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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) 2016-2019 Area Plan. This update will explain what has been accomplished on the goals and objectives outlined in the original 2016-2019 Area Plan, as well as any changes or additions to the original plan and a new annual budget.

The Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) 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 ongoing guidance to the professional staff and the COG. Each Commissioner appoints six members from his/her county to the Advisory Council. 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 every two years, which is submitted to the Washington State Department of Social and Health Services, Aging and Long Term Support Services Administration for approval. The Area Plan outlines a considerable amount of information about our communities such as a demographic overview and provider and service systems, as well as some multi-year planning objectives and the current year revenue and expenditure proposals.

LMTAAA directly provides a variety of services that support individuals, families, and caregivers. We provide case management and nurse consultation for approximately 2,200 consumers receiving Medicaid paid in-home care assistance, assessing individuals' needs and eligibility and ensuring proper service delivery. Thousands of individuals use our Information and Assistance program to gain information about local services and to access support. Our Family Caregiver Support Program offers information and assistance, educational opportunities, respite and other supports to unpaid caregivers providing informal care to an adult family member. LMTAAA also manages the Home Care Referral Registry for the South Sound region, linking Individual Providers (home care aides) with Medicaid eligible older adults and adults with disabilities who need home care services.

LMTAAA staff work directly with community organizations in developing, managing and monitoring the delivery of services to seniors and disabled adults. LMTAAA contracts with governmental, non-profit and for-profit agencies for the delivery of a wide variety of services to eligible individuals. Services provided through contracts include: Long Term Care Ombudsman Program, congregate nutrition, home-delivered meals, adult day care, transportation, legal services, respite care, in-home personal care, kinship and

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family caregiver support, Senior Farmers Market Nutrition Program and a multitude of Medicaid wrap-around services.

In addition, LMTAAA staff is active in many local, regional, and statewide groups and organizations. From advocacy at the national and state levels, to partnering with a local senior center or food bank, we recognize the need to be active and involved in all aspects of our community.

Over the past several years, our nation, state and local communities have experienced challenging economic times. The impact has been felt by all, including older adults. In addition to personal impact, the sheer number of older adults in within the population is increasing dramatically as the baby boomer generation continues to move into retirement age. This significant, never experienced before, demographic shift brings not only challenges, but new opportunities as well. We will strive to engage our community, provide leadership in advocacy and education, and challenge ourselves and community partners to think and act creatively in these unique times.

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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 of older adults and adults with disabilities, LMTAAA is guided by the following values:

- We value individual choices and efforts to remain in the community, 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 and serve those people whose culture, language, residence or financial circumstances may limit their ability to easily access services to meet their needs.
- We value the wealth of support that 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 older adults and adults with disabilities.
- We value the volunteer efforts of those who work, promote, advise and act on the needs of our communities and citizens.
- We value strong accountability that safeguards the resources used by LMTAAA, the confidentiality of our consumers, and fair treatment of providers doing business with LMTAAA.
- We value the dedicated workforce of LMTAAA and our provider organizations as they seek to fulfill their professional roles within a highly regulated system.

Working towards our mission and honoring our values requires constant collaboration with a wide range of private and public entities. Consumer advocate groups, local and statewide providers, professional organizations, local businesses and Chambers of Commerce, United Way agencies, local and county government, faith-based organizations, and private individuals are all important stakeholders with something to contribute towards ensuring our communities are inclusive and responsive to the needs of older adults and younger adults with disabilities.

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A-3 Planning and Review Process

In May and June of 2017, LMTAAA staff met with our local tribes to develop new Policy 7.01 Plans for 2018-2019. At the August Advisory Council meeting there was a review of the current Issue Areas, Goals and Objectives and the current Policy 7.01 plan, in preparation for the draft Area Plan Update, which was reviewed at the September 6, 2017 Advisory Council meeting. A public hearing was held on September 22, 2017, to provide information and receive comments on the draft Area Plan Update. Our Council of Governments reviewed and approved the update on September 28, 2017. The draft is available to the public on our website at www.lmtaaa.org.

Please see **Appendix E. Public Process** for a further summary of the planning process.

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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 some discretionary funding from the State Senior Citizens Services Act (SCSA) and the Federal Older American Act Title IIIB. 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 significance of the program to the larger network of services?
- Does the program enhance an individual's ability to live independently?
- What are the alternative revenue sources available to the program?
- Is the service cost-effective compared with the benefits received?
- What are the expressed preferences of the community?

As a result of program analysis and the public process, LMTAAA will fund the following programs with discretionary dollars:

Adult Day Care – Adult Day Care 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, and provides much needed respite for the caregivers of participants. Participants receive assistance with activities of daily living while attending the program, which includes socialization activities, light physical activity, nutritious snacks and lunch, 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.

Case Management for Non-Medicaid Consumers – Although LMTAAA is not required to provide case management service to non-Medicaid consumers, we continue to prioritize this service on a relatively small scale for those over the age of 60. A number of consumers just above the Medicaid eligibility requirements present themselves with significant needs. These consumers and 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.

Information & Assistance (I&A) – 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 in our communities. I&A connects older people with the information and community resources 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, by email or in person. The assistance provided includes information giving, service referral, advocacy and assistance, and helping with application processes. I&A staff screen for eligibility for specific services and programs, such as Family Caregiver Support services, Community First Choice and other Medicaid services. The I&A program links people to medical services, arranges for

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prescription drug coverage and supports a number of other specific activities that promote individual health and disease management. I&A staff visit regularly with the area Tribes and senior centers and provide outreach at community events. 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.

Transportation – 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 people within the region. A number of other funding sources support transportation, including transit authorities in all three counties, other public and private grants, and the Medicaid brokerage program. However, gaps still remain. With input through the planning process, transportation remains a priority use of LMTAAA discretionary funds, with a specific focus on supports to volunteer transportation programs.

Volunteer Support – LMTAAA supports the efforts of volunteers in our communities working in programs that provide needed services and supports to our neighbors who are aging and those with disabilities. Volunteerism helps to stretch limited funding designated for specific programs, as well as provides meaningful social engagement to those providing the work. These efforts will include support of the local Retired Senior Volunteer Program (RSVP), Senior Companions Program, and volunteer transportation programs.

In the event of funding reductions or increases, multiple factors and LMTAAA values must be considered in order to determine how to prioritize programs. The following questions would be considered:

- What funding source is being reduced?
- What are the associated legal requirements?
- Which programs protect core functions that are critical to health and safety and limit liability exposure?
- Which programs tend to reach the priority populations?
- What is the impact to the service network if reductions are shared across programs versus reducing one program?
- What is the status of the other revenue sources for specific programs?
- What are the expressed preferences of the community at that time?

With these questions in mind, we would likely prioritize programs into three categories, with Level 1 being the highest priority. The list in each category below contains both mandated and discretionary programs and the programs are not necessarily in priority order.

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Level One	Level Two	Level Three
<ul style="list-style-type: none">• Case Management/Nursing• Home and Community Based Service Programs• Home Delivered Meals• Family Caregiver Support• Information & Assistance*	<ul style="list-style-type: none">• Adult Day Care*• Congregate Meals• Home Care Referral Registry• Long Term Care Ombudsman Program• Transportation*	<ul style="list-style-type: none">• Case Management for non-Medicaid Consumers*• Health Promotion/Disease Prevention• Kinship Programs• Legal Services• Medication Management• Senior Farmers Market Nutrition Program• Volunteer Support*

*Programs that are funded with discretionary funds.