

AREA VI AGENCY ON AGING'S

AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

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AREA VI AGENCY ON AGING

AREA PLAN

SECTION A

**PLAN SUBMITTAL
AND
REVIEW**

SECTION A - 1 VERIFICATION OF INTENT, REVIEW AND SUBMITTAL

This Area Plan on Aging is hereby submitted for the Planning and Service Area serving five County/Counties/Reservations for the four (4) year period October 1, 2011 through September 30, 2015.

This plan includes all assurances and plans to be followed by Area VI Agency on Aging under provisions of the Older Americans Act of 1965, as amended during the period identified. This plan also includes -0- requests for waivers to provide direct services under Section B(2) of this plan.

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

This plan takes into consideration the views, needs and unmet needs of the elders, including the recipients of these services, in the Planning and Service Area and identifies the methods used in developing this plan. Furthermore, this plan identifies and addresses major issues and objectives identified during the planning process within the Planning and Service Area.

The hearing(s) on this plan was/were conducted at _____ on the _____ day of _____, _____.

The views and comments of those who participated in the public hearing(s) are documented and on file in the Area Agency on Aging office. Opportunity was also given for people to submit written comments. The issues and concerns from the participants of the public hearing(s) as well as written comments were considered in the draft of the plan.

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

Date: _____

Signed:

Area Agency on Aging Director

Date: _____

Signed:

Area Agency on Aging Advisory Council Chairperson

Date: _____

Signed:

Title:

Area Agency on Aging Executive/Governing Board

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SECTION B

OVERVIEW OF PLAN AND WAIVERS

SECTION B - 1

SUMMARY OF AREA PLAN

The following is a summary of the Area Plan identifying A) how the plan was developed, B) what are the major issues and concerns in the area, C) the Area Agency's roll in monitoring, assessing and facilitating the coordination of planning and service delivery, and D) demographic information for the Planning and Service Area.

A. How the Plan was Developed:

Individual Senior organizations and County Councils on Aging were invited to provide input as to needs, both met and unmet, of senior citizens in their community and/or county. In addition, various county council staff provided input, and collected information concerning potential needs within their county. Area staff provided input, encouragement and guidance where and when necessary to each participant. Reviews of the plan drafts by area staff brought about verbal comments and suggestions to providers prior to submittal of the agency draft plan. The area director used past budget and service numbers, plus the forecast budget for FY 2012 to estimate budget and service numbers for the next four years. CS&K elderly program staff was provided opportunity to review and comment upon the draft plan. After consideration of input from each source a final plan was submitted.

B. Major Issues and Concerns in the Area:

How to deal with a projected 2% cut in overall funding due to projected state shortfalls for the 2012/2013 biennium, and maintain or prioritize services at the local levels.

There were several major issues and concerns in the area.

1. Increasing resources through cost-sharing, fee for services, fundraising, grants, encouraging donations and increasing our volunteer base.
2. Maintaining existing services in the face of budget cuts and finding ways to make programs in the area more self-sufficient.
3. Encourage continuation of RSVP & FGP volunteer programs and explore options to provide a Senior Companion Program.
4. Getting younger seniors involved in our programs.
5. Increase outreach to other areas and reach seniors that we have not been reaching.
6. Maintaining and expanding legal services and Caregiver services.
7. Encouraging funding to further develop and establish a complete ADRC.
8. Locate funding and provide Care Management Services to promote seniors ability to remain in their own homes safely.

C. Roll of Area Agency:

The Area Agency staff attended County Council on Aging, Transportation Advisory Council and other meetings which gathered input regarding the following: participant awareness of existing programs and importance of each service, adequacy of existing service levels for identified services, identifying those in need of improvement, identifying new or additional service needed, willingness to support local, statewide and national efforts to improve funding for aging services, and general comments. During program monitoring field visits with providers information is gathered for inclusion in the plan as well as progress of each provider in meeting their contract goals and service levels. Each quarter the area governing board, county council and other providers are supplied with charts and written analysis of service and budgetary management success or need for improvement in meeting identified goals. Area staff developed the profiles for the area agency and each county and estimated budget service levels included in the plan.

D. Demographic Information:

Total Population of the Area: 59,455 (Per 2000 Census)

Number of people aged 60 and older is 12,184 or 20.5% of Total Area population.

Number of people aged 65 and older is 8,883 or 14.9 % of Total Area population.

Number of people aged 75 and older: 3,785 or 42.6% of 65 and older population.

Number of people aged 85 and older: 930 or 10.5% of 65 and older population.

Number of people aged 45 to 64: 16,371 or 27.5% of the Total county populations

Number of low-income people aged 60 and older: 3,016

Number of low-income people aged 65 and older: _____

Number of low-income people aged 46 to 64: _____

Number of Senior Centers in the Area: 24 (18 Senior Centers and 6 Meal sites)
SC&K Tribes-6, Sanders-7, Lincoln-3, Mineral -3, Lake -5

Number of people in the Area receiving services under Montana's Older American Act programs: 3,974 in FFY09 (10/1/2008-9/30/2009); 4,938 In SFY 10 (7/1/2009-6/30/2010)_____

Number of people receiving each of the following services: (SFY 10 -7/1/2009-6/30/2010)

Meals (congregate type): 3,422

Home Delivered Meals/Meals on Wheels: 703

Senior Transportation: 152

Respite Care: 16

In-Home (please list each one offered):

Homemaker – 140 ; Home Chore – 4 ; Case Management -83; Health Screening -91,
Respite Services – 16, Caregiver Counseling – 58, Telephone Reassurance -4, Senior Center-

SECTION B - 2

REQUEST FOR WAIVERS

The following is a list of each service and funding source for which a waiver to provide direct services is being requested, the reason for requesting the waiver, and the time period to be covered by the waiver.

_____ **Service:**

Area VI Agency on Aging hereby requests a waiver for the delivery of None service to the elderly in _____.

The request to directly provide _____ service is based upon the following :

This request for waiver is for the period October 1, 2012 to September 30, 2015.

Please Note: The following Services are required services provided by the Area Agency on Aging: Information & Assistance Services, Long Term Care Ombudsman Services, and the State Health Insurance Assistance Program (SHIP) Services. In addition, although not required, Case Management is an authorized service for direct provision by Area Agencies on Aging. These services do not require a request for a waiver in order for the Area Agency to provide them directly.

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SECTION C

**ORGANIZATION AND STRUCTURE
OF
THE PLANNING AND SERVICE AREA**

SECTION C - 1 AREA AGENCY GOVERNING BOARD PROFILE

General Responsibilities of Governing Board:

The Governing Board is responsible for policy determination, goal setting, financial solvency, and the overall operation of the agency and all it's programs.

The Governing Board approves the agency's policies, fiscal procedures, sets the salary schedule, hires the Executive Director who supervises the program directors, and evaluates the programs of the agency.

The Governing Board authorizes the Area Agency to participate in the activities required by the Older American's Act, as amended, and approves this Area Plan.

Governing Board Members and Terms of Office:

Name	member since:	current term:
Representing Lincoln County Senior Citizens:		
Mr. Ron Downey	1/11	Commissioner 1/09- 1/12
Mr. Gene Auge	5/09	7/10- 6/13
Representing Mineral County Senior Citizens:		
Mr. Duane Simons	1/09	Commissioner 1/10- 1/13
Ms. Pat Liston	10/10	7/09- 6/12
Representing Lake County Senior Citizens:		
Mrs. Ann Brower	1/11	Commissioner 1/11- 1/14
Mr. Clarence "Mack" McConnell	8/08	7/10- 6/13
Representing Sanders County Senior Citizens:		
Mr. Glen Magera	1/11	Commissioner 1/11- 1/14
Mr. John Clawson	7/09	7/09- 6/12
Representing CS&K Tribes Senior Citizens:		
Mr. Michael Pierre	7/04	Council Rep. 7/06- 6/09
Ms. Donna Joseph	11/10	7/09- 6/12

SECTION C - 2 AREA AGENCY ADVISORY COUNCIL PROFILE

The Area Agency on Aging and/or the Area Governing Board has established an advisory council consisting of older individuals (including minority individuals) who are participants or who are eligible to participate in programs under the Older Americans Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public.

General Responsibilities of Advisory Council:

To advise the Area Agency on Aging on all matters relating to the development of the Area Plan, the administration of the plan and operations conducted under the plan.

Advisory Council Members:

Advisory Council Roster

<u>Name</u>	<u>County</u>	<u>Position</u>
Clarence McConnell	Lake	Chairman
Gene Auge	Lincoln	Member
Pat Liston	Mineral	Member
John Clawson	Sanders	Member
Donna Joseph	CS& K Tribes	Member
Mary Lindell	Lake	Member
Dee Maclean	Ravalli	Member - Sub Chair- Ravalli
Michael Delgado	Lake	RSVP Program Liaison
Kay Scott	Lake	Member
Connie Bauer	Lake	OAA Agency Staff
Sharon Bladen	Ravalli	RSVP Program
Cheryl Weatherell	Lake	Foster Grandparent Program

Some programs such as RSVP use local public forums to provide input/advice for its program. The RSVP Program Liaison reports suggestions/advice to the full board.

SECTION C - 3 RESPONSIBILITIES AND STAFFING OF THE AREA AGENCY

The following describes the responsibilities of the Area Agency on Aging and lists the Area Agency staff by name and title/position.

Western Montana Area VI Agency on Aging staff:

Executive Director	Duane E. Lutke
Fiscal Administrator	Valorie Dykstra
Contract Programs Administrative Assistant OAA, CSFP Programs	Connie Bauer
Regional LTC Ombudsman/ Area VI LTC Ombudsman Program Manager Certified Local Ombudsman Lake County & CS&K Tribes Mineral, Sanders, Lincoln Counties	Vanessa Fitchett Joyce Schmitz Beth Price
Area VI Information & Assistance Program Mgr Part-Time Certified I&A –SHIP Counselor Lincoln County Sanders County Mineral County	Tammy Walston Sandy Romey Nancy Jo Howarth Beth Price
Certified I&A Lake County & CS&K Tribes I&A/Powerful Tools Coordinator	Kathi Neeley Ophie Keene
Family Caregiver Resource Specialist Benefits Enrollment Center Grant Coord.	Kathi Neeley Lorri Lenz
Case Management Team Social Worker Case Management Team Nurse Administrative Assistant/Scheduler Part-time Administrative Assistant/Scheduler	John Freemole Vicki Holmberg Patti Long Lorri Lenz
Foster Grandparent Program Director FGP Administrative Assistant	Cheryl Weatherell Judy Day
RSVP Director Volunteer Coordinator- Ravalli P/T Volunteer Coordinator-Ravalli P/T Volunteer Coordinator-Lake/CSKT P/T Volunteer Coordinator-Mineral P/T Volunteer Coordinator-Lincoln/Sanders	Sharon Bladen Charlene Stevens Derry Kempf Maxine Garcia MaryJo Berry Kate Huntsberger

SECTION C - 4

PROVIDER PROFILE

The following is a list of the providers, by county, who the Area Agency on Aging contracts with to provide services to the senior citizens in the planning and service area. The provider agencies and organizations which have been identified and designated by the Area Agency on Aging as a "focal point" for comprehensive service delivery in each county in the Planning and Service Area are identified as such.

Provider name/address: List services provided Contact person and phone #

Services Provided Area wide by Western Montana Area VI Agency on Aging staff:

Long Term Care Ombudsman Services	Vanessa Fitchett
Information & Referral & Assistance Services	Tammy Walston
State Health Insurance Assistance Program (SHIP)	Tammy Walston/Connie Bauer
Commodity Supplemental Food Program	Connie Bauer
Senior Medicare Patrol (Advocates in Medicare Savings)	Ophie Keene
Benefits Enrollment Center Grant	Lorri Lenz
	406-883-7284

Case Management Services	John Freemole
	Vicki Holmberg, RN
	Case Management Team
	406-883-7284

Retired & Senior Volunteer Program	Sharon Bladen
Foster Grandparent Program	Cheryl Weatherell
	406-883-7284

Legal Services:	DPHHS/SLTC
	Legal Services Developer
	John McCrea
	800-332-2272

County specific Providers:

Sanders County :

Sanders County Council on Aging	Gwen Hanson, Director
Senior Center Services	741-2343
Congregate Nutrition	
Home Delivered Nutrition	
Homemaker Services	
Transportation Services	
Respite Services	
Commodity Supplemental Food Program	
Information & Assistance Services	

Mineral County:

Alberton Senior Citizens

Patty Sayler 722-3372

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
HomeMaker Services
Health Screening Services
Commodity Supplemental Food Program

Mineral County Pioneer Council

Linda Bartell 649-2019

Respite Services
HomeMaker Services
Transportation Services

St. Regis Senior Citizens

Maxine Flemming 649-2421

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
Health Screening Services

Superior Senior Citizens

Jim Goss 822-3334

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
Homemaker Services
Health Screening Services

Lincoln County:

Senior Citizens of Lincoln County (Libby)

Dedi Coy 293-7222

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
Outreach Services
Homemaker Services
Transportation Services

Kootenai Senior Citizens (Troy)

Mike DeLeo 295-4140

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
Homemaker Services

Tobacco Valley Senior Citizens (Eureka)

Claudia Evans 297-2188

Senior Center Services
Congregate Nutrition
Home Delivered Nutrition
Homemaker Services
Health Screening
I&A Services

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Lincoln County Transportation Program
Transportation

Nancy Todd 293-8024

Lincoln County Board of Commissioners:
Commodity Supplemental Food Program

Chairman 283-2319

Confederated Salish & Kootenai Tribes:
Congregate Nutrition
Home Delivered Nutrition
Caregiver Services
Information & Assistance Service

Michael Pierre 675-2700

Lake County:

Lake County Council on Aging
Respite Services
Homemaker Services
Home Chore Services
Outreach Services
Transportation Services
Legal Services
Community Education
Commodity Supplemental Food Program
Information & Assistance Services

Judy Shostak 676-2367

Arlee Senior Citizens
Senior Center Services
Congregate Nutrition
Home Delivered Nutrition

Donna Townsend 726-3213

Charlo/Moiese Senior Citizens
Senior Center Services
Congregate Nutrition
Home Delivered Nutrition

Mary Jane Long 644-2531

St. Ignatius Senior Citizens
Congregate Nutrition
Home Delivered Nutrition
Senior Center Services

Patty Krantz 745-4462

Mission Valley Senior Citizens
Congregate Nutrition
Home Delivered Nutrition
Senior Center Services

Linda Schoon 676-2371

Polson Senior Citizens
Congregate Nutrition
Home Delivered Nutrition
Senior Center Services

Jo Durand 883-4735

CS&K TRIBES/Tribal Elderly Programs

Mike Pierre 675-2700 Ext. 1063

Congregate Nutrition

Home Delivered Nutrition

Senior Center Services

Respite Services

Homemaker Services

Home Chore Services

Transportation Services

Community Education

Commodity Supplemental Food Program

Information & Assistance Services

Home Care Services (To meet ADL & IADL needs)

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SECTION D

**ADMINISTRATION ON AGING
and AREA AGENCIES ON AGING
GOALS, OBJECTIVES,
ISSUES AND PRIORITIES
OF THE
PLANNING AND SERVICE AREA**

SECTION D - 1 ISSUES

The following narrative discusses the issues and concerns identified by senior citizens, their families, providers, Area Agency on Aging staff and the Administration on Aging.

Senior Centers indicated a concern over the rising numbers of possible clients aged 60 and how to meet the increased demand for services. There is concern that many Western Montana Communities have become retirement communities. New seniors may live in the communities, but senior center membership is dropping. Seniors are looking at finding new ways of encouraging more youthful seniors to join and volunteer at their senior centers and in their communities. Many are looking at providing evening meals as a way to attract the younger seniors that may be still working during the day.

Providers state that while senior population in these retirement communities may have increased, many of their seniors do not have family living nearby, so they rely on friends and the community for their support to remain at home. Senior Centers and providers indicated it is very important for their seniors to stay in their homes but many become isolated as they do not get enough visitation or outside contact from family and friends. Some communities report that due to the economic downturn many families have moved to find suitable employment, often leaving their elderly family members at home without family support. Also, it is becoming increasingly difficult to find qualified, reliable "Help" to provide the services needed by our seniors.

Some senior centers indicate that lack of local county funding is becoming an issue as counties either cutback or flat fund their senior programs year after year. Permissive levies disappear in the face of increased demand for funding by required services. Some county wide senior programs are considering voted mill levies to replace funding from permissive levies. Thus far two of four counties have voted mill levies within Area VI.

Providers have indicated a need to find funding to cover costs for people who cannot afford even the lowest cost share amount for in home services, but yet are not eligible or slots are not available to be picked up by Medicaid Case Management. Also, education of providers to enhance implementation of cost share services is still needed. We need to educate seniors that our programs are not entitlements due to their attaining age 60 or 65. Also, the limited funding available and the necessity of cost share to sustain service levels remains necessary.

Most all participating seniors indicated a need to retain or expand service levels of existing programs including Congregate & Home Delivered Meals, In-Home services such as Homemaker, Homechore, Respite Programs and Health Screening including foot care clinics. Maintaining Transportation and Legal services as well as organized volunteer opportunities through RSVP, FGP & SCP are noted as very important to continue. Continuance of Information & Assistance and Advocacy Services including LTC Ombudsman services is critical. Keeping what we have on the ground is crucial. Future expansion is required to meet new demands or else methods of limiting services to individuals must be taught.

Maintaining the agency and its networks flexibility in order to respond to new Federal issues and resulting programs such as the new unfunded Aging and Disability Resource Centers (ADRC) will be increasingly important as we look at new ways to provide Care Management and other local resources to keep older persons in their homes as long as possible.

SECTION D - 2 PRIORITY SERVICES

The following services are the priority services the Area Agency will be focusing on during this area plan cycle. It includes the name of the service, reason for it being a priority.

After listening to comments from seniors and senior centers, input from County Councils on Aging, members of the Area VI advisory council and governing board as well as Area staff the following services were identified as priority. (listed without ranking)

Nutrition Programs:

*Congregate and Home Delivered Meals Programs
Individual Commodities (CSFP) Program.
Liquid Supplements (Ensure Program)*

Reason:

Lack of proper nutrition remains the number one reason for elderly persons needing medical intervention and losing their ability to remain at home.

Advocacy Programs:

*LTC Ombudsman Program
Information & Assistance Programs
ADRC Network Programs*

Reason:

Lack of knowledge about services and how to apply for assistance, when available is very critical to seniors, especially low income and low income minority seniors.

Community Services:

*Transportation Program (Medical and Social)
Volunteer & Active Aging Opportunities (RSVP, FGP & SCP)
Legal Advice Services*

Reason:

Inability of seniors to access services, opportunities for participation in community activities, and fretting over real or imagined issues can lead to both mental and physical isolation.

In Home Services:

*Homemaker Program
HomeChore Program
Respite Care Program
Care Management Program*

Reason:

Inability of seniors and their caregivers to maintain their physical environment and assist with IADL needs is the cause of many seniors becoming prematurely institutionalized.

The above services will be considered for initial funding priority during the upcoming four year plan period.

SECTION D - 3 GOALS AND OBJECTIVES

The following are the goals and objectives the Area Agency will be focusing on in addressing the issues and priorities during this area plan cycle.

Funding Services

Area VI intends to continue working with service providers including county councils and senior centers to provide an array of services as determined to be an agency priority as well as a priority in each county/community. Levels of anticipated funding often limit service choices available for a particular community. This may be made additionally difficult due to proposed cuts in available funding in both federal and state legislation. Formal contracts will be provided which outline all federal and state program requirements that are included in the agencies contract with the State of Montana.

Educating Providers & Participants

Area VI looks forward to funding that would allow programs to be expanded either into outlying area's of the counties we currently serve or continuation of programs begun by grants in past years. Information, Assistance & Referral is a good example of a program that is seeing substantial growth in demand as boomers age, retire & move into our communities. Tremendous growth is being experienced for "SHIP Counseling Services" from the Physically Disabled and Mentally impaired communities. We would like to be able to have sufficient staff to meet this demand for I&A, SHIP & Benefits Checkup services. Having the ability to use once again our provider database in IRIS that has been discontinued while waiting for SLTC to complete conversion of I&A reporting to IRIS 4 is a goal for Area VI and we hope for SLTC.

Expanding our Agency newsletter and increasing knowledge of our seniors by providing local weekly newspapers with print ready copy is one desire. In addition, continuation of programs that meet a specific need such as "Powerful Tools for Caregivers" and "Benefits Checkup" is requested.

Expanding the array of services through our ADRC would benefit our seniors greatly. Care Management Services (including intake analysis and care plan development) for all seniors receiving services through our "Older Americans Act" In Home and Nutrition Programs is needed. We also need to provide additional service levels through our "Medicaid Waiver" case management services.

We anticipate providing educational opportunities such as Legal advice and document clinics in cooperation with the State Legal Services Developer. Additional assistance to providers through agency provided educational opportunities such as discussions that include what to do/not to do when implementing cost sharing, OAA program reporting requirements, will be scheduled.

Monitoring Providers

Area VI will continue regular financial and service quantity monitoring of contract providers on a quarterly basis during the plan cycle. Such reviews are provided to nutrition and in-home program administrative staff as well as governing board presidents to be used as a management tool. Also, program on-site visits by Area VI staff assist local program managers in providing appropriate services which comply with federal program regulations.

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SECTION E

**COUNTY
AND RESERVATION
PLANS**

LAKE COUNTY'S
AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant N
3. Medical clinic Y
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services Y
11. Fire Department-manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) -
2. Physician's Assistant 21
3. Medical clinic -
4. Dentist(s) 21
5. Hospital 21
6. Critical Access Hospital 21
7. Community Health Clinic 21
8. Nursing Home 21
9. Assisted Living facilities 15
10. Ambulance services -
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 21

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 21 miles to Missoula for services or on to which is miles away.

City/Town: St. Ignatius

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic N
4. Dentist(s) Y
5. Hospital N

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6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities Y
10. Ambulance services N
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) 15
2. Physician's Assistant 15
3. Medical clinic 15
4. Dentist(s) -
5. Hospital 15
6. Critical Access Hospital 15
7. Community Health Clinic 15
8. Nursing Home 15
9. Assisted Living facilities -
10. Ambulance services 15
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 36

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 15 miles to Ronan for services or on to Missoula which is 36 miles away.

City/Town: Charlo

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic N
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services N
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) 8
2. Physician's Assistant 8
3. Medical clinic 8
4. Dentist(s) 8
5. Hospital 8
6. Critical Access Hospital 8
7. Community Health Clinic 8
8. Nursing Home 8
9. Assisted Living facilities 8
10. Ambulance services 8
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 40

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 8 miles to Ronan for services or on to Missoula which is 40 miles away.

City/Town: Ronan

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital Y
6. Critical Access Hospital Y
7. Community Health Clinic
8. Nursing Home Y
9. Assisted Living facilities Y
10. Ambulance services Y
11. Fire Department-Manned -
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) -
2. Physician's Assistant -
3. Medical clinic -
4. Dentist(s) -
5. Hospital -
6. Critical Access Hospital -

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7. Community Health Clinic_-___
8. Nursing Home_-___
9. Assisted Living facilities_-___
10. Ambulance services_-___
11. Fire Department-Manned_-___
12. Volunteer Fire Department_-___
13. Emergency medical other than a hospital _45__

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes ___ No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

City/Town: Polson

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s)_Y___
2. Physician's Assistant _Y___
3. Medical clinic _Y___
4. Dentist(s) __Y___
5. Hospital __Y___
6. Critical Access Hospital_Y___
7. Community Health Clinic_Y___
8. Nursing Home __Y___
9. Assisted Living facilities __Y___
10. Ambulance services __Y___
11. Fire Department-Manned _N___
12. Volunteer Fire Department _Y___
13. Emergency medical other than a hospital _N___

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s)_-___
2. Physician's Assistant __-___
3. Medical clinic_-___
4. Dentist(s) __-___
5. Hospital __-___
6. Critical Access Hospital__-___
7. Community Health Clinic__-___
8. Nursing Home __-___
9. Assisted Living facilities __-___
10. Ambulance services __-___
11. Fire Department __-___
12. Volunteer Fire Department_-___
13. Emergency medical other than a hospital _____

If there were a major medical issue, would the community have the medical ability to

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

appropriately care for the person in need? Yes No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

Lake County/Lake County Council on Aging:

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

We use a sliding fee scale to further support our highest risk clients with a view to include poverty, race and ethnicity, as risk factors.

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

Every client is assessed for risk factors (12 point) and needs before being placed on a waiting list. The Risk Screening Scale will determine who gets limited services. Clients will be served in order of risk with those with highest risk with fewest community resources served first. In case of ties for limited services, length of time on waiting list will determine priority.

Which risk factors can you or do you rely on to make these decisions?

Age(frailty), ADLS, frequency of current help (if any), IADLs, medical issues, socialization, transportation access, household income with poverty level receiving a higher risk rating.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 22.7% (1165 of 5125)_

What is the percentage of elderly in poverty that your programs are serving? _39.04%- In Home Service Programs__

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

Not Applicable

Do you have a waiting list for any services? Yes No If yes, for which services?
Homemaking

Do you limit the amount of services provided currently? Yes No If yes, for which

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

services?

Homemaking

Have you had to limit services over the last 2 or 3 years? Yes No If yes, for which services?

Homemaking

Do you have a way or method of prioritizing or determining who gets services? Yes No
If yes, what are they?

Every client is assessed for risk factors and needs before being placed on a waiting list. The Risk Screening Scale will determine who gets limited services. Clients will be served in order of risk with those with highest risk with fewest community resources served first. In case of ties for limited services, length of time on waiting list will determine priority

Do you anticipate having to limit service levels in the future?

Yes – if our funding is cut. Otherwise it depends upon demand. If demand increases relative to the projected senior population increases we will be forced to limit many services.

City/Town: Lake County Council on Aging

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals		XX		<i>To meet expected increase in demand.</i>
Home Delivered Meals		XX		<i>To meet expected increase in demand and to serve outside current service area into new communities.</i>
Homemaker		XX		<i>To meet expected increase in demand due to demographics of our county and continued trend of a retirement destination.</i>
Home Health		X		<i>To meet expected increase in demand due to demographics of our county and continued trend of a retirement destination. Plus increase in insurance plan coverage for In-Home services and agreement of insurance vendors to provide in-home care to delay nursing home placement.</i>
Respite/ Caregiver		XX		<i>To meet expected increase in demand due to demographics of our county and continued trend of a retirement destination. Especially if we advertise.</i>
Senior Center		XX		<i>Increase in need for hours/days of operation and activities being offered at Senior Centers. Example: Adult Day Care Services.</i>
Transportation		XX		<i>To meet expected increase in demand due to demographics of our county and continued trend of a retirement destination.</i>

Area __'s Aging Plan for the period October 1, 2011 through September 30, 2015

Caregiver Support				<i>Overall caregiver education, and family education, and caregiver self awareness.</i>

Budget for FY 2011

LINCOLN COUNTY'S

AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Demographic Information:

Total County Population: 18,837 (2000 Census)

Number of people aged 60 and older: 4017 % of Total county population: 21.3 2009 2015
5254 6593

Number of people aged 65 and older: 2859 % of Total county population: 15.2

Number of people aged 75 and older: 1184 % of 65 and older population: 41.4

Number of people aged 85 and older: 248 % of 65 and older population: 8.7

Number of people aged 45 to 64: 5,602 % of Total county population: 29.7

Number of low-income people aged 60 and older: 990 Minority 79

Number of low-income people aged 65 and older: _____

Number of low-income people aged 46 to 64: _____

Number of Senior Centers in the county: 3

Please list them: Tobacco Valley- Eureka, Kootenai – Troy,
Senior Citizens of Lincoln County-Libby.

Number of people in your county receiving services under Montana's Older American Act programs: 1,597

Number of people receiving each of the following services:

Meals (congregate type): 1403

Home Delivered Meals/Meals on Wheels: 342

Senior Transportation: 9

Respite Care: 0

In-Home (please list each on offered) Homemaker: 25, Health Screening: 47

Telephone Reassurance: 4

Of the services listed above, how many people receive:

Only 1 service: 1,597

Only 2 services: 131

Only 3 services: 4

4 or more services: 0

City/Town: Eureka & the Tobacco Valley

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y

2. Physician's Assistant Y

3. Medical clinic Y

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

4. Dentist(s) _Y___
5. Hospital _N___
6. Critical Access Hospital _N___
7. Community Health Clinic _Y___
8. Nursing Home _Y___
9. Assisted Living facilities _Y___
10. Ambulance services _Y___
11. Fire Department-Manned _N___
12. Volunteer Fire Department _Y___
13. Emergency medical other than a hospital _N___

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital _50 MILES___
6. Critical Access Hospital _____
7. Community Health Clinic _____
8. Nursing Home _____
9. Assisted Living facilities _____
10. Ambulance services _____
11. Fire Department _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital _____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes _xx_ No, the person would have to travel _50_ miles to _Whitefish_ for services or on to _Missoula_ which is _188_ miles away.

City/Town: *Eureka*

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement. *–Expanded HD Meals delivery to 12 mile radius 2 nights per week.*

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?
If no financial criteria is to be met, first come- first served.

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Which risk factors can you or do you rely on to make these decisions?

None.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? *_24.7% (990 of 3995)_*

What is the percentage of elderly in poverty that your programs are serving? *_25.0% - In Home Services Programs_*

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

N/A

Do you have a waiting list for any services? Yes ___ No X If yes, for which services?

Do you limit the amount of services provided currently? Yes X No ___ If yes, for which services? *In our Homemaker program.*

Have you had to limit services over the last 2 or 3 years? Yes X No ___ If yes, for which services? *In our Homemaker program and CSFP (Senior Food) programs.*

Do you have a way or method of prioritizing or determining who gets services? Yes ___ No X
If yes, what are they?

Do you anticipate having to limit service levels in the future?

Yes – especially if State Legislature or Federal funds are reduced.

City/Town: Eureka

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals	XX			
Home Delivered Meals		XX		<i>Cost of gas increasing.</i>
Homemaker		XX		<i>Population is growing – Want to stay at home.</i>
Home Health				<i>Not available in our community.</i>
Respite/ Caregiver				<i>Needed – but volunteers to provide service on ongoing basis hard to find.</i>
Senior Center		XX		<i>More groups are using our facilities for their functions.</i>
Transportation		XX		<i>Gas price increases and more people unable to drive themselves.</i>

City/Town: Libby

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital Y
6. Critical Access Hospital Y
7. Community Health Clinic Y
8. Nursing Home Y
9. Assisted Living facilities N We have 4 licensed adult foster homes.
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital _____

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital _____
6. Critical Access Hospital _____
7. Community Health Clinic _____
8. Nursing Home _____
9. Assisted Living facilities 90 miles
10. Ambulance services _____
11. Fire Department _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital _____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes _____ No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

City/Town: Libby- Per Libby Senior Citizens Center

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

Please explain what steps you are taking or will take to ensure that you are meeting this requirement. *No response.*

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

A multifaceted process of first come/first served, but also criterion according to age, need, safety, resources and health.

Which risk factors can you or do you rely on to make these decisions?

Homebound seniors, living alone with limited mobility, decreasing health yet still independent have priority.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 24.7% (990 of 3995)

What is the percentage of elderly in poverty that your programs are serving? 25.0% - In Home Services Programs

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

N/A

Do you have a waiting list for any services? Yes No If yes, for which services?
Homemaker Services.

Do you limit the amount of services provided currently? Yes No If yes, for which services? *Homemaker Services*

Have you had to limit services over the last 2 or 3 years? Yes No If yes, for which services? *Homemaker Services & Home Delivery Services.*

Do you have a way or method of prioritizing or determining who gets services? Yes No

If yes, what are they? *Based on need: Homebound, health issues, mobility problems, safety and living conditions, nutritional needs, location and age.*

Do you anticipate having to limit service levels in the future? *Yes. 1. If the budget is reduced we will be forced to cut the homemaking program completely which would leave these seniors to live in unhealthy conditions, lack of available food and supplies with an overall unsafe atmosphere.*

2. Without present funding levels, home delivery will need to be reduced. These people will not get nutritious meals and will become more dependent on friends, family and society in general. Home Delivery is more than meals, it is a real person checking on a homebound senior, a caring touch or smile, seeing if they have a light bulb working, heat, clean, dressed and in general good care! We work closely with Adult Protective Services and alert them when necessary. We have an overabundance of seniors without caregivers, living alone in poverty with little resources.

City/Town: Libby

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what serves do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals	XX			<i>Seniors need a dependable place where they can receive a fair priced nutritious meal. We need to maintain the present number of days and meals served.</i>
Home Delivered Meals		XX		<i>The senior population for a multitude of reasons – health, mobility, etc. need to have meals served at their homes. This number increases daily in our community.</i>
Homemaker	XX			<i>We help seniors who cannot afford private companies and are in need of a healthier environment.</i>
Home Health				<i>We do not provide this service – others do.</i>
Respite/ Caregiver			XX	<i>Caregivers need resources and relief in order to maintain their own health. Without in-home caregivers many more seniors would be dependent on society for care.</i>
Senior Center		XX		<i>Our community is growing in the number of seniors. They need a place to get quality meals, services and socialize.</i>
Transportation	XX			<i>Loss of independence – ability to travel to appointments.</i>

Budget for FY 2011

City/Town: Troy

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic Y
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) -
2. Physician's Assistant -
3. Medical clinic -
4. Dentist(s) -
5. Hospital 18
6. Critical Access Hospital 18
7. Community Health Clinic -
8. Nursing Home 18
9. Assisted Living facilities _____
10. Ambulance services _____
11. Fire Department 120
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 18

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes XX No, the person would have to travel 18 miles to Libby for services or on to Kalispell which is 120 miles away.

City/Town: Troy

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement. *We serve everyone who asks or shows up for meals.*

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

We would try to continue services by drawing out the meal days, serving frequency of meals.

Which risk factors can you or do you rely on to make these decisions?

Nutrition Risk Analysis conducted annually with our congregate and home delivered meals programs.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 24.7% (990 of 3995)

What is the percentage of elderly in poverty that your programs are serving? 25.0% - In Home Services Programs

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

N/A

Do you have a waiting list for any services? Yes ___ No XX If yes, for which services?

Do you limit the amount of services provided currently? Yes ___ No XX If yes, for which services?

Have you had to limit services over the last 2 or 3 years? Yes ___ No XX If yes, for which services?

Do you have a way or method of prioritizing or determining who gets services? Yes ___ No X
If yes, what are they?

First Come – First Served!

Do you anticipate having to limit service levels in the future?

No. Our center is committed to provide nutritional services to our seniors. We are, however, looking at ways to reduce serving size (we serve buffet style) as a way of controlling costs.

City/Town: Troy

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals	XX			<i>We are currently satisfied with the five day per week service we provide.</i>
Home Delivered Meals	XX			<i>We provide 5 days hot meals plus "Ensure" supplement for those prescribed by a doctor.</i>
Homemaker	XX			<i>With the huge influx of medical providers brought on by the "Asbestos Disease" funding - most services such as Homemaker, Home Health & other in-home services are oversubscribed in our community. Demand for our services has dropped significantly as there are so many other providers.</i>
Home Health	XX			
Respite/ Caregiver	XX			
Senior Center	XX			<i>At this time our seniors do not participate in added social events or activities offered by the center such as cards or dances, etcetera. Perhaps in the future?</i>
Transportation	XX			

MINERAL COUNTY'S

AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

Area __'s Aging Plan for the period October 1, 2011 through September 30, 2015

Demographic Information: (2000 Census)

Total County Population: _ 3,884_____

Number of people aged 60 and older: _696_ % of Total county population: _17.9_ 2009 2015
1099 1286

Number of people aged 65 and older: _449_ % of Total county population: _11.6_

Number of people aged 75 and older: _114_ % of 65 and older population: _25.4_

Number of people aged 85 and older: _42_ % of 65 and older population: _9.4_

Number of people aged 45 to 64: _911_ % of Total county population: _23.5_

Number of low-income people aged 60 and older: _176_ Minority _16_

Number of low-income people aged 65 and older: _____

Number of low-income people aged 46 to 64: _____

Number of Senior Centers in the county: _3_____

Please list them:

St. Regis, Superior, Alberton

Number of people in your county receiving services under Montana's Older American Act programs: _261_____

Number of people receiving each of the following services:

Meals (congregate type): _235_____

Home Delivered Meals/Meals on Wheels: ___36__

Senior Transportation: _NR_____

Respite Care: _2_____

In-Home (please list each on offered)

Homemaker: 8, HomeChore: 4, Health Screening: 45

Of the services listed above, how many people receive:

Only 1 service: _261__

Only 2 services: _25__

Only 3 services: _4__

4 or more services: _0__

City/Town: Alberton_____

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) _N_____

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

2. Physician's Assistant _N___
3. Medical clinic _N__
4. Dentist(s) _N____
5. Hospital _N___
6. Critical Access Hospital _N___
7. Community Health Clinic _N___
8. Nursing Home _N___
9. Assisted Living facilities _N__
10. Ambulance services _Y___
11. Fire Department -Manned _N__
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital _____

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _23___
2. Physician's Assistant _23___
3. Medical clinic _23__
4. Dentist(s) _23___
5. Hospital _25___
6. Critical Access Hospital _23___
7. Community Health Clinic _25___
8. Nursing Home _23___
9. Assisted Living facilities _23___
10. Ambulance services _____
11. Fire Department-Manned _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital _25___

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes ~~XX~~ No, the person would have to travel _23_ miles to _Superior_ for services or on to _Missoula_ which is _25_ miles away.

City/Town: *Alberton* _____

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

Please explain what steps you are taking or will take to ensure that you are meeting this requirement. *We serve seniors throughout the East end of Mineral County and the West end of Missoula County. Word of mouth is our best advertisement and we also place articles in the school newspaper.*

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

Our staff assesses the total situation including mobility of the potential client. We also review family resources in the area.

Which risk factors can you or do you rely on to make these decisions?

Homebound, mobility, family in the area to assist.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? _22.0% (176 of 800)_

What is the percentage of elderly in poverty that your programs are serving? _28.2% - In Home Services Programs_

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

N/A

Do you have a waiting list for any services? Yes _____ No _X_ If yes, for which services?

Do you limit the amount of services provided currently? Yes ___ No _X_ If yes, for which services?

Have you had to limit services over the last 2 or 3 years? Yes _X_ No ___ If yes, for which services? *To meet demand for our foot clinics we have had to schedule extra clinic time on occasion.*

Do you have a way or method of prioritizing or determining who gets services? Yes _X_ No ___

If yes, what are they?

Homebound, mobility, family in the area to assist

Do you anticipate having to limit service levels in the future?

No

City/Town: Alberton

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals		XX		<i>Our demand for meals has been fairly consistent over the past four years. We would like to add an evening meal once or twice a month as working seniors can the attend.</i>
Home Delivered Meals	XX			<i>Demand is down currently. People in need have moved out of the county.</i>
Homemaker	XX			<i>The supply still exceeds the demand. One issue is getting an employee for this service that you can trust and would have in your own home.</i>
Home Health				<i>Provided by others.</i>
Respite/ Caregiver				<i>Provided by Pioneers Council.</i>
Senior Center	XX			
Transportation		XX		<i>We need to expand when more seniors are unable to drive. Currently most all seniors still drive their own cars.</i>
Friendly Visitor/ Telephone Reassurance			XX	<i>For our homebound seniors this can be an important service if we can find volunteers to run it.</i>

City/Town: Superior

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital Y
6. Critical Access Hospital Y
7. Community Health Clinic N
8. Nursing Home Y
9. Assisted Living facilities Y
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital _____
6. Critical Access Hospital _____
7. Community Health Clinic 55 _____
8. Nursing Home _____
9. Assisted Living facilities _____
10. Ambulance services _____
11. Fire Department _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital 55 _____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

City/Town: Superior

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

We provide meals weekly by donation, housekeeping within a five mile radius, health screening (foot clinics) 2-3 times per month.

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

How dire the need, ability of potential client to seek services elsewhere.

Which risk factors can you or do you rely on to make these decisions?

Evaluations by medical doctors, health caseworkers, and Senior Citizens site manager.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 22.0% (176 of 800)

What is the percentage of elderly in poverty that your programs are serving? 28.2% - In Home Services Programs

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

N/A -- we offer our programs in the form of suggested contributions, and advertise in various media outlets, some free to the public.

Do you have a waiting list for any services? Yes X No If yes, for which services?
Occasionally housekeeping and foot care clinics.

Do you limit the amount of services provided currently? Yes No X If yes, for which services?

Have you had to limit services over the last 2 or 3 years? Yes X No If yes, for which services? *We have cut back on the number of congregate meals served per month.*

Do you have a way or method of prioritizing or determining who gets services? Yes X No

If yes, what are they?

Consider on a case by case basis, but prioritizing rarely occurs.

Do you anticipate having to limit service levels in the future?

No

City/Town: Superior

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals	XX			
Home Delivered Meals	XX			
Homemaker	XX			
Home Health	XX			<i>Service provided by others.</i>
Respite/ Caregiver				
Senior Center				
Transportation		XX		<i>At some time in the future, it may be necessary to expand bus schedule for trips to either the Superior Hospital, or medical services in Missoula, or recreational/cultural activities throughout Mineral County or Missoula.</i>

City/Town: St. Regis

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic Y (Tues & Thurs in St. Regis)
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) 15
2. Physician's Assistant 15
3. Medical clinic 15
4. Dentist(s) 35
5. Hospital 15
6. Critical Access Hospital 15
7. Community Health Clinic
8. Nursing Home 15
9. Assisted Living facilities 15
10. Ambulance services
11. Fire Department- Manned
12. Volunteer Fire Department
13. Emergency medical other than a hospital 15

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 15 miles to Superior for services or on to Missoula which is 90 miles away.

City/Town: St. Regis

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

1. *Deliver home delivered meals (1 lunch & 1 evening meal)*
2. *we have wheelchairs, canes, crutches, walkers available at the senior center*
3. *we provide a foot clinic w/ min. fee once a month.*

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

First come- first served.

Which risk factors can you or do you rely on to make these decisions?

N/A

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? _22.0% (176 of 800)_

What is the percentage of elderly in poverty that your programs are serving? _28.2% - In Home Services Programs_

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

*Meals served are free to anyone who cannot afford to pay the requested donation of \$4.50
All loan closet equipment is free of charge.*

Do you have a waiting list for any services? Yes ___ No _XX_ If yes, for which services?

Do you limit the amount of services provided currently? Yes ___ No _XX_ If yes, for which services?

Have you had to limit services over the last 2 or 3 years? Yes ___ No _XX_ If yes, for which services?

Do you have a way or method of prioritizing or determining who gets services? Yes ___ No ___
If yes, what are they? *N/A*

Do you anticipate having to limit service levels in the future?

No

City/Town: St. Regis

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals		XX		<i>Increase # of meals provided each week.</i>
Home Delivered Meals		XX		<i>Increase # of meals provided each week.</i>
Homemaker				<i>Provided by others</i>
Home Health				<i>Provided by others</i>
Respite/ Caregiver				<i>Provided by others</i>
Senior Center		XX		<i>Begin Exercise sessions & more social activities.</i>
Transportation				<i>Provided by others</i>

City/Town: *Mineral County Pioneers* _____

The Pioneers act as a county council on aging for Mineral county seniors. They currently do countywide planning and provide transportation services, Homemaker services in the west end, and CSFP (Commodity Foods for Seniors) countywide.

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

So far demand has not exceeded our available resources.

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

Which risk factors can you or do you rely on to make these decisions?

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 22.0% (176 of 800)

What is the percentage of elderly in poverty that your programs are serving? 28.2% - In Home Services Programs

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

Do you have a waiting list for any services? Yes _____ No X If yes, for which services?

Do you limit the amount of services provided currently? Yes X No _____ If yes, for which services? Respite and Transportation

Have you had to limit services over the last 2 or 3 years? Yes X No _____ If yes, for which services? Respite services.

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Do you have a way or method of prioritizing or determining who gets services? Yes No
If yes, what are they? *Need*

Do you anticipate having to limit service levels in the future? *No*

City/Town: Mineral County Pioneers

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals				
Home Delivered Meals				
Homemaker		XX		<i>This service we will monitor for inclusion as the need arises in St. Regis and the west end.</i>
Home Health				
Respite/ Caregiver	XX			<i>Current demand is being met – could need future expansion.</i>
Senior Center				
Transportation		XX		<i>We are looking at taking on a 2nd bus and increasing days of service.</i>

Budget for FY 2011

SANDERS COUNTY'S

AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Demographic Information: (2000 Census)

Total County Population: 10,227

Number of people aged 60 and older: 2,381 % of Total county population: 23.3 2009 2015
3,350 3,963

Number of people aged 65 and older: 1,724 % of Total county population: 16.9

Number of people aged 75 and older: 730 % of 65 and older population: 42.3

Number of people aged 85 and older: 178 % of 65 and older population: 10.3

Number of people aged 45 to 64: 3,249 % of Total county population: 31.8

Number of low-income people aged 60 and older: 685 Minority 110

Number of low-income people aged 65 and older: _____

Number of low-income people aged 46 to 64: _____

Number of Senior Centers in the county: 8

Please list them: Dixon, Camas Hot Spring, Hot Springs Tribal, Plains/Paradise, Thompson Falls, Trout Creek, Noxon, Heron

Number of people in your county receiving services under Montana's Older American Act programs: 833

Number of people receiving each of the following services:

Meals (congregate type): 756

Home Delivered Meals/Meals on Wheels: 47

Senior Transportation: 144

Respite Care: 1

In-Home (please list each on offered) Homemaker: 18

Of the services listed above, how many people receive:

Only 1 service: 833

Only 2 services: 23

Only 3 services: 1

4 or more services: 1

City/Town: Dixon

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N

2. Physician's Assistant N

3. Medical clinic N

4. Dentist(s) N

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

5. Hospital __N__
6. Critical Access Hospital __N__
7. Community Health Clinic _N__
8. Nursing Home _N__
9. Assisted Living facilities _N__
10. Ambulance services _N__
11. Fire Department-Manned _N__
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital __N__

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _28__
2. Physician's Assistant _28__
3. Medical clinic _28__
4. Dentist(s) __28__
5. Hospital __28__
6. Critical Access Hospital __28__
7. Community Health Clinic _50__
8. Nursing Home _28__
9. Assisted Living facilities _28__
10. Ambulance services _28__
11. Fire Department-Manned __50__
12. Volunteer Fire Department ____
13. Emergency medical other than a hospital _50__

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? ____ Yes __XX__ No, the person would have to travel _28_ miles to _Plains__ for services or on to _Missoula_ which is _50_ miles away.

City/Town: *Camas/Hot Springs*__

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) _Y__
2. Physician's Assistant _Y__
3. Medical clinic _Y__
4. Dentist(s) _Y__
5. Hospital __N__
6. Critical Access Hospital __N__
7. Community Health Clinic ____
8. Nursing Home _Y__
9. Assisted Living facilities _N__
10. Ambulance services _Y__
11. Fire Department -Manned _N__
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital _N__

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s)_____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital _15_____
6. Critical Access Hospital_15____
7. Community Health Clinic _____
8. Nursing Home _____
9. Assisted Living facilities _15____
10. Ambulance services _____
11. Fire Department-Manned _80__
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital _80____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes XX No, the person would have to travel 15 miles to Plains for services or on to Missoula which is 80 miles away.

City/Town: Plains

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y_____
2. Physician's Assistant Y____
3. Medical clinic Y____
4. Dentist(s) Y_____
5. Hospital Y_____
6. Critical Access Hospital Y_____
7. Community Health Clinic N____
8. Nursing Home Y_____
9. Assisted Living facilities Y____
10. Ambulance services Y____
11. Fire Department-Manned _____
12. Volunteer Fire Department Y____
13. Emergency medical other than a hospital N_____

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s)_____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital _____
6. Critical Access Hospital_____
7. Community Health Clinic 60____

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

8. Nursing Home _____
9. Assisted Living facilities _____
10. Ambulance services _____
11. Fire Department _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital _60_____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes _____ No, the person would have to travel _____ miles to _____ for services or on to Missoula which is 60 miles away.

City/Town: Thompson Falls

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _____
2. Physician's Assistant _____
3. Medical clinic _____
4. Dentist(s) _____
5. Hospital 23
6. Critical Access Hospital 23
7. Community Health Clinic _____
8. Nursing Home 23
9. Assisted Living facilities 23
10. Ambulance services _____
11. Fire Department-Manned _____
12. Volunteer Fire Department _____
13. Emergency medical other than a hospital 100

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes XX No, the person would have to travel 23 miles to Plains for services or on to Missoula which is 100 miles away.

City/Town: Trout Creek

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic N
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services N
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) 41
2. Physician's Assistant 41
3. Medical clinic 41
4. Dentist(s) 41
5. Hospital 41
6. Critical Access Hospital 41
7. Community Health Clinic 41
8. Nursing Home 41
9. Assisted Living facilities 41
10. Ambulance services 18
11. Fire Department-Manned 41
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 110

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes XX No, the person would have to travel 41 miles to Plains for services or on to Sandpoint, ID which is 54 miles away or on to Missoula which is 110 miles away

City/Town: Noxon

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y --Bull River Clinic
2. Physician's Assistant Y
3. Medical clinic Y -- Bull River Clinic
4. Dentist(s) N
5. Hospital N

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

6. Critical Access Hospital _N___
7. Community Health Clinic _N___
8. Nursing Home _N___
9. Assisted Living facilities _N___
10. Ambulance services _Y___
11. Fire Department-Manned _N___
12. Volunteer Fire Department _Y___
13. Emergency medical other than a hospital _N___

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _ - ___
2. Physician's Assistant _ - ___
3. Medical clinic _ - ___
4. Dentist(s) _41___
5. Hospital _41___
6. Critical Access Hospital _70___
7. Community Health Clinic _____
8. Nursing Home _70___
9. Assisted Living facilities _70___
10. Ambulance services _ - ___
11. Fire Department-Manned __ - __
12. Volunteer Fire Department _ - ___
13. Emergency medical other than a hospital _ - ___

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _____ Yes No, the person would have to travel _41_ miles to _Sandpoint, ID or _70_ miles to _Plains_ for services or on to _Missoula_ which is _140_ miles away.

City/Town: *Heron*

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) __N__
2. Physician's Assistant _N___
3. Medical clinic _N___
4. Dentist(s) __N__
5. Hospital __N__
6. Critical Access Hospital __N__
7. Community Health Clinic _N___
8. Nursing Home __N__
9. Assisted Living facilities __N__
10. Ambulance services _N___
11. Fire Department-Manned __N__
12. Volunteer Fire Department _Y___
13. Emergency medical other than a hospital _N___

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _32___
2. Physician's Assistant _32___
3. Medical clinic _32___
4. Dentist(s) __32___
5. Hospital _32___
6. Critical Access Hospital_63___
7. Community Health Clinic _-___
8. Nursing Home _63___
9. Assisted Living facilities _63___
10. Ambulance services _12___
11. Fire Department-Manned _-___
12. Volunteer Fire Department _-___
13. Emergency medical other than a hospital _-___

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? ___ Yes _XX_ No, the person would have to travel__32_ miles to _Sandpoint, ID_ or _63_ miles to _Plains_ for services or on to _Spokane, Washington_ which is _65_ miles away.

City/Town: *Sanders County Council on Aging, Inc.*

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

We require all our clients to complete a MASTS (Montana Aging Services Tracking System) registration form which collects data such as age, income, minority, and disability status. In addition the following areas of outreach are being accomplished:

- 1. SCCOA is involved with the local hospitals and clinics for discharge planning.*
- 2. SCCOA also works with the local churches and foodbanks for referrals*
- 3. Seniors who reside in areas where home delivered meals are not served are referred to case management for frozen meals.*
- 4. This year we plan to have flyers available at grocery stores, drug stores, DPHHS, local food banks hospitals and clinics.*

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

Which risk factors can you or do you rely on to make these decisions?

Socialization, economic situation, frailty of the client (is this person a new discharge), need for ADL or IADL, resources available and transportation.

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? 28.8% (685 of 2380)

What is the percentage of elderly in poverty that your programs are serving? 32.6% - In Home Services Programs

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

Not applicable.

Do you have a waiting list for any services? Yes ___ No X If yes, for which services?
Not at this time.

Do you limit the amount of services provided currently? Yes X No ___ If yes, for which services?

Homemaking is limited to 2 hours per week. If there is a need for additional hours it has to be approved in advance. If there is a need to have a person checked on daily we suggest Meals on wheels.

Have you had to limit services over the last 2 or 3 years? Yes X No ___ If yes, for which services?

This is the first year we had respite services and we have already used the allotted hours eight months into the fiscal year.

Do you have a way or method of prioritizing or determining who gets services? Yes X No ___
If yes, what are they?

We go out and interview the client on ADLs, nutrition risk form, and have a general information gathering conversation to find out if there are any outside resources. If we had to cut services back for any client we would have to look at which client could possibly go to 2 hours every other week.

Do you anticipate having to limit service levels in the future?

Yes, Sanders County has a large baby boomer population which we are just starting to see in Senior Centers and get referrals. As this group starts needing our services we will have to probably double homemaking and respite.

City/Town: Sanders County Council on Aging, Inc.

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals		XX		<i>Need to meet expected 20% growth in demand county wide.</i>
Home Delivered Meals		XX		<i>Need to meet expected 20% growth in demand county wide. Plus serve portions of outlying communities not currently served.</i>
Homemaker		XX		<i>Expand to meet demand expected plus eliminate current waiting list. Include cost share option for those willing to pay full cost.</i>
Home Health				<i>Provided by others.</i>
Respite/ Caregiver		XX		<i>Current year budget used in 67% of year as demand has outstripped planned service levels. Growth expected to significantly increase as knowledge of assistance spreads to caregiver populations.</i>
Senior Center	XX			<i>Maintain current senior centers. Encourage additional activities and hours of availability.</i>
Transportation		XX		<i>Expected demand to double current number of rides</i>
Information & Assistance		XX		<i>Sheer numbers of seniors moving into Sanders county will require additional service levels. We are a retirement mecca.</i>
Homechore			XX	<i>This year we have increasing requests for this service. Many people indicate they are willing to pay cost share of \$9.00 or more.</i>

Area __'s Aging Plan for the period October 1, 2011 through September 30, 2015

Expected Growth by Community	% Age 60-80 2011	% Age 60-80 2031		<i>** percentages provided by Sanders County Council on Aging</i>
LONEPINE	27%	46%		
HOT SPRINGS	30%	42%		
PLAINS	39%	43%		
THOMP. FALL	25%	45%		
TROUT CREE	20%	46%		
HOXON	23%	53%		
HERON	19%	47%		

Budget for FY 2011

FLATHEAD RESERVATION'S

AGING PLAN

For The Period

OCTOBER 1, 2011 through SEPTEMBER 30, 2015

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

Demographic Information:

Total Reservation Population: _____ (2000 Census)

Number of people aged 60 and older: 4,910 % of Total county population: _____

Number of people aged 65 and older: _____ % of Total county population: _____

Number of people aged 75 and older: _____ % of 65 and older population: _____

Number of people aged 85 and older: _____ % of 65 and older population: _____

Number of people aged 45 to 64: _____ % of Total county population: _____

Number of low-income people aged 60 and older: 515 Minority 548

Number of low-income people aged 65 and older: _____

Number of low-income people aged 46 to 64: _____

Tribal enrollment records manager reports (as of January 2008) 1,244 Salish & Kootenai Tribes enrollees aged 60 or above of which 689 live on the reservation.

Number of Senior Centers in the Reservation: 13

Please list them:

Non-tribal: Arlee, St. Ignatius, Charlo, Polson, Ronan, Dixon, Hot Springs

Tribal: Arlee, St. Ignatius, Ronan, Polson, Elmo, Hot Springs

Number of people in your county receiving services under Montana's Older American Act programs: 40 - In Home Services only! _____

Number of people receiving each of the following services:

Meals (congregate type): _____

Home Delivered Meals/Meals on Wheels: _____

Senior Transportation: _____

Respite Care: _____

In-Home (please list each on offered)

Of the services listed above, how many people receive:

Only 1 service: _____

Only 2 services: _____

Only 3 services: _____

4 or more services: _____

City/Town: Arlee

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

2. Physician's Assistant _N___
3. Medical clinic _Y__
4. Dentist(s) _N___
5. Hospital _N___
6. Critical Access Hospital _N__
7. Community Health Clinic _N__
8. Nursing Home _N__
9. Assisted Living facilities _N__
10. Ambulance services _Y__
11. Fire Department-manned _N___
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital _N___

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _-___
2. Physician's Assistant _21___
3. Medical clinic _-___
4. Dentist(s) _21___
5. Hospital _21___
6. Critical Access Hospital _21__
7. Community Health Clinic _21___
8. Nursing Home _21___
9. Assisted Living facilities _15___
10. Ambulance services _-___
11. Fire Department _-___
12. Volunteer Fire Department _-___
13. Emergency medical other than a hospital _21__

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? __ Yes ~~XX~~ No, the person would have to travel _21__ miles to _ Missoula_ for services or on to _____ which is _____ miles away.

City/Town: *St. Ignatius*

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) _N__
2. Physician's Assistant _N___
3. Medical clinic _N__
4. Dentist(s) _Y___
5. Hospital _N___
6. Critical Access Hospital _N___
7. Community Health Clinic _N___
8. Nursing Home _N___
9. Assisted Living facilities _Y___
10. Ambulance services _N___

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

11. Fire Department-Manned _N__
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital _N__

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _15__
2. Physician's Assistant _15__
3. Medical clinic _15__
4. Dentist(s) __-__
5. Hospital _15__
6. Critical Access Hospital _15__
7. Community Health Clinic _15__
8. Nursing Home _15__
9. Assisted Living facilities __-__
10. Ambulance services _15__
11. Fire Department __-__
12. Volunteer Fire Department _-__
13. Emergency medical other than a hospital _36__

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? _ Yes **XX** No, the person would have to travel _15__ miles to _Ronan_ for services or on to _Missoula_ which is _36_ miles away.

City/Town: *Charlo*

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) _N__
2. Physician's Assistant _N__
3. Medical clinic _N__
4. Dentist(s) __N__
5. Hospital __N__
6. Critical Access Hospital _N__
7. Community Health Clinic _N__
8. Nursing Home _N__
9. Assisted Living facilities __N__
10. Ambulance services _N__
11. Fire Department-Manned _N__
12. Volunteer Fire Department _Y__
13. Emergency medical other than a hospital _N__

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) __8__
2. Physician's Assistant _8__
3. Medical clinic _8__

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

4. Dentist(s) 8
5. Hospital 8
6. Critical Access Hospital 8
7. Community Health Clinic 8
8. Nursing Home 8
9. Assisted Living facilities 8
10. Ambulance services 8
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 40

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 8 miles to Ronan for services or on to Missoula which is 40 miles away.

City/Town: Ronan

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital Y
6. Critical Access Hospital Y
7. Community Health Clinic
8. Nursing Home Y
9. Assisted Living facilities Y
10. Ambulance services Y
11. Fire Department-Manned -
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) -
2. Physician's Assistant -
3. Medical clinic -
4. Dentist(s) -
5. Hospital -
6. Critical Access Hospital -
7. Community Health Clinic -
8. Nursing Home -
9. Assisted Living facilities -
10. Ambulance services -
11. Fire Department-Manned -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 45

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes ___ No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

City/Town: Polson

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) Y
2. Physician's Assistant Y
3. Medical clinic Y
4. Dentist(s) Y
5. Hospital Y
6. Critical Access Hospital Y
7. Community Health Clinic Y
8. Nursing Home Y
9. Assisted Living facilities Y
10. Ambulance services Y
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) -
2. Physician's Assistant -
3. Medical clinic -
4. Dentist(s) -
5. Hospital -
6. Critical Access Hospital -
7. Community Health Clinic -
8. Nursing Home -
9. Assisted Living facilities -
10. Ambulance services -
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital _____

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? XX Yes ___ No, the person would have to travel _____ miles to _____ for services or on to _____ which is _____ miles away.

City/Town: Elmo

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic Y- Tribal Only
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services N
11. Fire Department-Manned N
12. Volunteer Fire Department Y
13. Emergency medical other than a hospital N

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) 14
2. Physician's Assistant 14
3. Medical clinic
4. Dentist(s) 14
5. Hospital 14
6. Critical Access Hospital 14
7. Community Health Clinic
8. Nursing Home 14
9. Assisted Living facilities 14
10. Ambulance services 14
11. Fire Department -
12. Volunteer Fire Department -
13. Emergency medical other than a hospital 27

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes XX No, the person would have to travel 14 miles to Polson for services or on to Kalispell which is 27 miles away.

City/Town: Dixon

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) N
2. Physician's Assistant N
3. Medical clinic N
4. Dentist(s) N
5. Hospital N
6. Critical Access Hospital N
7. Community Health Clinic N
8. Nursing Home N
9. Assisted Living facilities N
10. Ambulance services N
11. Fire Department – Manned N

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

12. Volunteer Fire Department _Y_
13. Emergency medical other than a hospital _N_

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _27_
2. Physician's Assistant _27_
3. Medical clinic _27_
4. Dentist(s) _27_
5. Hospital _27_
6. Critical Access Hospital _27_
7. Community Health Clinic _27_
8. Nursing Home _27_
9. Assisted Living facilities _27_
10. Ambulance services _27_
11. Fire Department _ - _
12. Volunteer Fire Department _ - _
13. Emergency medical other than a hospital _35_

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? Yes _XX_ No, the person would have to travel _27_ miles to _Ronan_ or _28_ miles to Plains for services or on to _Missoula_ which is _35_ miles away.

City/Town: *Hot Springs* _

This community has the following medical, long term care and emergency services located within the community and available to it's residents:

1. Medical doctor(s) _Y_
2. Physician's Assistant _Y_
3. Medical clinic _Y_
4. Dentist(s) _Y_
5. Hospital _N_
6. Critical Access Hospital _N_
7. Community Health Clinic _N_
8. Nursing Home _N_
9. Assisted Living facilities _N_
10. Ambulance services _Y_
11. Fire Department-Manned _N_
12. Volunteer Fire Department _Y_
13. Emergency medical other than a hospital _N_

If the above services are not located in this community, what is the distance people have to travel to get the service?

1. Medical doctor(s) _ - _
2. Physician's Assistant _ - _
3. Medical clinic _ - _
4. Dentist(s) _ - _

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

5. Hospital ___15___
6. Critical Access Hospital_15___
7. Community Health Clinic_15___
8. Nursing Home _15___
9. Assisted Living facilities ___15___
10. Ambulance services _15___
11. Fire Department- Manned _-___
12. Volunteer Fire Department _-___
13. Emergency medical other than a hospital _45___

If there were a major medical issue, would the community have the medical ability to appropriately care for the person in need? ___ Yes ___XX___ No, the person would have to travel _15_ miles to _Plains_ or _25_ miles to _Polson_ for services or on to _Kalispell_ which is ___45___ miles away.

CS&K TRIBES/Tribal Elderly Programs:

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

Please explain what steps you are taking or will take to ensure that you are meeting this requirement.

We are incorporating MASTS (Montana Aging Services Tracking System) screen for all potential clients under Title III. We have developed and administered a client needs assessment for all Title III and Title VI clients.

If services have to be limited/rationed or people placed on waiting lists, what objective criteria do you use or will you use to make decisions about who gets limited services?

200% of poverty along with screening results for Tribal Health Nurses who do risk assessments on all potential clients.

Which risk factors can you or do you rely on to make these decisions?

ADLs & IADLs plus risk assessment completed by Tribal Health Nurses.

The Administration on Aging (AoA) uses a targeting ratio of 1. This means if you have a poverty rate of 10% for seniors, those 60 and older, at least 10% of the seniors your programs are serving would be in poverty (or a ratio of 1). Factors that are used in determining those at-risk of institutional care are poverty, minority and frail (ie. 85 and older/ ADLs and IADLs/nutritional risk).

What is the percentage of elderly in poverty in your community/county? _10.5% (515 of 4910)_

What is the percentage of elderly in poverty that your programs are serving? _17.5% - In Home Services Programs__

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

If the percentage in poverty is greater than the percentage of those in poverty that you are serving, what steps will you take to ensure your programs are meeting this standard?

Not Applicable

Do you have a waiting list for any services? Yes No If yes, for which services?
Home maker & Home Chore as part of my overall HomeCare Program.

Do you limit the amount of services provided currently? Yes No If yes, for which services? *HomeCare is capped at 40 hours per week.*

Have you had to limit services over the last 2 or 3 years? Yes No If yes, for which services? *HomeCare Program.*

Do you have a way or method of prioritizing or determining who gets services? Yes No
If yes, what are they?

ADLs & IADLs plus risk assessment completed by Tribal Health Nurses

Do you anticipate having to limit service levels in the future?

Yes- Depending upon funding and demand.

CS&K TRIBES/Tribal Elderly Programs:

Service Projections and Needs:

In looking at your community as a whole especially the elderly that currently live there, and the future elderly (those who will be 60 and older in the next twenty years), we need to begin to plan now if we want to keep people in their homes and communities for as long as possible. With that in mind, what services do you think will need to be continued at current level, expanded or increased to meet current need; expanded to meet future needs; developed or created or provided because service is not currently available; in order to keep people in their homes and in your community as they age?

Service	Current	Expand	Created	Explain
Congregate Meals		XX		<i>We expect increased demand due to demographic forecast showing increases in our 60+ population and the boomer generation retiring and returning to the reservation to live.</i>
Home Delivered Meals		XX		<i>We expect increased demand due to demographic forecast showing increases in our 60+ population and the boomer generation retiring and returning to the reservation to live.</i>
Homemaker		XX		<i>Homemaker is part of our HomeCare Program which provides services necessary to meet ADL & IADL requirements of our elderly clients.</i>
Home Health				<i>Provided by Tribal Health Nurses.</i>
Respite/ Caregiver		XX		<i>We expect increased demand due to demographic forecast showing increases in our 60+ population and the boomer generation retiring and returning to the reservation to live.</i>
Senior Center		XX		<i>Centers need to expand hours and activities to meet the needs of our elderly. Perhaps even day care services?</i>
Transportation		XX		<i>We expect increased demand due to demographic forecast showing increases in our 60+ population and the boomer generation retiring and returning to the reservation to live.</i>

Area __'s Aging Plan for the period October 1, 2011 through September 30, 2015

Home Care Program		XX		<i>This service includes provision of all services required to meet ADL and IADLs for our elderly clients.</i>

Budget for FY 2011

AREA _VI_ AGENCY ON AGING

AREA PLAN

SECTION F

BUDGET INFORMATION

SECTION F- 1 CLIENT AND SERVICES PROJECTIONS

Name of Service	Projected Number of Clients to be Served	Projected Number of Units of Service to be Provided
Congregate Meals	4680	104,824
Home Delivered Meals	1135	45,455
Personal Care	7	150
Homemaker	121	5,182
Home Chore	8	175
Transportation	808	48,640
Legal Services	40	150
Senior Center	5,230	60,940
Outreach	69	204
Health Screening	231	1,055
Community Education	150	300
Telephone Reassurance/Friendly Visitor	81	4,715
Information & Assistance	835	5,946
LTC Ombudsman	50	460
Case Management	1	10
Respite	20	2,424
Respite thru Alzheimer's Grant	37	3,299

SECTION F - 2 PRIORITY SERVICE NEEDS

The Area Agency undertook the following process to assess their programs, as required by House Bill 2, to determine program needs and how the Area Agency is planning to spend any increase in Title III grant funds prior to issuing contracts for Fiscal Year 2012. (A county or reservation breakdown for each of the services provided may be obtained from the Area Agency office).

We are not anticipating an increase in Title III funding in FY 2012.

Priority Services availability varies from community to community depending upon the service being targeted. The following narrative discusses unmet needs in specific programs in Area VI:

COMMUNITY SERVICES:

Congregate Meals: There are twenty three congregate meals sites in Area VI. Most serve one hot meal per day, one or more days per week. Service times vary from mid morning brunches to noon lunches and evening meals offerings. Most sites serve five or less days per week. No sites serve hot meals seven days per week. Recent service expansions have included offering evening meals as providers have determined that the array of participants attracted are significantly different from those attending traditional lunch time offerings. Therefore, greater exposure of the center and its available services is possible to a wider selection and percentage of community residents. Some senior centers leadership indicate no desire to serve more than the current two or three days per week as they indicate volunteers including the leadership are committed to capacity in their community and will not support additional service days, nor are the current participants willing to partake of an additional service offering in sufficient quantity to make it economically feasible. However, should the desire to expand service offerings be followed with sufficient increases in funding, the following provides estimated 25% service usage and cost projection increases for Congregate meals.

Congregate Meals: 25% service increase 30,000+ meals, estimated cost \$244,000.00

IN HOME SERVICES:

Home Delivered Meals: Home Delivered meals are available in fifteen communities in Area VI. Most serve one hot meal per day, one or more days per week, some offer frozen meals on alternative days. Service availability varies from seven days to a minimum of two days per week. Most all providers limit delivery area to within five or six miles of the senior center. Reported home delivered costs have averaged less than congregate as most often overhead costs, energy, space, staffing, etc. are provided by the congregate meals program sponsored by the senior center. No home delivered providers offer stand alone programs. Due to economic factors no services are offered in more remote sections of the communities.

Area ___'s Aging Plan for the period October 1, 2011 through September 30, 2015

In the past five years resources have become available from outside sources which allow for home delivered meals to be available anywhere in the area as long as UPS delivery is available. Providers include Mom's Meals and Home Style Direct. Costs including freight range from \$6.00 to \$7.50 per meal as long as a thirty day supply of meals is ordered at one time. Most sites offer this service as a private pay option, however not as a part of their subsidized home delivered programs.

Home Delivered Meals: 100% service increase 40,000+ meals, estimated cost \$250,000.00

Homemaker Services: Homemaker services are available in limited quantities in the larger towns or communities within the area. Providers often place artificial limits on service levels and clients while trying to balance staff hours available and ongoing demand. Providers are often unable or unwilling to provide the quantity of service desired by the client. Also, staff time invested and costs of travel to remote clients necessarily limit frequency of visits as funding is limited. Costs of safety and procedural training for new staff is a constant factor due to staff turnover. Most providers have implemented cost sharing requirements in order to stretch funding and provide more services. Service gaps still exist in much of the most rural portions of the area.

Homemaker Services: 12,000 units for 60+clients, estimated cost \$180,000.00

Respite Care Services: Respite Care services are available in all four counties within the area. This program has been supported by the agency eight years. However, limited funding has forced severe limitations on service availability by most providers. Inclusion of funding from the "Alzheimer's Demonstration Grant" greatly expanded availability and public awareness of service availability during the grant cycle. However, once again limited funding has forced limitations on the amount of respite services available for a specific client. Use of cost sharing for this service has increased access to this service as clients feel they have a vested interest in the program.

The past 4 years has proven we are not yet meeting the potential for this service as providers identify potential clients and convince the caregiver they need assistance.

Continuation of the "Powerful Tools for Caregivers" has enlightened many of their need to pay attention to themselves while they concentrate on caring for a loved one.

Respite Care Services: Potential 8000 units to 100 clients at estimated cost of \$160,000.00

ACCESS SERVICES:

Transportation Services: Recent infusions of significant federal funding through the Montana Department of Transportation has provided for greatly increased transportation options in many communities. However, continued unmet need exists as access to medical facilities and grocery shopping are often limited to one or two days per

week from many communities. Often clients living in remote areas are required to find a way to meet the transportation provider vehicle at specific locations in each community. Many times provider vehicles are not allowed off of paved roadways thus clients living away from paved routes have no services. Providers face operational costs associated with operating and maintaining fuel inefficient vehicles required by funding sources on routes where smaller and more efficient vehicles could be used. Thus services are even further limited. No one currently offers assisted transportation as a sponsored program.

Transportation: 70,000 rides to 800+ clients at an estimated cost of \$300,000.00

Care/Case Management: Case management services are available to those eligible for Medicaid funded services and in some communities from 100% private pay providers. In most communities no subsidized services are offered. Providers face travel and staffing issues in attempting to make services available to those who live in remote areas with low population densities. Most often, this combination of factors make it economically impossible to provide services without outside subsidy. However, out of community relatives of seniors who live in these remote areas have no one to rely on to assist their family member in time of need at any cost.

Case/Care Management – 40,000 units of service to 120 persons at an estimated cost of \$360,000.00

SECTION F - 3 ACCESS SERVICES BUDGET

SECTION F - 4 IN-HOME SERVICES BUDGET

SECTION F - 5 COMMUNITY SERVICES BUDGET

SECTION F - 6 HEALTH PROMOTION & OTHER TITLE III SERVICES BUDGET

SECTION F - 7 NATIONAL CAREGIVER SERVICES BUDGETS

SECTION F - 8 SERVICE BUDGETS - GRAND TOTAL

SECTION F - 9 AREA AGENCY ON AGING ADMINISTRATION

SECTION F - 10

AREA FUNDING FORMULA

The following describes the allocation (funding) formula established and used by the Area Agency on Aging for the distribution of funds to the counties and/or projects for services to be provided in the Planning and Services Area under the Older Americans Act.

Title IIC Nutrition funds

Formula includes \$3,500 base per nutrition site, balance distributed based on number of meals to eligible participants by contractors in each county as compared to the whole, using a 2 1/2 year history period through March 30th of the current year to compute the number of meals served.

Title IIB, D, State & Other funds

Formula includes \$10,000 base per county to meet rural, low income, minority and other requirements. Balance is distributed by 60+ population ratio between counties.