delivered meals provided to those persons eligible under OAA, Title III, to restore or avoid cuts to service delivery, and/or restore or retain jobs. The funding is time limited, available July 1, 2009 through December 31, 2010.

LMTAAA has allocated ARRA funds to our existing nutrition services contractors serving the Thurston/Mason Counties region and Lewis County region. The allocation formula used was a weighted formula, with 40% given to the population age 60+, 40% given to the population age 65+ at or below Federal Poverty Level, and 20% given to the square mileage of the region. The proposals received from both nutrition services contractors address all three areas of intent for use of the funding. Additional congregate and home

delivered meals will be served to OAA eligible persons throughout the PSA, cuts to service delivery will be restored in Thurston/Mason Counties and avoided in Lewis County, and jobs will be retained in Lewis County with slight expansion in employment hours in Thurston/Mason Counties.

Changes in SCSA administration funding

In 2009, the Washington State Legislature reduced the administrative funding within the Senior Citizens Services Act. LMTAAA will manage this reduction through internal administrative efficiencies, thereby having no impact on the programs listed above.