

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
AREA PLAN ON AGING APPLICATION
FOR

Association of South Central Oklahoma Governments (ASCOG)
(Planning and Service Area)

Counties Served: **Comanche, Caddo, Cotton, Grady, Jefferson, McClain,**
Stephens & Tillman Counties

UNDER
THE OLDER AMERICANS ACT
SFY 2011-2014

Applicant Agency **Association of South Central Oklahoma Governments**

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PART A

OVERVIEW OF NATIONAL AGING NETWORK

EXHIBIT 1. DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

Section. 101.

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

(1) An adequate income in retirement in accordance with the American standard of living.

(2) The best possible physical and mental health which science can make available and without regard to economic status.

(3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity—after years of contribution to the economy.

(7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.

(8) Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

(42 U.S.C. 3001)

EXHIBIT 2. REAUTHORIZATION OF THE OLDER AMERICANS ACT

As Amended In 2006 (Public Law 109-365)

The Older Americans Act Amendments of 2006 integrated the principal elements of AoA's modernization agenda into the core of the Act. The Act now authorizes all levels of the Network to actively promote the development of consumer-centered systems of long-term care and emphasizes the use of a three-pronged strategy for advancing systemic changes at the state and community level. This strategy includes: empowering individuals to make informed decisions about their care options through Aging and Disability Resource Centers; enabling older people to live healthier lives through the use of evidence-based disease and disability prevention programs, and providing more choices to individuals, especially those at high-risk of nursing home placement and spend down to Medicaid, through the use of flexible service models, including consumer directed care options. (Strategic Action Plan 2008-2012)

Title I: Declaration of Objectives; Definitions

Title II: Administration on Aging

Title III: Grants for State and Community Programs on Aging

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

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

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

Title V: Community Service Employment Program for Older Americans

Title VI: Grants for Native Americans

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

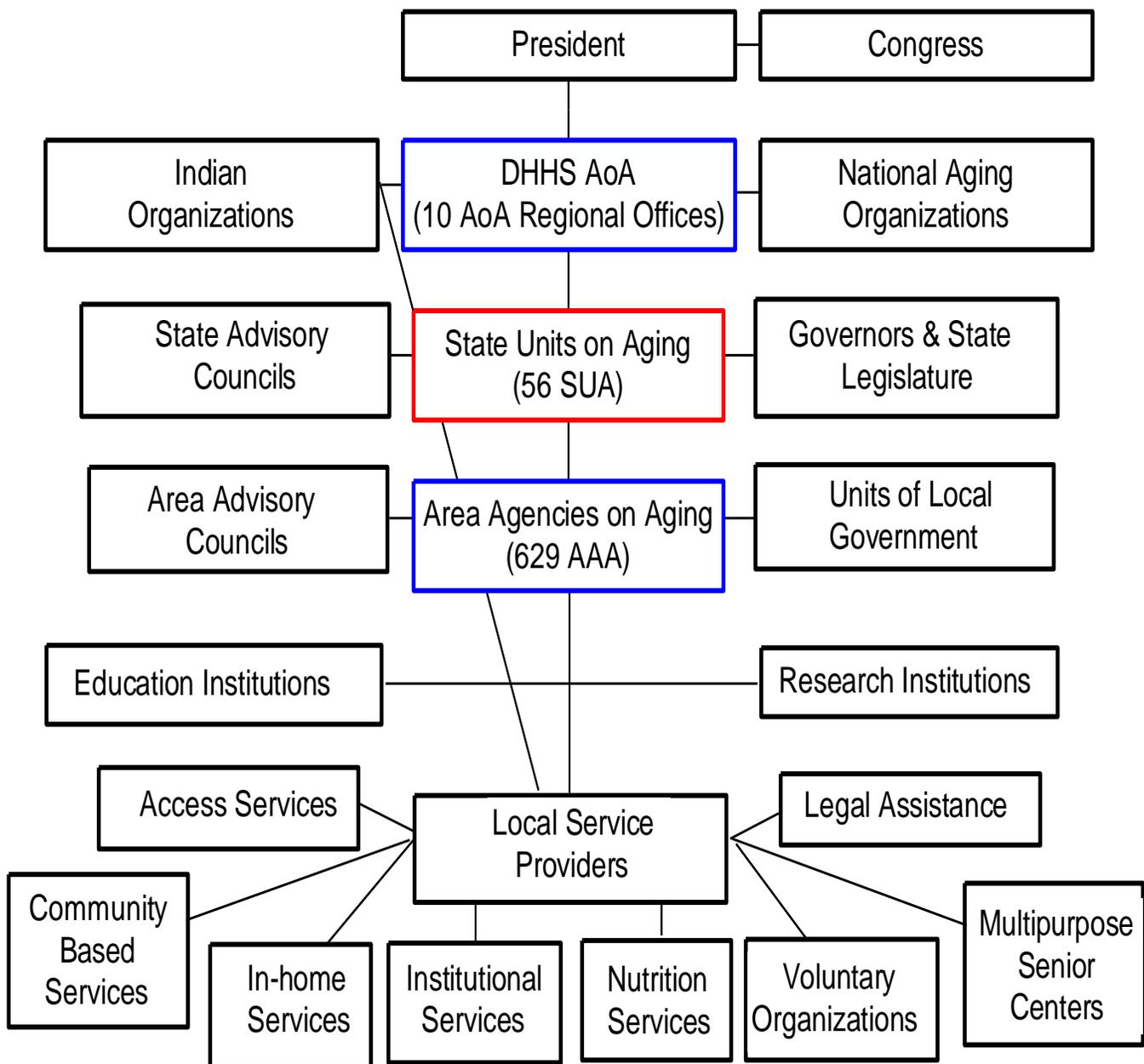
Title VII: Vulnerable Elder Rights Protection Activities

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

- Subtitle B - Native American Organization Provisions
- Subtitle C - General Provisions

EXHIBIT 3. NATIONAL AGING SERVICE NETWORK

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



PART B. OVERVIEW OF OKLAHOMA AGING NETWORK BY PSA

EXHIBIT 4. AREA AGENCIES ON AGING RESPONSIBILITIES

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

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

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

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

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

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

EXHIBIT 5. AREA AGENCY ON AGING MISSION STATEMENT

ASCOG SSD Area Agency on Aging:

Our mission is to promote independence, quality of life and community involvement through advocacy, support and education.

EXHIBIT 6. RESOURCE CAPACITY OF THE AREA AGENCY ON AGING

ASCOG staff members participate in the monthly Senior Summit in Lawton Oklahoma where senior services providers from the Comanche County area meet to network and discuss issues related to senior services. Items discussed include a twenty minute presentation by one senior organization, a round-robin discussion on the progress of each agency, and problem resolution by case-study. The meetings move from one facility to another so facility tours can be provided.

The AAA director participates with the United Way of Stephens County in publicizing fund raising efforts to support programs like the Christians Concerned (Food Bank). Recently the Personal Best gym in Duncan provided sixteen sacks of food and over \$200.00 for the food bank.

The AAA provides news, information and networking through Facebook and Twitter. From the Dibble Senior Center News to the budget cuts, senior information spreads quickly through social networking and fan pages. Recent news items included the Tylenol drug recall, information about site closings due to inclement weather, and information from the Centers for Medicare and Medicaid services regarding protecting prescription plans.

The AAA works with the Oklahoma Poison Control Center to distribute information helpful to seniors and grandparents raising grandchildren for safety and prevention.

The AAA director is a member of the Rotary Club of Duncan and has made multiple presentations at Rotary clubs in Lawton, Duncan and Walters about senior services and the need for volunteers and donations.

Presently four AAA staff members are trained as certified counselors for the State Health Insurance Counseling Program.

ASCOG is currently coordinating with Cameron University (Lawton) in developing an internship program that will focus on senior volunteer recruitment and training.

ASCOG staff participated as volunteers in the Stephens County 2009 Christmas dinner providing meals to over 1750 homebound people on Christmas day.

ASCOG staff members participate in the Fourth Tuesday Forum at the United Way in Lawton for all non-profit organizations. The agencies discuss available resources for the community.

ASCOG staff members also participate in the Alliance of Information and Referral Systems of Oklahoma which meets monthly at ASD.

AAA staff members participate regularly in quarterly Silver-Haired Legislature meetings as seniors from the ASCOG area are currently serving as the SHLAA President and the Senate President Pro Tempore.

ASCOG currently provides funding to ten different Title III contractors to provide services in the eight-county PSA. The contractors provide services including legal assistance, caregiver support, health promotion and medication management, nutrition counseling and education, senior meals, recreation, and coordination of services.

ASCOG AAA staff include the AAA Director, two Ombudsman Supervisors, an Aging Information Specialist, a Secretary and an Accountant. Traditionally, we have also had a Planner to help write grant applications and oversee the administration of the Title III contracts. Unfortunately, that position will remain vacant due to recent budget cuts and expected future reductions in available funds.

EXHIBIT 7. AREA AGENCY ON AGING ADVISORY COUNCIL

Composition of Advisory Council

Total Members Advisory Council	Total Minority	Total with Disabilities	Total Caregivers	TOTAL Age 60+	Advisory Council Members Who Are Age 60 Or Older						
					BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/Disabilities Age 60+	LOW INCOME Age 60+	Participants Age 60+
23	2	1	0	23	2	0	0	0	1	2	23

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

Name

Organizational Affiliation

Geographic Location/County

Name/Address / Phone/ Email

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Mr. Hugh D. Martin
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Ms. Billie Tollett
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Ms. Helen Thurman
311 East Colorado
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Vacant

Vacant

Vacant

Advisory Council Member

Caddo County Representative

Caddo County Representative

Caddo County Representative

Cotton County Representative

Cotton County Representative

Cotton County Representative

Grady County Representative

Grady County Representative

Jefferson County Representative

Vacant

Advisory Council Member

Jefferson County Representative

Genevia Fulton 1808 Timber Ridge Dr #1 Newcastle OK 73065	Advisory Council Member	McClain County Representative
Ms. Sharon Orstad 36558 St. Hwy 59 Wayne, OK 73095	Advisory Council Member	McClain County Representative
Mr. Hoyt Sandlin 1205 S 4 th St # 8 Duncan, OK 73533-7870 580-252-5672	Advisory Council Member	Stephens County Representative
Vacant	Advisory Council Member	Stephens County Representative
Mr. Wilbur Brown 104 E. Grand, Apt. 208 Frederick, OK 73542 580-335-2954	Advisory Council Member	Tillman County Representative
Jack Lowery 106 N 13 th Fredrick, OK 73542 580-335-5332	Advisory Council Member	Tillman County Representative
Ms. Marjorie Wolf Box 456 Cyril, OK 73029 580-464-2311 jowolf@tds.net	County Advocate	Caddo County Representative
Mr. J.D. McLemore 5378 N.W. Columbia Lawton, OK 73505 580-536-4498 rojojd@sbc.net	County Advocate	Comanche County Representative
Mr. Charles Sparks P.O. Box 128 Temple, OK 73568 580-342-6776 regular and fax tipcity1@pldi.net	County Advocate	Cotton County Representative
Ms. Loretta Jackson 322 E. Dakota Avenue Chickasha, OK 73018 405-224-5297 405-224-1935 fax	County Advocate	Grady County Representative
Mr. Carlie Southard 1400 E. Grant Ryan, OK 73565 580-757-2626	County Advocate	Jefferson County Representative
Mr. Gale Thorsen 872 County Rd 1400	County Advocate	McClain County Representative

Chickasha, OK 73018 405-224-6262		
Vacant	Silver Haired Legislature	S9-1 Jefferson, Tillman, Cotton, and Comanche Counties Representative
Vacant	County Advocate	Tillman County Representative
Ms. Rowena Scott-Johnson 22157 220 th Street Purcell, OK 73080-4403 580-527-0853 Rowena.scott-johnson@okdhs.org rojoh@oecadvantage.net	Chairman State Council on Aging Pres	Comanche County Representative
Reverend Charles Watson 1525 W. Mississippi Ave. Chickasha, OK 73018-6619 405-222-1637okparson@sbcbell.net	Silver Haired Senator	District 9-2 Grady, Caddo, McClain & Stephens Co.

Name/Address	Organizational Affiliation	Geographic Location/County
Haljean Gillispie 2912 West Walnut Duncan, Ok 73533 580-475-0354 580-656-3805 Haljean@sbcglobal.net	Silver Haired Representative	District 9-2 Jefferson & Stephens Co.
Liz Craig P.O. Box 43 Ninnekah, Ok 73067 405-224-7431 405-574-5471	Silver Haired Representative	District 9-1 Grady & McClain Counties
vacant	Silver Haired Representative	District 9-2 Cotton & Tillman Counties
Fran Boon 580-656-0016 Cissy621@yahoo.com	Silver Haired Alternate	District 9-2 Cotton & Tillman Counties
vacant	Silver Haired Alternate	District 9-4 Caddo & Comanche County
James Fullerton P.O. Box 804 Lawton, Ok 73502 580-591-3425	Silver Haired Senator	District 9-1 Comanche, Cotton, Tillman, Jefferson
Charles Watson 1525 W. Mississippi Ave Chickasha, OK 73018-6619 405-222-8195 Okparson!swbell.net	Silver Haired Senator	District 9-2 Caddo ,Grady, Mc Clain, Stephens
Ms. Bernice Priest-Willcox* P.O. Box 818 Apache, OK 73006-0818 580-588-2114 580-383-8576 cell bpriest@pdi.net	Oklahoma Alliance on Aging Rep.	Caddo County
Vacant	National Silver Haired Congress Senator	Comanche County

Mr. Luis Cantu P.O. Box 7492 Lawton, OK 73506 580-536-9418 lvcantu@sbcglobal.net	State Council on Aging	Comanche County
Ms. Jalmer “Bo” Fallon 7511 N. W. Wycliff Lane Lawton, OK 73505 580-536-7880 Jalmer.fallon@sbcglobal.net	State Council on Aging	Comanche County
Ms. Mynan Hutto** 308 SW 2 nd St Lindsay OK 73052-5404 580-252-7125 mhutto@texhoma.net	State Council on Aging Foster Grandparents Program Director	Stephens County
Ms. Sallie Walker** 756 N. W. 16 th Street Lawton, OK 73507 580-353-2057	Center for Creative Living	Comanche County

*** Chairman

**Ex-Officio (non-voting)

*Oklahoma Alliance on Aging

Purpose: The advisory Council carries our advisory functions which further carries out ASCOG’s mission of developing and coordinating community-based systems of services for all senior citizens within Caddo, Comanche Cotton, Grady, Jefferson, McClain, Stephens and Tillman Counties.

The ASCOG AAA is served by an advisory council. The membership of the council includes all members of the South Central Oklahoma Caucus of the Silver Haired Legislature and the alternates, the ASCOG AAA representative to the state council on aging, and three other members from each county as selected by mayoral, county commissioner representatives and members at large. The advisory council is responsible for advising the ASCOG AAA in developing and administering the area plan, conducting public hearings, representing the interests of older persons, and reviewing and commenting on all community policies, programs, and actions which affect older persons to ensure the maximum coordination of services to older Oklahomans in the ASCOG PSA.

EXHIBIT 7-A. ADVISORY COUNCIL MEETING DATES

List Advisory Council Meeting Dates Scheduled in SFY 2011.

March 18, 2010 at 10AM

June 17, 2010 at 10AM

September 16, 2010 at 10AM

December 16, 2010 at 10AM

List Training Dates Scheduled for Advisory Council in SFY 2011.
(New Member and Annual)

Annual training - September 16, 2010 at 10AM

New Member training provided as needed via telephonic meeting.

EXHIBIT 8. AREA AGENCY ON AGING BOARD OF DIRECTORS

Composition of the Board of Directors

Total Members Board Of Directors	Total Minority	Total with Disabilities	TOTAL Age 60+	Board Members Who Are Age 60 Or Older						Participants Age 60+
				BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/DISABILITIES Age 60+	LOW INCOME Age 60+	
38	4	0	18	3	1	0	0	0	0	1

<u>Name</u>	<u>Organizational Affiliation</u>	<u>Geographic Location/County</u>
-------------	-----------------------------------	-----------------------------------

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Representative Comanche

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Conservation Director Cotton

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County Commissioner Grady

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Mayoral Representative Grady

Gene Overton

Conservation Director Grady

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Citizen-at-Larger

Grady

Name/Address	Organizational Affiliation	Geograph
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J.C. Awtrey* P.O. Box 418 Ringling, OK 73456 580.662.2218	Citizen-at-Large	Jefferson
Charles Foster * P.O.Box 629 Purcell, Ok 73080 405.485.2109	County Commissioner	Mc Clain
Marion "Bo" Cail P.O. Box 263 Byars, OK 74831 405.650.4469	Mayoral Representative	Mc Clain
Gaylon Gray 1222 Cambridge Circle Purcell, OK 73080 405.642.3513	Conservation Director	Mc Clain
Ronnie Eisenhower P.O. Box 642 Blanchard, Ok 73010 405.517.6329	Citizen-at-Large	Mc Clain
Darrell Sparks RR 3, Box 351	County Commissioner	Stephens

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Mayor of Lawton

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Minority Representative Mc Clain/ Stephens

Name/Address	Organizational Affiliation	Geograph
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Mary Pewo Group P.O. Box 885 Lawton, OK 73502 580.695.3354 kcailuc@sbcglobal.net	Tribal Representative	KCA Tribal

* Member of Executive Committee

The role of the ASCOG Board of Directors is to review and approve the Area Plan, Management Plan and RFP decisions and to guide the AAA director and staff in the administration and management of Title III programs.

EXHIBIT 8-A. AAA BOARD OF DIRECTORS MEETING DATES

List Board of Directors Meeting Dates Scheduled in SFY 2011.

March 18, 2010 at 6:30PM

June 17, 2010 at 6:30PM

September 16, 2010 at 6:30PM

December 16, 2010 at 6:30PM

EXHIBIT 9. AAA SFY 2009 ACCOMPLISHMENTS

Provide narrative.

The AAA provided 44 I&A presentations and over 130 interventions to seniors in need.

The legal aid project provided over 580 hours of legal service to over 190 participants as well as 25 presentations to senior groups.

The Center for creative living provided over 41,000 units of activities for seniors involved in education, health promotion, and other activities.

The three nutrition projects provided over 263 units of chore services, over 125,000 home delivered meals, over 284,000 congregate meals, over 100 units of nutrition counseling, over 30,000 units of transportation, 285 nutrition education presentations, 1,200 units of outreach, and over 19,000 activities in health promotion.

The four Independent Senior Centers in Tuttle, Minco, Tipton and Grandfield provided over 60,000 meals to seniors in areas that do not have nutrition sites.

The caregiver program provided over 400 units of respite care.

EXHIBIT 10. VOLUNTEER PROGRAM NARRATIVE

In 2009 the AAA primarily used volunteers to help with the AAA Advisory Council duties and to serve in the Oklahoma Silver-Haired Legislature.

In 2010 the AAA began a project of working more closely with the officers of the AAA Advisory Council as advocacy volunteers. All advocacy emails are forwarded to the officers of the AAAAC. Both are very active in attending advocacy events and in representing ASCOG AAA at the state level.

In 2011 the AAA plans to greatly expand the volunteer basis for older Oklahomans in the ASCOG planning and service area. Currently planned is the introduction of a new internship program through Cameron University to assist with volunteer recruitment and training, the introduction of a new volunteer coordinator for the ASCOG PSA, and the widespread use of volunteers to assist in duties traditionally performed by paid staff for positions that are no longer available due to lack of funding.

Volunteers are currently used by the Title III sub-grantees in preparing and serving meals, delivery of meals, some site coordination, outreach, checking on frail homebound, emergency management and care giving.

Ombudsman Supervisors are responsible for recruiting and training Ombudsman volunteers who are trained by the Ombudsman Supervisors and certified by the State Ombudsman. Ombudsman volunteers have training offered at least monthly, in-person or by telephone. Ombudsman Supervisors plan an annual volunteer appreciation luncheon to recognize the hard work of the Ombudsman volunteers. The Volunteer of the Year is also recognized at the annual ASCOG banquet.

VOLUNTEER RECRUITMENT

VOLUNTEER RECRUITMENT PLAN

- First Project Directors must identify where the volunteers are going to be needed and what will they be needed for.
Project directors need to do this by having a discussion with all site managers, site councils, project council and Outreach Workers.
- Second all Project Directors need to have a meeting (can be teleconference) with AAA director and or I and A/ Planner to hear the information and feedback that the directors have collected.
- Third begin the recruiting to all project staff and current volunteers!!

RECRUITMENT PLAN:

- Start by giving current volunteers a survey to get personal, emotional feedback.
 - Ask questions like.....

- 1. When did you begin volunteering?
- 2. What made you want to become a volunteer?
- 3. Why do you continue to volunteer?
- 4. What do you love the most about volunteering?
- 5. Why should others volunteer?
- 6. How did you hear about our program?
- With the results from the current volunteers the P.R plan can then begin
- The strongest volunteer from a Nutrition Project, Respite Program, Senior Center, CCL and Legal Aid need to be the faces of the campaign. What better way to recruit a volunteer than hear positive words from a current volunteer.
- These volunteers, along with the AAA staff need to be the faces and voices of
 -
 - Their local radio station PSA's
 - Channel 7 PSA spot about being a volunteer
 - Channel 7 feature story about a volunteer
 - Pitch a feature story about a local volunteer to the local newspaper.
 - Example: a volunteer at the Elgin Nutrition Center needs to be published at the Elgin newspaper the Comanche County Chronicle.
- All news spots, stories, and articles need to emphasize the emotional quotes and aspects that were collected from the surveys. With all of these media outlets "volunteers needed" needs to be mentioned to tie with the personal stories.
- AAA staff can also discuss with congregate participants and other volunteers to encourage more people to volunteer whether it's someone in the center or their caregiver.
- All project directors and site managers must attend training or the power point can be sent to them by via-e-mail on how to properly train their volunteers and how to enhance the retention of older volunteers.
- Before June 30th of that fiscal year arrives. PR plan must be measured by a survey to volunteers about how and the total number of volunteers before and after plan.

PROJECT DIRECTORS AND STAFF VOLUNTEER TRAINING POINTERS:

Information gathered from RSVP of Central Oklahoma.

1. Decide what the older volunteer must be taught in order to do the job efficiently, safely, economically and intelligently.
2. Have the right tools, materials, equipment and supplies ready.
3. Have the "workplace" properly arranged, just as the volunteer will be expected to keep it.

Instruct the volunteers to use the four basic steps:

Step 1:

*Put the volunteer at ease

*Find out what he or she already knows about the task

*Get him or her interested and desirous of learning/enhancing a new skill

Step 2:

*Show, tell, illustrate and question in order to present the new information

*Instruct slowly, clearly, completely and patiently, one point at a time

*Check, question and repeat

* Make sure the volunteer really knows the task

Step 3:

*Observe performance, correct errors and repeat instructions if necessary

Step 4:

*Put the volunteer on hi/her own or if can use the buddy system

*Check frequently to be sure the volunteer follows instructions

Enhance the Retention:

*On-going informal training is recommended

* Needs to know what is expected of him/her (position description)

*We all like to be thanked-recognize volunteers regularly-a simple “thanks, you were a great help today”, birthday card, an award, an opportunity to move into a new volunteer position, etc.

Successful volunteer program:

*Make sure staff members have been oriented/trained on how to work with volunteers before a volunteer is placed with staff member

* Encourage staff members to become recruiters

PART C. IDENTIFIED NEEDS OF PLANNING AND SERVICE AREA (PSA)

EXHIBIT 11. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county Caddo County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			1102	80%
Total County pop.	29024	100.00	3.80	3.04
Total County pop. 60+	5705	19.66	9.89	7.91
Female 60+	3270	11.27	11.22	8.98
Male 60+	2435	8.39	8.09	6.47
African-American 60+	146	0.50	14.38	11.50
American Indian 60+	813	2.80	3.81	3.05
Asian 60+	11	0.0003	9.09	7.27
Hispanic/ Latino 60+	154	0.53	3.25	2.60
Poverty (low income) 60+	912	3.14	13.71	10.97
Poverty (low income) minority 60+	125	.43	12.80	10.24
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	5705	19.66	8.57	6.86
Individuals with Alzheimer's Disease and related disorders 60+	580	2	N/A	N/A
Individuals living alone 60+	1604	5.53	12.41	9.93
GGRC 60+	841	2.90	.36	.29
Individuals with severe disabilities 60+	2411	8.31	2.36	1.89
Veterans 60+	2308	7.95	3.80	3.04
Individuals at risk for institutional placement 60+	2119	7.30	3.96	3.17
Type of population	#	%	Estimated	Estimated

by county Comanche County	County (from most current data)	County population (from most current data)	% Minority population served in SFY 2009	% population to be served in SFY 2010
			3211	80%
Total County pop.	111,772	100.00	2.87	2.30
Total County pop. 60+	17,220	15.41	12.77	10.22
Female 60+	9,694	8.67	15.56	12.45
Male 60+	7,526	6.73	9.18	7.34
African-American 60+	1,730	1.55	14.51	11.61
American Indian 60+	733	0.66	7.64	6.11
Asian 60+	529	0.47	4.73	3.78
Hispanic/ Latino 60+	713	0.64	4.49	3.59
Poverty (low income) 60+	1512	1.35	11.84	9.47
Poverty (low income) minority 60+	179	.16	30.17	24.14
Limited English proficiency 60+	300	.27	0	0
Individuals residing in rural isolated 60+	0	0	0	0
Individuals with Alzheimer's Disease and related disorders 60+	2235	2	N/A	N/A
Individuals living alone 60+	3880	3.47	9.74	7.79
GGRC 60+	1305	1.17	1.84	1.47
Individuals with severe disabilities 60+	6000	5.37	1.67	1.34
Veterans 60+	8520	7.62	2.87	2.30
Individuals at risk for institutional placement 60+	1688	1.51	10.25	8.20

Type of population by county Cotton County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			144	80%
Total County pop.	6,191	100.00	2.33	1.86
Total County pop. 60+	1,316	21.26	15.50	12.4
Female 60+	750	12.11	17.60	14.08
Male 60+	566	9.14	9.60	7.68
African-American 60+	27	0.44	14.81	11.85
American Indian 60+	96	1.55	6.25	5.00
Asian 60+	2	0.0003	0	0
Hispanic/ Latino 60+	40	0.65	2.5	2.00
Poverty (low income) 60+	232	3.75	16.81	13.45
Poverty (low income) minority 60+	39	.63	7.69	6.15
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	1316	21.26	12.84	10.27
Individuals with Alzheimer's Disease and related disorders 60+	124	2	N/A	N/A
Individuals living alone 60+	430	6.95	17.91	14.33
GGRC 60+	113	1.83	1.77	1.41
Individuals with severe disabilities 60+	655	10.58	6.87	5.50
Veterans 60+	579	9.35	2.33	1.86
Individuals at risk for institutional placement 60+	121	1.95	46.28	37.02

Type of population by county Grady County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			708	80%
Total County pop.	51,066	100.00	1.39	1.11
Total County pop. 60+	8,933	17.49	7.03	5.62
Female 60+	4,935	9.66	7.98	6.38
Male 60+	3,998	7.83	5.85	4.68
African-American 60+	202	0.40	6.44	5.15
American Indian 60+	276	0.54	6.52	5.22
Asian 60+	22	0.0004	0	0
Hispanic/ Latino 60+	101	0.20	1.98	1.58
Poverty (low income) 60+	1080	2.11	6.67	5.34
Poverty (low income) minority 60+	72	.14	5.56	4.45
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	8933	17.49	5.98	4.78
Individuals with Alzheimer's Disease and related disorders 60+	1021	2	N/A	N/A
Individuals living alone 60+	2161	4.23	6.34	5.07
GGRC 60+	997	1.95	0	0
Individuals with severe disabilities 60+	3160	6.19	.51	.41
Veterans 60+	3437	6.73	1.39	1.11
Individuals at risk for institutional placement 60+	822	1.61	3.04	2.43

Type of population by county Jefferson County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			130	80%
Total County pop.	6,219	100.00	2.09	1.67
Total County pop. 60+	1,534	24.67	15.78	12.62
Female 60+	874	14.05	17.96	14.37
Male 60+	660	10.61	12.88	10.30
African-American 60+	9	0.14	33.33	26.67
American Indian 60+	72	1.15	19.44	15.55
Asian 60+	5	0.0008	0	0
Hispanic/ Latino 60+	59	0.95	60	48
Poverty (low income) 60+	264	4.25	28.79	23.03
Poverty (low income) minority 60+	76	1.17	11.84	9.47
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	1534	24.67	14.80	11.84
Individuals with Alzheimer's Disease and related disorders 60+	124	2	N/A	N/A
Individuals living alone 60+	475	7.64	24.21	193.68
GGRC 60+	55	.88	0	0
Individuals with severe disabilities 60+	848	13.64	4.48	3.58
Veterans 60+	717	11.53	2.09	1.67
Individuals at risk for institutional placement 60+	141	2.27	46.10	36.88

Type of population by county McClain County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			473	80%
Total County pop.	32,365	100.00	1.46	1.17
Total County pop. 60+	6,060	18.72	8.28	6.62
Female 60+	3,229	9.98	9.79	7.83
Male 60+	2,831	8.75	6.57	5.26
African-American 60+	31	9.58	9.68	7.74
American Indian 60+	226	0.70	7.52	6.02
Asian 60+	12	0.0003	0	0
Hispanic/ Latino 60+	90	0.28	3.33	2.66
Poverty (low income) 60+	377	1.16	18.57	14.86
Poverty (low income) minority 60+	70	.22	8.57	6.86
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	0	0	0	0
Individuals with Alzheimer's Disease and related disorders 60+	647	2	N/A	N/A
Individuals living alone 60+	1024	3.16	18.85	15.08
GGRC 60+	270	.83	0	0
Individuals with severe disabilities 60+	1774	5.48	2.71	2.17
Veterans 60+	2275	6.97	1.46	1.17
Individuals at risk for institutional placement 60+	703	2.17	9.25	7.4

Type of population by county Stephens County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			705	80%
Total County pop.	43,498	100.00	1.62	1.30
Total County pop. 60+	9,945	22.86	6.85	5.48
Female 60+	5,562	12.79	7.59	6.07
Male 60+	4,383	10.08	5.90	4.72
African-American 60+	142	0.33	17.61	14.08
American Indian 60+	339	0.78	2.95	2.36
Asian 60+	24	0.0005	0	0
Hispanic/ Latino 60+	147	0.34	1.36	1.09
Poverty (low income) 60+	1151	2.65	11.12	8.90
Poverty (low income) minority 60+	128	.29	10.94	8.75
Limited English proficiency 60+	0	0	0	0
Individuals residing in rural isolated 60+	9945	22.86	4.23	3.38
Individuals with Alzheimer's Disease and related disorders 60+	870	2	N/A	N/A
Individuals living alone 60+	2630	6.05	8.97	7.18
GGRC 60+	645	1.48	.16	.13
Individuals with severe disabilities 60+	4014	9.23	1.07	.86
Veterans 60+	4404	3.66	1.62	1.30
Individuals at risk for institutional placement 60+	1581	3.63	4.81	3.85

Type of population by county Tillman County	# County (from most current data)	% County population (from most current data)	Estimated % Minority population served in SFY 2009	Estimated % population to be served in SFY 2010
			226	80%
Total County pop.	7,899	100.00	2.86	2.29
Total County pop. 60+	1,906	24.13	21.67	17.34
Female 60+	1,106	14.00	23.51	18.81
Male 60+	800	10.13	19.12	15.30
African-American 60+	139	1.76	28.78	23.02
American Indian 60+	54	0.68	14.81	11.85
Asian 60+	7	0.0009	0	0
Hispanic/ Latino 60+	205	2.56	9.27	7.42
Poverty (low income) 60+	361	4.57	9.41	7.53
Poverty (low income) minority 60+	34	.43	26.47	21.18
Limited English proficiency 60+	72	9.12	1.39	1.11
Individuals residing in rural isolated 60+	1906	24.13	19.78	15.82
Individuals with Alzheimer's Disease and related disorders 60+	158	2	N/A	N/A
Individuals living alone 60+	716	9.06	14.53	11.62
GGRC 60+	196	2.48	.51	.41
Individuals with severe disabilities 60+	1092	13.82	.92	.74
Veterans 60+	708	8.96	2.86	2.29
Individuals at risk for institutional placement 60+	175	2.22	12.00	9.6

Type of Demographics	Resource
Total County pop.	2008 County-Level Population Estimates
Total County pop. 60+	2008 County-Level Population Estimates
Female 60+	2008 County-Level Population Estimates
Male 60+	2008 County-Level Population Estimates
African-American 60+	Census 2000
American Indian 60+	Census 2000
Asian 60+	Census 2000
Hispanic/ Latino 60+	Census 2000
Poverty (low income) 60+	Census 2000
Poverty (low income) minority 60+	Estimated
Limited English proficiency 60+ (65+)	Census 2000
Individuals residing in rural isolated 60+	Census 2000
Individuals with Alzheimer's Disease and related disorders 60+	Ruth Drew, Alzheimer's Association Oklahoma & Arkansas Chapter, estimate for all of Oklahoma at 74,000 or 2%. Estimated
Individuals living alone 60+	Social Characteristics in the US, 2005-2007, American Community Survey
GGRC 60+	Census 2000
Individuals with severe disabilities 60+ (65+)	Census 2000
Veterans 60+ (65+)	Estimated from Census 2000
Individuals at risk for institutional placement 60+ (65+)	Center for Personal Assistance Services (PAS) www.pascenter.org . Estimated
Minority Population 2009	AIM reports
Minority Population 2010	80% of 2009 estimated

EXHIBIT 11-A. TARGET POPULATIONS

1. In SFY 2009, the amount of Title III B (federal) funds expended (306)(a)(2) were:

Access (306)(a)(2)(A): \$174,311.41

In-home (306)(a)(2)(B): \$5299.56

Legal (306)(a)(2)(C): \$17,874.32

*The figures above are federal amounts. These numbers are from the S-56 report which is based off of the 2009 federal fiscal year.

2. For each target group listed below please identify those Title III services determined to be the greatest area of need for that population for SFY 2011. The information can be based on feedback from public hearings, results of I&A calls, identified gaps in services, etc... OAA 306(a)(4)(A)(iii)(II)

Population	Service(s) Needed
African-American 60+	Nutrition, caregiver support, transportation
American Indian 60+	Nutrition, caregiver support.
Asian 60+	Nutrition, caregiver support.
Hispanic/ Latino 60+	Nutrition, caregiver support, transportation
Poverty (low income) 60+	Nutrition, caregiver support.
Poverty (low income) minority 60+	Nutrition, caregiver support, transportation
Limited English proficiency 60+	Nutrition, caregiver support, transportation
Individuals residing in rural isolated 60+	Nutrition, recreation, caregiver support.
Individuals with Alzheimer's Disease and related disorders 60+	Nutrition, caregiver support, health promotion.
Individuals living alone 60+	Nutrition, caregiver support, health promotion.
GGRC 60+	Nutrition, caregiver support, health promotion.
Individuals with severe disabilities 60+	Nutrition, caregiver support, health promotion.
Veterans 60+	Nutrition, caregiver support, health promotion.
Individuals at risk for institutional placement 60+	Nutrition, caregiver support, health promotion.

EXHIBIT 11-B. OUTREACH METHODS SFY 2011

Outreach Methods in PSA

Describe specific outreach (OR) methods to be used in SFY2011 instituted by the AAA and service providers to ensure the identified services in Exhibit 11-A will be delivered to each target group.

Population	OR Methods Used
Frail adults	Presentations, promotional material, face-to-face contact after referral, canvassing
Vulnerable adults	Presentations, promotional materials, press releases, face-to-face contact after referral, canvassing
African-American 60+	Presentations, promotional materials, press releases
American Indian 60+	Presentations, promotional materials, press releases
Asian 60+	Presentations, promotional materials, press releases
Hispanic/ Latino 60+	Presentations, promotional materials, press releases
Poverty (low income) 60+	Presentations, promotional materials, press releases, canvassing, face-to-face contact after referral
Poverty (low income) minority 60+	Presentations, promotional materials, press releases, canvassing, face-to-face contact after referral
Limited English proficiency 60+	Presentations, canvassing
Individuals residing in rural isolated areas 60+	Presentations, promotional materials, press releases, canvassing
Individuals with Alzheimer's Disease and related disorders 60+	Presentations, promotional materials, press releases, canvassing, face-to-face contact after referral (for caregivers)
Individuals living alone 60+	Presentations, promotional materials, press releases
GGRC 60+	Presentations, promotional materials, press releases, canvassing
Individuals with severe disabilities 60+	Presentations, promotional materials, press releases, canvassing, face-to-face contact after referral
Veterans 60+	Presentations, promotional materials, press

	releases, canvassing, face-to-face contact after referral
Individuals at risk for institutional placement 60+	Presentations, promotional materials, press releases, canvassing, face-to-face contact after referral

Frail adults – Presentations will be given to doctors offices, church leaders, and hospital staff and promotional materials will be distributed in these locations; face-to-face contact after referral; canvassing.

Vulnerable adults – Presentations will be given to DHS workers and promotional material will be distributed at DHS county offices; face-to-face contact after referral; canvassing; press releases

African American 60+ - Presentations will be given to church leaders and civic groups and promotional materials will be distributed to these organizations; press releases

American Indian 60+ - Presentations will be given to tribal social workers and promotional materials will be distributed to tribal offices; press releases will be sent to tribal newspapers

Asian 60+ - Presentations will be given to church leaders and civic groups and promotional materials will be distributed to these organizations; press releases

Hispanic/Latinos 60+ - Presentations will be given to church leaders and civic groups and promotional materials will be distributed to these organizations; press releases will be sent to publications targeting the Hispanic population.

Poverty/low income 60+ - Presentations will be given to DHS workers, food banks, community health centers, homeless shelters, churches, the Salvation Army, the YMCA, the United Way, and any other resource groups and promotional materials will be distributed to these organizations; press releases; canvassing; face-to-face follow up after referral.

Limited English proficiency 60+ - Presentations will be given to minority church leaders; canvassing.

Individuals residing in rural/isolated areas 60+ - Presentations will be given to local churches and community leaders and promotional materials will be distributed to frequently-visited businesses across the rural area (gas stations, food markets, hairdressers, restaurants, etc.); press releases to rural newspapers; canvassing.

Individuals with Alzheimer's disease and related disorders – Presentations will be given to doctors offices, clinics, community groups, support groups and caregivers and promotional materials will be distributed to these organizations; press releases; canvassing; face-to-face contact after referral (for caregivers).

Individuals living alone 60+ - Presentations will be given to church and community leaders; promotional materials will be distributed to frequently-visited locations; press releases.

GRGC 60+ - Presentations will be given to support groups, schools and PTA groups and materials will be distributed; press releases; canvassing.

Individuals with severe disabilities 60+ - Presentations will be given to adult day care center staff, doctors offices, VA nursing center staff, VA outpatient clinic staff and civic groups that target these individuals; promotional materials will be distributed to these organizations; press releases; canvassing; face-to-face contact after referral.

Veterans 60+ - Presentations will be given to VA nursing center staff, VA outpatient clinic staff and veteran groups and promotional materials will be distributed to these organizations; press releases; canvassing; face-to-face contact after referral.

Individuals at risk for institutional placement – Presentations will be given to doctors offices, churches and civic groups and promotional materials will be distributed; press releases; canvassing; face-to-face contact after referral.

EXHIBIT 11-C. OUTREACH METHODS SFY 2009

Describe specific outreach (OR) methods used in SFY2009 instituted by the AAA and service providers to ensure identified services would be delivered to each target group and assess their effectiveness.

Population	OR Methods Used	Assess Effectiveness of OR Methods
Frail adults	Presentations, contact after referral, canvassing	
Vulnerable adults	Presentations, contact after referral, canvassing	See narrative below
African-American 60+	Presentations, contact after referral, canvassing	
American Indian 60+	Presentations, contact after referral, canvassing	
Asian 60+	Presentations, contact after referral, canvassing	
Hispanic/ Latino 60+	Presentations, contact after referral, canvassing	
Poverty (low income) 60+	Presentations, contact after referral, canvassing	
Poverty (low income) minority 60+	Presentations, contact after referral, canvassing	
Limited English proficiency 60+	Presentations, contact after referral, canvassing	
Individuals residing in rural isolated 60+	Presentations, contact after referral, canvassing	
Individuals with Alzheimer's Disease and related disorders 60+	Presentations, contact after referral, canvassing	
Individuals living alone 60+	Presentations, contact after referral, canvassing	
GGRC 60+	Presentations, contact after referral, canvassing	
Individuals with severe disabilities 60+	Presentations, contact after referral, canvassing	
Veterans 60+	Presentations, contact after referral, canvassing	
Individuals at risk for institutional placement 60+	Presentations, contact after referral, canvassing	

Frail adults – Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach frail elderly in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-57-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Vulnerable adults - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach vulnerable adults in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

African-American 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach African-Americans in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

American-Indian 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach American Indians in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Asian 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach Asians in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Hispanic/Latino 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach Hispanics/Latinos in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Poverty 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach elderly with low incomes in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Poverty minority 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach elderly minorities with low incomes in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Limited English proficiency 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach these individuals in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Rural 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach individuals in rural and isolated areas in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Alzheimer's 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach individuals with Alzheimer's in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Living alone 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach elderly living alone in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

GRGC 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach grandparents raising grandchildren in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Severe disabilities 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach individuals with severe disabilities in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Veterans 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach veterans in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

Individuals at risk for institutional placement 60+ - Outreach methods included canvassing, contact after referral and presentations. These methods were successful to reach these individuals in need of home-delivered meals, assessment/reassessment or home repairs. However, publicity of the outreach service as outlined under OAC 340:105-10-60 include newspaper articles and developing community resources where there are identified gaps. There has been little to no outreach work done that include these methods.

EXHIBIT 12. EVALUATION OF CURRENT SERVICES

Provide summary of the consumer satisfaction survey results for all services provide.

List the name of all current grantees, the number of years each has been a provider and the status of their contracts.

Emailed request 2/16/10

All sub-grantees are in year one of one year contracts.

Delta Nutrition Project – 34 years: the surveys for Delta show that more than fifty percent of the participants are very satisfied with the meals with fewer than five percent not satisfied. The largest numbers of concern were with activities provided by the site but still the number of participants who were not satisfied was fewer than five percent.

Comanche County Nutrition Project – 30 + years: Of the 430 surveys returned, 95% of the participants surveyed said that they were very satisfied or somewhat satisfied with the overall taste and seasoning of the food. Fewer than 1% of the participants were less than satisfied with the overall taste and seasoning of the meals. When asked how satisfied participants were with the taste and texture of the baked items served, 96% of the participants were very satisfied or somewhat satisfied. Less than 1% of the participants were unsatisfied with the baked items. When asked about the quality of the vegetables cooked at the site, 92% of the participants surveyed said that they were very satisfied or somewhat satisfied with the vegetables. Less than 1% of the participants were unsatisfied. When asked how satisfied the participants were with the meal temperatures, 94% said that they were very satisfied or somewhat satisfied with the temperatures of the food. Less than 1% said that they were not satisfied.

Tri-County Elderly Nutrition Project – 29 years: Of over 300 surveys returned for congregate meals there was more than 60% rating for “very satisfied”. Of the over 30 Home delivered meal surveys received there were 5 who rated the frozen meals “poor” and 12 rated the meals excellent.

Center for Creative Living – 27 years: Greater than sixty percent of the participants rated the services as very good. Fewer than five percent rated the services as needs improvement.

Minco Senior Citizens Center – 27 years: Minco received a greater than 90% satisfaction rating according to the March 2010 surveys of participants. More than 50% of the participants rated the services as very good.

Legal Aid - 31 years: LAOK completed two consumer satisfaction surveys, one for legal services and another for presentations. Out of 146 surveys received less than

5% surveys said the program needs improvement. Over 75% surveyed ranked the services good or very good.

The Great Plains Improvement Foundation, Inc. has been a provider of Caregiver services for the past four years. Out of 35 surveys returned they received a 94% "Very Satisfied" rating. Fifteen percent were less than satisfied with the voucher system.

The Tipton Senior Center surveyed 33 participants in April 2010. 28 were very satisfied. Five were satisfied. None were less than satisfied.

No surveys were received from Tuttle or Grandfield.

The ASCOG AAA contractors served Title III meals to over 2,500 seniors in the eight-county PSA. That comes to roughly 4.87% of the senior population according to the 2000 census. According to 2008 estimates there are 52,619 Oklahomans aged 60 or older in the ASCOG PSA. Of those, 45,920 are white, 2426 black, 2609 Native American/Alaskan Native, 612 Asian, 63 Native Hawaiian/Pacific Islander, 989 multiple races, 1509 are Hispanic of any race. Of these 153 do not speak English fluently.

According to the 2000 census for the ASCOG PSA (65 and older) there were 35,127 seniors with a disability and the same number who had household incomes below the federal poverty line.

Funding for the AAA includes a grant from the Older Americans Act. *The Older Americans Act Amendments of 2006* integrated the principal elements of AoA's modernization agenda into the core of the Act. The Act now authorizes all levels of the Network to actively promote the development of consumer-centered systems of long-term care and emphasizes the use of a three-pronged strategy for advancing systemic changes at the state and community level. This strategy includes: empowering individuals to make informed decisions about their care options through Aging and Disability Resource Centers; enabling older people to live healthier lives through the use of evidence-based disease and disability prevention programs, and providing more choices to individuals, especially those at high-risk of nursing home placement and spend down to Medicaid, through the use of flexible service models, including consumer directed care options. (Strategic Action Plan 2008-2012)

ASCOG funding considerations for service projects follows the following criteria: What are the considerations of the Older Americans Act, specifically to rural, low-income, and minority seniors? What are the service unit projections? What amount of local support is available? What federal and state resources are needed to complement local resources? What is the actual cost of running the local project?

EXHIBIT 13. LIST OF NON-TITLE III SERVICES IN PSA

SERVICE	Listing of Services *	Counties Available	Gaps in Services
In-Home Services	Advantage waiver	All eight	
Accessible Medical Care	Duncan Regional Hospital, Comanche County Memorial, Lawton Indian Hospital, Frederick Hospital, Jefferson County Hospital, Purcell Municipal Hospital, Grady Memorial Hospital, Ft. Cobb Health Clinic	Caddo, Comanche, Grady, Jefferson, McClain, Stephens, Tillman	Cotton County
Adult Day Care/ Respite Care	Goodwill Adult Day Care Center, Nora O’Neal Adult Day Care Center, Forever Young Adult Day Care Center, Chateau de South, Chi Care Adult Day Center	Adult Day Care – Caddo, Comanche, Grady, Stephens	Cotton, Jefferson, McClain, Tillman Respite – all eight
Adult Protective Services	DHS APS	All eight	N/A
Title VI , Part A Nutritional and Supportive Services and Title VI, Part C Native American Caregiver Support Services	Chickasaw Nation: Nutrition – Duncan and Purcell; caregiver program for tribe members. Comanche Nation: caregiver program for Comanche, Cotton, Tillman, Jefferson, Stephens, Grady, supportive services for tribe members. Apache Tribe: supportive services.	All eight; tribe restrictions	N/A
Case Management Services	Many home health agencies, ASCOG Managed Care	All eight	N/A
Transportation Services for the Elderly and Disabled	Red River Transportation, Washita Valley Transportation, Delta Public Transit, Kiowa Nation Public Transportation, Comanche Nation Public Transportation	All eight	N/A
Meals on Wheels or Mobile Meals Programs	Mobile Meals, Inc. Lawton, Independent Senior Centers in all 8 counties	All eight	N/A
Independent Senior Centers	Refer to Appendix D Focal Points	All eight	N/A
Senior Volunteer Programs	RSVP, Foster Grandparent Program	All eight	N/A
Disability Services	Transportation services (listed above), housing authorities	All eight	N/A
Mental Health Services	OLDR Program (Serves Comanche county and some surrounding communities), Silver Linings, Reflections, Red Rock Mental Health Center, Taliaferro, McClain County Treatment	All eight	N/A

	Center, New Horizons, Christian Family Counseling		
LTC Planning/Option	Promises Eldercare Planning	Comanche, Stephens	Caddo, Cotton, Grady, Jefferson, McClain, Tillman
**Other	Calvary Baptist Dental Clinic; Salvation Army rent and utility assistance; Catholic Charities provides housing, rent assistance, utility assistance; Lawton Housing Authority Homelessness Prevention program for rent, deposit and utility assistance; housing authorities provide low-income housing; Christians Concerned in Duncan	All eight	N/A

*Can include private pay, OKDHS services, non-profit, Medicare, volunteer programs, etc

**List any additional services in PSA

EXHIBIT 14. METHODS USED TO IDENTIFY PRIORITY NEEDS

ASCOG AAA uses a combination of senior needs survey, Advisory council participation and I&A intervention records to determine which needs are priority. Due to significant funding reductions in senior nutrition the need for nutrition has risen in priority. The senior needs assessments were not completed in 2010.

The senior needs survey will be sent annually to all Outreach workers, Managed Care Case Managers, members of the ASCOG AAA Advisory Council, and other participants in related fields. It will also be sent to participants who have called in to ASCOG requesting services.

The I&A staff will compile a listing of needs by priority based on services that were not available for participants who contact them for I&A intervention as well as a survey of Masonic grant applications that remained unfunded.

Starting in SFY 11 ASCOG will begin providing I&A education presentation to all focal points which are independent senior centers. That way we can assess those sites that are not traditional Title III sites where seniors' needs have not been traditionally assessed.

**ASCOG Area Agency on Aging
Senior Needs Assessment SFY 2007
Today's Date _____**

Please circle the answer to the following questions about yourself:

**What is your age? Under 60 (0%) 60-65 (16%) 65-75 (32%) 75-85 (48%) over 85 (4%)
(100% answered)**

Are you? Male (36%) Female (60%) (4% did not answer)

**What is your race? Spanish/Hispanic/Latin (4%);American Indian/Alaskan Native
(12%);Black/African American(4%)
White/Caucasian (80%); Native Hawaiian/Other Pacific Islander(0); Asian(0)
Other: (0)_____**

Where is your home located? City (76%) Suburbs (4%) Rural Area (16%)

**How did you find out about ASCOG AAA? Newspaper(4%); Word of Mouth(76%); ASCOG
Presentation(4%);Other(12%)**

From the list below, please check the boxes next to the top ten (10) services most important to older persons and those who serve them.

28%	Homemaker	Chore Services	28%
56%	Congregate Meals	Home Delivered Meals	60%
44%	Personal Care	Nutrition Education/Counseling	16%
60%	Transportation	Legal Assistance	20%
24%	Information and Assistance	Affordable Housing	28%
48%	Access to Health Care	Prescription Medication	60%
12%	Mental Health Services/Counseling	Caregiver Respite Vouchers	8%
16%	Caregiver Support Groups	Training for Caregivers and for Grandparents Raising children	8%
28%	Recreation and Socialization	Employment Programs	0
36%	Help with Utility Bills	Help with Dentures/Eyeglasses/Hearing Aids, etc.	24%
20%	Home Emergency Alert Response Systems	Help to understand Medicare/Medicaid/Social Security Benefits	36%

0%	Other (Please write in answer):	(Disqualified by answering the survey incorrectly)	28%
	Other:	Other:	

Thank you for taking time to give us your opinion. Please list any additional comments below.

“We appreciate all the help we can get.”
“I have worked in the city office as treasurer.”

- 1.- (tied) Home Delivered Meals, Transportation and Prescription Medication
- 4.- Congregate meals
- 5.- Access to Health Care
- 6.- Personal Care
- 7.- (tied) Help with Utility bills, and Help to Understand Medicare/Medicaid, etc.
- 9.- (tied) Homemaker, Recreation/Socialization, Chore Services and Housing

Home delivered meals, congregate meals, recreation/socialization, chore services and Transportation are included in current services.

Prescription medication, access to health care and understanding Medicare, Medicaid, etc. are included in the SHIP program available through ASCOG AAA.

Personal care and homemaker services are available through the Advantage program.

Help with utilities and some housing issues are included in our Masonic program.

EXHIBIT 15. IDENTIFIED LONG RANGE NEEDS

ASCOG has identified several priority needs of seniors in the ASCOG PSA. These priority needs include assistance to caregivers, additional funding to support meal programs, assistance with purchase of dentures and other orthodontia, assistance with purchase of corrective lenses, nursing home diversion, transportation to medical care for remote rural seniors, information assistance, and preventive health promotion and medication management.

The current service delivery system provides for most of these services except where funding has been cut for some meals service, transportation is not available except for people who are Medicaid eligible, and nursing home diversion for people who are not on Medicaid.

Baby Boomers are starting to retire and use our services. However, the impact has been slow as current senior centers do not seem to attract as many Baby Boomers. ASCOG is focusing efforts to reach this generation through electronic media such as Facebook and Twitter.

Mental Health services are available through programs such as Christian and Family Counseling Services which use a sliding fee schedule and are non-sectarian. They are funded in part through the United Way.

ASCOG AAA's long term plans are to further develop resources that are available through electronic media, to develop and ADRC program where we are able to provide additional information to the elderly, and to fully develop a volunteer program that will reach out to caregivers and assist with a nursing home diversion program.

PART D. AREA PLAN GOALS AND OBJECTIVES

Exhibit 16. Administration on Aging (AOA) Strategic Goals

The AOA Strategic Plan establishes five goals that support the continual modernization of Older Americans Act services, giving particular attention to implementing the new provisions contained in the Older Americans Act Amendments of 2006. These goals are:

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options
2. Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation
5. Maintain effective and responsive management

The Area Plan contains the following goals and objectives: First, to empower older Oklahomans and their caregivers to make informed decisions, easily access available services in the ASCOG PSA for existing nursing home diversion, and general health services. Second, it is the goal of ASCOG AAA to enable seniors to remain in their own homes at their existing quality of life for as long as possible without going through a Medicaid spend-down in order to afford quality care, which will be accomplished by providing nursing home diversion, access to available services, education, and caregiver supports. A third goal is to empower seniors to obtain and maintain healthy lifestyles through health promotion through available evidenced-based prevention services. The fourth goal is to ensure that older Oklahomans remain free from abuse, neglect, and exploitation through third-parties, caregivers, and insurance fraud. And the final goal is to maintain effective and responsive management of program activities through Title III program providers, the AAA office staff, and the availability of all services in the PSA and to ensure that services and costs are not duplicated for the most efficient use of dollars spent on this program.

EXHIBIT 17. MANAGEMENT PLAN NARRATIVE AND AAA GOALS AND OBJECTIVES

First, to empower older Oklahomans and their caregivers to make informed decisions, easily access available services in the ASCOG PSA for existing nursing home diversion, and general health services. Second, it is the goal of ASCOG AAA to enable seniors to remain in their own homes at their existing quality of life for as long as possible without going through a Medicaid spend-down in order to afford quality care, which will be accomplished by providing nursing home diversion, access to available services, education, and caregiver supports. A third goal is to empower seniors to obtain and maintain healthy lifestyles through health promotion through available evidenced-based prevention services. The fourth goal is to ensure that older Oklahomans remain free from abuse, neglect, and exploitation through third-parties, caregivers, and insurance fraud. And the final goal is to maintain effective and responsive management of program activities through Title III program providers, the AAA office staff, and the availability of all services in the PSA and to ensure that services and costs are not duplicated for the most efficient use of dollars spent on this program.

All goals and objectives will remain four year goals and objectives until such time as they are considered complete or no longer necessary.

The AAA will continue traditional marketing methods including but not limited to pamphlets, phone calls, personal contacts, etc. We will also expand I&A education to Independent Senior Centers in the PSA.

The AAA staff will conduct monthly or quarterly training as necessary for project staff to remain up to date in ongoing changes and as necessary to maintain up to date training for O3A assessments. An annual training event for all project staff is also planned. Training will be limited based on available funding, but telephone conferencing is available on a regular monthly basis for all Title III staff to talk to the AAA Director.

AAA staff will also coordinate with outreach workers through telephone calls and availability of the AAA Director via monthly conference calls.

AAA staff will work to ensure that an adequate amount of Title III D dollars are dedicated to Evidenced-based disease prevention and health promotion activities.

Ombudsman Supervisors will provide training annually to Title III project staff one residents' rights and abuse prevention as well as training sessions for potential Ombudsman volunteers in the area. This training will also be provided at least quarterly to the general public.

Ombudsman Supervisors will also provide an annual distribution of abuse prevention and education materials as well as contributing to the ASCOG AAA quarterly newsletter as funding allows publication of such materials.

EXHIBIT 18. SERVICE DELIVERY NARRATIVE

According to the 2011 RFP ASCOG AAA will fund:

- One nutrition project.
 - Nutrition projects must apply at least 78% of funding to direct services.
 - Funding will be based on the site(s) served according to the Services from Taxonomy charts.
 - The nutrition project must serve all eight ASCOG PSA counties in all taxonomies listed in this RFP except for the Legal Services taxonomies.
 - The nutrition project should demonstrate the capacity to provide all services for all taxonomies indicated. The AAA does not rule out the possibility of removing one of the taxonomies from the contract award if awarded proposal does not demonstrate the capacity to perform the duties of that taxonomy. Failure to demonstrate capacity may result in probationary or partial funding.
 - The nutrition project should develop a plan for preserving the coordinator positions at the Grandfield, Minco, Tipton and Tuttle Independent Senior Centers. These coordinator positions can be funded through outreach and coordination of services taxonomies. Coordination of service dollars can only be used for salary, benefits and other expenses directly related to the payment of staff for services or reimbursement for mileage. The independent senior centers have the option of not participating in this source of funding.
 - The nutrition project should develop a plan for preserving the services provided at the Center for Creative Living in Lawton through the use of the Health Promotion, Medication Management, and Education taxonomies.
 - The nutrition project should demonstrate the capacity to provide caregiver information to all eight counties and caregiver support groups to Comanche county and at least one rural county for the first year.
 - The nutrition project should provide a plan of action for dealing with the reduction in home delivered meal and congregate meal services. This plan should include efforts in coordinating with local community groups, churches, etc. and other meal provider programs to ensure the project does not duplicate services and utilizes all available resources. The plan should also include how the project will approach participants whose services must be cut. All participants whose services are discontinued must be referred to another program for services. Referrals should be made with the assistance of the Outreach program staff.
 - The nutrition project should provide a plan of action to make reductions in meals served proportional across all eight counties. For example, the percentage of meals cut in one county should be applied to all counties.
 - The nutrition project should demonstrate the capacity to prepare meals for all 32 Title III nutrition sites in the ASCOG PSA. The project must also document how they will recruit volunteers and community resources to pay for meal delivery from cooking sites to serving sites where Title III funds are not available to pay for such distribution.
 - The nutrition project does not have the authority to close a nutrition site. The project does have the authority to negotiate other funding sources for food for the site, including but not limited to, vouchers to pay for meals prepared by the local school cafeteria, meals paid for by community efforts, fundraisers, churches, and other similar sources.

- Advantage dollars must be documented in the justification of budget to represent a proportional funding of non-direct-services (administration) expenses. In other words, if the project receives 25% of its funding through non-Title III contract/Advantage dollars, then at least 25% of the cost of administration expenses should be funding through non-Title III contract/Advantage dollars.
- The first year is a probationary year. If a new agency is awarded the contract then they would be eligible for only a one-year contract.
- Points will be awarded for proposals that ensure that new positions developed by the proposal will first be offered to existing Title III project staff.
- One legal services project.
- Both projects will be awarded for up to four years with a contract that must be renewed annually based on meeting minimum service standards.
- Both projects must demonstrate the capacity to communicate through modern technology including scanning of documents, email, and social media as is used by the AAA.
- Both projects must demonstrate diversity in funding to allow for fluctuations in funding streams. For example, nutrition projects should demonstrate their use of Advantage meal reimbursement funding and other sources of income.
- Both projects must demonstrate a capacity to fund their project at least 45 days without reimbursement through the use of reserve funds. This can be demonstrated through a plan of action to reserve enough funds from Advantage or other funding sources.
- I&A Worker will develop and utilize power point presentations, brochures, flyers, and other promotional tools to use presentations.
- I& A Worker will make presentation to seniors and those who work with seniors at the community focal points in the ASCOG PSA.
- AAA will conduct a consumer satisfaction survey of I&A service once annually.
- I&A will continue to make appropriate interventions and referrals for those who call on the Senior Info Line.

Approximately 10 to 15% of health promotion activities will focus on medication management.

Director, Supportive Services Division – AAA Director

Under the general supervision of the executive director, the director plans, coordinates, administers, and evaluates activities involving the development and implementation of comprehensive area planning for all older persons throughout the ASCOG area. Also coordinates the REAP program for the ASCOG area.

Duties and Responsibilities

1. Provide leadership and advocacy on behalf of all older persons within the planning and service area for which ASCOG is responsible.
2. Supervise, coordinate, evaluate and monitor all other ASCOG administered aging programs, staff and activities to include Managed Care Services.
3. Assume full responsibility for all functions of the ASCOG-administered aging programs within the guidelines and regulations of the Older Americans Act and other federal and state agencies.
4. Establish measurable program objectives and priorities for implementation of the Area Plan, in keeping with the objectives established by the state agency.
5. Establish and maintain an Area Agency on Aging (AAA) Advisory Council. Be responsible for providing data and pertinent information on the elderly in the planning and service area.
6. Coordinate the activities of the AAA to include Managed Care Services with other agencies involved in delivery of services for the elderly and pool available but untapped resources of public and private agencies in order to strengthen or initiate new services for older persons.

7. Maintain liaison with the Special Unit on Aging of the Oklahoma Department of Human Services and other applicable state and federal agencies.
8. Serve as a consultant to community organizations and agencies on program development, techniques of working with older people, sources of program support and the solution of special problems.
9. Promote good public relations through public speaking and through effective relationships with mass media personnel.
10. Perform or supervise administrative functions necessary for the AAA's operation, such as record keeping and budgeting.
11. Conduct periodic public hearings concerning the needs of the elderly.
12. Provide training and technical assistance to Title III project staff under the Area Plan on a regular basis.
13. Negotiate grants and contracts for various programs for the elderly.
14. Coordinate the Rural Economic Action Plan program for ASCOG. Provides guidance to (1) member governments concerning applications, (2) to staff for objective evaluation, and (3) to Trustees for subjective evaluations. Oversee internal administration of the program including the computer Special Project Management Systems. Assure fairness and accountability.
15. Chair the ASCOG Personnel committee. Recommend personnel policies and procedures consistent with state and federal laws and good management practices. Assure fairness of policies and implementation.
16. Chair the Employee of the Month Committee. Assure fairness of selection process and viability of the program as a positive employee relation building tool.
17. Serve as Equal Opportunity Officer for the organization.
18. Perform other duties as assigned.

Ombudsman Supervisor

Under the general direction of the Director of the ASCOG Area Agency on Aging, provides leadership in development, coordination, and implementation of the Long-Term Care Ombudsman Program. Receives, investigates and resolves complaints made by or on behalf of residents of long-term care facilities.

Duties and Responsibilities

1. Recruits, screens, trains and supervises ombudsman volunteers, using guidelines provided by State Ombudsman staff.
2. Publicizes the services of the Ombudsman Program and issues affecting older residents of long-term care facilities through media releases, public speaking and other means.
3. Coordinates with State Ombudsman staff in complaint investigation and resolution, identification of priority issues and certification of new ombudsman volunteers.
4. Maintains confidentiality of files and other information pertaining to complaints and complainants.
5. Keeps Director informed of the current situation and needs at the local level, recommends plans for meeting needs, and advises him/her of resources required for their implementation.
6. Is available to residents of long-term care facilities in the PSA, visiting each facility regularly and working cooperatively with administrators and staff.
7. Serves as a consultant to community organizations and agencies on issues and needs affecting older long-term care facility residents, techniques of working with these older people, and the solution of special problems. Offers education to facility staff through inservice training and technical assistance.

Education and Experience

Graduation from an accredited four year college or university with major course work in social work, health, gerontology, general social sciences or related field

OR

an equivalent combination of education and experience substituting one (1) year of full time paid experience in such areas as community organization, public health, social work or related field for each year of the required education with a maximum substitution of two (2) years.

Information & Assistance/Aging Specialist

The Aging Information Assistance/Aging Specialist provides information and referral services for older persons in the ASCOG area; and assists the AAA Director in the implementation of the AAA program.

Duties and Responsibilities

- a. Works under the direct supervision of the Area Agency Director, obtaining data, answering the telephone and responding to requests for information and referral.
- b. Knows the minimum requirements of the AOA for I and R services and assures compliance with them.
- c. Responsible for resource data collection and proper maintenance and updating of resource materials and files.
- d. Maintains contact with the public, including resource agencies and aging programs.
- e. Compiles and submits reports.
- f. Conducts publicity campaigns to publicize the service.
- g. Recruits and trains volunteers for advocacy outreach and follow-up.
- h. Is knowledgeable about the general functions of the AAA, performs other duties and responsibilities to help support the AAA and staff.
- i. Individual must become certified and have the ability to administer and work with the Older Americans Act Assessment
- j. Develops handouts and/or brochures.
- k. Provides literature to community groups and aging programs.
- l. Informs AAA staff regarding gaps in services.
- m. Must be intake/screener certified in the use of OKDHS Form AF-2-A, Older Americans Act Assessment; maintain client confidentiality/ and be willing and able to perform job-related travel.
- n.. Serves as ASCOG Public Information Officer.
- o. Attends Trustee meetings and writes press releases.
- p. Performs other duties as assigned by the AAA Director and Executive Director.

Education and Experience

Graduation from an accredited four year college or university with major course work in public relations, social sciences, gerontology, administration or related field. One year of responsible full time paid employment in such fields as adult education, community organization, public relations, public health, social work, or related field. Knowledge of the needs of older persons and the aging network is preferred.

Bachelors' Degree required. Work experience is preferred but may be substituted by equivalent graduate education.

PLANNER II

AREA AGENCY ON AGING

Definition

Under the general supervision of the ASCOG Area Agency Director, assists the Director in carrying out the responsibilities and functions of the Area Agency; assists in the planning, coordination, and implementation of a comprehensive service system for the elderly in the ASCOG area; and performs related duties as assigned.

Examples of Duties

1. Oversee the development of an inventory of services and resources available within the planning and service area to meet the needs of the elderly.
2. Provide for systematic data collection and analysis of the special needs of the elderly, including the special requirement of the low income and minority elderly.
3. Provide an analysis of the service system and service needs to define gaps in service system.
4. Assist in identification of Area Agency on Aging program objectives and priorities.
5. Collect and disseminate information concerning needs of elderly.
6. Develop evaluation tools to assist the Area Agency on Aging to monitor and assist program activities under an Area Plan.
7. Assist the director in coordination and pooling activities with other agencies involved in the delivery of services for the elderly.
8. Assist in negotiating contracts for various programs.

Skills and Knowledge:

Considerable knowledge of modern methods and principles of planning; community organization and the barriers to community action such as apathy and resistance to change; of data collection and research methods. Some knowledge of the basic principles and techniques of good public relations; the demographic, environmental, social and economic characteristics of the State.

Ability to summarize factual data and present it in writing and speeches so it is clearly understood; ability to establish and maintain cooperative working relationships with community organizations and agencies; ability to conduct formal and informal meetings; ability to exercise leadership; ability to work with older people either individually or in groups; and to encourage their participation in planning; ability to stimulate community organizations and agencies to provide a broad range of specialized facilities and programs for older persons.

Education and Experience:

Requires a Bachelor's degree with major course work in planning, social work, adult education, public health, human relations, gerontology or related field. One year full time paid employment in any of the above listed fields or an equivalent combination of education substituting one year graduate study for the one year experience

OMBUDSMEN-(2 FULL TIME POSITIONS):

1. Advocate for seniors living in nursing homes
2. Recruit and educate volunteers
3. Ruben Sotelo and Vonn Saltzmann are our two, full-time Ombudsman and ASCOG Supervisors.

AAA ACCOUNTANT-(1 FULL TIME EMPLOYEE)

1. Makes corrections to budgets that have been approved for our grantees
2. Advices and over sees monthly, quarterly and yearly reports due to ASD
3. Makes yearly visits to grantees

AAA PLANNER-(1 FULL TIME EMPLOYEE, Currently Vacant due to budget constraints)

1. Writes Area Plan
2. Creates and implements the RFP Process
3. Monitors Projects quarterly and Nutrition Centers yearly

AAA DIRECTOR-(1 FULL TIME EMPLOYEE)

1. Monitors all AAA Staff and their duties
 2. Hires all AAA staff
 3. Monitors all AAA grantees
 4. Oversees the Area Plan and RFP process
- Aging Information Specialist – I&A – (1 Full Time Employee)**
- 1.

CAREGIVER RESPITE PROGRAM-

1. Reaching out and targeting seniors that are caregivers and Grandparents 55 years and older that are raising their grandchildren
2. Respite vouchers

LEGAL AID SERVICES-

1. Will provide Legal representation, advice, counseling and prepare documents for seniors.
2. Will make community presentations and distribute educational pamphlets to senior centers, nutrition sites, health fairs, churches and civic clubs
3. Will provide legal representation, advice, and counseling and prepare legal documents to eligible family caregivers.
4. Will provide legal representation, advice, and counseling and prepare legal documents to eligible grandparents/relative 60 and over raising children under 18.

CENTER FOR CREATIVE LIVING-

1. Will coordinate different activities and events; assign frequencies and estimated units of services.

NUTRITION CENTER PROJECTS- Being reduced to one project. See RFP section above.

EMERGENCY MANAGEMENT PLAN-

A step by step plan for the AAA Director and AAA Planner in case of an emergency situation located in any of ASCOG's eight counties. (Caddo, Grady, Mc Clain, Comanche, Stephens, Tillman, Cotton and Jefferson.)

Other support staff functions: From time to time other support staff from ASCOG may be asked to support the AAA programs by assisting in mail-outs, newsletters, grant-writing, and other administrative functions. These staff may charge time to Title III as long as they are providing that services with the direct benefit for the AAA and as long as that time is divided among any other programs that are supported by their activity.

Project staff training: All Title III projects are required to provide adequate staff. Their proposals must include a discussion on their training program to cover the following minimum topics: : (A) the OAA, as amended, and related regulations; (B) the OKDHS Policies and Procedures Manual for Title III of the OAA, as amended; (C) the AAA Title III policies and procedures manual; (D) all program and fiscal reports, as appropriate; (E) assessment procedures; (F) the aging network; and (G) specific job duties. AAA staff will monitor training annually to ensure compliance.

Coordination of Services: The coordination of services taxonomy will be used at four independent senior centers for the purposes of coordinating congregate and home delivered meals where Title III funding does not allow for meal cost reimbursement. Title III B funding for the Coordination of services taxonomy can only be used for payment of salary, benefits and other expenses directly related to the salary of the senior center coordinator.

Vaccinations for seniors: ASCOG I&A will coordinate public relations materials to ensure the emphasis for senior vaccinations. This will be partially funded through the SHIP program when funding is available. While H1N1 has not been a focus for the elderly, seasonal flu vaccinations are very important as well as other vaccinations, some of which are paid through Medicare.

EXHIBIT 19. PROJECTED PROGRAM OUTPUT (NUMERICAL)

Aging Program Output-Quantitative	SFY 2009 NAPIS Report		SFY 2010 Projected		SFY2011 Projected	
	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS
Service Categories						
Personal Care	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Homemaker	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Chore	700	81	163	42	433	72
Home delivered meals	125177	923	107445	1030	53334	222
Adult day care/health	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Case Management	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Congregate Meals	284802	2257	250624	2989	160299	667
Nutrition counseling	100	15	59	15	216	65
Assisted Transportation	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Transportation	30024	193	24245	237	30023	125
Legal Assistance	605	XXXXXXXX	426	XXXXXX	130	XXXXXXXX
Nutrition Education	287	XXXXXXXX	200	XXXXXX	384	XXXXXXXX
Information & Assistance	137	122	242	89	240	100
Outreach	2014	XXXXXXXX	2279	XXXXXX	2145	XXXXXXXX
Advocacy/representation	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Education/training	357	XXXXXXXX	100	XXXXXXXX	360	XXXXXXXX
Education/information and assistance	44	XXXXXXXX	15	XXXXXXXX	24	XXXXXXXX
Health promotion	2956	XXXXXXXX	2187	XXXXXXXX	131	XXXXXXXX
Medication management	XXXXXX	XXXXXXXX	XXXXXX	XXXXXX	64	XXXXXXXX
Home repair	62	51	23	20	87	75
Coordination of services	106518	1798	77097	1985	22071	200
Information about services	48	XXXXXX	169	XXXXXX	60	XXXXXX
Information about services/GRRC	2	XXXXXX	3	XXXXXX	15	XXXXXX
Assistance with access to services	545	316	241	131	300	160
Assistance with access to services/GRRC	46	34	15	6	75	40
Counseling	XXXXXX	XXXXXX	XXXXXX	XXXXXX	155	20
Counseling/GRRC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	39	5
Support groups	15	2	75	6	48	XXXXXX
Support groups/GRRC	5	1	28	8	12	XXXXXX
Training	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Training/GRRC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Respite	680	435	1708	655	600	200
Respite/GRRC	652	349	211	41	200	40
Supplemental Services	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Supplemental Services/GRRC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

UoS - Units of service

UPS – Unduplicated Persons Served

Exhibit 20. PROJECTED AGING PROGRAM OUTPUT (NARRATIVE)

For the SFY 2011 year we are providing the following taxonomies:

Chore: Provided in all eight counties via Outreach services through the Nutrition Project.

Home Delivered Meals: Provided in all eight counties through the Nutrition project. Meals may be hot, frozen, shelf-stable, or sandwich meals.

Congregate Meals: Provided at 32 nutrition sites in eight counties via the nutrition project.

Nutrition Counseling: Provided through the nutrition project's Registered Dietician. All nutrition assessments that show high risk will be referred to the RD for participants in all eight counties.

Transportation: Provided in all eight counties where funding is available via the nutrition project.

Legal Assistance: Provided through Legal Aid of Oklahoma in all eight counties.

Nutrition Education: Provided via the RD through the nutrition project in all eight counties in each site as funding is available.

Information and Assistance: Provided via the Senior Info Line by the I&A or their backup. Services will require documentation on the modified O3A form.

Outreach: One intervention as documented on an O3A form by trained staff through the nutrition project.

Education and Training: Provided at the Center for Creative Living in Comanche County through the Nutrition Project.

Education/I&A: Provided by the I&A or their backup by presentation at ASCOG focal points or Title III Nutrition sites or other presentations to people who work with seniors or via other approved method.

Health Promotion: Provided by the nutrition project via the Center for Creative living in Comanche county and at least one rural county while the program is being developed.

Medication Management: A small portion (less than 15%) of the Health promotion activities will focus on medication management.

Home Repair: Provided in all eight counties via the nutrition project.

Coordination of Services: Provide at the Tuttle, Minco, Tipton and Grandfield Independent Senior Centers. One hour of time for the coordinator of the site will be one unit per ASD email.

Information about Services/GRRRC: Provided in all eight counties via the nutrition project.

Assistance with Access to services/GRRRC: Provided in all eight counties via the nutrition project.

Counseling/GRRRC: Provided in at least Comanche county via the nutrition project.

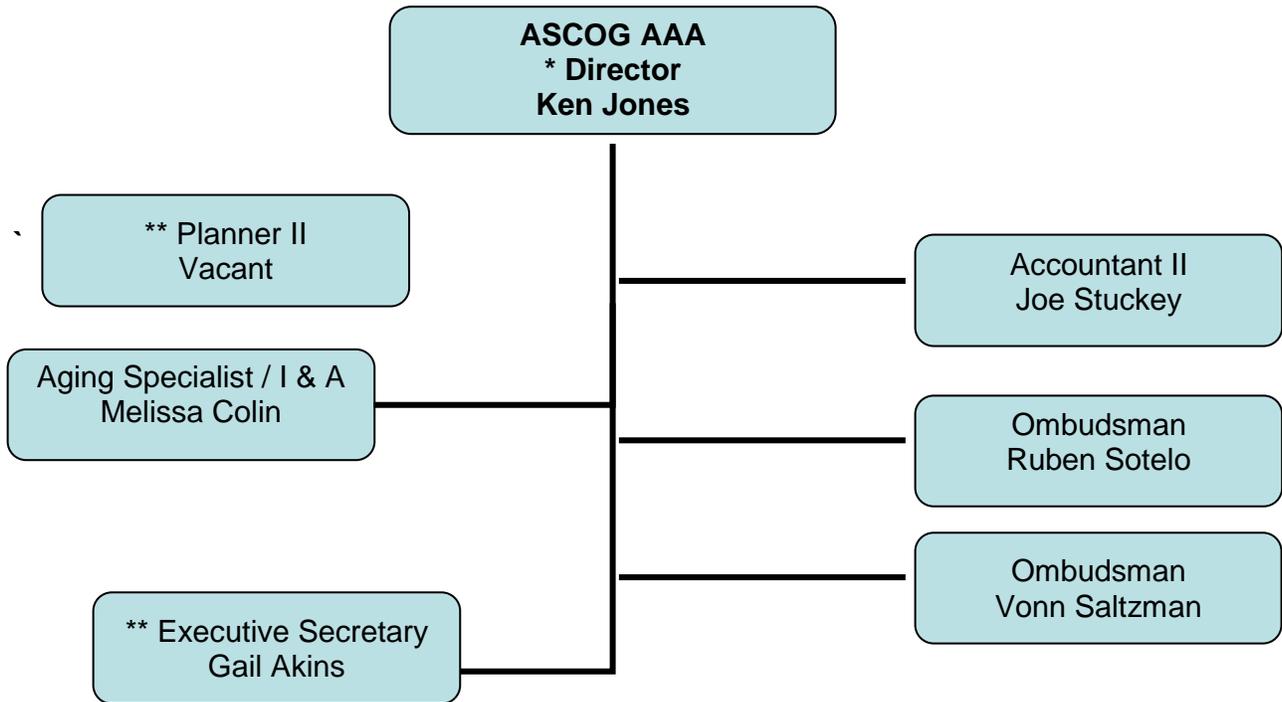
Support Groups/GRRRC: Provided in at least Comanche county the first year via the nutrition project.

Respite/GRRRC: Provided in all eight counties via the nutrition project.

SFY 2010 goals are not being reached due to a reduction in funding that has greatly reduced the number of meals that can be prepared as well as greatly reducing the staff available to provide supportive services.

PART E. AREA PLAN APPENDICES

APPENDIX A. ORGANIZATIONAL CHART - AAA

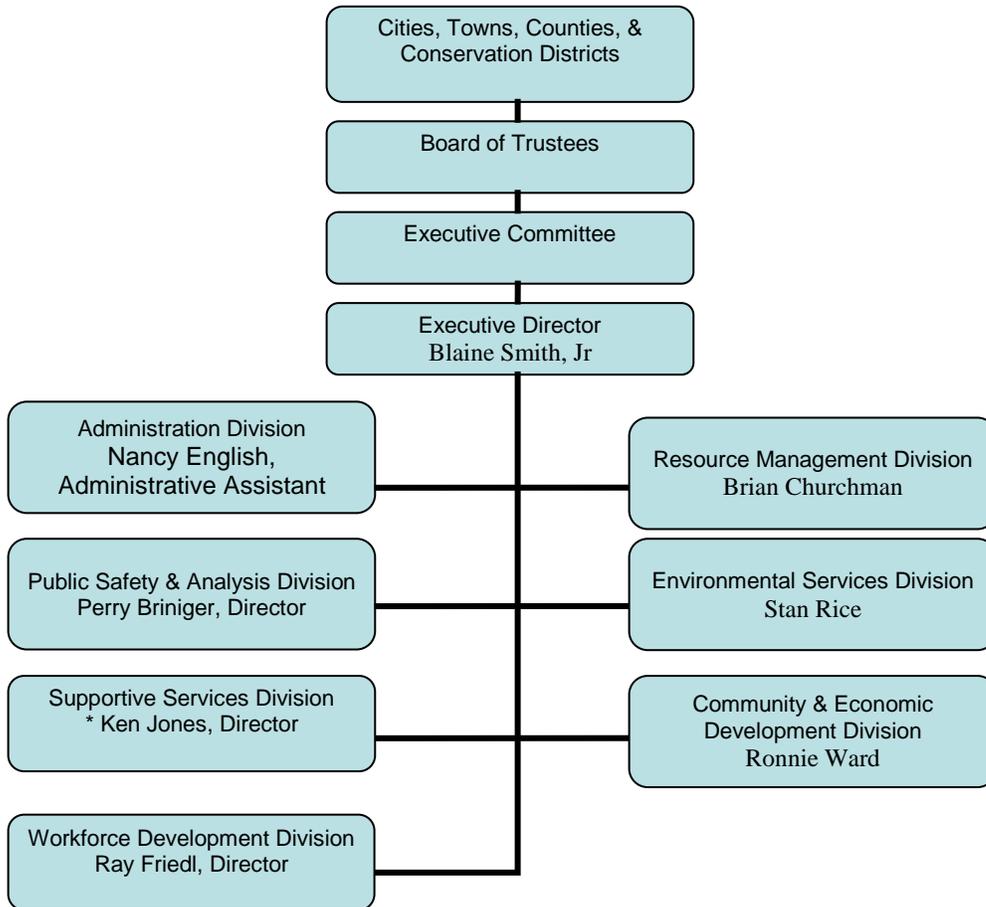


* Same person is ASCOG Supportive Services Division Director

** Position not currently funded for SFY 11

APPENDIX B. ORGANIZATIONAL CHART - SPONSORING AGENCY

Association of South Central Oklahoma Governments Organizational Chart



* Same person is ASCOG Area Agency on Aging Director

APPENDIX C. TRAINING SCHEDULE

New Hire Orientation and Annual

(See OAC Policy 340:105-10-44)

New Hire Orientation/Annual Training				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs
AAA	Vonn Saltzmann	Ombud	*Older Americans Act	
			*Aging Network	
			*Title III Policies and Procedures Manual	
			*General Title III Service Standards	
			*Service Specific Standards	
			*All Program and Fiscal Reports	
			*Assessment Procedures	
AAA	Melissa Colin	I&A	AIM Training	6
			ADRC Training	16

*Required training topic

APPENDIX D. FOCAL POINTS

Focal Point Designation				
Focal Point Name, address, and phone number	Independent Senior Center	Title III Senior Center	CAP Agency	Other (church, library, courthouse, etc.)
Alex Community Center P O Box 243 Alex, Ok 73002 (405)-785-9103	X			
Alfalfa Community Center Rt.1 Box 148 Carnegie, Ok 73015 ,(580)-637-2276	X			
Amber Community/Senior Center P O Box 3 Amber, Ok 73004, (405)-222-2175	X			
Binger Community Center P O Box 184 Binger, Ok 73009 (405)-656-9255	X			
Blanchard Senior Citizens P O Box 480 Blanchard, Ok 73010 , (405)-485-9260	X			
Bradley Community Center Box 54 Bradley, Ok 73011, (405)-462-7595	X			
Bray Senior Citizens of Bray Community Center 1014 S. Brook, Marlow, Ok 73055,	X			
Cache Community/Senior Citizens Center P O Box 466, Cache, Ok 73527, (580)-429-3354	X			
Chattanooga Community Center P O 83 Chattanooga, Ok 73528, (580)-597-3339	X			
Davidson Senior Citizens Box 244, Davidson, Ok 73530	X			
Dibble Senior Citizens 2210 C.R. 1400 Alex, Ok 73002, (405)-344-6789	X			
Douglass Community Center Organization 707 King Place, Duncan, Ok 73533, (580)-255-3967	X			
Duncan Senior Citizens Center, Inc. 1110 N. 7 th St. Duncan, Ok 73533, (580)-255-6902	X			
Fort Cobb P O Box 328 Fort Cobb, Ok 73038, (405)-643- 2682	X			
Frederick Community Center 100 Grand Frederick, Ok 73542, (580)-335-7026	X			
Geronimo Nutrition-Center 101 Main Geronimo, Ok 73543, (580)-353-3448	X			
Grandfield multipurpose Senior Center 123 West First Street Grandfield, Ok 73546 (580)-479-3320	X			
Hastings Senior Citizens P O Box 203 Hastings, Ok 73548, (580)-963-2531	X			
Hinton Senior Citizens Hinton, P O Box 322 Hinton, Ok 73047, (405)-542-6454	X			
Indiahoma Senior Center P O Box 38 Indiahoma, Ok 73552, (580)-246-3572	X			
Marlow Senior Citizens 325 West Main St. Marlow, Ok 73055, (580)-658-5628	X			
Meers Senior Citizen 12033 NW Rhoades Rd. Lawton, Ok 73507, (580)-492-5128	X			
Minco Senior Citizens Center P O Box 357 Minco, Ok 73059, (405)-352-5018	X			
Mt. Scott Community Bldg. 8819 NW 4 Mile Rd. Lawton, Ok 73507 P O Box 322	X			
Newcastle Senior Citizens Center Inc. P O Box 86	X			

Newcastle, Ok 73065, (405)-387-2100				
Ninnekah Senior Citizens Center Box 16 Ninnekah, Ok 73067, (405)-224-7434	X			
Patterson Center #4 NE Arlington Lawton, Ok 73507, (580)-581-3486	X			
Purcell Senior Citizens Center % City of Purcell 230 W. Main Purcell, Ok 73080, (405)-527-5070	X			
Rush Springs Senior Nutrition Center 400 W. Blakely #13 Rush Springs, Ok 73082, (580)-476-3168	X			
Ryan Senior Citizens P O Box 252 Ryan, Ok 73565,(580)-757-2615	X			
Temple Senior Citizens P O Box 95 Temple, Ok 73568, (580)-342-5017	X			
Tipton Area Senior Citizens Center Inc. P O Box 554 Tipton, Ok 73570, (580)-667-4158	X			
Tuttle Senior Citizens Center P O Box 134 Tuttle, Ok 73089,(405)-381-2606	X			
Velma Senior Citizens P O Box 584 Velma, Ok 73491,(580)-444-3772	X			
Walters Senior Citizens Center 111 E. Colorado Walters, Ok 73572	X			
Waurika Senior Citizens Center 108 South Main Waurika, Ok 73573, (580)-228-2087	X			
Wichita Mts. Area Senior Citizens 13872 NW Stoney Point Rd. Apache, Ok 73006	X			

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APPENDIX E. LIST OF AOA AND STATE PLAN GOALS GOAL: #1				OBJECTIVE: #1											
Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.				Improve the visibility of the Area Agency on Aging as a resource of information about health and long-term care options for older people.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Market AAA to all physicians, clinics, pharmacies, hospitals and other health providers in the PSA.	May 31											X		I&A
2.	Educate AAA staff and project staff about health and long-term care options in PSA.	June 30												X	I&A, Ombudsman Supervisors
3.	Participate in United Way in Stephens and Comanche Counties	Quarterly			X			X			X			X	Director/I&A/Planner

GOAL: #1				OBJECTIVE: #2											
Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.				Connect consumers and caregivers with resources and services available in the ASCOG PSA and inform them of options available to them.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Update ASCOG resource directory to include all services to seniors in PSA.	June 30							X						I&A
2.	Make directory available in print and online.	Feb 28								X					I&A
3.	As funding becomes available participate in the Aging Disability Resource Consortium.	Pending funding												X	I&A
4.	Coordinate a presentation with the Okla. DMHSAS	Dec 31					X								I&A

GOAL: #1				OBJECTIVE: #3											
Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.				Strengthen the knowledge of the AAA staff of resources and services available in the ASCOG PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Attend resource meetings where available in all counties in the PSA	Quarter			X			X			X			X	I&A
2.	Coordinate with all outreach workers to identify resources.	Quarter	X				X			X			X		I&A
3.															

GOAL: #2				OBJECTIVE: #1											
Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.				Continue to provide existing OAA services to as many people as resources allow.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Restore congregate and home-delivered meal services to all current Title III nutrition sites.	June 30												X	Director/Planner
2.	Create new efficiencies in funding especially focusing on reducing costs of administration of the programs.	Dec 31						X							Director/Planner/ Accountant
3.	Develop a faith-based initiative for the ASCOG PSA, Beginning in Stephens County	Dec 31						X							I&A / Planner

GOAL: #2				OBJECTIVE: #2											
Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.				Identify additional funding sources to supplement OAA dollars to provide additional units of service as well as identify and eliminate duplication of services.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Write grant applications for available funding in elder abuse and neglect prevention, supportive services, and health promotion.	Dec 31						X							Planner
2.	Review services in all areas and assess whether or not duplication exists and how to best modify the program where necessary.	Dec 31									X				Planner
3.															

GOAL: #2				OBJECTIVE: #3											
Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.				Develop new nursing home diversion programs for the ASCOG PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Establish a new protocol for reaching caregivers who are not able to attend community-based support groups.	Pending Funding												X	Planner
2.	Focus health promotion and medication management activities to additional household and home-based services.	Pending Funding												X	Planner
3.															

GOAL: #3				OBJECTIVE: #1											
Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.				Develop and expand evidenced-based health promotion and medication management activities throughout the ASCOG PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Initiate RFP to provide evidenced based health promotion to all eight counties.	Dec 31						X							Planner
2.	Earmark a set amount of funding to reimburse only evidenced based health promotion activities.	Dec 31						X							Accountant/Planner
3.															

GOAL: #3				OBJECTIVE: #2											
Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.				Coordinate with other agencies in making health promotion activities available in all areas of the PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Coordinate with area health departments in providing evidenced based health promotion activities funded through alternative resources.	Dec 31						X							Planner
2.	Apply for other grants to supplement health promotion funding.	June 30												X	Planner
3.	Work with USDA, RC&D Coordinator, and ASD to develop New Farmer's Markets in the ASCOG Area. Develop one Initially in 2011 based on grant approval and availability Of funding.	June 30												X	Planner

GOAL: #3				OBJECTIVE: #3											
Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.				Expand Senior Health Insurance Counseling Program throughout the ASCOG PSA, targeting prevention benefits under Medicare.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Recruit volunteers in all counties to market SHIP.	Nov 30					X								I&A
2.	Train project staff at SHIP trainings.	Nov 30					X								I&A
3.															

GOAL: #4				OBJECTIVE: #1											
Ensure the rights of older people and prevent their abuse, neglect and exploitation.				Continue to develop and support the Ombudsman program including increasing the number of available volunteers.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Provide in-service training to staff on residents' rights and abuse prevention.	June 30												X	Ombudsman Supervisors
2.	Provide training sessions for potential ombudsman volunteers in targeted areas.	June 30												X	Ombudsman Supervisors
3.															

GOAL: #4				OBJECTIVE: #2											
Ensure the rights of older people and prevent their abuse, neglect and exploitation.				Increase the public awareness of issues surrounding the abuse, neglect and exploitation of seniors.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Publish and distribute materials to educate the public on abuse issues.	Dec 31						X							Ombudsman Supervisors
2.	Include information about abuse and prevention in all senior center presentations.	Dec 31						X							Ombudsman Supervisors
3.															

GOAL: #4				OBJECTIVE: #3											
Ensure the rights of older people and prevent their abuse, neglect and exploitation.				Expand the role of the AAA in prevention of abuse, neglect and exploitation of older people through networking with other senior advocacy groups.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Coordinate a publicity campaign with the Lawton Senior Summit for training staff who work with seniors on how to identify and report abuse and neglect.	Mar 31									X				I&A
2.	Coordinate public presentation on senior advocacy and abuse prevention with CAAVA APS.	Mar 31									X				I&A/ Ombudsman Supervisors
3.															

GOAL: #5				OBJECTIVE: #1											
Maintain effective and responsive management.				Improve accessibility of training for AAA staff and contractors for services needed for older people in the PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Identify and utilize internet and telephone based training where practical.	Dec 31						X							Planner
2.	Apply for funding to improve technology and accessibility in senior centers.	June 30												X	Planner
3.															

GOAL: #5				OBJECTIVE: #2											
Maintain effective and responsive management.				Take a leadership role in coordinating the needs of older people in the PSA.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Develop an ASCOG wide Senior Summit that meets quarterly.	Quarterly			X			X			X			X	Planner/I&A
2.	Expand internet based promotion of the aging services network.	Dec 31						X							I&A/Planner
3.															

GOAL: #5				OBJECTIVE: #3											
Maintain effective and responsive management.				Improve the efficiency and effectiveness of monitoring and administration for OAA services.											
#	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Coordinate fiscal and program monitoring to ensure most efficient use of mileage expenses.	Dec 31						X							Accountant/ Planner
2.	Initiate contractual requirements for Title III project compliance where minimum standards are met and monitored on a quarterly basis.	Dec 31						X							Planner
3.															

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APPENDIX F. Commercial or Contractual Activities

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Information and Assistance			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$95.38	\$22,892	240	100
IV. Formula used to calculate unit cost:			
\$22,892 total funding divided by 240 units of service = \$95.38 per unit.			
V. Show the breakdown of Total Funding for Service:			
240 units of service multiplied by \$95.38333 comes to \$22,892.			
VI. Activities to Meet the Scope of Work:			
1. Aging information Specialist will provide one-on-one contacts to seniors, caregivers, grandparents raising grandchildren and network providers, and answer the senior info line. I&A will conduct appropriate follow-up on referrals.			
2. AIS will provide these one-on-one contacts in person, by phone, email, letter or fax. AIS will also participate and assist with local health fairs and expos.			
3. Survey program participants at least twice during the grant year:			
a) assess satisfaction with services provided;			
b) determine unmet needs; and			
c) make needed corrections or adjustments needed.			

Note: One activity step shall include some type of satisfaction survey

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Education/Information and Assistance			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$128.25	\$3,078	24	N/A
IV. Formula used to calculate unit cost:			
\$3,078 total funding divided by 24 units of service = \$128.25 per unit.			
V. Show the breakdown of Total Funding for Service:			
24 units multiplied by \$128.25 per unit = \$3,078.			
VI. Activities to Meet the Scope of Work:			
1. AIS will develop and utilize presentations, brochures, flyers and other promotional tools.			
2. AIS will make presentations to seniors and those who work with seniors at the community focal points in the ASCOG PSA.			
3. Survey program participants at least twice during the grant year:			
a) assess satisfaction with services provided;			
b) determine unmet needs; and			
c) make needed corrections or adjustments needed.			

****Commercial or Contractual Activities**

****AREA AGENCIES ON AGING THAT ARE ENGAGED IN PUBLIC OR PRIVATE COMMERCIAL OR CONTRACTUAL ACTIVITIES SUCH AS HOUSING OR ADVANTAGE CASE MANAGEMENT MUST ADDRESS EACH POINT BELOW:**

- 1) Assure the quality or quantity of Older Americans Act (OAA) services performed by the Area Agency on Aging (AAA) will not be diminished and will be enhanced by performing commercial or contractual activities;
- 2) Disclose the identity of each entity with which the AAA has a contract or commercial relationship detailing the nature of the services being provided to older individuals;
- 3) Assure that the AAA maintains the integrity and public purpose of the OAA services while performing commercial or contractual activities;
- 4) Assure that OAA funds are not used to pay any part of a cost, including an administrative cost, incurred to carry out such commercial or contractual activities;
- 5) Assure that preference in receiving Title III services will not be given to particular older individuals as a result of contract or commercial activities;
- 6) Assure the AAA will account for the funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices; and
- 7) Assure the AAA will make available the accounting and auditing practices of the contractual or commercial activities for review by the State Agency.

Note: The Area Agencies on Aging (AAAs) may choose to contract with the OKDHS Respite Program. This program uses Title III-E funds awarded under this contract to provide respite services for eligible caregivers of older Oklahomans. The AAA desiring to participate in the Respite Program will contact the Aging Services Division (ASD) to obtain the required documentation to participate in the program. The dollar amount of participation is determined by the AAA and must be agreed upon by ASD. The AAAs agree to allow ASD to retain and transfer these funds that have been agreed upon in writing to the Respite Program. AAAs not participating in this program will not have Title III-E funds transferred from their budget for use as OKDHS Respite Vouchers. All AAAs will be assessed a percentage of the administrative costs for the Respite Program

Ombudsman Supervisors role in non-Title III contract services:

As a contingency plan for times of budget shortfall, the Ombudsman Supervisors may participate in Medicare programs such as SHIP or MIPPA, or complete other presentations as approved by the State Ombudsman and the ASCOG AAA Director.

As participation in SHIP and MIPPA the Ombudsman Supervisors may be asked to make presentation about Medicare and Medicare Fraud reporting. When asked to participate in non-Title III funded programs, the ASCOG Ombudsman Supervisors will:

- Ensure that their participation does not distract, impede or in any way present a conflict of interest in their role as Ombudsman Supervisor.

- Ensure all participation is approved by the State Ombudsman and the AAA Director.
- Accurately report their time and expenses on time sheets and expense reports to ensure that federal and state guidelines are followed and that Title III dollars not used to pay for non-Title III contract services.
- Provide written reports as required for the contract services.
- Only participate in the non-Title III program on a temporary basis as required by a budget shortfall.

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
State Health Insurance Counseling Program			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$60.00	\$6600.00	110	300
IV. Formula used to calculate unit cost:			
Estimate 2 hours of staff time plus average of mileage for each presentation.			
V. Show the breakdown of Total Funding for Service:			
\$6600.00 for SHIP and SMP combined.			
VI. Activities to Meet the Scope of Work:			
1. Group presentation explaining the SHIP program and Medicare Fraud			
2. Individual counseling/fraud reporting interventions.			

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Masonic Foundation Grant			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$700.00	\$75,308.00	108	90
IV. Formula used to calculate unit cost:			
Based on averages of previous years' reports.			
V. Show the breakdown of Total Funding for Service:			
5% administration, remainder goes into direct services.			
VI. Activities to Meet the Scope of Work:			
1. Make appropriate referrals to Masonic grant based on unavailability of funding in other resources.			
2. Meet monthly to make awards to seniors based on priority of need and date of application.			

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, Stephens & Tillman			
II. NAME OF SERVICE:			
Advantage Waiver Case Management			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$16.15	\$960,000.00	59,443	300
IV. Formula used to calculate unit cost:			
\$18.80 and \$13.50 are the respective reimbursement rates from Medicaid for case management, depending on which county the member lives in. The average is \$16.15.			
V. Show the breakdown of Total Funding for Service:			
Medicaid reimbursement for case management services for 15 minute units.			
VI. Activities to Meet the Scope of Work:			
1. DHS approved case management services for Medicaid eligible clients.			
2.			

The ASCOG AAA staff do not perform case management duties for the Advantage program. The AAA director is responsible only for overall administration of the program but depends on the Case Management Supervisor for day to day administration of the program. AAA staff do perform the administration of the Masonic and SHIP grants. The work performed in these grants coincides with the job duties of the Aging Information Specialist/I&A. The I&A's salary and expenses are funded partially by the SHIP and Masonic grants. The duties for these two grants do not diminish the performance of the I&A in her duties because both programs serve to meet the needs of the elderly.

These duties do not require the I&A to cease serving the purpose of the AAA while doing her duties.

OAA funds are not used in any part of the cost, including administrative, incurred to carry out the Advantage, Masonic or SHIP programs.

Preference will not be given to individuals based on their participation in the Advantage, SHIP or Masonic programs.

ASCOG AAA will account for funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices. The Advantage program monies are maintained separately by staff that are not paid by the AAA.

ASCOG AAA will make available the accounting and auditing practices of the contractual or commercial activities for review by the State Agency.

ASCOG AAA will continue to contract with the OKDHS Respite program. A portion of E dollar funding will be used for respite vouchers while the remainder will be used for administration and direct services of the caregiver program.

APPENDIX G. AAA ADVISORY COUNCIL SUMMARY

1.	<u>Date</u>	<u>Attendance</u>
a.	March 18, 2010	10
b.	_____	_____
c.	_____	_____

2. Summarization of Comments from the Council meeting.

Concern was raised regarding the availability of funding for SFY 11. The Council agreed with the use of Ombudsman Supervisors in the role of SHIP or MIPPA in order to help with budget shortfalls.

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

Addition of language for the Ombudsman Supervisors in performing other duties related to SHIP and MIPPA to help with budget shortfalls.

APPENDIX H. AAA BOARD OF DIRECTORS SUMMARY

1.	<u>Date</u>	<u>Attendance</u>
a.	March 18, 2010	26
b.	_____	_____
c.	_____	_____

2. Summarization of comments from the Board meeting.

Area Plan was approved without comment. The board voted to authorize the executive committee to approve the acceptance of the final approved sub-grantee contractors.

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

N/A

APPENDIX I. PUBLIC HEARING SUMMARY

1.	<u>Location of Public Hearing</u>	<u>Attendance</u>	<u>Date</u>
	a. Red River Tech Center/Duncan	1	1/19/2010
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
	e. _____	_____	_____
	f. _____	_____	_____

2. Summarization of comments from Public Hearings.

None received

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

N/A

4. Comments received, but no changes made to the Area Plan as a result of the Public Hearings because:

N/A