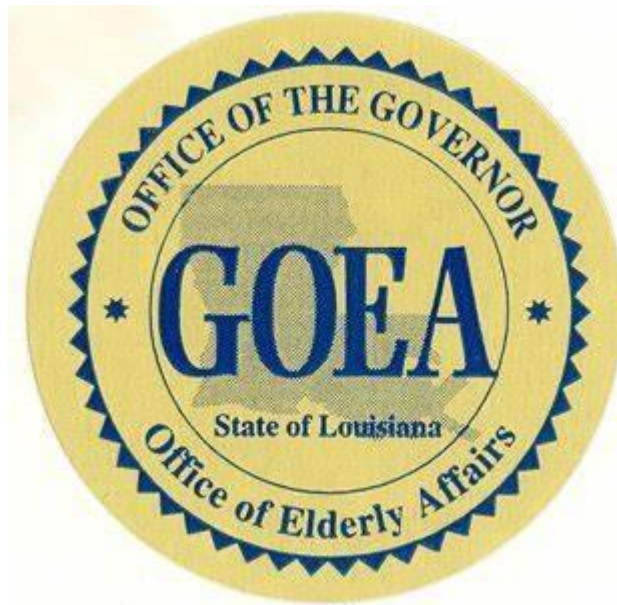


# **Louisiana State Plan on Aging**

**For the Period**

**October 1, 2023 through September 30, 2027**



**John Bel Edwards**  
**Governor**

Office of the Governor  
Office of Elderly Affairs

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## Executive Summary

The Louisiana Governor's Office of Elderly Affairs, as the State Unit on Aging for Louisiana prepares the State Plan every four years as required by the Administration for Community Living (ACL), which is under the U.S. Department of Health and Human Services. The Louisiana State Plan for FY 2024-2027 provides a directive to the Louisiana State Unit on Aging and complies with the guidance and instructions provided by ACL (SUA Directors Letter #01-2021 for state plan development and #01-2023 for examples of equity outreach). Louisiana has 34 area agencies on aging (AAA) to serve the older citizens of the state. Of these 34 area agencies on aging, there are 3 multi-parish (County) area agencies and 31 single parish (County) area agencies. According to the American Community Survey (ACS) 5-year estimate for 2023, there are 1,069,128 persons age 60 and older in the state of Louisiana. The services provided through the Older Americans Act funding are provided on a social model. Medical services such as health screenings, medical assistance, and other medical needs assessments are provided by medical providers and the Louisiana Department of Health.

In order for Louisiana to continue to plan and serve the ongoing and future needs of Louisiana's older adults and their caregivers, and to meet the requirements of Section 307 of the Older Americans Act (OAA), the Governor's Office of Elderly Affairs (GOEA) will use this document as a guide to deliver services to the state's older adult population. GOEA will work collaboratively with this population, their caregivers, the aging network of state and community agencies who provide supportive services and all other interested persons within Louisiana. GOEA will promote the needs of older adults and services along with our federal and state government partners, so that all may move forward collaboratively to serve effectively and efficiently. Sustainability of services as the older adult population increases, availability state and federal funding, and loss of institutional knowledge due to retirements will be a key challenge over the next four-year plan period.

There are many challenges in meeting the needs of the older adults and their caregivers, but we must strive to address and overcome as many challenges as possible to continue to move forward in our service to the older adults of the state of Louisiana. Louisiana's fiscal budget has somewhat stabilized, but Louisiana continues to be challenged to find new ways to meet the needs of our increasing population. The increase in the unit cost to provide services (transportation, salaries, utilities, raw food costs, insurance, etc.) will continue to challenge and the increase the number of older adults residents of Louisiana registered on waiting lists for essential services. An increase in the minimum wage will hinder the provider agencies in budgeting and allocating funding for services. In an effort to meet these challenges and continue meeting the needs of the older adults in the state, GOEA will continue to strengthen partnerships and collaborate with other agencies who provide service delivery to the older adults and disabled citizens of Louisiana. Collaborative partnerships have been established with the Louisiana Department of Health, Disability Affairs, Department of Insurance-Senior Health Insurance Information Program (SHIIP), Inter-Tribal Council on American Indians and quasi-governmental agencies to serve the aging and disabled population in an effort to meet the growing needs of Louisiana.

These collaborative partnerships will work for the older adults and the Louisiana disability network to increase access by older adults and provide additional resources to the older

individuals, caregivers and disabled citizens of Louisiana. Title III and Title VI programs will be coordinated to ensure that all populations are reached efficiently and service delivery is efficient and effective. These efforts will strengthen the capacity of our aging network in Louisiana. GOEA will seek additional funding sources as the state unit on aging for our partner agencies through grant opportunities, which will enhance funding for service sustainability and service enhancement.

Louisiana aging network strengths are to have the capacity to provide access to local information and resources. Access to information and resources are provided by the Area Agencies on Aging, Councils on Aging and the eight (8) regional Aging and Disability Resources Centers (ADRC) and SenioRx Programs. The ADRCs in Louisiana provide a full range resource for long-term care needs, provide information, access to long-term care (LTC) options, LTC and Medicare counseling, prescription assistance and local resources to best meet the needs of the older adults, caregivers and disabled individuals who may be at any age. The ADRCs work collaboratively with the area agencies on aging, councils on aging and other community agencies. This Aging and Disability Resource Centers are a valuable tool to allow our older adults and disabled individuals to remain in their homes and community as long as possible. The ADRCs serve as the “No Wrong Door” program for Louisiana.

In an effort to ensure the agencies have the most up-to-date needs of the older adults in their Planning and Service Area (PSA) and their communities, Louisiana's 34 area agencies on aging (AAA) must submit four-year area plans. The current area plan cycle ends June 30, 2023 and the new area plan cycle will begin July 1, 2023. These area plans shall include strategies to facilitate the development of services to meet the needs identified through the individual and community needs assessment process, to collaborate in the ADRC's with options counseling, to assure and improve the quality of services provided and to provide evidence-based health promotion and disease prevention programs using the III-D funds. As a component of the 34 AAA area plans, each AAA reviews the agency's Emergency/Disaster Plan annually for modifications and changes. If modifications or changes are made to AAA Emergency/Disaster Plans, the new plan is submitted to GOEA for review and approval. The Emergency/Disaster Plan once approved becomes a component of the AAA's Area Plan.

While it is imperative to assess the needs of older adults to afford the opportunity to remain in their homes and live independently for as long as possible, the residents of long-term care facilities rights must be sustained. The Louisiana State Long-Term Care Ombudsman educates and promotes the rights of these long-term care facility residents and their families. The Long-Term Care Ombudsman works to ensure that protocols are in place so that the resident who is eligible for transitioning back home and/or a community setting have the ability to do so.

Louisiana continues to educate and collaborate with other agencies to increase awareness of Elder Rights. Effective statutes have completed the legislative process and signed into law that protect older adults from abuse, neglect and exploitation. Louisiana Department of Health /Office of Aging and Adult Services (LDH/OAAS) administers the adult protection program for adults aged 18 to 59. GOEA administers the programs for the 60 and older population. In the spring 2023, LDH/OAAS and GOEA conducted a series of “Listening Sessions” across the state to outreach the public and listen to concerns on how to better serve the victims and their families from abuse, neglect and/or exploitation. All aging network and contract agencies to GOEA will be offered and provided education sessions on elder abuse.

Topics for public education includes:

- “What is Elder Abuse?”
- “Which Statutes Protect Older Adults Citizens?”
- “Who/Where to Call If Abuse Is Detected?”

The aging network (AAAs, Councils on Aging and ADRCs) are encouraged to collaborate with the local Senior & Law Enforcement Together (SALT) coalitions and Law Enforcement, Senior Citizens and Community Groups (TRIAD) to enhance the community awareness of elder abuse signs and symptoms. The Legal Services Developer for GOEA has developed training productions to educate staff and the public on Abuse, Guardianship and the Louisiana Long-Term Care Ombudsman Program.

It is GOEA's *Vision* that Louisiana will be a desirable and satisfying place to age. GOEA's *Mission* is to serve as the focal point for the development, implementation and administration of the public policy for the State of Louisiana, and address the needs of the state's older adults. GOEA as the State Unit on Aging as directed by the Governor of Louisiana and the State Legislature is committed to the following *Philosophy*:

**Advocating** for the needs and rights of all older Louisianans. **Improving** the quality of life of our older adults by encouraging and providing the means to achieve active, healthy, independent lives. **Building** partnerships with communities, organizations, agencies, families, and individuals to ensure the availability and accessibility of a continuum of services for all older Louisianans. **Promoting** public awareness and education about the aging process, trends in the aging of current older adult population, and projections for future generations of older adults. **Supporting** intergenerational activities, which foster mutual understanding and support, shared values, and personal responsibility. **Providing** intervention in the exploitation and abuse of older adult Louisianans.

To ensure that the *Vision, Mission* and *Philosophy* of Louisiana are met, the State Plan for FY 2024-2027 will serve as a guide with the following Goals:

- **Goal 1 - Older Americans Act (OAA) Core Programs:** promote various methods to stabilize efficient and effective service delivery of all available core Older Americans Act program services to older adults, adults with disabilities and caregivers.
- **Goal 2 – COVID-19:** provide services as a part of a public health emergency/emerging health threat and emergency preparedness for older individuals
- **Goal 3 - Addressing Social Determinants of Health and Promoting Equity:** empower the Louisiana Aging Network with elements necessary to yield activities that involve information, expectations and resources on equity, diversity and inclusion
- **Goal 4 - Strengthening Accessible HCBS Services in the Aging Network:** provide educational resources to older adults and disabled individuals regarding community options

- **Goal 5 - Caregiving:** Older Louisianans will have reliable access to relevant caregiver services, ensuring their ability to engage with their communities

#### INTRODUCTION: QUALITY MANAGEMENT:

Quality management of service programs is a critical component of Louisiana's State Plan, aimed at ensuring effective and efficient delivery of services to older adults, adults with disabilities, and caregivers. The state will employ comprehensive evaluation activities and quality management practices to assess program implementation, address problem areas, and drive continuous improvement throughout the State Plan cycle.

#### DATA COLLECTION:

Louisiana's State Plan emphasizes the importance of accurate and complete data collection. Louisiana's Government Performance and Accountability Act<sup>1</sup>, mandates that every agency receiving an appropriation must produce regular performance progress reports. These reports serve the purpose of monitoring the agency's actual progress in achieving annual performance standards. The State Budget Office under the Division of Administration is responsible for maintaining an electronic performance database called the Louisiana Performance Accountability System (LaPAS). LaPAS serves as the official repository of performance data, ensuring the accuracy and reliability of the information.

The Office of Planning and Budget plays a crucial role in overseeing the integrity of the performance database. They establish the rules and guidelines for electronic transmission of progress reports and regulate the medium for transmission and storage. GOEA is required to submit quarterly performance progress reports through LaPAS, ensuring a consistent and standardized reporting process. By adhering to these reporting requirements, GOEA maintains accountability and transparency in tracking performance and evaluating the progress of our agency and the Aging Network towards achieving these performance standards.

#### DATA INTEGRITY AND THE IMPACT ON PERFORMANCE TRACKING

Accurate and comprehensive data play a crucial role in effective performance tracking and evaluation within the aging network. The principle of "garbage in, garbage out" emphasizes that the quality of data entered into the system directly affects the quality of information and insights gained from it. Therefore, it is imperative that we prioritize the collection of complete and accurate data from our agencies in the field.

The Louisiana Aging Network understands the significance of reliable data in tracking the performance of programs and services for older adults. We recognize that the more complete and accurate the data reported from the field, the more robust and meaningful our performance tracking efforts will be for entering and submitting it to our funding authorities, and for determining the effectiveness and efficiency of the Aging Network in its service delivery.

To ensure data integrity, we emphasize the importance of thorough and precise reporting by our agencies. Through monthly financial and performance reports, we will obtain accurate information on the delivery of services, participant demographics, outcomes achieved, and any challenges encountered. By consistently analyzing the progress we are making towards obtaining the goals and objectives discussed in

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<sup>1</sup> Louisiana Legislature Act 1465 of 1997,

this Plan, we can gain valuable insights into the effectiveness and impact of our programs and the strategies employed to implement them.

We encourage our agencies to adopt consistent data collection practices, utilize standardized reporting formats, and regularly review and verify the accuracy of the data they submit. This will enable us to generate reliable performance reports that reflect the true progress and outcomes of our aging programs and services.

Additionally, we recognize that data integrity is a shared responsibility between the agencies and our central data management team. We are committed to providing the necessary training and technical support to assist agencies in accurately reporting their data. Our goal is to establish a collaborative environment where agencies feel supported and empowered to collect and report data effectively.

By prioritizing data integrity, we can enhance our ability to track performance accurately, identify areas for improvement, and make informed decisions to optimize the services and support provided to older adults in Louisiana. Together, we can ensure that our performance tracking efforts align with the highest standards of accountability and contribute to the overall success of the aging network in meeting the needs of our aging population. Louisiana's AAAs, COAs, ADRCs, and Ombudsman programs will receive periodic training. The Louisiana AAAs, Aging and Disability Resource Centers (ADRCs), and Ombudsmen staff will receive training from GOEA on data collection procedures and systems to ensure the entry of reliable and relevant information. The state will utilize data systems such as Louisiana Performance Accountability System (LaPAS) to track performance standards and actual performance.<sup>2</sup>The National Aging Program Information Systems, Louisiana Accountability and State Program Report to track service levels, demographic information, and program quality indicators. Demographic data related to different demographic groups receiving services can be found on.

#### MONITORING AND OVERSIGHT:

To ensure appropriate and effective use of funds, the Louisiana State Unit on Aging (SUA) will conduct monitoring and oversight activities. These activities include on-site monitoring reviews of the ADRCs and desk reviews to assess compliance with federal and state requirements. The SUA will also validate performance data and provide policy guidance, technical assistance, and training to all our agencies in the field, including the ADRCs and Ombudsmen program.

#### QUALITY IMPROVEMENT:

Louisiana's quality management approach is rooted in continuous improvement principles. The state recognizes the importance of evaluating interventions and making data-driven decisions. The SUA will analyze fiscal and performance data to identify trends and patterns, allowing for targeted improvements. Additionally, the state will engage in regular communication, collaboration with the AAAs, ensuring

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<sup>2</sup> Louisiana's Act 1465 of 1997 (the Louisiana Government Performance and Accountability Act) requires that each agency (budget unit) receiving an appropriation in the general appropriation act or the ancillary appropriation act produce a series of performance progress reports. The purpose of these reports is to track the agency's actual progress toward achievement of annual performance standards. The Office of Planning and Budget (OPB) in the Division of Administration, as the official record keeper and repository of performance data, maintains an electronic performance database, the Louisiana Performance Accountability System (LaPAS) to track performance standards and actual performance. To ensure the integrity of the performance database, the OPB also designates the medium for transmission and storage and establishes the rules for electronic transmission of progress reports and database access. State departments and agencies submit quarterly performance progress reports via LaPAS.

progress is tracked, and challenges are addressed. Using evidence-based programs and participant feedback, Louisiana aims to continually enhance the quality of services provided.

#### STATEWIDE COLLABORATION AND COORDINATION:

Louisiana acknowledges the significance of collaboration and coordination among state agencies, local partners, and stakeholders. The SUA will actively engage with the AAAs, Title VI grantees, Alzheimer’s Coalition, DD Council, and other relevant entities<sup>3</sup> to foster information sharing and resource utilization. This collaboration will support the alignment of strategies, promote service integration, and maximize the impact of available resources.

#### EVALUATION AND REPORTING:

Louisiana will regularly evaluate the progress of the State Plan through performance management and evaluation activities. The state will assess state-level and local-level performance indicators, including data related to priority populations. Ongoing evaluation will involve the analysis of service utilization, demographic data, and outcomes achieved. Progress will be reported and shared with key stakeholders to inform decision-making, identify areas for improvement, and guide quality management efforts. By implementing robust quality management practices, Louisiana aims to ensure the delivery of high-quality services to older adults, adults with disabilities, and caregivers. Continuous monitoring, data-driven decision-making, and collaboration will contribute to the achievement of desired outcomes and the overall success of the State Plan.

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<sup>3</sup> Agencies which GOEA maintains an active, established partnership for collaboration and cooperation in meeting the needs of our seniors include: Louisiana Statewide Independent Living Council (SILC), the Louisiana Alzheimer’s Coalition, Governor’s Advisory Council on Disability Affairs Statewide Independent Living Council (SILC),



## Context

The Louisiana State Plan on Aging 2024-2027 provides strategic direction to the Louisiana State Unit on Aging (SUA) and complies with the guidance provided by the Administration for Community Living (ACL) Administration on Aging (AOA) in the program instructions AOA-PI- 14-01. This State plan is a contract with ACL/AOA and allows Louisiana to receive funds under Title III and Title VII of the Older Americans Act.

***Vision: Louisiana will be a desirable and satisfying place to age.***

The State Plan has been prepared by utilizing data collected in the Needs Assessment component of the AAA Area Plans. The AAA (34) Assessments/Surveys were conducted in conjunction with the preparation of the Area Plans which will be effective for four years beginning July 1, 2023 – June 30, 2027, for Title III funding from the State Unit on Aging (GOEA). Surveys were distributed to individuals who receive services from the AAAs, Community partners, local and parish governmental officials, staff, faith-based organizations and other interested persons in the communities of each Public Service Area (PSA) for each AAA within the state of Louisiana. The Area Plan summary reflects the following top six services that are considered highest priority as:

- Information and Assistance/Access
- Congregate/Home Delivery Meals
- Falls Prevention
- Transportation
- Personal Care/Sitter Service for the Homebound
- Senior Centers/Meal Sites closer to home

Other services listed as a priority were Safety/Elder Rights, Utility/Weatherization Assistance, Prescription Medication Assistance, Wellness, Recreation and Exercise, Dental/Hearing/Vision Assistance, Minor Home Repairs, and Telephoning. Services listed above are currently being provided in the designated PSAs, but the AAAs may have waiting lists due to funding shortfalls and/or the increase in the older adult population in the PSA. Outreach for the target population is conducted by the AAAs to reach older adults throughout the PSA and provide information and access to resources for services to assist the older person in making informed decisions and exercise self-determination and control about their life and well-being, thus allowing older individuals to remain in their communities for as long as possible. Target population is defined as individuals who are older adults age 60 or above who are economically and socially needy, which may include individuals who are of minority race, individuals who reside in rural areas, individuals who are of Native American heritage, may be members of religious minority organizations, members of the LGBTQIA+ community, person living with HIV/AIDS and individuals who may have limited English speaking abilities.

***Mission: To serve as the focal point for the development, implementation, and administration of the public policy for the State of Louisiana, and address the needs of the state's elderly citizens..***

***Philosophy: The Governor's Office of Elderly Affairs as the sole state agency as directed by the Governor and the Louisiana Legislature is committed to:***

*Advocating for the needs and rights of all older Louisianans. Improving the quality of life of our older citizens by encouraging and providing the means to achieve active, healthy, and independent lives. Building partnerships with communities, organizations, agencies, families and individuals to ensure the availability and accessibility of a continuum of services for all older Louisianans. Promoting public awareness and education about the aging process, trends in the aging of current older population, and projections for future generations of older persons. Supporting intergenerational activities, which foster mutual understanding and support, shared values, and personal responsibility. Providing intervention in the exploitation and abuse of elderly Louisianans.*

Since inception of the Louisiana Commission on Aging in 1956 by the Louisiana Legislature, the Office Elderly Affairs in the Office of the Governor was renamed and created in Louisiana R.S.36.259 (g) in 1979. The Governor's Office of Elderly Affairs is designated as the official state unit on aging. Overseen by the Louisiana Executive Board on Aging (LEBA) which is an organized board that consists of appointed members from the Governor and the Louisiana Legislature. The LEBA board functions as an entity to advise the SUA, report and recommend matters of relevance to the elderly of Louisiana. The LEBA board member appointments and duties are outlined in the GOEA Policy and Procedures Manual in subchapter A, §1103.

As required by the Older American's Act (OAA), the State Plan for Louisiana will be utilized as a planning document to address activities and programs so the state will be in a posture to better meet the needs of the older adults of Louisiana. In addition to the funds received from the Older American's Act, GOEA receives state general funds and other funding streams through grants to meet the mission of the agency to serve the older persons in the state of Louisiana.

Older persons are defined by those who have reached the age of 60 or are older. Many of the services and programs for which GOEA has oversight are made available through GOEA and the service providers on a social model. Services such as health screenings, medical needs, etc. are provided by medical professionals and/or the Louisiana Department of Health. These OAA programs and services are available to older persons and vulnerable adults so they may remain independent by being empowered to make informed decisions regarding their life, health and wellness. The majority of the services and programs funded from the Older Americans Act and other federal and state funds are provided through contracts with the Area Agencies on Aging. The Louisiana Elderly and Disabled Medicaid Waivers (EDA) is administered by the Louisiana Department of Health. The Senior Health Insurance Information Program (SHIIP) is administered by the Louisiana Department of Insurance. GOEA and the aging network work collaboratively with all service providers within Louisiana for service delivery to the older adults in Louisiana. The area agencies on aging and councils on aging in Louisiana both receive and give referrals to and from the Department of Health, the Louisiana Office of the Attorney General and the Louisiana Department of Insurance.

As the state unit on aging, GOEA is responsible for the administration of the Older American's Act funds and related Home and Community Based Services programs. GOEA will review special studies regarding the health, employment, economic status and wellness of the older persons in Louisiana. GOEA will collect data, statistics and facts so GOEA is versed on all conditions and trends affecting the older adults in Louisiana.

Through the collection and assimilation of the data, statistics and facts, GOEA is better equipped to provide guidance, and report trends to the public and private entities so policies and programs can be maintained and enhanced to better serve Louisiana's older residents.

As the SUA, GOEA has input and provides support as a standing member to committees, councils and coalitions that have been developed or formed from other federal or state agencies to serve individuals who may be older adults or disabled to include but not limited to Statewide Independent Living Council, Developmental Disabilities Council, Louisiana State Alzheimer's Coalition, Louisiana Oral Health Coalition and Louisiana Disability Affairs Coalition. The primary function of GOEA is to serve as the state unit on aging as an oversight agency to provide services such as homemaker, home repair and maintenance services, employment and training services for the older worker (age 55 and above), recreational and transportation services, counseling, information and referral services, protective services, nutritional services and other health related social services. For service delivery, GOEA contracts Older American's Act funds utilizing a disbursement of funds using an approved intrastate formula to the Area Agencies on Aging in Louisiana listed in Attachment C.

Louisiana has 64 Parishes (counties) with a Council on Aging in each parish (county). There are thirty- four Area Agencies on Aging (AAA) which constitutes the planning and service areas (PSAs). Thirty-four of the parish councils on aging are designated as Area Agencies on Aging (AAAs) with the remaining Thirty-three are divided among three planning and service areas. The primary role of the AAA is to serve as the key planning and development agencies within the state of Louisiana on a local community level. Each AAA submits an area plan that will be the planning document for a four year planning cycle. The new four-year planning cycle begins July 1, 2023. These area plans provide the characteristics, needs, and demographics for the older persons in the planning and service areas. GOEA's approval process for the AAA's area plans has been established to ensure the AAAs plan meets the federal requirements for Older American's Act funds. Included in each AAA Area Plan is a Disaster/Emergency Plan that is reviewed annually. If modifications are made to the approved Disaster/Emergency Plan, the agency's board of directors must approve the modifications and/or changes. All 34 AAAs currently have approved Disaster/Emergency Plans. In the event of an emergency/disaster, GOEA will work collectively with the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP), the AAA's, COA's and other partner agencies to respond and recover holistically as quickly as possible to ensure service delivery continues and the needs of the older adults are met. Although Louisiana has had numerous emergency/disaster events in the past 10 years, Louisiana has resilient residents who will respond and recover and has developed a sound statewide response and recovery plan that includes numerous agencies (Federal, State and Local), coalitions and interested individuals who ensure the safety and wellbeing of the citizens is met before, during and after an event.

Many AAAs receive additional funding from other state programs, parish government, municipal support, private corporations and private donations. Services may be delivered by utilizing federal, state, and local funds as well as in-kind (volunteer) acts. Louisiana has increased budget allocations to \$5.6 million for the Councils on Aging (COA) and state funded senior centers for services to older adults. Because the needs of the older adults are greater than the funds allocated for service delivery, many of our service providers maintain waiting lists and a priority system is in place so that the older adults in greatest social and economic need are at a

greater risk of institutionalization are classified as a higher priority. GOEA and all aging service providers continue to outreach older adults in Louisiana to provide access to information and services to include home and community based services in the economically challenged, rural areas and areas of the state for which Native Americans reside. These efforts will continue to be enhanced through partnerships and coordination of efforts for all older adults utilizing Title III and Title VI funds.

Louisiana has supplemented funding to the senior centers and Councils on Aging to help serve the increasing number of older adults over age 60. Louisiana will continue to research cost sharing. GOEA continues to support the continuation and enhancement of a “No Wrong Door” project for information and access for all aging services in urban and rural areas of the state. In Louisiana, there are eight regional Aging and Disability Resource Centers (ADRC) which have statewide coverage. The eight regional ADRCs serve as a “No Wrong Door” for services and resources that include Title III, Title VI, state and local services. In addition to the ADRCs, information and access to services are provided locally by the Councils on Aging (COA). Each COA is chartered by the Louisiana Secretary of State as a private, non-profit entity. These COAs and aging network partners advertise and market their services locally through radio announcements, social media, flyers, news media, cable network publications, door-to-door service delivery, partnership development, public education and other local partners. The COAs host an annual membership drive and annual membership meeting to elect members for the agency’s board of directors. Membership is encouraged to all those in the community who are 18 years of age and above who have an interest or serve as a stakeholder in the concerns and wellbeing of the older adults in that community. Membership is free of charge. Aging news, services and concerns are to be addressed at each annual membership meeting for the councils on aging and public comments are welcomed.

In Louisiana for state FY 2022, data compilation from NAPIS for FY 2022 shows 43,624 persons received 6,273,285 units of Title III registered services. Of those persons served, 36.8% had income below poverty, 66% were female and 33% were male. There is an increasing need for persons receiving services having 24.2% of the population are over age 85. Many of the state’s senior centers are under the COAs functional service delivery. There are 139 state funded senior centers for which 2 are federally recognized as NCOA certified senior centers. To be recognized and receive state funds, the state funded senior center must have or provide access to nutrition services, transportation, information and assistance, education, enrichment and wellness services. Opening of new senior center facilities in the more rural areas of the state where services are vastly needed will continue to be a challenge. The opening of senior centers is a need addressed in the AAA Needs Assessments. Alternative measures and/or partnerships at the local level will need to be established and/or enhanced so that these needs are addressed. To ensure that the older population and service delivery is prioritized to serve the most in need, the AAAs will target the underserved older adults with the greatest social and economic need, and who may be at risk for institutional placement and/or defined as economically challenged, low income, isolated (to include social isolation) with little or no other support system. The target population shall include person of color, members of religious minorities, members of the LGBTQIA+ community, persons living with HIV/Aids, Indigenous /Native Americans, those with limited English speaking abilities and persons with disabilities. The following steps are to be taken:

- Encourage and promote inclusion of the most in need, economically challenged individuals are representatives of advisory councils at all levels (local, regional and state)
- Continue the establishment of community focal points and/or service locations that provide easy access to services and health care options for the older adults and disabled individuals who may reside in rural areas, individuals of Native American descent and those with limited English speaking abilities.
- Assure sensitivity of the state unit on aging staff to the special service needs of the economically and socially needy older adults in Louisiana
- Provide technical assistance and training to all aging service providers for increased and enhanced business acumen (AAAs, COAs, ADRCs, etc.)
- Enhance through extended outreach efforts for Title VI and the Native American communities within Louisiana to include state and nationally recognized tribal residents
- Coordinate Title III and Title VI services for all eligible Louisiana citizens
- Provide special needs orientation to service staff and volunteers regarding the economically and socially needy older persons in Louisiana
- Continue and enhance partnerships with other state agencies and service providers to ensure information, resources and services reach the target populations
- Monitor and assess the AAAs in how they respond to the needs of the economically and socially needy older persons of the state, which shall include individuals who reside in rural areas, individuals of Native American descent and those with limited English speaking abilities.

The state plan will set the following goals for the course of the next 4-year period.

- **Goal 1 - Older Americans Act (OAA) Core Programs:** promote various methods to stabilize efficient and effective service delivery of all available core Older Americans Act program services to older adults, adults with disabilities and caregivers.
- **Goal 2 – COVID-19:** provide services as a part of a public health emergency/emerging health threat and emergency preparedness for older individuals
- **Goal 3 - Addressing Social Determinants of Health and Promoting Equity:** empower the Louisiana Aging Network with elements necessary to yield activities that involve information, expectations and resources on equity, diversity and inclusion
- **Goal 4 - Strengthening Accessible HCBS Services in the Aging Network:** provide educational resources to older adults and disabled individuals regarding community options

- **Goal 5 - Caregiving:** Older Louisianans will have reliable access to relevant caregiver services, ensuring their ability to engage with their communities

Focus areas of the state plan will be in accordance with the Older American’s Act as amended in 2020, Section 307 (a)(2)(c):

Access Services –	30%
In Home Services –	15%
Legal Services -	5%

This requirement is outlined in the GOEA Policy and Procedures Manual, Subchapter B: Area Agency on Aging §1141, which specifies that a minimum percentage of the AAA Title III-B allotment of funding is spent in each of the above priority service categories.

### **Focus Area I: Older Americans Act (OAA) Core Programs (HCBS)**

Home and community based services administered by GOEA are listed in the following categories: Older American’s Act Core Programs and State Funded programs. Although Medicaid is provided by the Department of Health, GOEA supports LDH and all programs to include Medicaid through partnerships and serves on councils, coalitions and committees. The Older Americans Act funding provides the funding foundation for services that enable older adults to remain safe and empowered to make life decisions. This will assist the older adult and will help them remain active and healthy in their own homes and communities. Local provider agencies work with local partners to supplement funding needs.

GOEA contracts with the Area Agencies on Aging (AAA) for provision of service delivery. Providers are required to give priority for services using the targeting factors of rural, greatest economic need (low income), greatest social need/social isolation, of ethnic minority, severely disabled. Members of the LGBTQIA+ community, persons living with HIV/AIDS, members of religious minorities and at risk for institutional placement. GOEA utilizes WellSky for provider agency reporting and, Social Assistance Management System (SAMS) for reporting and statistical data collection. SAMS is web based, consumer centered tracking, accountability program that documents aging services.

Louisiana will strive to serve all older adults who are over age 60 utilizing Title III funding without distinction of race or ethnicity, sexual identity or religious beliefs. Preference for Title III services is given to individuals who may be of greatest need as follows:

- Underserved
- Have the greatest economic or social need:
  - Low-income
  - Minority individuals
  - Reside in rural areas
  - Severe disabilities
  - Limited English speaking abilities
  - Victims to Alzheimer’s disease or related disorders to Alzheimer’s disease

- Caretakers of older adults and disabled individuals
  - LGBTQIA+
  - Persons living with HIV/AIDS
  - Members of religious minorities
  - Persons with limited English speaking abilities
- Indigenous/Native American heritage
  - Persons who may be victims of social isolation and of greatest social need
  - At risk of institutional placement

Title III provides funding for all older adults for state and community programs on aging and Title VI provides for federally recognized Native American tribal aging programs. GOEA encourages all partners and contracting entities to pursue activities that increase access by the Native Americans to all aging programs and benefits, Title III Section 307(a)(21)(B). Whereas the overall population of Native Americans in Louisiana is less than 1% of the total population, coordination of Title III and Title VI services is cultivated through collaboration with local Native American Tribes who are part of the Louisiana Intertribal Council. Service providers for the older population in Louisiana target potential clients within their planning and service areas encourage participation in the nutrition programs and other supportive programs offered.

Even though the Native American population is small, several of the Area Agencies on Aging (AAAs) have individuals serving on the agency's board of directors that have Native American heritage. Louisiana has 4 federally recognized tribes and 10 state recognized tribes. Terrebonne AAA has the largest Native American (Houma Nation) population in their service area. The Terrebonne AAA does not distinguish between ethnicity to provide information and access to services. The Governor's Office of Elderly Affairs is continuing to work with partners in the Houma Nation resettlement of the Isle de Jean Charles residents due to erosion of the land. GOEA, the Terrebonne Council on Aging and Lafourche Council on Aging are involved in the project to ensure the elders of the resettlement interests and needs are met.

**Nutrition Services Program:** This program provides home delivered meals, congregate meals, and nutrition education. Meals provide the required minimum of one-third of the recommended daily allowance as required by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. In addition to providing needed health benefits, meals at the community congregate meal sites provide older adults with socialization. This is a critical service for frail, isolated older individuals. Nutrition counseling is provided by a licensed registered dietitian for an older individual who is receiving services and is at nutritional risk; and nutrition education related to the improvement of health and nutritional well-being. Each AAA is required to employ a licensed dietitian to plan meals, monitor meal sites and conduct quality control assessments. GOEA is pursuing an interagency agreement to hire a consultant to monitor the nutrition services program from the SUA to ensure compliance.

**Non-Medical Home and Community Based Services:** This program provides In-Home Supportive Services, which include Personal Care, Respite Care, Chore, Homemaker, Telephone Assurances, Home Repair/Modifications, Support Services, and Home Delivered Meals. Accessible services include transportation, outreach, and information and assistance/referral.

Due to the extensive rural areas of Louisiana, transportation and the cost to provide transportation continues to be a challenge with budgetary constraints. In the AAA Needs Assessment, transportation was listed as one of the priority services across Louisiana. The Louisiana Department of Transportation and Development (DOTD) provides funding to coordinate accessible transportation services for older adults and disabled individuals through contractual services with the local governments. The local government may utilize community service providers such as the councils on aging for this service. Transportation services are an essential component that provides access to other needed services, which allows older adults to remain independent in their communities. The Louisiana Department of Health, Office of Aging and Adult Services (LDH/OAAS) administers the state Medicaid Home and Community Based Services Program to the low-income adults, which may include the older adults age 60 and above. These Medicaid services support adults age 18 and older to remain in the community and in their homes for as long as possible. The Elderly and Disabled Waiver Program, Adult Day Care Health Waiver (ADHC), Long-Term Care Personal Care Service, and Program for All-Inclusive Care for the Elderly (PACE) are programs funded by Medicaid in Louisiana.

GOEA and contract partners collaborate services so that duplication of service delivery does not occur, while utilizing all Federal, State and local funding to the extent possible to meet the needs of the older adults of Louisiana. All service providers strive to maintain and build local partnerships so that the capacity to serve the older population with home and community based services continue and older adults have options to remain in their community and homes as long as possible.

**Chronic Disease Prevention & Health Access Services (CDPHPA):** The CDPHPA program is an evidence-based program, which provides activities designed to support and/or improve the individual's well-being. Examples of evidence-based programs offered in Louisiana are Chronic Disease Self-Management, Bingocize, Tai Chi for Arthritis, Matter of Balance, Walk With Ease and Stay Active & Independent for Life (SAIL).

**Senior Community Service Employment Program (SCSEP):** This program is designed to assist individuals who are 55 years of age and older with securing job training and job search assistance. These activities will also include civic engagement opportunities for low-income persons who have poor employment prospects. The goal of SCSEP is to provide training and economic self-sufficiency through placement in unsubsidized employment in both the public and private sector. The SCSEP prepares and follows a four-year state plan, which will end June 30, 2023. GOEA coordinates three sub grantees, Jefferson Council on Aging, and Capital Area Agency on Aging with Senior Community Employment Programs. GOEA staff will collaborate and serve on various boards and/or committees to stay abreast of trends, partnership opportunities and new initiatives that may benefit the SCSEP program participants.

**Family Caregiver Support Program:** This program provides services to family caregivers of adults over 60 or a person of any age who may need assistance or information regarding taking care of someone who cannot stay alone. This program also includes grandparents/relatives (not parents) who are caregivers of children or relatives not more than 59 years of age who are disabled. Service agencies give preference to qualifying individuals who have been diagnosed with Alzheimer's disease or other dementia related disorders. Services provided to the caregiver includes:



- Information to caregiver about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and caregiver training to assist the caregiver in making decisions and solving problems relating to their roles as the caregiver;
- Respite care to enable caregivers to be relieved temporarily; and
- Supplemental services to compliment the care provided by the caregivers. Many Louisiana aging partners have established support groups and educational sessions for caregivers to support and educate so that the caregiver can make informed decisions regarding the care of their loved ones.
- Promoting partnerships and collaborative efforts to ensure the service providers for older adults facilitate a coordination of care at community based and long-term care service standards to reduce prolonged institutionalizations or permanent long-term care institutionalization when support services can help the older adult remain in his/her own home and community.
- Promote the Recognize, Assist, Include, Support, and Engage (RAISE) Act. Increase awareness of family caregiving, access to services and supports to assist family caregivers and work place protections for caregivers.

GOEA's webpage is [www.goea.louisiana.gov](http://www.goea.louisiana.gov), which provides information regarding services, programs and resources available to older adults, and disabled individuals along with their family members. In addition to access services and resources, the website is host to training modules for SAMS, Elderly Protective Services, Legal Self Help, Area Plan Process, Service Procurement Process and Disaster Planning. Training modules are added as requested and/or needed. GOEA has a partnership with Grandparents Raising Grandchildren of Louisiana which is an organization dedicated to offering both information and support to grandparent and other kinship caregivers and their families. Links to other Aging Network sites are readily available from the GOEA Home page.

## **Focus Area II: ACL/AOA Discretionary Grants**

The Governor's Office of Elderly Affairs (GOEA) has obtained grant funding and fostered collaborative partnerships with other state agencies for new innovative programs to ensure a more efficient and effective array of comprehensive services to the older adults and their families. The Louisiana State Plan will reflect our efforts to implement and/or enhance activities and programs to ensure the programs that emanate from the Older American's Act and the Choices for Independence amendments. Flexibility and innovative programs with collaboration of all service providers (Federal, State and Local) will be essential in maintaining programs and services for our growing older population.

The **Senior Rx Program** is a statewide funded program to assist individuals with the application to pharmaceutical companies for medication needs not covered on their prescription medication program. The Senior Rx program also assists individuals with Medicare Part D enrollment and de-enrollment. In state FY 2022, the SenioRx program total savings on prescription medication was \$13,879,369.

The **Aging and Disability Resource Center (ADRC)** program in Louisiana was one of the first programs awarded to a state by a federal grant. The goal of the ADRC is to provide access to resources and medication for the aging and disabled individuals. In 2003, Louisiana piloted the program through the Cajun Area Agency on Aging and the service area was the AAAs PSA. The pilot program targeted individuals aged 60 and older adults with disabilities. The ADRC pilot project offered a single point of entry (SPOE) for accessing public and/or private long-term care options by phone or by face-to-face contact. The pilot project incorporated an interactive consumer-focused website and a nationwide toll-free number. In 2006, AOA provided additional funding to expand the ADRC project to nine locations making the ADRC project statewide. In 2016, the ADRCs were regionally consolidated to eight ADRCs. Partnerships with community providers are key to the success of the ADRC projects. Per contractual obligation, the ADRCs must develop at least one new partnership from community agencies for each parish in the ADRC service area. The statewide total of new partners should be equal to or exceed 128 new partners in a contract year. Each new community partner to the ADRC is provided training and resources by the ADRC. The ADRCs will continue to engage in outreach measures to centers funded under Title IV that serve those that are older adults. In addition, each ADRC is required to participate in the MIPPA grant program.

The ADRCs serve as a clearinghouse for support services, resources and options counseling in long-term care. The ADRCs provide education to consumers so they can access information, resources and services have been identified locally and clients along with their caregivers can make informed decisions in their health and life. Although Louisiana currently receives no direct funding for the ADRC program, Louisiana Revised Statute section 1219.1 – 1219.6 does allow for state funding support and integration of ADRC functions with Louisiana SenioRx programs and other core programs and services. GOEA has incorporated the ADRC in the existing SenioRx program, which is funded by state funds. This has allowed the program to sustain at the current levels of funding.

One of the major concerns and difficulties is for older adults, individuals with disabilities and/or their caregiver is the navigation of the many fragmented systems for which to access services. Access to service was one of the priority needs found in the Needs Assessment. With the ADRC program, ADRC staff are certified with Alliance of Information and Referral Systems (AIRS) certification and (Senior Health Insurance Program) SHIP counseling certification. This program is a person-centered approach, which provides the following main functions:

- Information and Assistance through public education and information on long-term support options
- Streamlined access to all long-term services and support which includes those services supported by the state Medicaid program
- Access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services.

The ADRCs work statewide in Louisiana's Aging Network to assist and to provide access to long-term care options and needed preventative health care services. The ADRCs collaborate with the Department of Health/Office of Public Health and local parish health units to provide education and awareness in promoting the importance of vaccinations for influenza, H1N1,

pneumonia and shingles. The ADRCs educate consumers on the Medicare programs such as Low Income Subsidy, Medicare Part D, Medicare Savings Plan and the Medicare Wellness and Preventative Services. All partnerships in the Louisiana Aging Network strive to provide awareness to the older adults, as well as the family caregivers so that the older adult may make better choices for his/her health and life.

GOEA was awarded a grant on April 29, 2020 with the project dates of April 1, 2020 to September 30, 2022 for \$750,000 in Critical Relief Funds to respond to the COVID-19 Pandemic Response. The grant was a statewide effort to enhance essential services related to application assistance, assessments, person-centered planning, care coordination and follow-up for all populations including older adults, persons with disabilities and caregivers. The target populations were those who were isolated, economically challenged, of minority descent, and of Native American descent. The ADRCs assisted in completing applications, enrollment assistance and follow-up calls with clients for the following services: USDA Farmer's Market Coupon Program, Supplemental Nutrition Assistance Program (SNAP), Feed Louisiana (Food Bank), USDA Commodities, Utility Assistance, Social Security Enrollment, FEMA, American Red Cross Assistance, Salvation Army or other related services.

GOEA was awarded a grant on January 12, 2022 with the project dates of January 1, 2022 to January 1, 2024 for \$2,672,733. The Grant is the (STPH) Expanding the Public Health Workforce within the Aging Network for States. GOEA has been able to provide the following with the STPH grant award:

- one-on-one sessions with the designated STPH employee(s) and clients
- provide informative classes for the community
- hire trained professionals to educate and train our elderly clients, staff members and community
- Events that include: hearing tests, vision tests, mammograms, diabetes education, fire safety, PT & OT reviews, memory screenings, technology- tablets, etc.
- Staff training: servSafe-food safety handling
- Conduct sessions/workshops addressing diabetes, heart disease, lung disease, healthy eating, increased physical activities, etc., for the seniors
- contracting with health care professionals such as nurses, nutritionists, disease intervention specialists, physical therapists
- First-Aid to the staff and clients of Claiborne
- partnering with local hospitals and local area doctors and nurse practitioners and various practitioners to help grow awareness for seniors to live a healthier lifestyle and know the importance of taking care of their well-being by planning educational information on various topics
- Contract with a RN to Address social isolation, Health and wellness programs Teach the importance of being vaccinated and boosted
- hire a part-time Social Support Specialist to provide direct guidance to older adults and people with disabilities on public health issues, with special focus on current COVID-19 issues as well as future public health awareness
- CPR, First Aid, AED, & Sanitation – Proper Food Handling training for staff

The STPH grant is temporary funding and the funding will end on June 30, 2024.

GOEA was awarded a grant on April 22, 2021 with the project dates of April 1, 2021 to September 30, 2022 for \$392,836 to provide outreach to spread the word of COVID-19 vaccines to older adults and people with disabilities addressing questions and concerns, hesitancy, countering rumors and correcting misinformation. At the time of the grant, about 24% of Louisianans had at least one shot, which ranked Louisiana 40<sup>th</sup> in the nation in uptake rate, according to the U.S. Centers for Disease Control. By reaching out with accessible and culturally competent information, partners and trusted sources spread the word to older adults and people with disabilities, reaching them where they were rather than expecting them to search for this information.

Louisiana has received the **Medicare Improvements for Patients and Providers Act (MIPPA)** grant funds continuously since 2009. The current grants have a cycle of 2021 and 2023. The MIPPA grant primary goal is to outreach, educate and assist Medicare eligible individuals with application assistance for the Low Income Subsidy Program and the Medicare Savings Plan, Medicare Part D counseling, and Medicare Part D enrollment assistance. MIPPA funds are continuing to be used to Outreach, Educate and Assist all Medicare eligible individuals with programs that may reduce the Medicare recipient's monthly expenses as well as to educate the Medicare recipient on the Medicare Wellness and Preventative Services. The ADRC staff who are charged with MIPPA program activities have received training and certification to be SHIP certified counselors and are AIRS certified. The target population for the MIPPA program are Medicare eligible individuals who may be economically challenged (Low Income), Rural and/or isolated, Medicare eligible individuals who are of Native American descent along with prison outreach and education.

All MIPPA program activities are above-and-beyond the Title III, ADRC and SHIP basic grant activities. MIPPA 2020 grant funds are administered by GOEA, which includes Priority 1 – SHIP funds. SHIP is administered by Louisiana Department of Insurance and chose not to apply for Priority 1 but has provided a letter of support and continued partnership for GOEA to apply for this portion of the grant.

In the 2020 MIPPA Grant period, the Louisiana MIPPA grant project activities reached 61,715 individuals thru hosted events which education on Medicare programs and benefits were provided. There were 3,042 enrollment assistance units for Low Income Subsidy Program (LIS) applications and Medicare Savings Plan applications. Follow-up was conducted with LIS/MSP enrollment assistance clients to ensure the client did not have additional needs for which the agency could assist. There were 3,692 Medicare Part D Counseling sessions and 2,319 clients assisted with Medicare Part D enrollment assistance units.

In March 2010, GOEA received a two-year Evidence-Based Prevention Program grant from the Administration on Aging. Under this grant, Louisiana implemented the Chronic Disease Self-Management Program (CDSMP), known as **Your Life, Your Health**. The CDSMP was developed at Stanford University and is an accountability program that empowers individuals with a chronic disease to take control of their own health. Through Your Life, Your Health, classes are taught how to improve their health through exercise, nutrition and improved self-

management of their disease. Although this grant program has ended, Capital Area Agency on Aging and CENLA Area Agency on Aging are the two lead AAAs who have sustained this program. These agencies continue to teach Lay Leaders so that other partners may continue the Your Life, Your Health program. Several of the AAAs in Louisiana are using Title III-D funding to sub-contract with Capital AAA and CENLA AAA to provide this evidenced based program in their PSAs.

**Senior Medicare Patrol (SMP)** grants were awarded to AdviseWell, Inc. GOEA and the aging network serve as partners to provide a statewide effort to fight fraud and abuse in the Medicare and Medicaid healthcare systems. SMP, through community outreach events, classroom presentations and one-on-one counseling, empowers and educates seniors who receive Medicare benefits. Thru SMP's and the partners' efforts, older adults who are Medicare beneficiaries may identify and report potential fraudulent activities to the proper authorities. The target population for this program is Medicare and/or Medicaid eligible individuals who may be at greatest risk, isolated (rural), homebound and identified as frail.

### **Focus Area III: Participant-Directed/Person-Centered Planning**

GOEA along with the Louisiana Aging Network has a variety of comprehensive services to the aging and disabled population and their families. Some of these services and programs are provided in a collaborative effort. These supportive programs are developed and delivered to provide more consumer choice and control.

In 2010, GOEA was invited and continues to participate with **Louisiana Oral Health Coalition**. The Oral Health Coalition was established to address the growing need for Oral Healthcare across Louisiana. The coalition meets quarterly to discuss the Oral Health State Plan, Federal and state policies, community oral health programs, access and oral health workforce issues. This coalition has established a 4-year state plan. The priority focus areas are Access to care, Education on care, Disease prevention, Surveillance/Evaluation and Workforce. Membership to the Oral Health Coalition consists of providers of Oral Health care, Louisiana Dental Association, State Agencies, Community partners and concerned individuals on the Oral Health of Louisiana. The Oral Health in the Elderly Committee (which was derived from the work plan of the coalition) has developed an educational tool for Senior Center Site Managers to use to educate the participants on the importance of good oral health care. This tool is easily accessed on the GOEA website and the Louisiana Department of Health's website. The Coalition has developed a webinar training tool for long term care facility staff. This webinar training tool is used to train facility staff on resident oral health. This webinar training tool was provided to the Long Term Care facilities by the Louisiana Nursing Home Association, which is a coalition member. Currently, there are no funds provided to the Louisiana Oral Health Coalition. Through the partners of the Louisiana Oral Health Coalition, the Mission of Mercy (MOM) has resumed (post COVID) and will have the first post health pandemic event on August 11-12, 2023. This event is primarily coordinated by the Louisiana Dental Association (a coalition member) and promoted by all coalition members for participants and volunteers. The MOM event will provide free dental care to persons of all ages in need of dental care. All action measures are completed on a volunteer basis by members of the coalition. The Department of Health /Office of Public Health has received funding from the CDC for fluoridation and Oral Health programs, but funds specific for the coalition are not available at this time.

**Money Follows the Person (MFP)** Program is a grant program received by Louisiana Department of Health (LDH). This program is structured to assist Medicaid eligible individuals who reside in a long-term care facility or individuals who have a developmental disability and reside in an intermediate care facility, to transition from residing in the facility to their homes or community settings. Coordination of services and resources to support the individual in the community setting is provided by the MFP program. Services are accessed through LDH and the Louisiana Aging Network. The shared goal of all partners is to deliver quality services to keep individuals independent and in the least restrictive environment. The Ombudsmen work with the LDH-MFP program and assists with the follow-up on their applications. The New Orleans program is commonly called “My Place Louisiana”. The original award for the MFP program was in 2007. The prevalent challenge faced by this program in successfully transitioning a resident from a facility to the community is to identify affordable housing. Affordable housing is a priority need in Louisiana as noted in the Needs Assessments conducted by the AAAs in their respective Planning and Service Areas.

The **No Wrong Door (NWD)** planning grant was received in 2014 to work with the Department of Health and Veterans Affairs in public outreach to interested person regarding the current system in place. Stakeholder meetings were held throughout the state with agencies, individuals receiving assistance and individuals on a waiting list. This planning period developed a consumer advisory group and identified who were the major contact points to apply for services. The screening tool which was developed through the Balancing Incentive Program was used as a starting point on the basic information which could be used by everyone. The meetings with interested parties addressed the need for a system that could electronically interface with state agencies and/or providers to provide an exchange of referrals. The plan addressed the protecting confidential information as well as the information that would be needed for quality monitoring and performance accountability. The Mission statement for this grant: Louisiana has developed a person-centered No Wrong Door System (NWDS) for people of all ages, abilities and income levels to access the services and supports they require to live the highest quality of life as defined by the consumer or advocate. Currently the ADRCs within the Louisiana aging network continues to serve as the NWD entity.

The **Louisiana Aging Network Association (LANA)** is host to an annual training conference for members and generally hosts in coordination with the association’s annual meeting. In September 2022, the LANA annual training conference was held in Baton Rouge, Louisiana. Training topics were Administration, Senior Center Activities, Emergency Management and Legal Services. Networking with other service providers across the state affords the members the opportunity to share ideas in regards to recreational activities, fundraising, policies, fitness and administrative functions. GOEA, LDH, Department of Transportation and Development (DOTD), and Department of Insurance (SHIP) staff were available to discuss current activities and projects and potential funding opportunities with the LANA members.

#### **Focus Area IV: Elder Justice**

The **National Elder Abuse Incidence Study** mandated by Congress in 1996 estimated that 449,924 persons aged 60 and older were abused, neglected, or exploited in their domestic settings. The report also noted that for each elder abuse incident that is reported, another five incidents typically go unreported. According to the National Center on Elder Abuse, abuse in

the community is experienced by older adults in a ratio of 1/10 in the prior year. Older adults have the right to reside in their homes and community without fear of being abused, neglected, or exploited. Personal safety and security is as essential to the well-being of older adults as it is for individuals of all ages to remain independent.

The Louisiana **Legal Service Developer** has collaborated with the Louisiana Legal Service Corporations and has conducted Legal “**Boot Camps**” across Louisiana. These “**Boot Camps**” are presentations made by experts in areas such as Interdiction, Wills, Usufruct, Community Property, Advance Directives, Debtor/Creditor Rights, Social Security, Guardianship, Veteran’s benefits, Reverse Mortgages, Grandparent’s Rights, Powers of Attorney, Louisiana Medicaid, Predatory Lending, Investment Scams and other legal issues that are common requests for service by the Legal Service Corporations. The Boot Camps are free to the public and activity evaluations are done at the end of the presentation/workshop. These “**Boot Camps**” have been well attended drawing seniors who have not participated in activities through the COAs. In 2022, CENLA Area Agency on Aging, in partnership with GOEA hosted a Boot Camp for approximately 250 participants age 60 and older. Additional boot camps will be scheduled in state fiscal year 2024 which begins July 1, 2023.

**Elder Law Task Force** is coordinated through the Legal Service Developer and the Louisiana State Bar Association Access to Justice Program. The Elder Law Task Force was established to address legal issues, brief bank for new and pro bono attorneys, discuss and establish policies concerns regarding Elder Law and to develop training for clients, providers and the general public. The Elder Law Task Force is comprised of volunteer attorneys from non-profit and private elder law practices. A **Financial Exploitation Task force** was created from the Elder Law Task Force to increase the awareness about elder financial exploitation, identify barriers to prosecuting exploitation cases, develop a relationship between investigators and the Louisiana’s financial institutions, and make recommendations to implement stronger elder financial exploitation legislation. The Legal Service Developer organized the Elder Law Task Force, Financial Exploitation Task Force, and Legal Service Task Force to improve the quality of services available to older adults in the state. One of the products developed by the Legal Service Task Force is the reporting tool for the Title III-B Legal Contractors to provide meaningful data in their reports to the AAA without compromise of the client confidentiality. The Elder Law Task Force spoke at the Justice Conference which was held in May of 2022, to discuss new policy or new legislation that affects elderly or elder law attorneys.

For individuals who may not be able to reside in their community independently, Long-Term Care facilities may be an option. The **Louisiana Long-Term Care Ombudsmen program** assists individuals and their family members in making educated decisions on the care facility that would be best suited for the potential resident. The term “**Long-Term Care Facility**” is defined as facilities that include nursing homes, assisted living facilities and personal care homes that serve individuals. For those individuals who reside in long-term care facilities, the Louisiana Long Term Ombudsmen program serves the resident with trained individuals who can respond to the problems and needs of the resident. The Ombudsmen work to protect and promote the rights of the resident and advocate the resident’s rights per the requirements of **Title VII, Chapter 2** of the Older American’s Act. The Ombudsmen will advocate, conduct study analysis, monitor issues and/or policies that relate to the residents and their rights. In the scope of the Ombudsmen program, the Ombudsmen will train volunteers to work with the ombudsmen

to visit the residents, listen to the residents, work with the resident, administration and/or family members to resolve problems, bring change, and improve the residents' care and quality of life.

Louisiana Long-Term Care Ombudsmen program began in 1988 and is funded with State, Title III-B and Title VII funds. GOEA and the Long-Term Care Ombudsmen Program adheres to the regulations of Section 712 of the Older American's Act and will expend no less funds than that of fiscal year 2000 for the Title VII program. GOEA has one full-time State Long-Term Care Ombudsman and a part-time Administrative Specialist. The State Long Term Care Ombudsman contracts services for regional Long Term Care Ombudsmen as well as having trained volunteers to ensure statewide service delivery. All Ombudsmen (Paid or Volunteer) are certified by going through a multi-step extensive training process and complete 15 in service education courses annually.

The Louisiana Long-Term Care Ombudsman Program is also under the umbrella of the Governor's Office of Elderly Affairs. State Long-Term Care Ombudsman states, "The Louisiana Program for Empowering Every Resident is a series of interactive training sessions for long-term care residents. The Program trains individuals in long-term care facilities to advocate for themselves through a six-part empowerment program and teaches them to help their fellow residents to improve day-to-day life in their home facility. The residents are trained to think in terms of advocacy and act as problem solvers through critical thinking. Louisiana is the third state in the nation to establish this "train-the-residents-to-self-advocate" program. Of course, the PEER program takes on its own style and flavor in Louisiana: LA PEER began in June 2022 as the Louisiana Program for Empowering Every Resident. Louisiana hit it on the mark: 2022 is the 20th anniversary of the advent of Pennsylvania's PEER Program. Louisiana's first LA PEER graduating class received their certificates of training on June 30, 2022, at St. Jude's Health and Wellness, New Orleans –the first facility in Louisiana to embrace LA PEER." Link to YouTube video: <https://youtu.be/11A6fLusNFc>. The initial focus is in the New Orleans Area but the goal is to expand throughout the state. There are 279 nursing homes in Louisiana with a census count, according to the Kaiser Family Foundation, of 22,229 residents. The ombudsman staff and volunteers currently are less than 50 for the entire state. There is a need for a self-advocacy program like LA PEER. The funding GOEA received through ARPA 2 will afford the GOEA State Ombudsman the opportunity to get a LA PEER trainer in place to train LA PEER volunteers throughout the state.

In the state fiscal year 2022, the Ombudsmen received 1,461 complaints and resolved 1,386 complaints or 95% to the satisfaction of the resident. Programmatic monitoring and data collection for this program is done by utilizing encrypted software. Data collected is reviewed monthly and submitted annually to the National Ombudsmen Reporting System (NORS).

The Louisiana Long-Term Care Ombudsmen Program will work collaboratively with the Louisiana Department of Health which administers the **Money Follows the Person** "My Place, Louisiana" grant program and the Louisiana Medicaid program for residents who wish to transition into a community living setting whether the resident utilizes community resources or family resources. One of the greatest challenges for a resident to transition from a facility to the community is locating affordable and appropriate housing.

**Legal Assistance** is available to older adults who may need assistance with civil legal matters. Examples of legal assistance provided are Guardianships, Wills, Living Wills, Trusts,



Tenant/Landlord Concerns and Power of Attorney. Legal Assistance is provided statewide and is awarded by contract to the Legal Service Corporations (LSC) in Louisiana and is funded with Title III-B Funds through the IFF. This is a pilot for expedient and efficient service delivery. The LSC will report service units directly to GOEA Legal Services Developer and will copy the AAA for reporting in the SAMS reporting system. Each AAA will continue to outreach and refer older adults to the LSC for legal assistance. Legal Assistance service is monitored on the programmatic and fiscal requirements of the contracts. Louisiana has a Legal Service Developer (LSD) who reviews and approves all legal service contracts.

**Elderly Protective Services** is a program available to all constituents who are age 60 and older who may be victims of abuse, neglect, extortion and/or exploitation. Louisiana continues to educate and collaborate with other agencies such as Louisiana Department of Health, Louisiana Office of the Attorney General, local District Attorney's offices and other agencies who have the goal to keep the older adults in the community safe from abuse, neglect, exploitation and/or extortion. Effective statutes have been made into law to protect older adults from abuse, neglect and exploitation. The Aging Network (AAAs, COAs and ADRCs) is provided public education which include topics such as

- What Is Elder Abuse,
- Which Statutes Protect Older Adults
- Who To Call If Abuse Is Detected

The aging network is encouraged to collaborate with the local Senior & Law Enforcement Together (SALT) coalition and Law Enforcement, Senior Citizens and Community Groups (TRIAD) to enhance the community awareness of elder abuse signs and symptoms. The Louisiana Aging Network providers routinely identify, report and refer individuals for elder abuse as well as receive referrals to provide services for clients of the protective services programs.

**COVID 19 Public Health Pandemic:** In March 2020, through presidential and gubernatorial authorization, the COVID 19 health pandemic declaration was implemented. In accordance with CDC and Louisiana Office of Public Health (OPH) guidance, older adult activities such as senior center activities, congregate meals, transportation services and in home services were suspended. In an effort to ensure the older adults were receiving nutrition, meals were provided as "Grab and Go", "Take Out" and "Home Delivery". Social isolation was and continues to be a major concern and has been identified in the Needs Assessments during the area plan process for the AAAs as a priority concern. Telephone reassurance and social media activities (BINGO, Exercise, etc.) were and continue to be conducted on Facebook Live and other social media outlets to help limit social isolation and are ongoing as the state moves forward from the pandemic. In May 2022, the health pandemic lifted to resume all older adult activities without restrictions unless there is a "breakout" or "incident" in a PSA. If this (a break out) should occur, the provider agency will continue to follow the approved disaster/emergency plan that includes CDC and Louisiana Department of Health/Office of Public Health (OPH) guidance.

During the health pandemic, the SUA received additional funding to support activities to improve the lives of Louisiana older adults. The following grants were received by GOEA to supplement activities and services.

- American Rescue Plan - grant awarded on August 3, 2021 in the amount of \$1,110,372 and then a supplemental award was granted on July 27, 2022 in the amount of \$2,350,198. The plan to utilize these grant funds are identified below:
  - Educate the public about Protective Services
  - Enhance Guardianship/Curatorship Services
  - Strengthen the performance of Staff through training opportunities
  - Keep clients/staff safe and healthy through the purchase of PPE.  
Enhance efficacy of case processing through technological enhancements
- Coronavirus Preparedness and Response Supplemental Appropriations - grant awarded in the amount of \$1,211,268 for the period starting April 1, 2021 and ending September 30, 2023. GOEA has been able to provide the following with the funds from this grant:
  - EPSM Modernization (Technology): This project is being tested as program modules are developed and roll out into production by September 11, 2023.
    - From a technology and software development perspective, the project team used several Agile methodology performance indicators to track and measure progress:
      - User stories and story points: A user story is an informal, general explanation of a software feature written from the perspective of the end user, which articulates how a software feature will provide value to the customer. Story points are units of measure for expressing an estimate of the overall effort required to fully implement a product backlog item or any other piece of work.
      - Team velocity: Assessing the rate at which the team completes user stories and story points, which can help predict the time required to complete the project. Using team velocity and the total number of story points remaining in the backlog, the team can better estimate and understand the total amount of work remaining to complete the project.
      - Milestone achievements: Tracking the completion of significant project milestones, such as development phases or features, and to measure progress and adjust the project plan as necessary.
- Education & Outreach is continuous and includes Older Americans Month and Elder

### Abuse Awareness Month

- PSA/Media (to include social media) Interviews (PSA, News, Broadcast, Public Education)
- 22 Law Enforcement Training Sessions
- Staff In-Person Trainings
  - 67 Attendees @ Wicklander Trauma Interviewing Training
  - 12 Attendees @ Wicklander Effective Communications: EPS Supervisors and Managements Staff
  - 12 Attendees @NAPSA 2022
  - 20 Attendees @ Texas APS 2022
  - 13 Attendees @ Elder Justice
  - 7 Attendees @ Financial Exploitation
  
- 1000 Emergency Care Kits (500 have been distributed during the reporting period)
  - Water, Shampoo, Socks, Dental Care, Lotion, Lip Balm, Soap, PPE, Toilet Paper, Kleenex, Deodorant, Pill Boxes, Blankets, Shelf Stable Meals
- PPE for Staff: Masks, Gloves, Paper Gowns, Shoe Covers, Face Shields, Hand Sanitizer, Lysol, Lysol Wipes: On going as needed
- 33 Billboards currently in the process to be delivered prior to Older American's Month (May) and Elder Abuse Awareness Month (June) Billboards are guaranteed to remain in place at a minimum of 4 weeks, but will not be removed unless the company receives replacement advertisement/outreach materials.

## Goal 1: OLDER AMERICANS ACT (OAA) CORE PROGRAMS TOPIC AREA

**Objective 1.1: Streamline coordination between Title III (Supportive Services, Nutrition, Disease Prevention and Health Promotion, and Caregiver Programs) and Title VI (Native American Programs).**

### Strategies:

- Strengthen outreach and service coordination with federally recognized Native American grantees under Title VI, including nutrition and support services.
- Formulate a multi-disciplinary task force between GOEA and Title VI Program Grantees to share information on our services, resources, and supports, enhancing support for Native American seniors within their service region.
- Make contact information readily available on [adrcla.org](http://adrcla.org) and [goea.la.gov](http://goea.la.gov), allowing the public easy access when seeking senior services and supports for Native American seniors and adults with disabilities in Louisiana.
- Facilitate efficient communication by providing the lead contact at Title VI Grantee with the ADRC Program Manager contact information, ensuring updates regarding personnel changes or operations are promptly made to public information sources.
- Develop a Needs Assessment tool to evaluate the efficacy of existing Title VI programs in meeting the needs of Native American seniors and caregivers in Louisiana, and identify areas where supplemental assistance from GOEA could be beneficial.

### Performance Measures:

- Annually increase by 5% the proportion of Title III programs that collaborate with Title VI Native American programs.
- Host at least two joint planning sessions per year between Title III and Title VI programs to boost collaboration and resource sharing.
- Achieve a 10% annual increase in total page views of the Native American Resource pages on [adrcla.org](http://adrcla.org) and [goea.la.gov](http://goea.la.gov) by potential Title VI program recipients and their families.
- Boost awareness of online resources for Title VI-eligible residents via social media platforms, aiming for an annual increase in page views to related posts and website resources.
- Maintain a >75% successful referral rate from ADRCs to Title VI Program for queries via calls, emails, social media, or any other requests for information or assistance from Title VI-eligible seniors.

### Outcomes

- Short-term Outcome: Native American seniors and caregivers in Louisiana will experience improved access to and coordination between Title III and Title VI programs.
- Intermediate Outcome: Collaboration and resource sharing between Title III and Title VI programs will be strengthened, leading to enhanced support and services for Native American seniors within their service regions.
- Long-term Outcome:
  - The needs of Native American seniors and caregivers in Louisiana will be effectively addressed through comprehensive and coordinated efforts between Title III and Title VI programs, resulting in improved overall well-being and quality of life.

**Objective 1.2: Nutrition: Enhance the Nutritional Health of Older Adults in the Senior Nutrition Program**

**Strategies:**

- Provide training to aging services staff and volunteers to recognize malnutrition as a vital sign and indicator of older adults' health risks.
- Organize activities and outreach events to raise awareness and educate individuals about malnutrition.
- Enhance the quality and availability of all meals offered through Older Americans Act funding, including therapeutic meal options.
- Expand access to nutrition education and counseling services.
- Incorporate validated malnutrition screening tools into assessments to identify individuals at risk.
- Monitor the progress of clients and the quality of nutrition, information and referral services.
- Foster new community partnerships and leverage existing ones to ensure access to programs and services that prevent and address malnutrition.
- Explore the establishment of malnutrition coalitions within hospital service areas to address the root causes of malnutrition.

**Performance Measures:**

- Measure the number or percentage of trainees reporting increased knowledge of malnutrition.
- Track the number or percentage of individuals enrolled in nutrition counseling
- Monitor the availability of therapeutic meal options offered by senior nutrition providers.
- Measure the number or percentage of AAAs conducting malnutrition screenings.

**Outcomes:**

- Short-term: Older adults and caregivers will enhance their understanding of malnutrition, including its impact, prevention, treatment, and available resources.
- Short-term: Aging services staff and volunteers will improve their knowledge of malnutrition, its effects, prevention methods, treatment approaches, and available resources.
- Intermediate: The aging service staff will enhance collaboration and coordination of services to address malnutrition through an interdisciplinary approach.
- Long-term: AAAs, COAs, Senior Centers and GOEA will gain a better understanding of the prevalence of malnutrition within the senior nutrition program, leading to improved strategies and interventions.

**Objective 1.3: Strengthen the agency's multi-disciplinary responses to elder abuse and enhance public awareness about the various forms of elder abuse experienced by seniors across the state.**

**Strategies:**

- Expand jointly-held outreach and educational events with the Department of Aging and Adult Services across the state to better inform the public about elder abuse.
- Develop comprehensive outreach initiatives targeting diverse population segments to disseminate knowledge about the types of elder abuse, including physical, emotional, and financial abuse.
- Provide educational campaigns, community events, and informational materials to equip individuals with prevention strategies and appropriate response measures to active elder abuse scenarios.
- Guide individuals on reporting suspected abuse and accessing support services, thereby connecting them with relevant resources to ensure the safety and well-being of affected seniors.

**Performance Measures:**

- Achieve a 10% annual increase in the number of jointly-held outreach and education events conducted with the Department of Aging and Adult Services across the state.
- Track the reach and effectiveness of the educational campaigns, community events, and informational materials aimed at preventing elder abuse and improving response measures.
- Monitor the increase in public awareness regarding elder abuse and the strategies for prevention and response through pre and post-outreach surveys or feedback.

### **Outcomes:**

- Improve the public's knowledge and understanding of elder abuse, fostering a society that is well-informed, vigilant, and proactive in preventing such abuse.
- Foster a supportive environment that safeguards the welfare and dignity of the senior population by enhancing the effectiveness of elder abuse response measures.

### **Objective 1.4: Strengthen efforts related to dementia and Alzheimer's disease.**

### **Strategies**

- Launch the Louisiana Alzheimer's Intervention and Dementia-care Enhancement (AID), a joint initiative between the Governor's Office of Elderly Affairs (GOEA), Aging and Disability Resource Centers (ADRCs), and the Louisiana Alzheimer's Coalition (LAC)<sup>4</sup>.
- Through our strategic partnership and utilizing the ADRCs as the initial vehicle, we can implement Louisiana's five-year plan to combat ADRD statewide. The coalition has adopted the Health Belief Interventions-Resource Model (HBI-RM) to provide strategic direction for improving health outcomes through changes in policy, systems, and environment (PSE) for residents with ADRD and their caregivers.
- Strategically employ the ADRCs to execute the LAC's five-year plan for tackling Alzheimer's Disease and Related Dementias (ADRD) and augmenting support services for those in Louisiana affected by or caring for individuals with ADRD. Quarterly meetings to determine progress of strategic plan initiatives will be conducted on a quarterly basis, with at least 50% attendance by ADRC staff for each meeting
- Provide training on Alzheimer's disease and related dementias to staff to increase awareness of the risks and early warning signs of these diseases. This training will be conducted through the TRAIN Platform and will specifically target ADRC staff, as well as interested Ombudsmen staff and volunteers who directly serve individuals aged 60 and older. The training will focus on enhancing their knowledge and understanding of Alzheimer's disease and dementia.
- Share informational material related to dementia and Alzheimer's disease on [adrcla.org](http://adrcla.org), [goea.la.gov](http://goea.la.gov), and agency social media
- Engage diverse, multi-sector alliances to strengthen supportive and equitable policies in communities, workplaces, and healthcare settings, enhancing brain health throughout all life stages.

### **Performance Measures:**

- Track the reach and effectiveness of the educational campaigns, community events, and informational materials
- Monitor the increase in public awareness regarding Alzheimer's and response through pre and post-outreach surveys or feedback.

### **Outcome**

- Increase awareness of dementia and Alzheimer's disease.
- Enhancing public consciousness regarding Alzheimer's Disease and Related Dementias (ADRD), with particular focus on any potential associations with chronic illnesses.
- Equip the Aging Network workforce with the necessary knowledge on pertinent issues related to ADRD. This will be facilitated by the assistance and guidance of the Louisiana Aging Council (LAC) and its various training resources. These include forthcoming TRAIN provider sessions and other materials outlined in the attached document titled "Training Resources for Louisiana Aging and Disability Resource Centers' ADRD Strategic Plan Implementation".

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(Footnote) The LAC, a statewide task force with over 30 members, is headed by an executive committee representing Well-Ahead, the Alzheimer's Association Louisiana Chapter (AALC), Louisiana Department of Health Office of Aging and Adult Services (OAAS), and the GOEA.

- Collaborating with LAC in their efforts to improve data gathering and survey processes pertaining to ADRD, with an aim to enhance the applicability and depth of the data. Further data analysis is strongly encouraged in this context.
- Enhancing Community Partnerships: Collaborate broadly within the community to ensure equitable service availability, support, and quality care for individuals with dementia and their caregivers.

**Objective 1.5: Improving the quality of life for individuals accessing person-centered services through an AAA or ADRC**

**Strategies**

- Explore the adoption of screening tools to identify health factors, including immunization status, dementia, fall-related TBI, and suicide.
- Explore a variety of approaches to improve successful care transitions for people relocating from an institutional setting to a community setting, including enhancing counseling, wellness programs, and family caregiver support and collaboration with the State Long-Term Ombudsman.
- Monitor the impact of services by delivering a standardized "ASSURE" Survey ("Assessment of Senior Satisfaction and Understanding – Retrospective Evaluation" or "ASSURE" for short) to get an evaluation of their satisfaction and review of the AAA Performance in delivering services to be implemented by AAAs.

**Performance Measures**

- % of AAAs using person-centered planning tools
- #/% of AAAs adopting screening tools to assess immunization status, risk of dementia, fall-related TBI, and suicide
- #/% of ASSURE respondents reporting increased quality of life as a result of receiving services from AAA

**Outcomes**

- Short-term: AAAs operate care and service teams using the person-centered framework for care.
- Intermediate: AAA clients are screened for risks impacting their health and wellbeing.
- Long-Term: Older Louisiana seniors are supported to live in the setting they prefer.
- Long-Term: Individuals receiving services report in the ASSURE survey that the service helped to improve their quality of life

**Objective 1.6: Strengthen multi-disciplinary responses to elder abuse, neglect, and financial exploitation (OAA Sec. 721(b)(10)(C)(v))**

**Strategies**

- Enhance the agency's multi-disciplinary responses to elder abuse by expanding jointly-held outreach and education events conducted in cooperation with the Department of Aging and Adult Services across the state by 10% annually.
- Enhancing public awareness regarding the nature and knowledge on how to respond appropriately when faced with an active elder abuse scenario. This includes providing guidance on reporting suspected abuse, accessing support services, and connecting with relevant resources to ensure the safety and well-being of those affected.
- All community education events and campaigns will be mirrored and accessible via the agency's website for those who are unable to attend, those who are seeking information and assistance on their own, increasing the overall reach of each campaign, event or educational material developed beyond just the event that date and time. In addition, shortlinks and QC Codes may be employed and

trackable to determine which avenues are the most successful and lead to further positive action by the public.

**Performance Measures:**

- Number of cooperatively held outreach and education events by EPS and OAAS annually
- Number of page views, calls, or requests received in direct response to an event or campaign (Shortlinks and QC Codes may be used to track the specific effectiveness through response-rate of any specific campaign or measure)

**Outcomes**

- Short-term: We strive to promote a society that is well-informed, vigilant, and proactive in preventing elder abuse.
- Long-Term: Through increased awareness and education, we aim to create a supportive environment that actively safeguards the welfare and dignity of our senior population.

**Objective 1.7: Improve coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs**

**Strategies:**

- Increase the percentage of SCSEP participants who successfully transition to unsubsidized employment or education/training programs by X% annually.
- Foster local-level awareness of the SCSEP.
- Enhance the recognition of the SCSEP among our OAA partners and bolster the number of referrals resulting in enrollments
- Enhance collaboration between SCSEP and other OAA programs through regular joint planning and information sharing meetings.
- Evaluate the level of awareness about the SCSEP within other OAA programs.
- Establish a referral documentation system.

**Performance Measures**

- Number of joint planning and information sharing meetings annually
- Number of referrals from ADRCs to SCSEP
- Number of referrals from AAAs and COAs to Title V Resulting in successful enrollments
- Percentage of Total Referrals that result in successful enrollment
- Number of applications received by parish

**Outcomes**

- Short-term: Enhanced understanding of SCSEP among OAA partners and a clear and functional referral process.
- Short-term: Increased applications to SCSEP from ADRCs, AAAs, and COAs at the parish level.
- Intermediate: Increased percentage of SCSEP participants who successfully transition to unsubsidized employment or education/training programs.
- Intermediate: Improved local-level awareness and recognition of the SCSEP.
- Intermediate: Increased total referrals from OAA partners to SCSEP that result in successful enrollments.
- Long-term: A well-integrated and coordinated network between SCSEP and other OAA programs.
- Long-term: Sustained increase in the number of SCSEP participants successfully transitioning to unsubsidized employment or education/training programs.



- Long-term: Increased self-sufficiency and employment opportunities for older adults, contributing to the broader goals of the OAA.

**Objective 1.8: Integrate core programs with non-formula grant programs**

GOEA plans to blend ACL non-formula-based grants and other discretionary funding into the administration of key OAA programs. This effort will align with the priorities detailed in this State Plan framework, while addressing the specific needs of Louisiana's Aging Network, our parish Councils on Aging, Senior Centers, ADRCs, among all the parishes of Louisiana.

Currently, GOEA does not hold any non-formula-based ACL grants. Regardless, all funds we receive are distributed and/or utilized in accordance with our State Plan's defined priorities and strategies. The emphasis is on supporting priority demographics and the neediest regions of Louisiana. For example, GOEA occasionally utilizes our IFF to distribute non-formula grant funding, such as our Louisiana Aging and Disability Resources Centers and SenioRx Program funding. This method ensures a fair distribution of these supplemental funds and their effective integration with primary OAA programs.

Furthermore, Louisiana's AAAs develop their 4-year Area Plans by incorporating the IFF-allocated funds into their budget plans and corresponding Area Plan elements. This strategic integration strengthens Louisiana's position for potential ACL grant opportunities in the future.

**Goal 2 – COVID-19**

**Objective 2.1: Promote awareness on the prevention of, detection of, and response to negative health effects associated with social isolation.**

**Strategies:**

- Develop educational programs and campaigns on the health risks of social isolation, and how to prevent, detect, and respond to these risks.

**Performance Measures:**

- Number of educational programs developed and individuals reached.
- Measure changes in knowledge and behaviors regarding social isolation risks.

**Outcomes:**

- Increased public understanding of the dangers of social isolation and effective prevention, detection, and response strategies.

**Objective 2.2: Disseminate information about the state assistive technology entity and access to assistive technology options for serving older individuals.**

**Strategies:**

- Establish a communication plan to promote information about assistive technology options and resources available for older individuals.

**Performance Measures:**

- Number of information dissemination initiatives implemented.
- Measure the increase in awareness about assistive technology options among older individuals.

**Outcomes:**

- Greater understanding and utilization of assistive technology options among older individuals.

**Objective 2.3: Provide trauma-informed services to older individuals.**

**Strategies:**

- Implement trauma-informed care practices across all services for older individuals.

**Performance Measures:**

- Number of services integrating trauma-informed care practices.
- Measure the effectiveness of trauma-informed services through participant feedback and outcomes.

**Outcomes:**

- Enhanced quality of services and care for older individuals who have experienced trauma.

**Objective 2.4: Implement effective screening for suicide risk among older individuals.**

**Strategies:**

- Integrate suicide risk screening protocols in health assessments for older individuals.

**Performance Measures:**

- Number of health assessments incorporating suicide risk screenings.
- Identify and monitor changes in the incidence of suicide risk among older individuals.

**Outcomes:**

- Improved early detection and management of suicide risk among older individuals.

**Objective 2.5: Include screening of immunization status and infectious disease, and vaccine-preventable disease as part of evidence-based health promotion programs.**

**Strategies:**

- Incorporate immunization status, infectious disease, and vaccine-preventable disease screening into health promotion programs.

**Performance Measures:**

- Number of health promotion programs integrating immunization and infectious disease screening.
- Measure changes in immunization rates and infectious disease incidence among older individuals.

**Outcomes:**

- Improved vaccination rates and infectious disease prevention among older individuals.

**Objective 2.6: Provide services as part of a public health emergency/emerging health threat and emergency preparedness for older individuals.**

**Strategies:**

- Develop and implement an emergency preparedness plan that addresses public health emergencies and emerging health threats affecting older individuals.

**Performance Measures:**

- Completion and implementation of an emergency preparedness plan.
- Measure the effectiveness of the plan during public health emergencies and emerging health threats.

**Outcomes:**

- Increased resilience and safety of older individuals during public health emergencies and emerging health threats.

**Goal 3 - ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND PROMOTING EQUITY**

**Objective 3.1: Impact social determinants of health of older individuals.**

**Strategies:**

- Implement strategies to address social determinants of health among older individuals, such as housing instability, food insecurity, and transportation barriers.

**Performance Measures:**

- Number and effectiveness of implemented strategies targeting social determinants of health.
- Pre- and post-intervention assessments measuring the impact of interventions on the social determinants of health.

**Outcomes:**

- Improved health outcomes for older individuals as a result of targeted interventions on social determinants of health.

**Objective 3.2: Support cultural experiences, activities, and services, including in the arts for older individuals.**

**Strategies:**

- Increase the availability and accessibility of culturally tailored experiences, activities, and services for older individuals.

**Performance Measures:**

- Number of culturally tailored experiences, activities, and services provided for older individuals.
- Participant satisfaction and engagement in cultural experiences, activities, and services through surveys and feedback mechanisms.

**Outcomes:**

- Increased engagement of older individuals in culturally tailored experiences, activities, and services.
- Improved satisfaction among older individuals participating in cultural experiences, activities, and services.

**Objective 3.3: Serve older adults living with HIV/AIDS.**

**Strategies:**

- Increase the percentage of older adults living with HIV/AIDS who receive targeted support services.
- Collaborate with HIV/AIDS service providers to ensure comprehensive and coordinated care for older adults living with HIV/AIDS.

**Performance Measures:**

- Percentage increase of older adults living with HIV/AIDS receiving targeted support services.
- Number of collaborations with HIV/AIDS service providers for comprehensive and coordinated care.

**Outcomes:**

- Improved support for older adults living with HIV/AIDS.
- Enhanced care coordination for older adults living with HIV/AIDS.

**Goal 4: STRENGTHENING ACCESSIBLE HCBS SERVICES IN THE AGING NETWORK**

**Objective 4.1: Determine the services needed and evaluate the effectiveness of programs, policies, and services for older individuals.**

**Strategies:**

- Conduct comprehensive needs assessments to identify gaps and assess the effectiveness of programs and services targeting older individuals statewide.
- Utilize feedback and data from needs assessments to improve the design and delivery of programs and services for older individuals.

**Performance Measures:**

- Number of comprehensive needs assessments conducted annually.
- Measure improvements in program design and service delivery based on feedback from needs assessments.

**Outcomes:**

- Enhanced program effectiveness and service delivery based on informed decisions from needs assessments.
- Increased satisfaction among older individuals due to improved services.

**Objective 4.2: Conduct targeted outreach to at-risk older individuals who would benefit from services to remain in their homes and communities.**

**Strategies:**

- Increase the percentage of older individuals reached through targeted outreach efforts by 3% annually.
- Enhance collaboration with community organizations and stakeholders to expand outreach to underserved populations of older individuals.

**Performance Measures:**

- Measure the annual percentage increase in the number of older individuals reached through targeted outreach efforts.
- Number of collaborations with community organizations and stakeholders to expand outreach to underserved older individuals.

**Outcomes:**

- Increased reach of services to older individuals, particularly those at risk of institutionalization.
- Enhanced cooperation with community organizations, leading to broader coverage of services.

**Objective 4.3: Prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals.**

**Strategies:**

- Develop and distribute educational materials addressing key topics relevant to the health and economic welfare of older individuals.
- Track the reach and impact of educational materials through data collection and feedback mechanisms.

**Performance Measures:**

- Number of educational materials developed and distributed annually.
- Measure the reach and impact of educational materials through data collection and feedback mechanisms.

**Outcomes:**

- Increased awareness among older individuals about their health and economic welfare.

- Improved effectiveness of educational materials based on feedback and data collection.

**Objective 4.4: Promote the development and implementation of a state system of long-term care that enables older individuals to receive long-term care in home and community-based settings.**

**Strategies:**

- Design and implement a state system for long-term care services that prioritizes home and community-based settings.

**Performance Measures:**

- Increase the number of older individuals accessing home and community-based long-term care services by 5% annually.
- Evaluate the availability and responsiveness of long-term care services based on the needs and preferences of older individuals and their family caregivers.

**Outcomes:**

- Increased access to home and community-based long-term care services for older individuals.
- Improved responsiveness of long-term care services to the needs of older individuals and their caregivers.

**Objective 4.5: Facilitate the coordination of community-based, long-term care services for older individuals at risk of institutionalization.**

**Strategies:**

- Establish strong coordination mechanisms for community-based long-term care services, especially for older individuals at risk of institutionalization.

**Performance Measures:**

- Number of coordination initiatives undertaken to streamline community-based long-term care services for at-risk older individuals.
- Assessment of the effectiveness of coordination initiatives in improving the delivery of community-based long-term care services.

**Outcomes:**

- Enhanced coordination of community-based long-term care services.
- Improved service delivery for older individuals at risk of institutionalization.

## **Goal 5: CAREGIVING**

**Objective 5.1: Family Caregiver Support: Enhance Awareness of Social Isolation and Available Resources to Mitigate its Adverse Effects**

**Strategies:**

- Collaborate with other state agencies, including the Department of Health and Human Services, to develop an outreach and education campaign, including the development of educational outreach materials to be disseminated through the AAAs, ADRCs, and COAs highlighting the link between caregiving and social isolation.

- Promote support services available to caregivers through partnerships between the SUA, Area Agencies on Aging (AAAs), Councils on Aging (COAs), ADRCs, and Senior Centers. Highlight resources such as Louisiana’s Assistive Technology Program (LATAN).
- Utilize grants funded by the American Rescue Plan to expand programming for family caregivers.
- Partner with AAAs to provide caregivers with access to web-based tools that provide caregiving education, caregiver resources, and/or caregiver social engagement for those caregivers caring for older adults statewide.
- Conduct a thorough review of transportation needs for older adults residing at home and in facilities, and propose recommendations to address these needs effectively.
- Implement the Lifespan Respite Care Program into the existing Louisiana Aging Network comprehensive and coordinated system.
- Implement recommendations for the RAISE Family Caregiver Counsel
- Promote support services available to caregivers through partnerships between the SUA, Area Agencies on Aging (AAAs), Councils on Aging (COAs), ADRCs, Senior Centers, Louisiana’s Assistive Technology Program (LATAN) and National Technical Assistance Center on Grandfamilies and Kindship Families

**Performance Measures:**

- Monitor the number of outreach initiatives targeting caregivers and addressing social isolation as a significant health issue.
- Track the effectiveness of outreach efforts informing unpaid caregivers about the availability of support services.
- Measure the adoption of recommendations aimed at addressing transportation needs for older adults.
- Monitor the number of projects funded through the American Rescue Plan that enhance social support for family caregivers.
- Track the enrollment count of individuals utilizing AlertMedia, a web and mobile-based platform that enables direct mass communication between AAAs, COAs, and SUA with seniors, agency directors, and staff. This platform provides email, text message, and/or phone call notifications, delivering education, information, and support services. By utilizing this platform, the aim is to enhance communication efficiency, reaching a larger number of seniors within a shorter timeframe.

**Outcomes:**

- Short-term: Caregivers will gain a comprehensive understanding of the impact of social isolation on health.
- Short-term: Louisianans will have a clear understanding of the available services to combat social isolation.
- Intermediate: Older Louisianans will actively participate in programming designed to create meaningful activities and foster connections.
- Long-term: Older Louisianans will have reliable access to transportation services, ensuring their ability to engage with their communities and combat social isolation effectively.

## Attachment A

### STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

#### Older Americans Act, As Amended in 2020

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

#### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.*

#### Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

(b) adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition



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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

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

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

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

(7) provide that the area agency on aging shall, consistent with this section, facilitate the 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;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

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

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

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

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

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

(15) provide assurances that funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
- (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

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

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

(2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.



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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

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

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

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

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

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

## Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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



(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

Emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) Outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

#### Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

#### Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

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

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

(4) an assurance that the State will use funds made available under this subtitle for a chapter in

addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

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*Signature and Title of Authorized Official*

*Date*

## Attachment B

### INFORMATION REQUIREMENTS

**IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.**

#### Section 305(a)(2)(E)

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

*Those elderly in greatest economic need are defined as persons aged 60 and older whose incomes are at or below the poverty threshold established by the Bureau of the Census. Those elderly in greatest social need are defined as persons aged 60 and over who have needs based on noneconomic factors such as social isolation caused by living in remote areas, or who are especially vulnerable due to the heightened possibility of frailty among elderly aged 75 and older. Other social needs are those, which restrict an elderly individual's ability to perform normal daily tasks, or which restrict his or her ability to live independently; they can be caused by racial or ethnic status, or language barriers. The intrastate funding formula accounts for these individuals by not allocating funds solely on the basis of population. The land area in square miles factor is included to compensate area agencies serving predominantly rural areas for the special problems encountered by sparse populations who may be spread over large geographical areas. The four funding factors combine to meet the special needs of socially and economically needy elderly, urban elderly and rural elderly. The base funding allocation of \$12,000 per parish is established on the assumption that this amount represents a minimum allocation for the administration of Older Americans Act programs. There is an increasing need to provide a continuum of care for the very old (aged 75 and older) as this segment of the population gets larger each year. Funding limitations dictate that this group is given special emphasis.*

#### Section 306(a)(6)(I)

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the AAA will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals*

To facilitate coordination and information dissemination regarding assistive technology options, GOEA has implemented the following measures:

- GOEA has a collaborative partnership between ADRCs and LATAN to provide access to programs, equipment and assistive devices and their local and the State assistive technology entity to ensure seamless coordination and

communication.

- Each Area Agency on Aging is required to include information in their 4-year Area Plan a methodology for determining seniors in need of assistive devices, conduct outreach to increase awareness of “LATAN,” and connect eligible and interested seniors detailing the State assistive technology entity and available options for serving older individuals is required to be explicitly included with proposed activities that will connect those seniors in need of devices or assist each Area Plan.
- Establish regular communication channels, such as newsletters, webinars, and training sessions, to disseminate information about assistive technology to the Area Agencies on Aging.
- Provide technical assistance and training to Area Agency staff on assistive technology resources and how to access and utilize them effectively.

#### Section 306(a)(17)

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

*As a component of each AAA Area plan, an Emergency/Disaster Plan must be submitted to GOEA by April of each year so that changes and modification may be done prior to hurricane season, which starts June 1. Each Emergency/Disaster Plan, once approved becomes a part of the AAA Area Plan. Each emergency/disaster plan must include mitigation strategies, safety procedures and recovery strategies for continuity of operations. Each AAA must identify local emergency personnel and are encouraged to meet with the emergency managers in each PSA prior to an emergency to build the relationships necessary for continued service delivery in times of response and recovery. Local Councils on Aging that provide transportation services coordinate evacuation transportation with the local emergency managers. The coastal agencies maintain an evacuation roster for those who they serve that need assistance with evacuation. Some coastal agencies have mitigated special shelter locations with other councils on aging that are not in the coastal region. Host agency of evacuated older adult will work with the evacuated agency to ensure the needs of the older adults are met during the time of the evacuation. Emergency/Disaster Plans in Louisiana are required to identify any threats to the agency, staff and older adults that may interrupt service delivery or cause safety issues to the staff or clients. With regards to health pandemics, all provider agencies must include provisions for continued service delivery in the event of an emergent health concern that may hinder service delivery.*

#### Section 307(a)(2)

The plan shall provide that the State agency will —...

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

*As a component of each AAA area plan, each agency is required to demonstrate its allocation of the required percent for access, in-home and legal assistance. This data is then captured on a budget page included in the area plan. GOEA has specific policy for the priority services:*

<i>Access Services</i>	<i>30%</i>
<i>In Home Services</i>	<i>15%</i>
<i>Legal Services</i>	<i>5%</i>

*These requirements are located in the GOEA Policy and Procedure Manual Subchapter B §1141 which specifies the minimum percentage which will be allocated to the priority service categories.*

Section 307(a)(3)

The plan shall—

...

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

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

*Each AAA receives annually at least as much funding as it received in year 2000. Year 2000 is the base for annual planning levels, and the difference between planning levels for the coming year and the base is calculated.*

*The land area in square miles factor is included to compensate area agencies serving predominantly rural areas for the special problems encountered by sparse populations who may be spread over large geographical areas. Assuming flat funding, the component of appropriations associated with land mass/rural population will be:*

<b><i>Federal Fiscal Year</i></b>	<b><i>Total Funding Associated with Land Mass/Rural</i></b>
<i>2023-2024</i>	<i>\$5,344,241</i>
<i>2024-2025</i>	<i>\$5,344,241</i>
<i>2025-2026</i>	<i>\$5,344,241</i>
<i>2026-2027</i>	<i>\$5,344,241</i>

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

*GOEA has worked with the AAAs and the Louisiana aging network to provide service delivery to those older adults who reside in rural areas of the state and will continue efforts for this plan. Partnership development with local community partners, non-profit agencies, churches, and other groups will be a priority for the aging network to meet the needs of the rural and/or isolated individuals who may be economically and/or socially challenged. Funding is dispersed based upon the IFF.*

Section 307(a)(14)

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

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

*According to the Census projection estimates for 2020, 14.5% of the age 60 plus individuals in Louisiana are below 100% of poverty. 92.6% speak English only with 7.4% speaking another language other than English and 2.7% of those that speak another language other than English have minimal English speaking abilities and do not speak English “very well”.*

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

- *Encourage and promote inclusion of the most needy economically challenged individuals are representatives of advisory councils at all levels (Local, regional and state)*
- *Continue the establishment of community focal points and/or service locations that provide easy access to services and health care options for older adults and disabled individuals who may reside in rural areas, individuals of Native American descent, LGBTQIA+ communities, persons living with HIV/AIDS, member of religious minority groups and those with limited English speaking abilities.*
- *Assure sensitivity of the state unit on aging staff to the special service needs of the economically and social needy older adults in Louisiana*
- *Provide technical assistance and training to all aging service providers for increased business acumen (AAAs, COAs, ADRCs, etc.)*
- *Enhance through extended outreach efforts to for Title VI and the Native American communities within Louisiana to include state and nationally*

*recognized tribal residents*

- *Coordinate Title III and Title VI services for all eligible Louisiana citizens*
- *Provide special needs orientation to service staff and volunteers regarding the economically and socially needy older adults in Louisiana*
- *Continue and enhance partnerships with other state agencies and service providers to ensure information, resources and services reach the target populations*
- *Monitor and assess the AAAs in how they respond to the needs of the economically and socially needy older adults of the state which may include individuals who reside in rural areas, individuals of Native American descent, members of the LGBTQIA+ community, persons living with HIV/AIDS, member of religious minority groups and those with limited English speaking abilities.*

Section 307(a)(21)

The plan shall —

...

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

*Louisiana demographics reflect that under .7% of the elderly citizens are Native American. The service providers in Louisiana work with all community partners and programs to serve all who are age 60 or above regardless of ethnicity, sexual orientation or religious beliefs. In Louisiana there are only 4 federally (Chitimacha Tribe of Louisiana, Coushatta Tribe of Louisiana, Jena Band of Choctaw and Tunica-Biloxi Tribe of Louisiana) recognized tribes and 11 state recognized tribes (Adai Caddo Indians of Louisiana, Choctaw-Apache Tribe of Ebarb, Four Winds Cherokee, Isle De Jean Charles Band of BCCM, Natchitoches Tribe of Louisiana, Bayou Lafourche Band of BCCM, Clifton Choctaw Tribe of Louisiana, Grand Caillou Dulac Band of BCCM, Louisiana Band of Choctaw, Point au Chien Tribe and United Houma Nation). Terrebonne AAA (United Houma Nation) has the largest Native American population in their service area, but this tribe is not federally recognized. Through partnership development and other programs, GOEA continues to encourage outreach and partnerships with the Native American citizens in Louisiana.*

Section 307(a)(28)

*The plan shall include information detailing how the State will coordinate activities, and develop*



long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

*As a component of each AAA Area plan, an Emergency/Disaster Plan must be submitted to GOEA by April each year so that changes and modification may be done prior to hurricane season start (June 1). Each Emergency/Disaster Plan, once approved becomes a part of the AAA Area Plan. Each emergency/disaster plan must include mitigation strategies, safety procedures and recovery strategies for continuity of operations. Each AAA must identify local emergency personnel and are encouraged to meet with the emergency managers in each PSA in case of an emergency. Local Councils on Aging that provide transportation services coordinate evacuation transportation with the local emergency managers. The coastal agencies maintain an evacuation roster for those who they serve that need assistance with evacuation. Some coastal agencies have mitigated special shelter locations with other councils on aging that are not in the coastal region. Host agency of evacuated older adults will work with the evacuated agency to ensure the needs of the older adults are met during the time of the evacuation. Emergency/Disaster Plans in Louisiana are considered Hurricane Plans, but each AAA is required to identify any threats to the agency, staff, seniors that may interrupt service delivery or cause safety issues to the staff or clients. The framework and preparation for emergency preparedness is instrumental in restoring service delivery across the state. The aging network in unaffected areas work with the victim areas to expedite restoration of service delivery by donation of supplies, equipment, vehicles, clothing, office space, and monetary donations.*

*GOEA has a state Disaster Plan (Appendix D), for continuity of operations and services. In addition to the SUA Disaster Plan, GOEA serves in a supportive capacity on the Louisiana State Emergency Operations Plan developed by the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) and a support agency in Emergency Management (ESF5) and Emergency Public Information (ESF15).*

*On Friday, August 21, 2020 Governor John Bel Edwards declared a State of Emergency in advance of dual tropical systems threatening Louisiana. On Saturday August 22, 2020 the Governor requested Federal Emergency Declaration in advance of twin storms projected to make landfall in Louisiana. President Trump approved the Governors' request for Federal assistance related to Marco/Laura response on Sunday August 23, 2020. On Wednesday, August 26, 2020, Governor John Bel Edwards advised the Louisiana's coastal region to take precautions and or evacuate if necessary for the pending storm Laura. The storm potential damage will be flooding, power outages and downed trees/limbs. State agencies statewide were closed in preparation as well as schools and businesses in the storm path. Area Agencies on Aging, in the coastal regions worked with the local governments preparing for mandatory evacuations. Many of the aging network agencies turned over their transportation vehicles to the local government for emergency personnel to proceed with evacuation orders, as necessary. Prior to this year's storm season, Area Agencies have been providing home delivery meals to all participants due to COVID-19 Pandemic. Shelf stable meals were also distributed in the event of another coastal storm past Hurricane Marco, which did not impact the state as feared. On August 27, 2020*

*Hurricane Laura made landfall in Cameron, Louisiana as a Category 4 hurricane. On August 28, 2020, President Trump approved Governor John Bel Edwards request for Major Disaster Declaration for Louisiana, due to the damages incurred from Hurricane Laura (DR-4559-LA). The following areas were approved as declared disaster areas: Acadia, Allen, Beauregard, Caddo, Calcasieu, Cameron, Grant, Jackson, Jefferson Davis, LaSalle, Lincoln, Morehouse, Natchitoches, Ouachita, Rapides, Sabine, St. Landry, Union, Vermillion, Vernon and Winn (Counties.)*

*GOEA was awarded \$100,000 for recovery efforts in Cameron and Calcasieu parishes, which were the most damaged areas. The Calcasieu AAA and Cameron AAA provided Outreach and Supportive services to the older adult population for services and needs that were not covered by insurance or FEMA (Gap services). The SUA and AAAs met with older adults in each affected area to find out what resources were needed. Services included replacement of toiletries, towels, sheets, blankets, socks, pillows, etc. as well as the replacement of shelf stable meals.*

#### Section 307(a)(29)

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

*GOEA serves on emergency management committees to develop, recommend policy/procedural changes and exercise various State emergency preparedness, response and recovery plans. Currently GOEA staff is involved in providing round table exercises to train and prepare individuals who are older adults, disabled or are the caregivers of the older adults and/or disabled individuals. GOEA is a support agency in the Louisiana State Emergency Operations Plan developed by the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) GOEA is charged in this state EOP to serve in Emergency Management (ESF5) and Emergency Public Information (ESF15). GOEA and all AAAs must include in the Emergency/Disaster plan a competent to address a health pandemic.*

#### Section 705(a) ELIGIBILITY —

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—. . .*

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State*

*receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

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

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

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

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

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

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

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

*(ii) receipt of reports of elder abuse;*

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

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

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

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—*

*(i) if all parties to such complaint consent in writing to the release of such information;*

*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program,*

*or protection or advocacy system; or*

*(iii) upon court order.*

*GOEA assures they will comply with the above assurances. GOEA continues to monitor and review policies, procedures, and regulations to ensure that all services provided through the Older Americans Act comply with these and other requirements of the program*

## Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS: The 5-year American Community Survey Estimates are what we use to complete our IFF allocations each year. The most recent estimates were released earlier this year and they are the 2021 5-year estimates.

Intrastate Funding Formula The distribution of funds are made after the deduction of State Plan Administration and Long-Term Care Ombudsman allocations.

1. The following is a descriptive summary of the current Intrastate Funding Formula's assumptions and goals, and the application of the definitions of greatest economic or social need and a demonstration of the allocation of funds, pursuant to the formula, to each PSA. NSIP allocations are based on the latest Meal Count where the total of Congregate and Home Delivered Meals are added together for each AAA and divided by the total meals served for the state and then multiplied by the FFY Estimated Award to determine the amount to contract for NSIP in the state Fiscal Year
2. Descriptive Statement
  - a. The current intrastate funding formula for the distribution of Older Americans Act Title III funds in Louisiana provides for a base allocation by parish. The following factors are considered in the distribution of funds remaining after base allocations are made: population aged 60 and over; population aged 60 and over below the Bureau of Census poverty threshold; population aged 75 and over; and land area in square miles. Each of these factors is derived by dividing the planning and service area total by the state total.
  - b. Population aged 60 and over, and land area in square miles is assigned weights of one (1) each. Population aged 60 and over below the Bureau of the Census poverty threshold is assigned a weight of nine-tenths. Population aged 75 and over is assigned a weight of one-tenth. The sum of these four factors is three (3).
  - c. Those elderly in greatest economic need are defined as persons aged 60 and older whose incomes are at or below the poverty threshold established by the Bureau of the Census. Those elderly in greatest social need are defined as persons aged 60 and over who have needs based on noneconomic factors such as social isolation caused by living in remote areas, or who are especially vulnerable due to the heightened possibility of frailty among elderly aged 75 and older. Other social needs are those, which restrict an elderly individual's ability to perform normal daily tasks, or which restrict his or her ability to live independently; they can be caused by racial or ethnic status or language barriers. The intra-state

funding formula accounts for these individuals by not allocating funds solely on the basis of population. The land area in square miles factor is included to compensate area agencies serving predominantly rural areas for the special problems encountered by sparse populations who may be spread over large geographical areas. The four funding factors combined to meet the special needs of socially and economically needy elderly, urban elderly and rural elderly.

- d. The base funding allocation of \$12,000 per parish is established on the assumption that this amount represents a minimum allocation for the administration of Older Americans Act programs. There is an increasing need to provide a continuum of care for the very old (aged 75 and older) as this segment of the population gets larger each year. Funding limitation dictate that this group is given special emphasis.

- 3. Numerical statement of the intrastate funding formula
  - a. Base allocation per PSA: \$12,000 per parish
  - b. Formula Allocation per PSA:

	<b>Factors</b>	<b>Weight</b>
i	<u>PSA 50+Population</u> State 60+ Population	1.0
ii.	<u>PSA 60+ Population below Poverty Threshold State 60</u> Population below Poverty Threshold	.9
iii.	<u>PSA Land Mass in Square Miles</u> State Land Mass in Square Miles	1.0
iv.	PSA 75+ Population State 75+ Population	.01
V	SUM	3.0

4. 
$$PSA \text{ FORMULA} = \frac{(i)X1 + (ii) \times 0.9 + (iii) \times 1 + (iv) \times 0.1}{3}$$

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:932(8)

HISTORICAL NOTE: Promulgated by the Office of the Governor , Office of Elderly Affairs, LR 19:1317 (October 1993), repealed and promulgated LR 23:1146 (September 1997) repealed LAC 4:VII 1315 and re-promulgated LAC 4:VII as 1305 LR 26:1611 (August 2000), repealed and promulgated LR 30:1696 (August 2004), LR 35:662 (April 2009), LR 37:320 (January 2011)

**Louisiana Older American Act Title III Allocation  
For the period July 1, 2023 - June 30, 2024**

	<b>Federal</b>	<b>State</b>	<b>Total</b>
Beauregard Council on Aging	215,305	30,231	245,536
Bienville Council on Aging	143,972	20,261	164,233
Bossier Council on Aging	330,114	46,275	376,389
Caddo Council on Aging	689,890	96,554	786,444
Calcasieu Council on Aging	497,884	69,721	567,605
Caldwell Council on Aging	99,850	14,095	113,945
Cameron Council on Aging	207,015	29,072	236,087
Claiborne Council on Aging	141,870	19,967	161,837
DeSoto Council on Aging	184,959	25,990	210,949
East Baton Rouge Council on Aging	827,854	115,834	943,688
Jefferson Council on Aging	1,017,958	142,400	1,160,358
Jefferson Davis Council on Aging	138,500	19,496	157,996
Lafourche Council on Aging	260,859	36,596	297,455
Lincoln Council on Aging	148,675	20,919	169,594
Livingston Council on Aging	341,564	47,875	389,439
Morehouse Council on Aging	180,193	25,323	205,516
Natchitoches Council on Aging	257,716	36,157	293,873
New Orleans Council on Aging	1,065,218	149,005	1,214,223
Ouachita Council on Aging	412,076	57,730	469,806
Plaquemines Council on Aging	172,082	24,189	196,271
Red River Council on Aging	85,046	12,027	97,073
Sabine Council on Aging	192,046	26,981	219,027
St. Bernard Council on Aging	175,865	24,719	200,584
St. Charles Council on Aging	144,029	20,269	164,298
St. James Area Agency on Aging	92,989	13,136	106,125
St. John Council on Aging	140,998	19,845	160,843
St. Tammany Council on Aging	675,639	94,562	770,201
Terrebonne Council on Aging	376,415	52,745	429,160
Vernon Council on Aging	239,028	33,545	272,573
Webster Council on Aging	183,187	25,741	208,928
West Carroll Council on Aging	78,063	11,051	89,114
Capital Area Agency on Aging	1,567,004	220,402	1,787,406
Cajun Area Agency on Aging	2,176,122	305,244	2,481,366
Cenla Area Agency on Aging	2,572,740	361,661	2,934,401
<b>Totals</b>	<b>16,032,725</b>	<b>2,249,618</b>	<b>18,282,343</b>

## ATTACHMENT D: DEMOGRAPHICS

In 2020 and 2021, Louisiana experienced five named hurricanes.

**Hurricane Zeta** – made landfall near Cocodrie, Louisiana on October 28, 2020, as a Category 3 storm. The storm gradually weakened as it moved directly over New Orleans and then into southern Mississippi. The town of Grand Isle issued a mandatory evacuation on October 27, 2020 as a voluntary evacuation was ordered for Jean Lafitte.

**Hurricane Laura** – made landfall near Cameron, Louisiana on August 27, 2021, as a Category a Category 4 storm. Hurricane Laura was deadly and destructive. Hurricane Laura tied with the 1856 Last Island hurricane and 2021’s Hurricane Ida as the strongest hurricane on record to make landfall in the U.S. state of Louisiana. Hurricane Laura was the tenth-strongest U.S. hurricane on record to make landfall in the USA. The effects of Laura across Louisiana were devastating. Nearly 10-foot high storm surge was recorded in Cameron Parish. Numerous parishes had severe flooding and extreme damage to houses. The storm caused the deaths of 30 people in the state alone and inflicted as estimated \$23.3 billion in damages on southwestern Louisiana and southeastern Texas. Around 5,600 residents were still located in hotels six weeks after Hurricane Laura struck because their homes were destroyed.

**Hurricane Ida** – made landfall in Louisiana on August 29, 2021, as a Category 4 storm. Hurricane Ida is now the second-most damaging and intense hurricane on record to make landfall in Louisiana on record, behind Hurricane Katrina in 2005. Ida made landfall near Port Fourchon, Louisiana, devastating the town of Grand Isle. A total of 107 deaths were attributed to Ida, including 87 in the United States and 20 in Venezuela. In the United States, 30 deaths were in Louisiana.

**Hurricane Delta** – made landfall near Creola, Louisiana on October 9, 2021, as a Category 2 storm. Hurricane Delta threatened the same area affected by Hurricane Laura a little over a month earlier. Hurricane Delta made landfall just 12 miles east of where Hurricane Laura made landfall. Many residents were still “traumatized” due to significant damage from Hurricane Laura. Many areas in hard-hit Lake Charles were damaged again and some homes were flooded. Additional damage occurred in Jennings and widespread power outages were reported. In Calcasieu Parish, several vehicles were overturned on the I-10 interstate. Due to multiple car accidents on the Calcasieu River Bridge, both directions of the bridge were closed to traffic.

**Hurricane Sally** – An evacuation was issued for areas outside of the levee system of the City of New Orleans, due to the storm surge expectations. Several parishes were put under mandatory evacuation orders including all of St. Charles Parish, and parts of Orleans Parish, Jefferson Parish, Plaquemines Parish and St. John the Baptist Parish. Shelters were opened while public school and university classes were cancelled throughout southeastern Louisiana for September 15, 2021.



Funding in these projects reimbursed AAAs in the declared areas for replacement emergency meals, material aid items and nutritional supplements (boost, ensure, etc.). GOEA continues to monitor weather events and other potential disaster events by participating in the Emergency Management for the Disabled and Aging Coalition on a monthly basis and is support function for the state’s Emergency Operation Plan for response and recovery.

The most recent population estimate for the 60 years and older population in Louisiana is 1,020,682, or 21.9% of Louisiana’s total population (Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates). The rural population for Louisiana estimated to be 28.5% of the 2020 Census data. 35 of Louisiana’s 64 parishes are classified rural and urban areas have a mixed population of urban and rural. The most urban areas (under 20% of population in rural area) of the state are in the PSAs of Caddo Council on Aging, Cajun Area Agency on Aging, Calcasieu Council on Aging, East Baton Rouge Council on Aging, Jefferson Council on Aging, New Orleans Council on Aging, Saint Bernard Council on Aging, Saint Charles Council on Aging and Saint John Council on Aging Other areas may have small urban populations, but the majority of the PSA is considered rural. The Louisiana female population is 51.1% and the male population is 48.9%. The racial statistics reflect 57.9% are Caucasian (white alone), 31.2% African American with other races making up the remaining 11%. The minority make-up for the 60 plus in Louisiana is 42.1%.

The 60 plus age group has 53.8% married, 19.1% widowed and 16.7% divorced and 8.5% never married. According to the American Fact Finder, Census, the 2020 projections for education demographics for age 25 and older: 60.2% of the population of this age have a high school diploma or equivalency with and 26.4% having a Bachelor’s Degree or higher. Of the population age 60 and over, 61.3% have a high school diploma or equivalency and 23.1% with a Bachelor’s Degree or Higher. 92.6% of the Louisiana population only speak English. 61.1% of the total population are Grandparents responsible for grandchildren. There are 1,047,579 older persons who are disabled and not residing in a long-term care facility.

Poverty has been determined to be 19.6% of the total population in Louisiana with the median income of \$79,845. In 2020 there were an average of 868,911 residents in Louisiana receiving SNAP benefits.

<b>Population of All Ages</b>	<b>Population under 60</b>	<b>Population 60+</b>
4,624,047	3,554,919	1,069,128
	77%	23%

The following chart represents the Census 2021 data for the 60+ for states surrounding Louisiana.

STATE	60+ Population	60+ Percentage of Total Population
Louisiana	1,069,128	23.1%
Alabama	1,180,160	23.4%
Arkansas	695,103	23%
Mississippi	664,947	22.4%
New Mexico	508,000	24%
Oklahoma	752,361	19%

## ATTACHMENT E: STATE DISASTER PLAN

# LA GOVERNOR'S OFFICE OF ELDERLY AFFAIRS EMERGENCY/DISASTER PLAN

### AGENCY GOAL

The goal of the Louisiana State Unit on Aging- Governor's Office of Elderly Affairs (GOEA) in an emergency situation is to be ready, resilient, remain calm, provide assistance, coordinate services, and be a leader to the area agencies, councils on aging and senior centers in the event a disaster strikes in the state of Louisiana.

### AGENCY OBJECTIVES

The objectives of GOEA in a disaster or emergency are:

1. Continuity of GOEA operation to provide immediate assistance to the area agencies, councils on aging and senior centers in an emergency or disaster.
2. Restoration of services as soon as possible following an emergency or disaster.
3. To identify risks and needs and to put processes in place in order to recover timely from any emergency or disaster.

### POTENTIAL RISKS

The following types of disasters could affect our agency:

1. Natural disasters, which include severe weather, hurricanes, tornadoes, floods, winter storms, or other natural occurrences. Natural disasters may cause damages to the buildings making them inaccessible or unusable. Natural disasters can cause power outages, damage to data lines, water service or sewer service. The facilities may be inaccessible due to flooding of roads, streets and highways, or blockages caused by debris.
2. Manmade disasters, which include fire, structural failure such as leaking or collapsed roof, extended loss of electrical power, air conditioning or heating failure, chemical spill, explosion, bomb threat or terrorist attack. These disasters may prevent the agency staff from working in the building.
3. Data disasters can result from the failure of hardware, software or human intervention by accident or maliciousness. Disaster data may

include the loss of data, the loss of function on a central piece of networking equipment, or the loss of function on a server. The result is the disruption of IT activities.

4. Pandemics such as Covid-19. GOEA will follow the guidelines set forth by the Governor's Office, the Division of Administration, and the Centers for Disease Control. GOEA will make sure that all staff have the capability to work from home when necessary.

## **PREPARATION PHASE**

The following measures will be implemented in order to prepare for an emergency/disaster.

1. GOEA Unit Managers will review the Emergency/Disaster Plan annually to ensure they are up to date on procedures for essential operations, staff roles and responsibilities.
2. GOEA Unit Managers will collaborate with the Compliance & Planning (C&P) Manager and/or Disaster Coordinator (DC) to educate and train GOEA staff to fulfill designated roles and responsibilities pre/post emergency/disaster.
3. C&P Manager and/or DC will engage the area agencies, councils on aging and senior centers in preparedness training and community preparedness outreach/education.
4. GOEA staff, area agencies, councils on aging and senior centers shall participate in emergency/disaster prevention or preparedness activities, drill(s) and exercise(s) to allow for a more resilient state unit on aging.
5. GOEA staff, area agencies, councils on aging and senior centers shall establish and maintain a Communication/Telephone Tree and utilize Alert Media for notification during the response phase of an emergency or disaster. The C&P Manager and/or DC is the first contact with the aging network when an emergency/disaster occurs.
6. GOEA staff will update their emergency contact information annually.
7. The DC will maintain a copy of the emergency/disaster plan, the GOEA staff emergency contact list, a first aid kit, and emergency kit. Emergency kit to include: flashlight, battery-operated radio, clean up supplies and rubber gloves. The First Aid kit, Blood Borne Pathogens kit, and the Emergency kit are all located at the reception desk.

8. The Accountant Administrator and/or Accountant Manager will process early payments to area agencies, councils on aging, and other service providers in an attempt to prevent interruption of services to seniors when possible.

#### **PRIOR TO DISASTER/EMERGENCY:**

The DC will use Alert Media to text notify all agencies in the field, and provide instructions for how to proceed when necessary.

Agencies will be asked to notify their clients and make arrangements for any necessary shutdowns or evacuations in accordance with each agency's Disaster Plan. When service interruption is imminent, agencies may also be instructed to distribute shelf-stable meals to clients that will be unable to receive services prior to the disaster.

#### **AFTER THE DISASTER HAS OCCURED:**

The Disaster Coordinator (DC) will compile a preliminary status report of all contractors to determine where closures exist and identify any immediate needs. Per the severity of the disaster/emergency, this initial report will be converted to a daily status report. The DC will be responsible for communicating with agencies to ensure that they are safe and to determine preliminary damages to property and facilities so that GOEA may assist as soon as possible to meet the needs of the affected agencies until normal operations can be reestablished.

#### **RESPONSE PHASE**

The following outlines the responsibilities of GOEA staff upon notification of an emergency/disaster.

The **GOEA Executive Administration (including Human Resources)** will:

1. Make all communications with the Governor's Office and/or Emergency Operations Center (EOC) when activated, GOEA Unit Managers, and other state agency partners to assure coordination of status reports and resource availability and issue directives accordingly.
2. Ensure that GOEA have assigned staff as appropriate and that communication and record-keeping are in place.

Following the directives of the **GOEA Executive Administration, GOEA Unit Managers** will:

1. Communicate with staff about emergency notification and task.
2. Activate the Communication/Telephone Tree and send notification via Alert

Media.

3. Ensure that GOEA “critical” equipment and supplies are secure.
4. Ensure that all “essential” documents/files are secure.

GOEA responsibility during a disaster/emergency is to prepare to meet the immediate needs of the area agencies, councils on aging and senior centers affected. This includes agency response to ensure agency continuity of operations.

1. Alert Media: In case of a disaster/emergency, GOEA will use Alert Media to contact employees about office closures and other critical updates. It is important that employees keep their contact information up to date in Alert Media and regularly check their text and email notifications to ensure they receive these updates.
2. Emergency Notification: If an office closure or other critical event is sudden and unexpected, GOEA will initiate notifications through Alert Media to all employees to ensure that they are aware of the situation.
3. Notifications will first be sent via the text and email. Please be sure to confirm receipt, where requested, and/or respond to any queries in these notifications so that we can confirm your receipt. Any unconfirmed notifications could be resent via automated phone call to the number provided know your profile until confirmation is obtained for all employees.
4. Contact Information: It is the responsibility of each employee to ensure that their contact information is current and accurate. Employees should regularly update their contact information in Alert Media to ensure that they receive timely notifications.
5. Emergency Number: If an employee has not been contacted by GOEA within 24 hours of an emergency, it is their responsibility to call the emergency number to report their status and receive further instructions.
6. Essential Employees: In the event of an office closure, essential employees will be required to report to the office or an alternate location as directed by the GOEA. These employees will be notified by their supervisor and provided with detailed instructions on how to proceed.

By following these guidelines, we can ensure that all employees are safe and accounted for during an emergency. Please take the time to review and understand this policy, and keep your contact information up to date to ensure that you receive timely notifications.

1. In the event of an impending disaster, the DC will take steps to notify all agencies and contractors in the field and will assist the potentially impacted areas in preparing for potential disaster/emergency.
2. Human Resources will make initial contact with GOEA staff via Alert Media.
3. Activation of Communication/Telephone Log, in the event landline telephones are inoperable, text messaging or email shall be used from cell phones.
4. GOEA staff must be accessible and ready to respond to the aging services network providers' needs.
5. After the disaster has occurred, the DC will compile a daily status report of all agencies to determine where closures exist and identify any immediate needs. The DC will be responsible for communicating with agencies to ensure that they are safe and to determine preliminary damages to property and facilities so that GOEA might assist as soon as possible to meet the needs of affected agencies until normal operations can be reestablished.
6. The DC will use Alert Media to notify all agencies through text and email, and through automated phone call or conference call should any agency not respond until notice to all agencies has been confirmed.
7. If an agency is unable to report their status, the DC will initiate contact with their backup emergency contact to obtain the necessary information.
8. The DC shall obtain status report(s) of impacted areas and provide critical data to unit managers, administration and federal partners as needed. The status reports will be stored on the "shared g" drive in PDF format- View Only. All unit managers, program managers, and program monitors will be notified via email when the status reports are available to view on the "shared g" drive.
9. The DC shall participate in daily Emergency Management for the Disabled and Aging Coalition (EMDAC) to address disaster impact area needs for the disabled and aging population. This activity shall continue until needs are met. Coordination with EMDAC will resume to monthly meetings upon recovery or normal operations of the disaster-impacted area.
10. The DC shall participate in fielding task force calls as scheduled by GOHSEP. C&P Manager is the backup if DC is not available.
11. The DC shall be present at the GOHSEP EOC if needed.
12. Upon receipt of any Disaster/Emergency telephone calls or e-mails, HCBS Program Monitors shall forward the information to the C&P Manager and the HCBS Manager immediately.

13. The Accountant Administrator and/or Accountant Manager is responsible for making contract payments to the area agencies, councils on aging, and other service providers. Payments will be made when, monthly contract payments have not been processed yet. This is to ensure providers have funds available for emergency services for seniors.
14. The Elder Rights Unit consists of nine EPS regions in the Elderly Protective Services Program. The Elderly Protective Services (EPS) Regional Supervisors are responsible for reporting the status of any emergency to the EPS Manager or the C&P/Elder Rights Manager as soon as possible.
15. EPS Regional Supervisors and staff members, when possible will place any important documents in an elevated place to minimize the chances of damage.
16. The EPS Regional Supervisors will keep abreast of weather conditions in their area and follow instructions from their areas Office of Emergency Preparedness (OEP) to vacate the area when necessary. The EPS Supervisors will notify the EPS Manager or the C&P/Elder Rights Manager of the evacuation order and leave the area as soon as possible.
17. EPS staff are not considered essential emergency personnel therefore; they are required to follow instructions of OEP as regular citizens.
18. EPS Specialists will contact clients at risk on open cases for their plan before leaving the office. Clients without a plan will be given information to contact OEP. EPS Specialist will contact OEP with a list of clients that may be at risk.
19. EPS Staff must report to their supervisor, if possible within 24 hours of an emergency/disaster. The EPS Regional Supervisors will report to the EPS Manager or the C&P/Elder Rights Manager, once every 24 hours until the emergency/disaster has ended and staff have returned to regular duties.
20. The EPS Manager or the C&P/Elder Rights Manager is responsible for notifying the Deputy Assistant Secretary of any emergency/disaster events that occur at any of the field offices. The Deputy Assistant Secretary is responsible for notifying the Appointing Authority/Agency Head.

**Response is typically the first 48 hours of an emergency/disaster, but sometimes (such as Katrina), the response time to stabilize is longer. GOHSEP keeps track of the stabilization during an event and will move the state to recovery. The SITREPS send out corresponded via email from GOHSEP advising where the state is during an event.**

## **RECOVERY PHASE**



GOEA will collaborate and coordinate resources available to the aging services network during the Recovery Phase to assist the elderly in re-establishing their lives.

1. Following the emergency/disaster, a report and/or operations evaluation will be prepared, including but not limited to the following:  
Type/scope and location of the emergency/disaster  
Numbers of seniors affected  
Services provided, resources utilized and phone log
2. The AAA Directors will communicate identified needs to GOEA and must notify the DC within 24 hours, and provide the following information:  
Number of seniors affected  
Services needed  
Description of services  
Need for relocating services
3. The DC will compile statistical data of impacted area(s) and submit to administration and the Administration for Community Living (ACL) within 24-hours and daily, thereafter until services resume.
4. The DC will seek funding availability to assist with needs as identified by the area agencies, councils on aging and senior centers.
5. Any agencies unable to resume normal operations will be forwarded to the appropriate HCBS staff member who will work with the agency to resolve any issues until normal operations are restored. Once an agency has resumed normal operations, the program monitor and/or unit manager will notify the DC of the change in status so they may update the status report and remove the agency from the list.
6. The HCBS Manager, the HCBS Program Monitors and the ADRC/SenioRX Manager are responsible for following up with agencies that were in need of assistance to ensure service restoration.
7. The HCBS Manager shall forward status reports received on agencies requiring assistance to the appropriate HCBS Program Monitor for processing. If the report indicates that agencies are in need of assistance with regaining operational Kitchens/Meal Sites, the HCBS Manager shall coordinate with the Agency Director to restore the Kitchen/Meal Site to operational status. The HCBS Manager shall coordinate with the Office of Public Health to establish necessary inspections required for timely re-opening of meal sites as sites become operable. The HCBS Manager shall submit a weekly status report to the C&P Manager until all applicable Kitchen/Meal Sites are restored to full operation, and all services have returned to normal operational status.
8. The HCBS Program Monitors shall make contact with the agencies, identify exactly what is needed, process/coordinate with the appropriate unit(s) and submit

a daily status report to the HCBS Program Manager copying C&P Manager until services have returned to normal operational status.

9. The ADRC/SenioRx Program Manager shall make contact with the ADRC/SenioRx contractor(s), identify exactly what is needed to restore the ADRC/SenioRx Program, process/coordinate with appropriate unit(s) within GOEA and submit a daily status report to the HCBS Manager copying the C&P Manager until the program is restored to full operational status for all ADRC/SenioRx contractors.
10. The Title V Program Manager shall make contact with the contractor(s), identify exactly what is needed to restore the Title V Program, process/coordinate with appropriate unit(s) within GOEA and submit daily status report to the HCBS Manager copying the C&P Manager until the program is restored to full operational status for all Title V contractors.
11. The EPS Regional Supervisors and/or designee will check their area location when permitted by local authorities for the condition of the office. If salvageable and safe to enter, a check for records and equipment should be made.
12. The EPS Regional Supervisors will notify the EPS Manager or the C&P/Elder Rights Manager on the status of the office. If possible, staff would return to work when advised by the local OEP. If the office space is not safe to enter due to disaster damages, the EPS Manager or the C&P/Elder Rights Manager will report this to the Appointing Authority and Assistant Deputy Secretary so that a decision can be made for next action steps.
13. All EPS case information managed by OTS on an online system. The EPS data system can be accessed via password through the internet, which is worldwide. If medical or judicial documents are lost, these documents may be requested again from the appropriate facility or judicial district.
14. The Appointing Authority/Agency Head will remain in contact with the unit Managers to ensure they are aware of continued office closures. As a courtesy, Managers and Supervisors will remain in contact with staff to ensure they are aware of continued closures, but it is the employee's responsibility to call 1-800-360-9660 for updates, watch/listen/read local news, and/or check office email for closure/opening updates. Each state employee should receive office closure email updates through their state email account.
15. GOEA is insured through the Division of Administration, Office of Risk Management (ORM). The destruction of agency property due to a natural or manmade disaster is covered by ORM.
16. GOEA data is secured by on OTS. OTS manages all intellectual property and agencies must follow their directives. In the case of data or technology equipment

failure, the Accountant Administrator and Accountant Manager will work with the Office of Technology Services (OTS) to restore services.

17. In the absence of the DC the C&P Manager will facilitate as backup.

By taking these steps, we can ensure that all agencies in the field are safe and accounted for during an emergency. It is important that our agencies in the field understand the procedures and their responsibilities during such an event. We ask that all agencies remain vigilant, check email and text messages regularly, and follow all instructions provided by the Disaster Coordinator to ensure the safety of all involved.

## **RETURN TO WORK PLAN**

Human Resources will make initial contact via Alert Media if offices close due to an emergency/disaster, staff will return to work once it is safe and offices have re-opened. Employees are responsible for contacting the immediate Supervisor and/or Unit Manager and HR if unable to return.

## **DURING A HEALTH PANDEMIC**

**GOEA** responsibility during a health pandemic is to prepare to meet the immediate needs of the area agencies, councils on aging and senior centers affected. This includes agency response to ensure agency continuity of operations.

1. **When alerted of a health pandemic**, Human Resources will make initial contact with GOEA Staff via Alert Media. It will be the immediate responsibility of the Supervisor and/or Unit Manager to follow-up with their staff to issue any guidance and directives. Employees are responsible for following up with their Supervisor and/or Unit Manager if they are unable to return to the office. In the absence of the Supervisor, the Unit Manager, the Program Manager 3 and the Deputy Director must be contacted.
2. The Governor's Office of Elderly Affairs will follow the guidelines set forth by the Governor's Office, the Division of Administration, and the Centers for Disease Control. The Office of Elderly Affairs will make sure that all staff have the capability to work from home when necessary. GOEA Telecommuting Policy will be followed.

## **RETURN TO WORK PLAN DURING A HEALTH PANDEMIC**

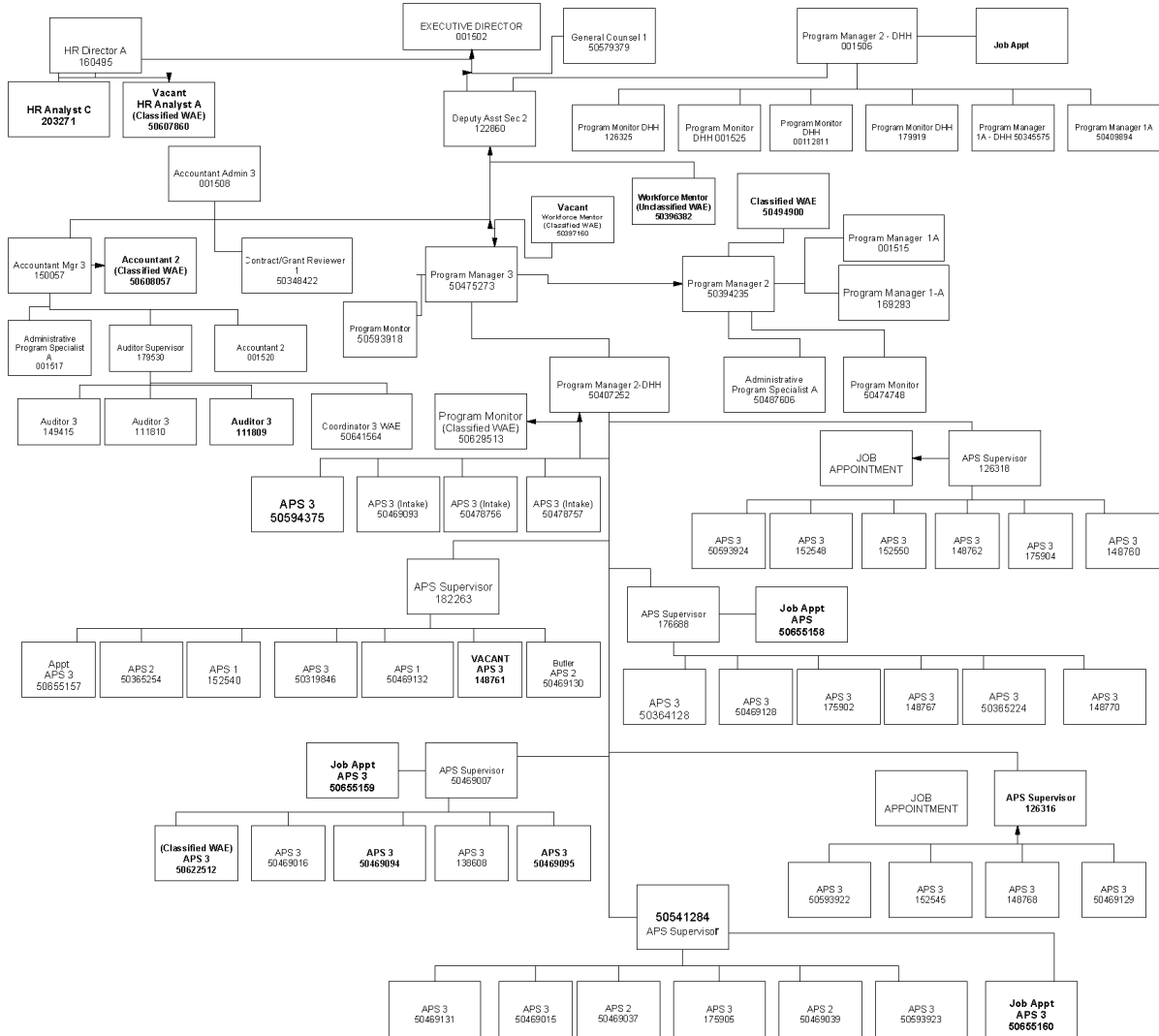
- Phase 1 will have the Administrative staff, Unit Managers and the Disaster Coordinator return to work at the office, at least three days a week.
- Phase 2 will have the Unit Supervisors and Program Manager 1s return to work.

- Phase 3 will have everyone return to work.

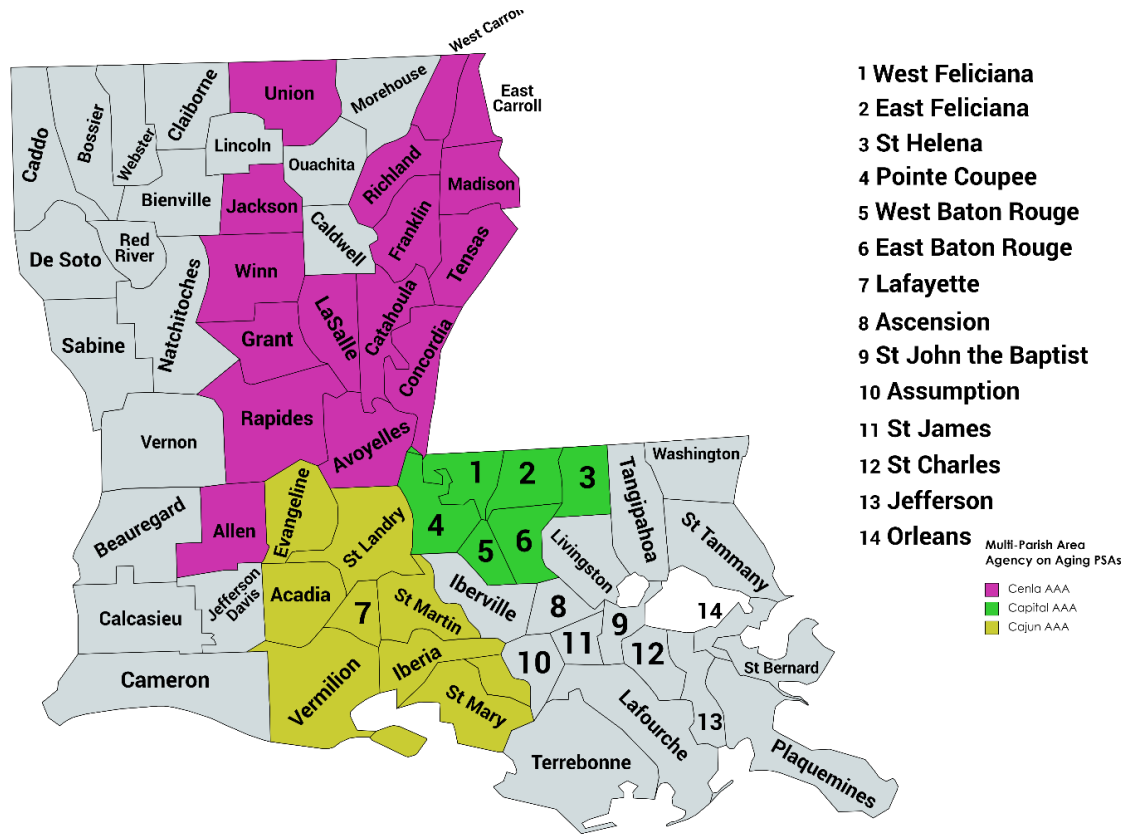
The Return to Work Plan may be revised in accordance with the Guidelines set by Governor's Office, the Division of Administration and GOHSEP.

# ATTACHMENT F: ORGANIZATIONAL CHARTS

## ATTACHMENT F: ORGANIZATIONAL CHART FOR GOVERNOR'S OFFICE OF ELDERLY AFFAIRS



ATTACHMENT G: PLANNING AND SERVICE REGION MAP FOR LOUISIANA



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## ATTACHMENT H: AREA AGENCIES ON AGING

PSA	Area Agency on Aging
01	Beauregard Council on Aging, P.O. Box 534, Deridder, LA 70634 E-Mail: <a href="mailto:ttuckercbcoa@att.net">ttuckercbcoa@att.net</a> Business: 337-463-6578 Website: <a href="https://beaucoa.com/">https://beaucoa.com/</a>
02	Bienville Council on Aging, 2705 Beech Street, Arcadia, LA 71001 E-Mail: <a href="mailto:annchapmanbcoa@bayou.com">annchapmanbcoa@bayou.com</a> Business: 318-263-8936
03	Bossier Council on Aging, 706 Bearkat Drive, Bossier City, LA 71111-4568 E-Mail: <a href="mailto:tcrane@bossiercoa.org">tcrane@bossiercoa.org</a> Business: 318-741-8302 Website: <a href="https://www.bossiercoa.org/">https://www.bossiercoa.org/</a>
04	Caddo Council on Aging, 1700 Buckner Street, Suite 240, Shreveport, LA 71101 E-Mail: <a href="mailto:cco@caddocoa.org">cco@caddocoa.org</a> Business: 318-676-7900 Website: <a href="http://caddocoa.org/">http://caddocoa.org/</a>
05	Calcasieu Council on Aging, 3950 Hwy 14, Lake Charles, LA 70607 E-Mail: <a href="mailto:jgreen@calcoa.org">jgreen@calcoa.org</a> Business: 337-471-2583 Website: <a href="https://calcoa.org/">https://calcoa.org/</a>
06	Caldwell Parish Council on Aging, 307 Main Street, P.O. Box 1498, Columbia, LA 71418 E-Mail: <a href="mailto:dottie@caldwellcoa.org">dottie@caldwellcoa.org</a> Business: 318-649-2584 Website: <a href="https://www.caldwellcoa.org/">https://www.caldwellcoa.org/</a>
07	Cameron Council on Aging, 965 Hwy 384, Lake Charles, LA 70607 E-Mail: <a href="mailto:dinahlandry@yahoo.com">dinahlandry@yahoo.com</a> Business: 337-598-5158 Website: <a href="https://cameroncoaca.org/">https://cameroncoaca.org/</a>
08	Claiborne Council on Aging, 608 E, 4 <sup>th</sup> Street, P.O. Box 480, Homer, LA 71040-0480 E-Mail: <a href="mailto:sbryant@claibornecouncilonaging.org">sbryant@claibornecouncilonaging.org</a> Business: 318-927-6922
09	DeSoto Council on Aging, 404 Polk Street, P.O. Box 996, Mansfield, LA 71052 E-Mail: <a href="mailto:dcoa@bellsouth.net">dcoa@bellsouth.net</a> Business: 318-872-3700 Website: <a href="http://www.desotocouncilonaging.com/">http://www.desotocouncilonaging.com/</a>
10	East Baton Rouge Council on Aging, 5790 Florida Blvd, Baton Rouge, LA 70806 E-Mail: <a href="mailto:tamar@ebrcoa.org">tamar@ebrcoa.org</a> Business: 225-923-8000 Website: <a href="https://ebrcoa.org/">https://ebrcoa.org/</a>
11	Jefferson Council on Aging, 6620 Riverside Drive, Ste 216, Metairie, LA 70003 E-Mail: <a href="mailto:arobichaux@jcoa.net">arobichaux@jcoa.net</a> Business: 504-888-5880 Website: <a href="https://www.jcoa.net/">https://www.jcoa.net/</a>
12	Lafourche Council on Aging, 238 Bowie Road, Raceland, LA 70394 E-Mail: <a href="mailto:lafcoadirector@viscom.net">lafcoadirector@viscom.net</a> Business: 985-532-0457 Website: <a href="https://www.lafourchecoa.org/">https://www.lafourchecoa.org/</a>
13	Lincoln Council on Aging, 1000 Saratoga Street, P.O. Box 1058, Ruston, LA 71273 E-Mail: <a href="mailto:mdwright@suddenlinkmail.com">mdwright@suddenlinkmail.com</a> Business: 318-255-5070
15	Morehouse Council on Aging, 200 Elm Street, P.O. Box 1471, Bastrop, LA 71221 E-Mail: <a href="mailto:reggiedir@bellsouth.net">reggiedir@bellsouth.net</a> Business: 318-283-0845 Website: <a href="https://www.morehousecoa.org/">https://www.morehousecoa.org/</a>
16	Natchitoches Council on Aging, 1016 Keyser Avenue, P.O. Box 2083, Natchitoches, LA 71457 E-Mail: <a href="mailto:Npcoa@cp-tel.net">Npcoa@cp-tel.net</a> Business: 318-357-3250 Website: <a href="https://npcoa.org/">https://npcoa.org/</a>
17	New Orleans Council on Aging, 2475 Canal Street, 4 <sup>th</sup> Floor, P.O. Box 19067, New Orleans, LA 70119 E-Mail: <a href="mailto:hrogers@noco.org">hrogers@noco.org</a> Business: 504-821-4121 Website: <a href="https://www.noco.org/">https://www.noco.org/</a>

18	Ouachita Council on Aging, 2407 Ferrand Street, P.O. Box 7418, Monroe, LA 71211 E-Mail: <a href="mailto:aging@centrytel.net">aging@centrytel.net</a> Business: 318-387-0535 Website: <a href="http://ouachitacoa.com/">http://ouachitacoa.com/</a>
20	Red River Council on Aging, 1825 Front Street, P.O. Drawer 688, Coushatta, LA 71019 E-Mail: <a href="mailto:rrcoa2@bellsouth.net">rrcoa2@bellsouth.net</a> Business: 318-923-5721
22	Saint Bernard Council on Aging, 8201-A West Judge Perez Drive, Chalmette, LA 70043-1611 E-Mail: <a href="mailto:susankmcneil@yahoo.com">susankmcneil@yahoo.com</a> Business: 504-278-7335 Website: <a href="https://www.sbcoa.org/">https://www.sbcoa.org/</a>
23	Saint Charles Council on Aging, 150 Troxclair Lane, Destrehan, LA 70047 E-Mail: <a href="mailto:akeller@stcharlescoa.com">akeller@stcharlescoa.com</a> Business: 985-783-6683 Website: <a href="https://www.sbcoa.org/">https://www.sbcoa.org/</a>
24	Saint James Parish Human Resources, 5153 Canatella Street, P.O. Box 87, Convent, LA 70723 E-Mail: <a href="mailto:Ingrid.leblanc@stjamesparishla.gov">Ingrid.leblanc@stjamesparishla.gov</a> Business: 225-562-2302 Website: <a href="https://www.stjamesla.com/213/Elderly-Program">https://www.stjamesla.com/213/Elderly-Program</a>
25	Saint John Council on Aging, 214 Regala Park Road, Reserve, LA 70084 E-Mail: <a href="mailto:executivedirector@stjohncoa.org">executivedirector@stjohncoa.org</a> Business: 985-479-0272 Website: <a href="https://www.coasjc.org/">https://www.coasjc.org/</a>
26	Saint Tammany Council on Aging, 72060 Ramos Drive, P.O. Box 171, Covington, LA 70434-0171 E-Mail: <a href="mailto:Julie@coastseniors.org">Julie@coastseniors.org</a> Business: 985-892-0377 Website: <a href="https://www.coastseniors.org/">https://www.coastseniors.org/</a>
28	Terrebonne Council on Aging, 995 West Tunnel Blvd, Houma, LA 70360 E-Mail: <a href="mailto:michelc@terrebonnecoa.org">michelc@terrebonnecoa.org</a> Business: 985-868-7701 Website: <a href="https://www.terrebonnecoa.org/">https://www.terrebonnecoa.org/</a>
29	Webster Council on Aging, 1482 Sheppard Street, P.O. Box 913, Minden, LA 71055 E-Mail: <a href="mailto:johnny.johnson@webstercoa.com">johnny.johnson@webstercoa.com</a> Business: 318-371-3056 Website: <a href="https://webstercoa.com/">https://webstercoa.com/</a>
30	West Carroll Council on Aging, 207 East Jefferson Street, P.O. Box 1058, Oak Grove, LA 71263 E-Mail: <a href="mailto:wccoa71263@yahoo.com">wccoa71263@yahoo.com</a> Business: 318-428-4217
31	Capital Area Agency on Aging, 6554 Florida Blvd, Ste. 221, P.O. Box 66038, Baton Rouge, LA 70896 E-Mail: <a href="mailto:ckaberline@capitalaaa.org">ckaberline@capitalaaa.org</a> Business: 225-922-2525 Website: <a href="https://www.capitalaaa.org/">https://www.capitalaaa.org/</a> Parishes: Ascension, Assumption, East Feliciana, Iberville, Pointe Coupee, Saint Helena, Tangipahoa, Washington, West Baton Rouge and West Feliciana
32	CENLA Area Agency on Aging, 1423 Peterman Drive, P.O. Box 13027, Alexandria, LA 71315-3027 E-Mail: <a href="mailto:joycethompson@cenlaaging.org">joycethompson@cenlaaging.org</a> Business: 318-484-2260 Website: <a href="https://www.cenlaaging.org/">https://www.cenlaaging.org/</a> Parishes: Allen, Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Winn, East Carroll, Franklin, Jackson, Madison, Richland, Tensas, and Union
33	Cajun Area Agency on Aging, 110 Toledo Drive, P.O. Box 60850, Lafayette, LA 70506 E-Mail: <a href="mailto:cajnaaa@lusfiber.net">cajnaaa@lusfiber.net</a> Business: 337-572-8940 Website: <a href="https://cajunaaa.org/">https://cajunaaa.org/</a> Parishes: Acadia, Evangeline, Iberia, Lafayette, Saint Landry, Saint Martin, Saint Mary and Vermilion
34	Livingston Council on Aging, 949 Government Drive, P.O. Box 658, Denham Springs, LA 70727 E-Mail: <a href="mailto:director@livingstoncoa.com">director@livingstoncoa.com</a> Business: 225-664-9343 Website: <a href="https://www.livingstoncouncilonaging.net/">https://www.livingstoncouncilonaging.net/</a>
35	Vernon Council on Aging, 200 N. Third Street, Leesville, LA 71446 E-Mail: <a href="mailto:torry.grose@gmail.com">torry.grose@gmail.com</a> Business: 337-239-4361
36	Jefferson Davis Council on Aging, 210 South State Street, P.O. Box 734, Jennings, LA 70546 E-Mail: <a href="mailto:hlangleyjdcoa@yahoo.com">hlangleyjdcoa@yahoo.com</a> Business: 337-824-5504



37	Plaquemines Council on Aging, 278 Civic Drive, P. O. Box 189, Port Sulphur, LA 70083 Email: <a href="mailto:dlewis@ppcoa.net">dlewis@ppcoa.net</a> Business:504-934-3695 Website: <a href="https://www.plaqueminesparish.com/325/Council-on-Aging">https://www.plaqueminesparish.com/325/Council-on-Aging</a>
38	Sabine Council on Aging, 200 Legacy Dr. Many, LA 71449 Email: <a href="mailto:jmorrow@sabinecoa.org">jmorrow@sabinecoa.org</a> Business: 318-256-4140 Website: <a href="https://sabinecoa.com/">https://sabinecoa.com/</a>

## ATTACHMENT I: ADRC Regional Map

**Louisiana SenioRx/ADRC Providers**

- Cajun AAA
- Cenla AAA
- Capital AAA
- Calcasieu COA
- Caddo COA
- Jefferson COA
- Terrebonne COA
- New Orleans COA



- 1 West Feliciana
- 2 East Feliciana
- 3 St Helena
- 4 Pointe Coupee
- 5 West Baton Rouge
- 6 East Baton Rouge
- 7 Lafayette
- 8 Ascension
- 9 St John the Baptist
- 10 Assumption
- 11 St James
- 12 St Charles
- 13 Jefferson
- 14 Orleans

Created with mapchart.net

## **ATTACHMENT J: COMMUNITY & PUBLIC HEARING MEETINGS**

The Louisiana state plan for 2024-2027 was developed through strategic planning and utilizing SWOT analysis from GOEA management and interested persons. Community and Public hearings were held statewide by the area agencies on aging at the local levels. The community and public hearings were held to re-affirm and identify needs for the older adult population in Louisiana. In addition to community and public hearings, GOEA in partnership with the Louisiana Department of Health, hosted regional listening sessions for public comment and concerns regarding protective services for adults and older adults. The top six needs identified were:

- Information and Assistance/Access
- Congregate/Home Delivery Meals
- Falls Prevention
- Transportation
- Personal Care/Sitter Service for the Homebound
- Senior Centers/Meal Sites closer to home

Other services identified were for in-home services such as Homemaker, Respite, Sitter, Legal Services, Home Repairs, Exercise, Recreation, Protective Services (Exploitation, Neglect, Abuse), Affordable Housing, and to have a senior center near their home.

The state plan will be posted to the GOEA website for public review/comment, was presented at the LEBA quarterly meeting as a Public Meeting for comments, emailed to partner agencies and is considered a living plan to be used as a guideline to direct services to the older adults of Louisiana.

# Attachment K: Statewide Needs Assessment

## Survey Response Summary Report

### Overview of Assessment Results from Needs Assessment Survey

#### Introduction

The Louisiana Statewide Needs Assessment was conducted with the primary objective of understanding the various needs of our senior citizens and their families. Approximately 7000 residents participated in this survey, providing invaluable insights that will guide us in tailoring our services to meet the unique needs of the seniors in our state.

#### Demographics

Survey participants represented a diverse cross-section of Louisiana's elderly population. Data related to participants' age, race and ethnicity, residence location, disability status, and other factors were collected. [Here, include the percentages or numbers relating to these categories].

#### Key Priorities Identified

Several key priorities were identified across a range of categories:

1. **Access to services and information:** Seniors underscored the importance of access to Internet and information on services available for them. In fact, access to high-speed internet ranked among the highest in terms of priority for seniors that responded to the survey (57% of respondents rated this concern with the highest importance: 3:Very Important, only 22% ranked this as 1: Not Important. Likewise, the majority of seniors found learning computer skills to be of utmost importance (68% ranked it as Important or Very Important, only 32% ranked it as Not important).
2. **Health and well-being needs:** The assessment revealed the significance of various health-related services such as information or help applying for health insurance or prescription coverage, information on healthy eating, support for mental health issues, and prevention of falls and other accidents. For each of these issues, over 50% of Respondents ranked this as the highest or Very Important Concern with minimal seniors reporting that these issues were not important.
3. **Personal care and home-related needs:** Many seniors highlighted the need for assistance with home cleanliness, personal care, and maintaining a comfortable home environment.
4. **Social interaction and activity needs:** Respondents indicated the importance of opportunities for social interaction, such as having meals with friends, participating in-group activities, and having someone to talk to when feeling lonely.

#### Hardships and Financial Assistance

The survey brought to light the challenges many seniors face in affording certain essential services, including dental care, hearing aids, eye exams, health insurance, healthy food, and prescription drug coverage. For each of these categories, nearly half the respondents stated that these were financially difficult for the senior to come up with the money each month or year to pay and would seek or obtain financial assistance if it was available for these costs.

#### Caregivers' Perspective

The survey also collected the perspectives of caregivers who take care of seniors, gathering information about the number of people they care for, the ages and disability statuses of the individuals they care for,

and their experiences in the caregiving role. [Include data on these elements].

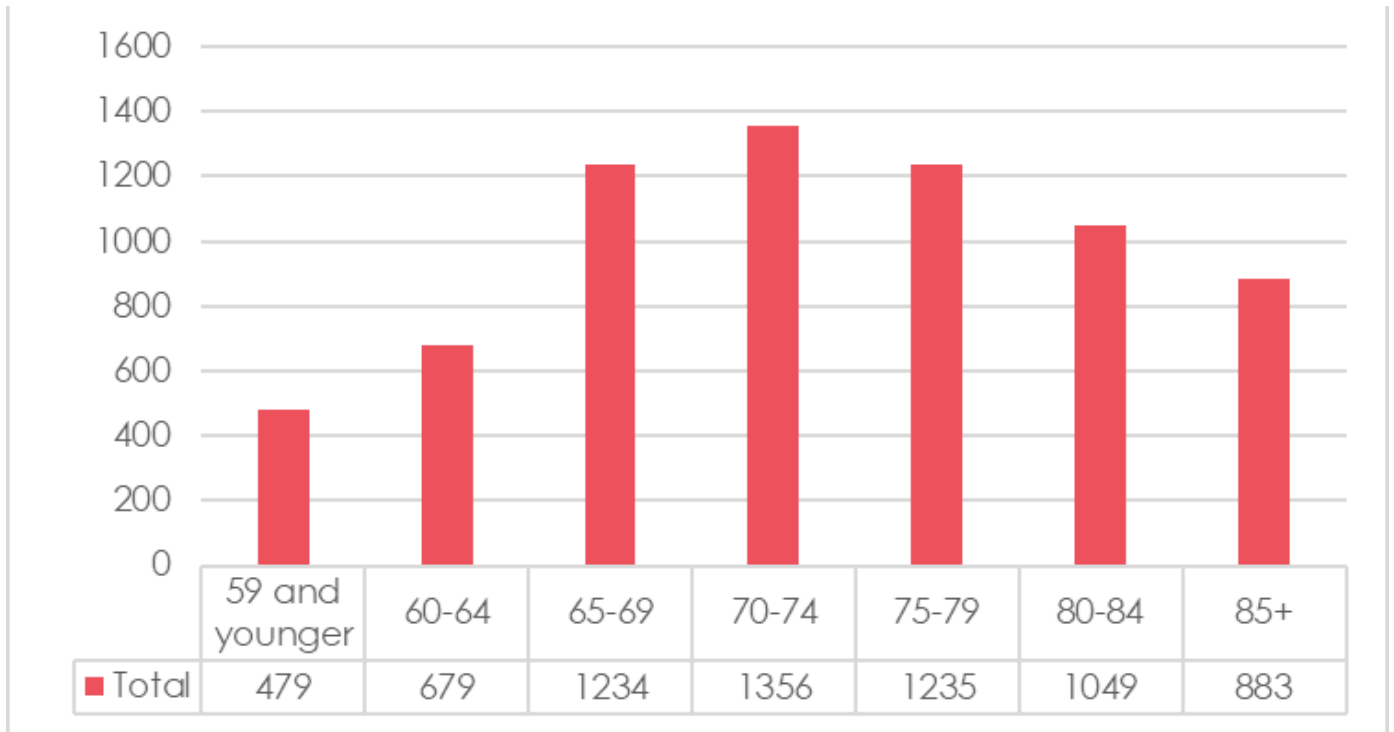
### **Future Actions**

The **results** of the survey underscore the diversity of needs within our senior population, ranging from access to health and personal care services, social interactions, financial assistance, and more. These findings will inform the strategies of the Louisiana State Unit on Aging as we develop our 4-year plan and aim to enhance our services to meet these critical needs effectively. The full breakdown of the nearly 7000 statewide responses can be found on the following pages.

**DEMOGRAPHIC AND OTHER DATA ABOUT RESPONDENTS**

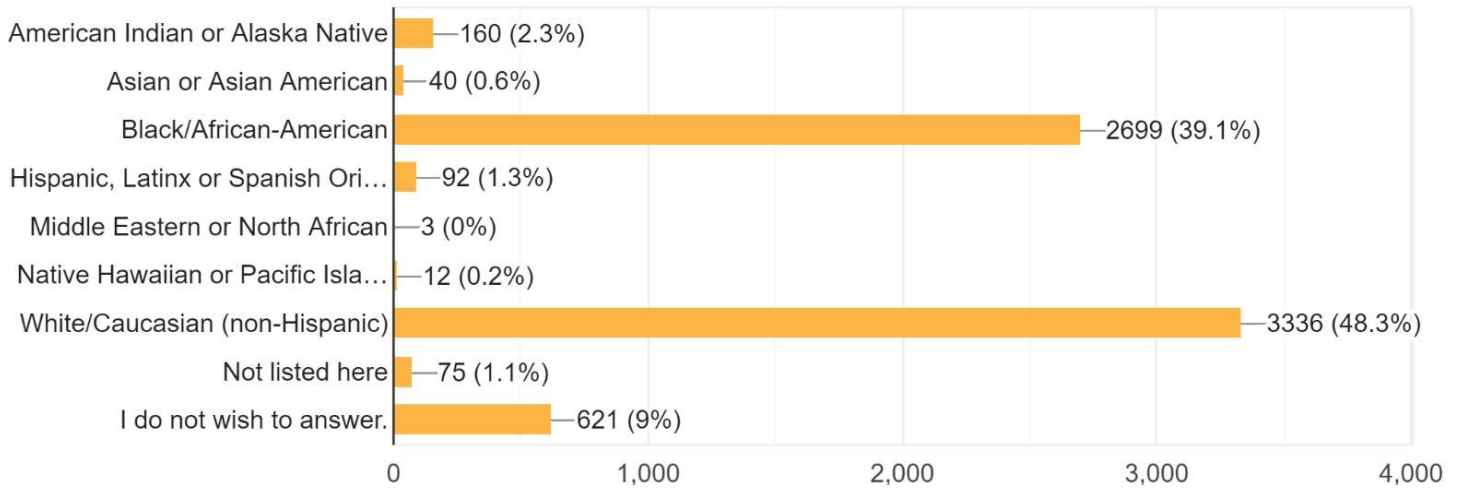
**Needs Assessment Survey Responses**  
**Statewide – 2023**

**DEMOGRAPHIC AND OTHER DATA ABOUT RESPONDENTS**



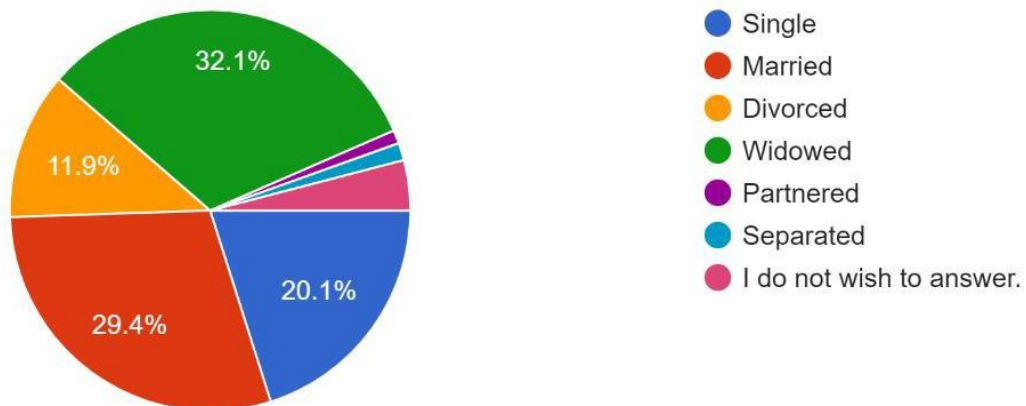
**AGE OF RESPONDENTS**

Race and Ethnicity (Listed in alphabetical order) As our country becomes more racially and ethnically divers, organizations bear a responsibility...g best describes you? Please select all that apply: 6,908 responses



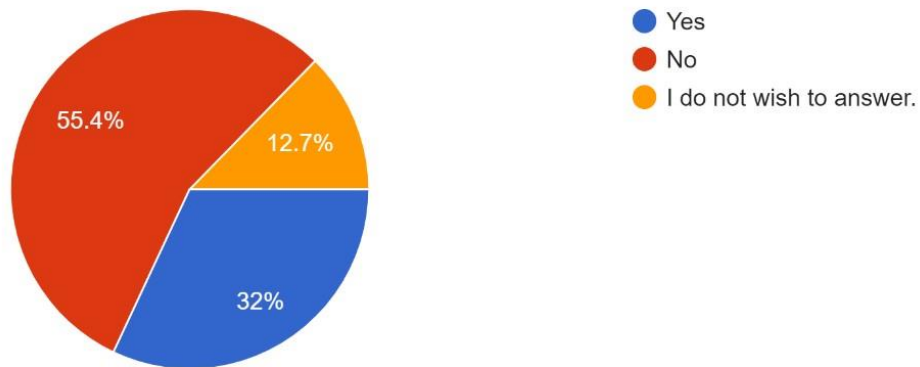
### What is your Relationship Status?

6,908 responses

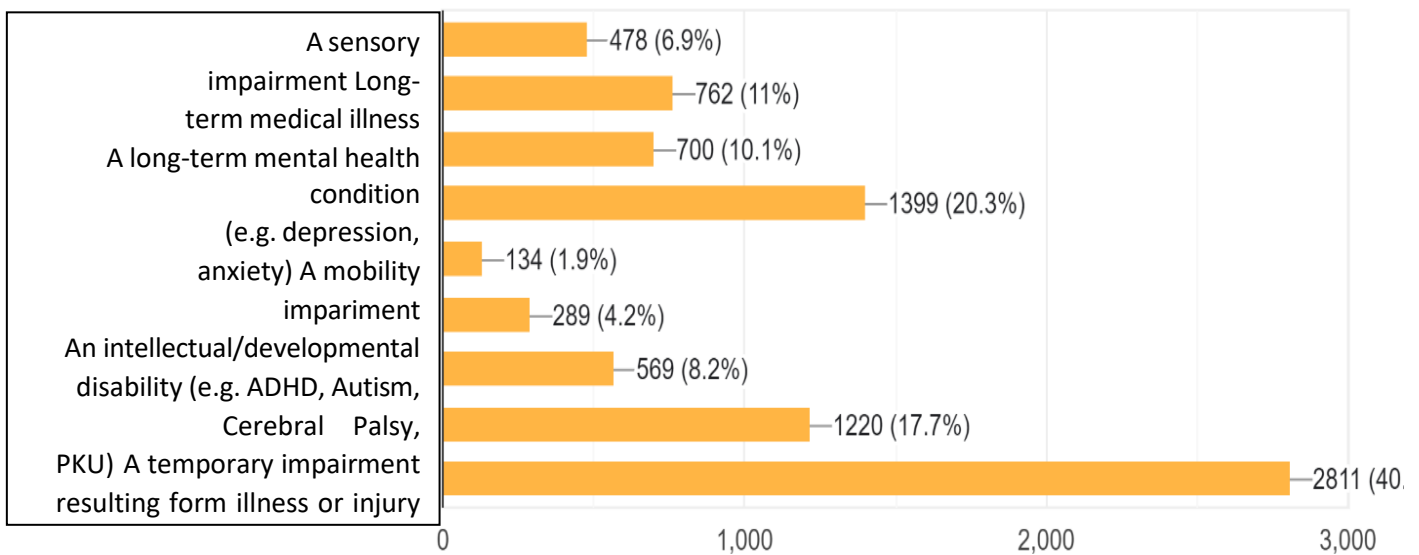


Disability Status Do you have a long-lasting or chronic condition (such as physical, visual, auditory, cognitive, emotional or other) that requires ongoing support, help or assistance to hear or speak; to learn, remember or concentrate)?

6,908 responses



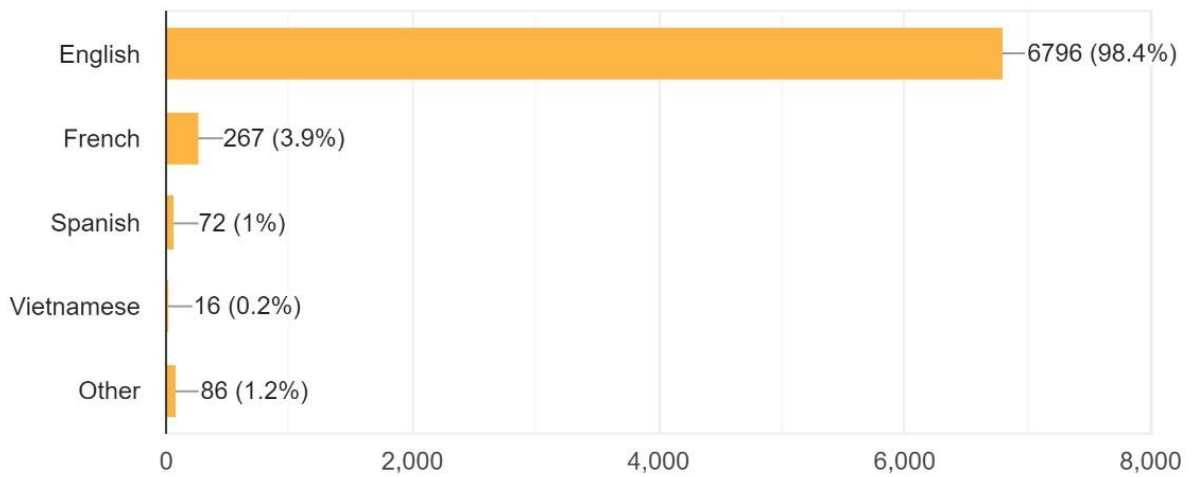
Disability Status: How do you describe your disability status?





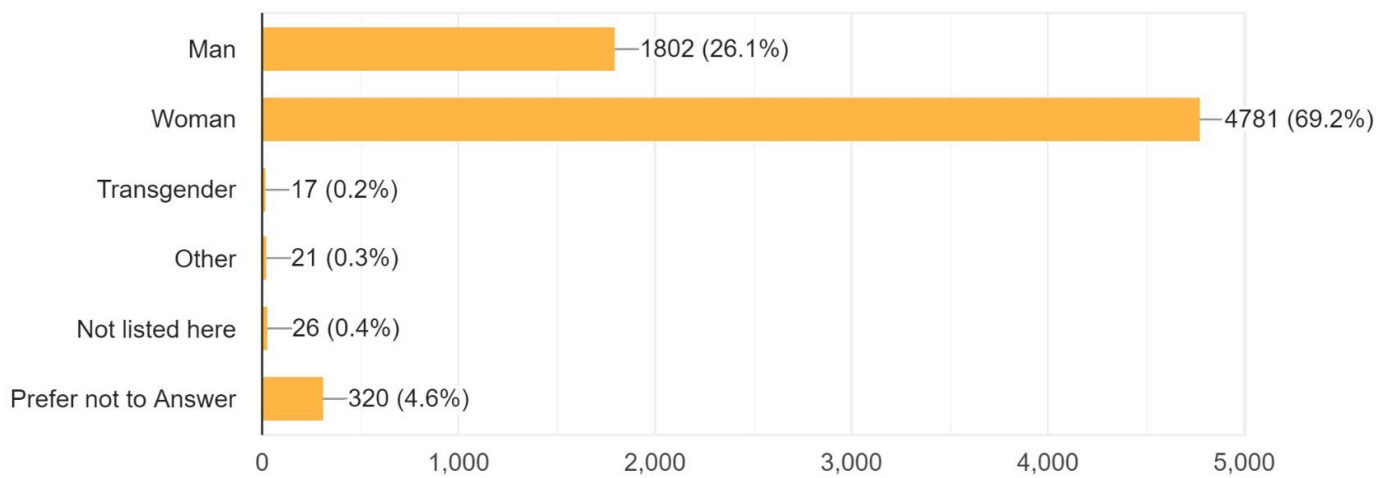
### What language do you speak at home?

6,908 responses



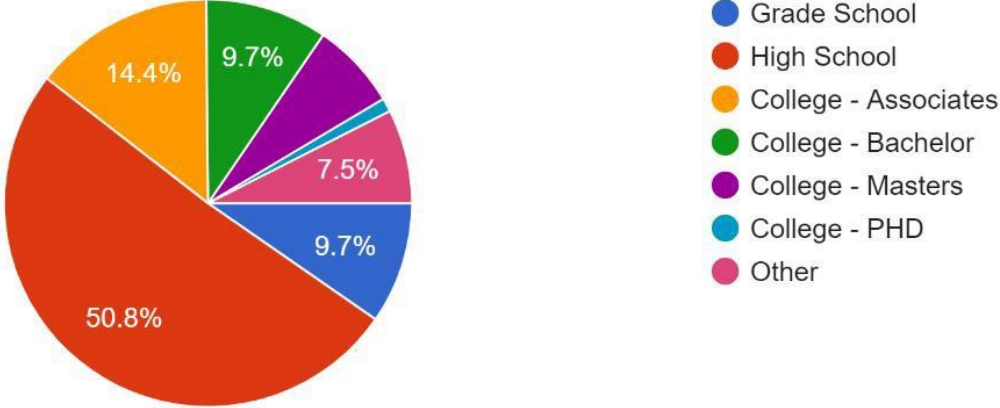
### Which of the following best describes you? Select all that apply:

6,908 responses

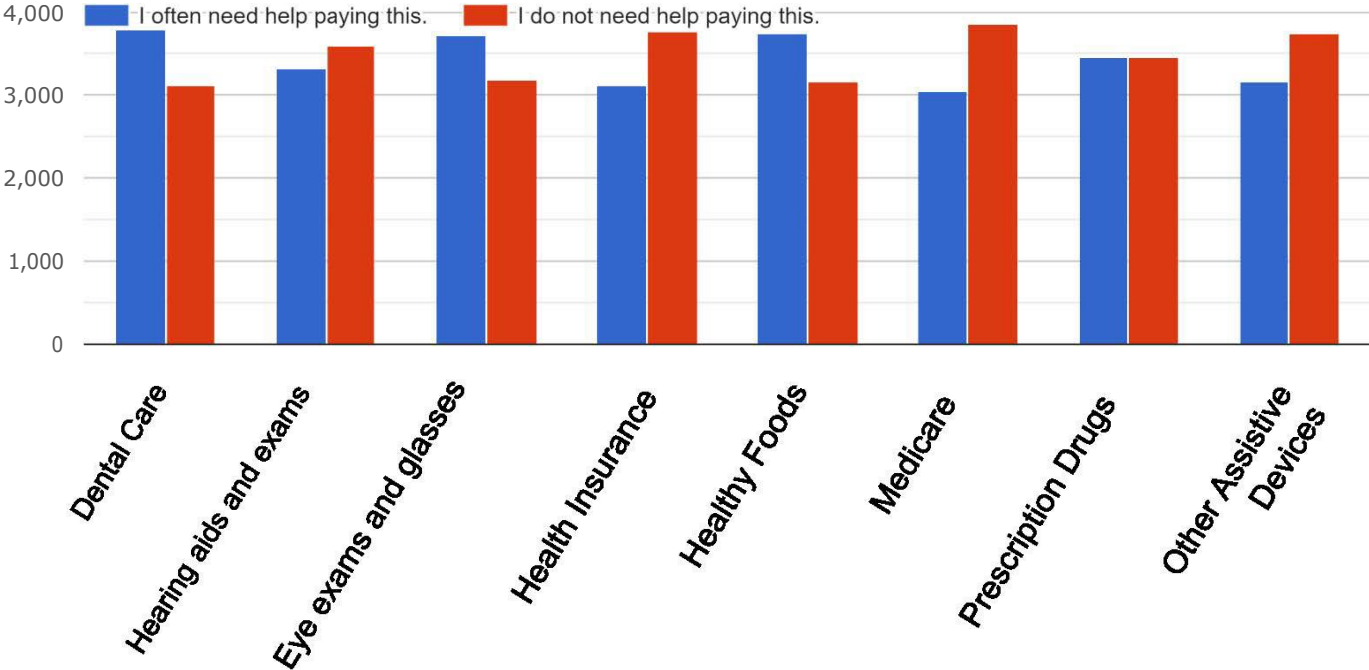


# Highest grade or college level completed?

6,908 responses

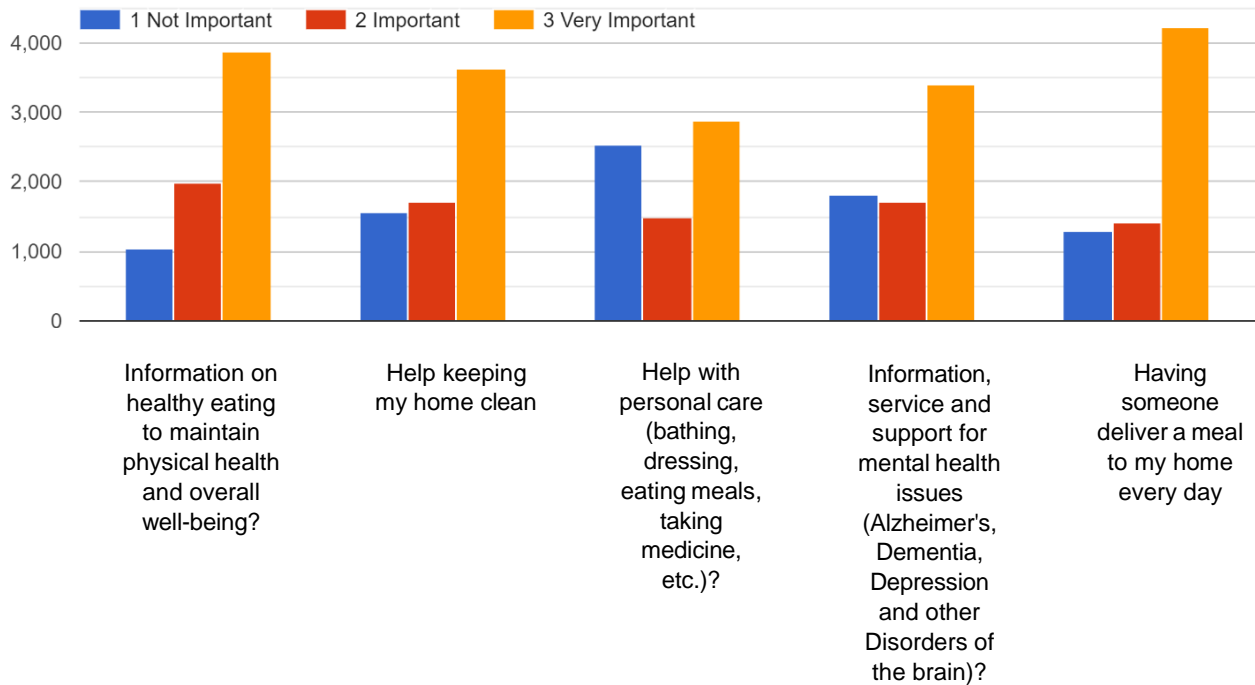


Which of the following do you experience hardships affording and would obtain financial assistance to pay, if available? Check all that apply:

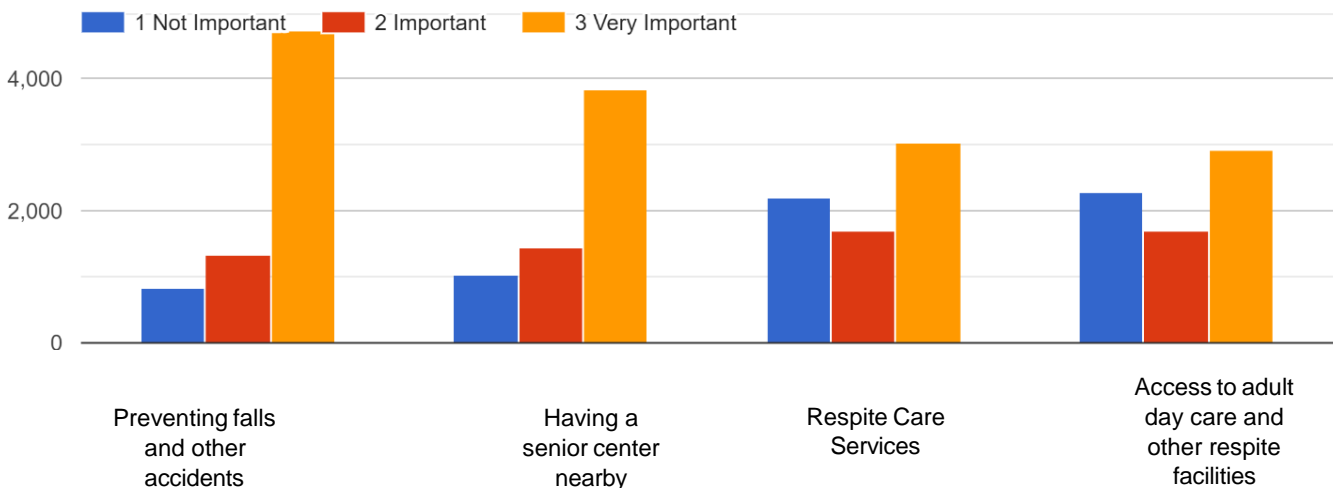


# Detailed breakdown of each question

Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important) by selecting the radio button below the number. How important is:



Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important) by selecting the radio button below the number. How important is:



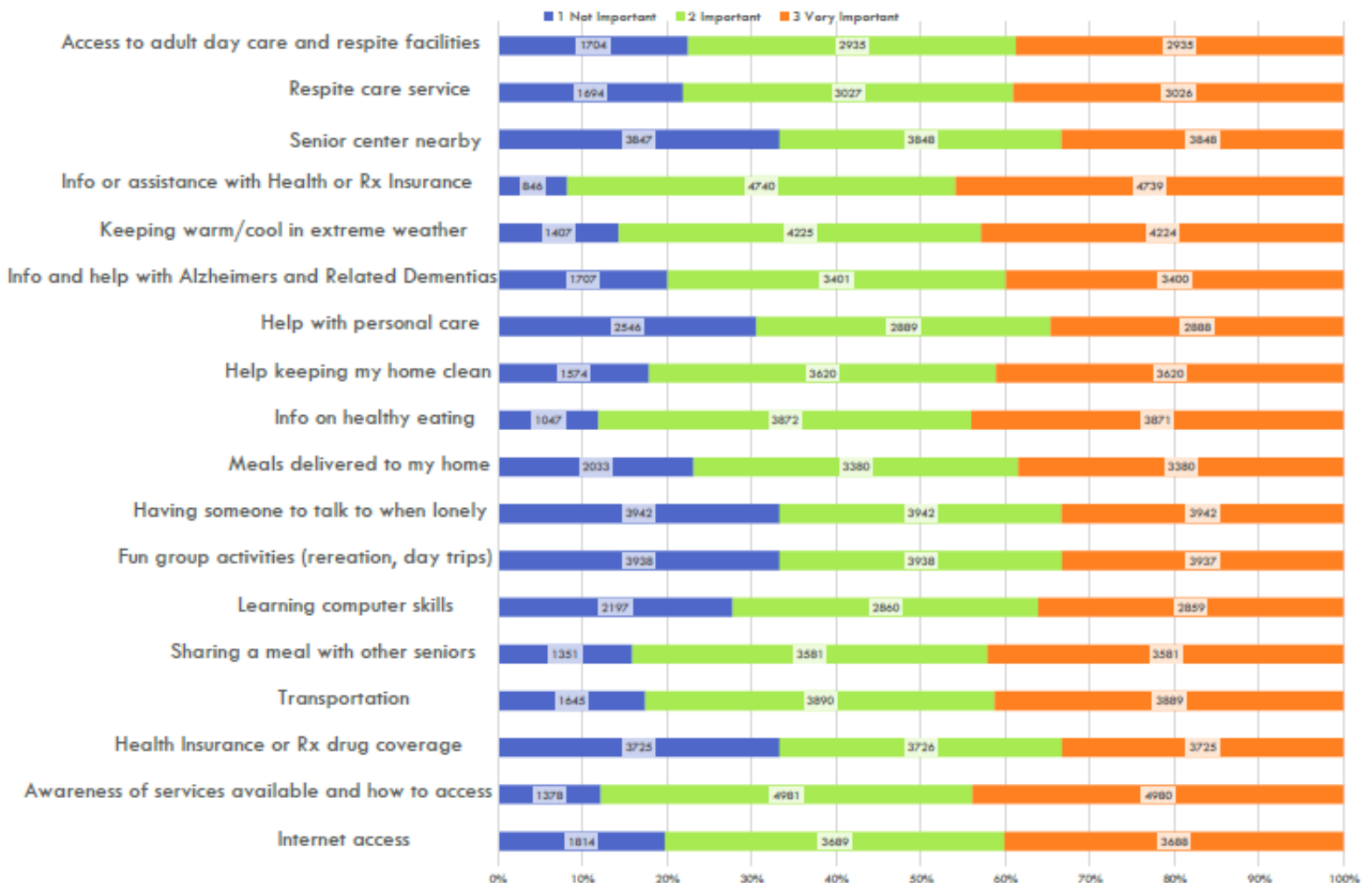
# Relative Importance of Issues Facing Seniors in Louisiana in 2023

Survey Respondents were asked to rank each of the following concerns on a Scale of:

- 1: Not Important
- 2: Important
- 3: Very Important

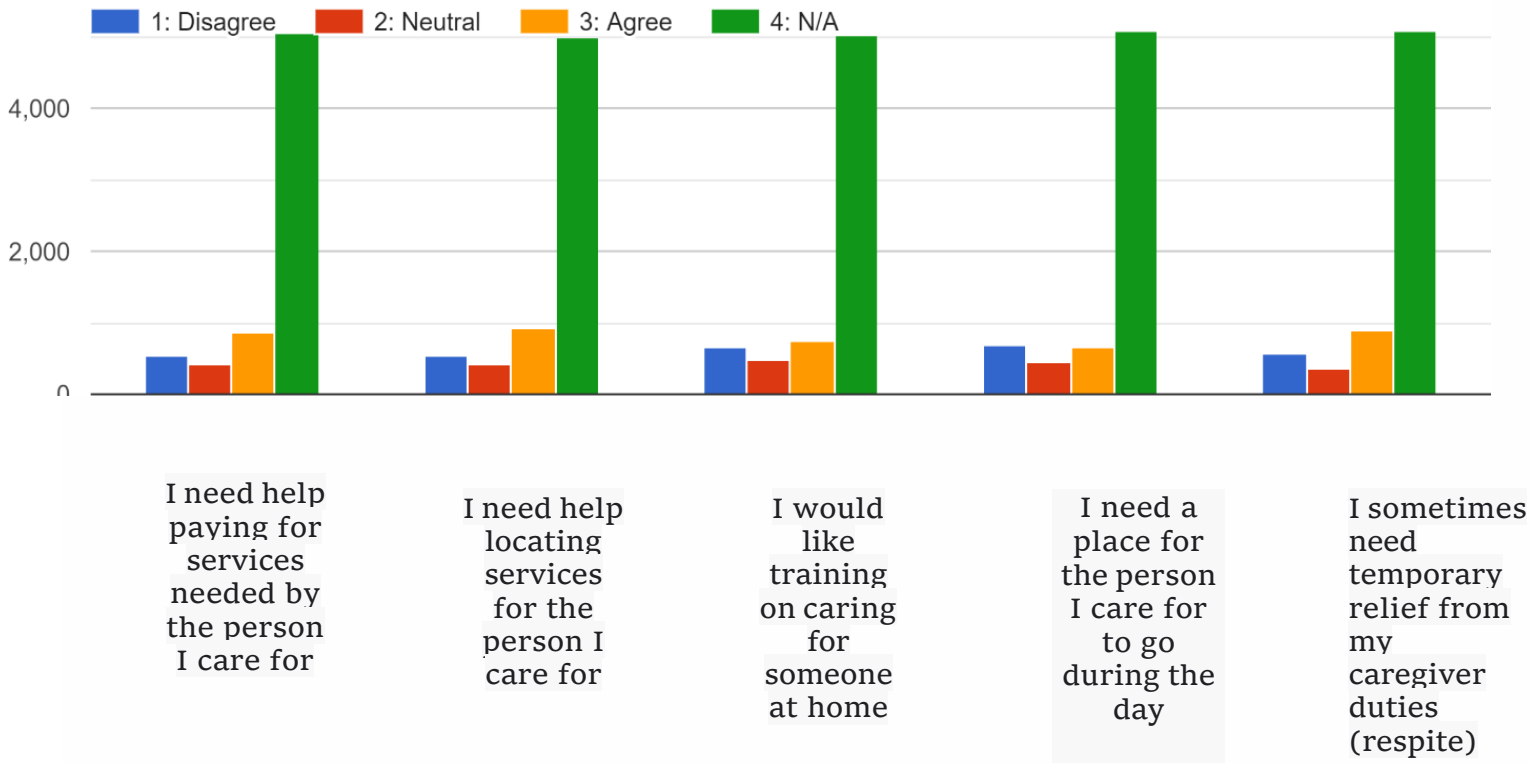
The results of these questions yielded the following results:

How important to you is:

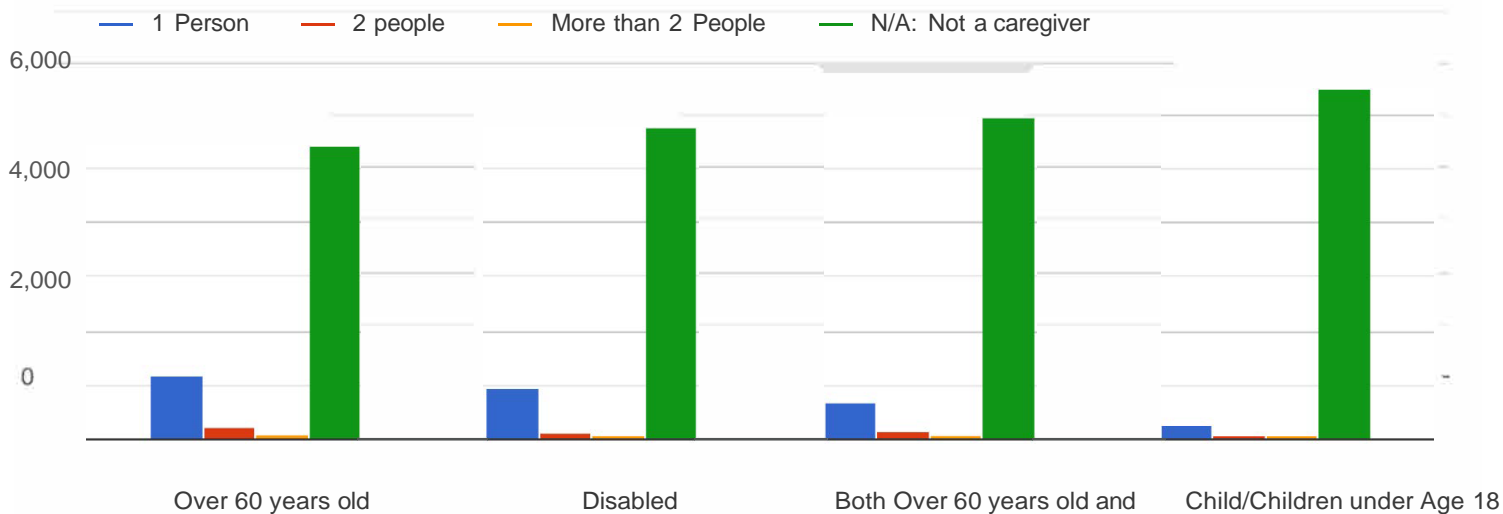


# CAREGIVING AND CAREGIVERS

If you care for an Older Adult aged 60 years or older, please tell us how much you agree with each of the following statements. Which of these statements ...: Agree 4: N/A (I do not care for an older adult).



CAREGIVERS: Of the persons you care for, how many of those are:



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