

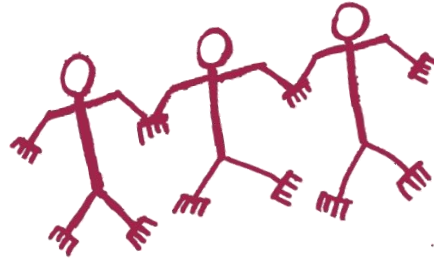
GUAM STATE OFFICE ON AGING DIVISION OF SENIOR CITIZENS

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GOVERNMENT OF GUAM

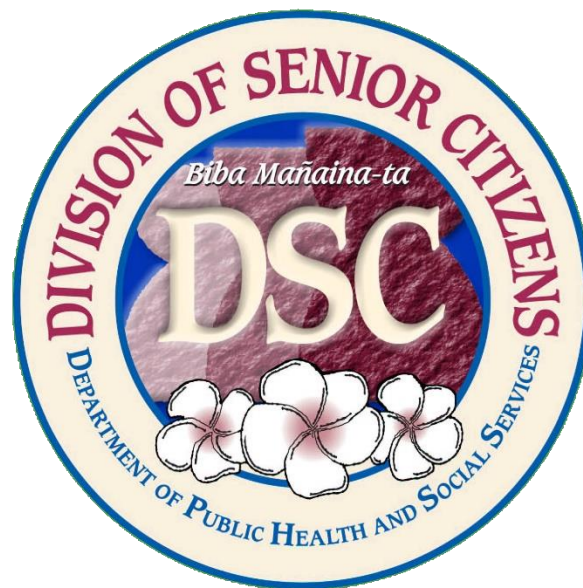


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As of 6/22/23



GUAM 2024-2027 FOUR YEAR STATE PLAN ON AGING



DRAFT

As of 6/22/23

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**GUAM FOUR YEAR STATE PLAN ON AGING
FISCAL YEARS 2024 – 2027**

I. SIGNED VERIFICATION OF INTENT PAGE FROM GOVERNOR

VERIFICATION OF INTENT

The Department of Public Health and Social Services, Division of Senior Citizens, hereby submits Guam’s State Plan on Aging for the period of October 1, 2023 through September 30, 2027. The Division of Senior Citizens serves as the State Agency and has the authority through the leadership of the State Office on Aging Director to develop and administer the State Plan on Aging in compliance with the requirements of the Older Americans Act of 1965, as Amended by the Older Americans Act Amendments of 2020. The State Agency is primarily responsible for the coordination of all State activities related to the purpose of the Act, including but not limited to the development of a comprehensive and coordinated system of care in the delivery of aging services related to the Act. These services include supportive services, protective services, nutrition services, and caregiver services. The State Agency will serve as the effective representative and visible advocate for the older population of Guam. For purposes of this State Plan, Guam is a single planning and service area (SPA) and a 100% rural and 100% minority community.

The State Plan on Aging hereby submitted has been developed in accordance with applicable Federal statutory and regulatory requirements.

DATE

ARTHUR U. SAN AGUSTIN, MHR
Director
Department of Public Health and Social Services

I hereby approve Guam’s State Plan on Aging that constitutes authorization to proceed with activities under the Plan and is submitted to the Assistant Secretary for Aging for review and approval.

DATE

LOURDES A. LEON GUERRERO
Governor of Guam

II. EXECUTIVE SUMMARY

Organizationally, Guam's State Office on Aging (SOA) is under the Division of Senior Citizens (DSC) of the Department of Public Health and Social Services. The DSC is responsible for coordinating activities related to older persons on Guam in accordance with the Older Americans Act of 1965, as Amended, the Act, and Guam's Public Law 14-139 which created the DSC. A key responsibility of the SOA is the development of Guam's Four Year State Plan on Aging for the period of October 1, 2023 through September 30, 2027.

Guam's Four Year State Plan on Aging, the "Plan", serves as the blueprint to provide direction in planning and implementing long-term care initiatives for our islands elders in accordance with the Act. The Plan reflects and responds to the needs of an increasing number of older individuals with the aim to help Guam's aging community maintain independence and dignity in their homes and communities, and address the reality of fiscal and resource limitations. The Plan represents the network of providers and various partners the State Office on Aging, the State Agency on Aging and the Bureau of Adult Protective Services work within the provision of long-term services and supports made available to the islands elders on Guam.

Guam, like the rest of the nation, is undergoing a demographic revolution. The 2020 Census population for Guam is 153,836 with an estimated 25,474 seniors, age 60 and older, or 16.56% of Guam's total population comprised of seniors. In 2006, the onset of "baby boomers" turned 60 and will continue through 2024. We are working with baby boomers seeking assistance to meet their long-term care needs as many of them are caring for or have cared for their own aged parents bringing forth the realization that institutional care is not their preferred means of care should they require supervised care. Baby boomers are seeking alternatives that will enhance their physical, social and emotional well-being through personal care and assistance so they are able to continue living in their own homes as they age.

"Aging in place" is an approach to long-term care that promotes independent living, strengthening family supports, addressing home modifications and other long-term services and supports, so that older persons can continue living in their own homes or in a home-like setting in their communities, even in the event of declining mental and physical abilities.

We strive to empower Guam's senior community to make person-centered decisions, provide support to high-risk clients, their families and caregivers to delay the onset of institutionalization and to provide evidence-based prevention programs to reduce the risk of disease, disability and injury among older individuals. The national perspective for older individuals, as we fondly refer to as "our Mañaina-ta, our Manãmko", to age in place and to provide options and choices for home and community-based services resonates with the local landscape of our cultural practices to care for our elders in their homes; ensuring program services are culturally and linguistically appropriate while maintaining the dignity, integrity and independence of older individuals. Further, in line with the Act, it is the intent of the DSC to continue to work on building our capacity to streamline access to services and support for older adults and individuals with disabilities. Guam's SOA will continue to work with its key planning partners, the Guam Behavioral Health and Wellness Center (GBHWC), the Department of Integrated Services for Individuals with Disabilities (DISID) and the Medicaid program to move the No Wrong Door Program forward with the eventual expansion of other natural

partners, such as, Veterans Affairs. Along with our partners, Guam's SOA will continue to work for every door in our public support service system to be the right door with a range of services being accessible to everyone from multiple points of entry.

The Plan is a living document that lays out the existing services for seniors that will provide data to identify unmet needs and services gaps which can be used to leverage additional resources to meet the needs of Guam's older population. We will continue to work towards increasing the number of clients we serve through diversification and refinement of aging programs, thereby addressing unmet needs and service gaps.

The Plan also provides a snapshot of the Division of Senior Citizens which consists of the State Agency and the Bureaus of Administrative Support, Community Support, Adult Protective Services and Program Administration and Program Development that assist the State Office on Aging in carrying out its responsibilities. Through its administration of 17 aging programs or services, the Division of Senior Citizens strives towards delivering a coordinated and comprehensive system of delivery that promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity.

Guam's State Plan on Aging provides a multitude of long-term services and supports for the elders on island, however, there are challenges we face of which funding is a major issue to be able to expand services in order to meet the increasing and changing demands expected of the services provided. While most, including the government, are compassionate towards the "Manamko" (senior citizens); aging programs are not exempted from budgetary constraints and setbacks. Therefore, the goals and objectives of the Plan reflect this reality.

In order to address the needs of Guam's aging population, the Guam SOA has set forth the following goals:

Goal 1: The Guam SOA will maintain, strengthen or enhance Title III and VII aging programs (OAA Core Programs)

Goal 2: The Guam SOA will review and integrate COVID-19 highlighted services that make it possible for older adults to live independently such as social isolation on older adults and caregivers and increasing the aging network awareness of the need to plan for future disasters. (COVID-19 and Social Isolation)

Goal 3: The Guam SOA will continue to integrate ACL Discretionary Grants: State Health Insurance Assistance Program and Senior Medicare Patrol Project (Title IV) with OAA Core Programs such as the Case Management Services (CMS) Program and the National Family Caregiver Support Program. (Equity)

Goal 4: The Guam SOA will incorporate aging network services with Home and Community-Based funded by other entities such as Medicaid. (Expanding Access to HCBS)

This area will be used to provide the input for the public hearing scheduled for Wednesday, June 28, 2023 at the DSC Conference, University Castle Mall Building, Suite 8, Mangilao from 10:00am to 12:00pm and 4:30pm to 6:30pm.

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III. CONTEXT

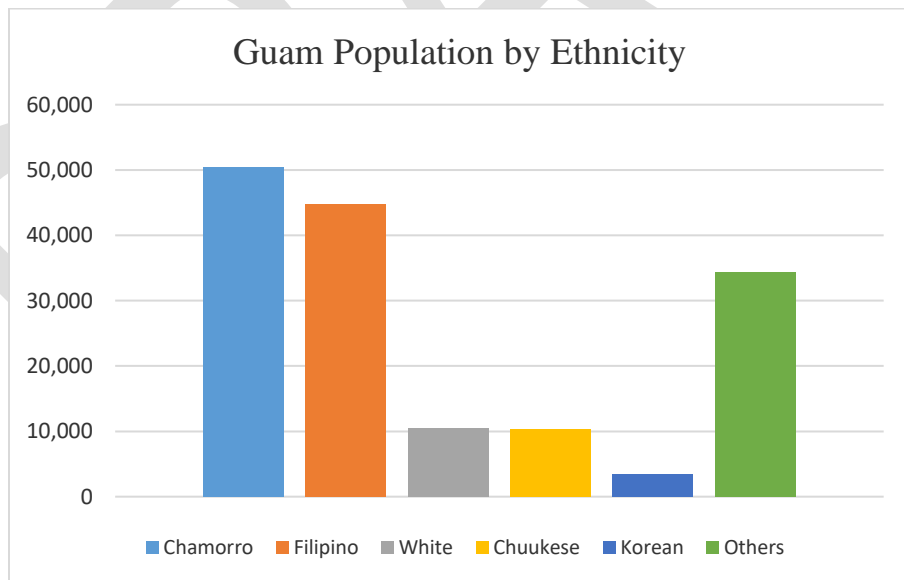
A. GUAM'S GEOGRAPHIC LOCATION AND CLIMATE

Guam, an unincorporated territory of the United States, is the largest and southernmost island in the Marianas Archipelago. This western-most territory of the United States lies 6,000 miles from the U.S. west coast and 3,700 miles west-southwest from its closest U.S. neighbor, Hawaii. Guam consists of a single landmass of 225 square miles (length of 30 miles, width between four and eight miles). The tropical climate is warm throughout the year. Temperatures range between 75 and 86 degrees Fahrenheit, with a mean annual temperature of 81 degrees. Guam is located within “Typhoon Alley” and is therefore vulnerable to frequent storms and typhoons that can potentially cause extensive damage and endanger the health and safety of its residents.

B. GUAM'S AGING DEMOGRAPHICS AND ANTICIPATED GROWTH IN THE ISLAND'S AGING POPULATION

The 2020 Census estimates Guam's population to be 153,836. Of this number, there are approximately 25,474 or 16.56% of Guam's population age 60 years or older.

The 2020 Census shows that the top 5 ethnic origins on Guam are: Chamorro at 32.78% or 50,420 of Guam's population of 153,836; 29.12% or 44,793 are Filipino; 6.82% or 10,491 are White; 6.68% or 10,274 are Chuukese, and 2.23% or 3,438 are Korean. The remaining 22.37% or 34,420 are a mix of other Asian, Pacific Islanders, and other ethnic groups.



C. GUAM'S STATE OFFICE ON AGING

I. HISTORY OF THE GUAM STATE OFFICE ON AGING

In 1969, the Office of Aging, referred to as the "Office", forerunner of the State Office on Aging, existed as a section under the Department of Public Health and Social Services, Division of Social Services. The Office worked closely with the Guam Association of Retired Persons through its Servicio Para I ManAmko (SPIMA) project for the provision of services. Monies to support the activities of the Office of Aging gradually became available with Title III grants under the Older Americans Act of 1965, as Amended. As a recipient of Federal funds under the Older Americans Act, the Office of Aging was also recognized as Guam's State Agency on Aging.

On August 28, 1978, Public Law 14-139 created the Division of Senior Citizens, State Office on Aging (SOA) within the Department of Public Health and Social Services. Although under the general supervision and control of the Director of Public Health and Social Services, the Guam SOA is mandated by P.L. 14-139 to work closely with the Guam Council on Senior Citizens on long-range planning and policy formulation with respect to senior citizens' programs, issues and concerns.

On January 30, 1989, the Adult Protective Services Unit (APS) was created through the enactment of Public Law 19-54, as amended by Public Law 21-33. On December 29, 2012, Public Law 31-278 was enacted updating the prior mandates regarding the provision of protective services for adults with a disability, ages 18-59 and seniors age 60 and older with or without a disability, upgrading the Unit to a Bureau, Bureau of Adult Protective Services (BAPS), while keeping with the original intent that BAPS is the sole Unit responsible for receiving and investigating all suspected cases of elderly and adults with disabilities abuse, neglect and exploitation.

A) Guam Council on Senior Citizens

The Guam Council on Senior Citizens (GCSC) was created through P.L. 14-139 on August 28, 1978. On April 1, 1994, P.L. 22-105 amended the composition of the GCSC from 15 to 17 members, adding two additional members, one from the National Association of Retired Persons (NARFE) and the other from the American Association of Retired Persons (AARP).

On September 4, 2019, Guam Public Law 35-31 passed and amending the makeup of the Guam Council on Senior Citizens to reduce the number of members in order to better facilitate a quorum and effectiveness of the council. The mandate prescribes that the majority of the GCSC members shall be at least 55 years or older and appointed by the Governor.

Their functions and responsibilities are to:

1. Furnish leadership needed for long-range planning;
2. Work along with the Director for the coordination and implementation of programs, activities and services for the elderly;
3. Serve as an advocate for the elderly; and
4. Adopt rules and regulations necessary for the implementation of provisions of Public Law 14-139.

Appointments by the Governor will be from the following which will need to be reviewed and amended as there is no current Guam Chapter of the National Association of Retired Federal Employees and there is no Guam Chapter of the American Association of Retired Persons operating. Additionally, the SOA will have to coordinate with Legislative Chair on Senior Citizens to amend Guam Public Law 35-31 to ensure the council composite complies with OAA, Section 306 (6)(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the (State) plan.

1. Mayors' Council of Guam – 1
2. Guam Association of Retired Persons – 1
3. Southern Region Community – 1
4. Central Region Community – 1
5. Northern Region Community – 1
6. Guam Chapter of the National Association of Retired Federal Employees – 1
7. Guam Chapter of the American Association of Retired Persons – 1
8. Representatives of the Community-At-Large – 2

B) Guam's Aging Network

Guam SOA serves as an advocate for older persons on Guam, and assists other agencies and organizations in the development of a comprehensive and coordinated system of long-term services and supports. The Guam SOA seeks to facilitate the promotion, planning, and establishment of a comprehensive long-term care system that assists senior citizens with functional disabilities, older persons and their families, and the network of partners who serve adults with disabilities, that emphasizes consumer choice, independence and quality of life.

Under the Guam State Office on Aging, the aging network is comprised of contracted service providers and vendors administering 10 Title III aging programs and one (1) locally funded program for a total of 11 programs on contract. There are three (3) programs administered through Memorandums of Understanding with government entities, seven (7) programs administered by for-profit businesses; and one (1) program administered by a faith-based organization, a non-profit organization. In addition, the SOA administers nine (9) programs, that include Information, Referral and Assistance (IR&A); State Health Insurance Assistance Program (SHIP); Senior Medicare Patrol Project (SMP); Elder Abuse; Ombudsman; No Wrong Door Program; Aging and Disability Resource Center Software and Services agreement; and the administration of the Bureau of Adult Protective Services which encompasses all aspects of elder and adult abuse, from intake, investigation, aftercare to prevention and education (outreach).

The Mayors' Council of Guam (MCOG) has been in existence since 1832 and was previously called the Commissioner's Council. The MCOG is a government entity created by Public Law 14-27 on May 26, 1977 who through a Memorandum of Understanding (MOU) with the Guam SOA (DPHSS) provides for the daily operations of 12 Senior Citizens Center on island. An MOU was effectuated in

FY 2016 for the MCOG to continue their operation of this program. MCOG has agreed to continue our partnership for FY 2024 and we will continue to propose our engagement with MCOG.

On April 1, 2018, the MCOG assumed the administration of the Adult Day Care the Division is putting forth an In-Progress Request for Proposal for FY24. It is the intent of the SOA to publish the RFP in FY2023.

On March 31, 2023, the Case Management Services program commenced services with Health Services of the Pacific (HSP) for the remainder of FY 2023 with the option to renew for three additional one year terms as well.

On March 31, 2023, the In-Home Services program commenced services with Health Services of the Pacific (HSP) for the remainder of FY 2023 with the option to renew for three additional one year terms.

On December 11, 2020 the Public Defender Services Corporation through an MOU provides Legal Assistance Services program.

The Transportation Services Program is contracted to a for-profit company, Kloppenburg Enterprises, Inc. that has been operating their business on Guam for 46 years and has been our transportation vendor since July 9, 2009. Their current agreement expires on November 30, 2024.

The Elderly Nutrition Program is comprised of two parts, C1 or Congregate and C2 or Home-Delivered and is contracted to a for-profit company, S.H. Enterprises, Inc. that has been operating their business on Guam since 1985. Their current agreement expires on November 30, 2024.

The Preventive Health funds are used to provide an evidence-based program at various pre-selected, Senior Citizens and Adult Day Care Centers. This SOA will be putting forth a new MOU and is reviewing the current highest tier evidence-based program for senior center client engagement. The SOA is exploring the possibility of a special projects coordinator charged with this program and who will be subject to ensuring compliance with the required training to deliver the evidence based program. Therefore, the special projects coordinator may be a single person or an entity who employs a person or persons to administer this program.

The National Family Caregiver Support Program (NFCSP) first began its services on Guam in October 2001 to offer five direct services to meet the range of caregiver needs. It operated under the University of Guam – Institute of Micronesian Health and Aging Studies and the DPHSS/DSC. Today, this program is currently contracted to Health Services of the Pacific (HSP) which was incorporated on April 22, 2004 as a “C” Corporation, providing health care services primarily in the home setting. HSP has been a service provider for the NFCSP since October 1, 2011 and their current agreement will expire on September 30, 2023. It is the intent of the SOA to put forth the Request for Proposal for this program and that this program be awarded in FY 2024 for the agreement to be in effect for FY 2024. Further, contained in the current agreement with HSP, is the contractual provision to extend the agreement with HSP for up to six months provided the SOA is actively engaged in a procurement activity for this program which may or may not be activated depending on where the procurement for this program service is at.

Guma Serenidad or Home of Serenity is an emergency protective shelter program administered by the Mayors' Council of Guam since August 1, 2022. The SOA has submitted its procurement request for an Invitation for Bid since March 2023 for the comprehensive management of the operations of Guma Serenidad and we are working on this procurement activity with external agencies.

Beyond the network of contracted providers of the DSC, the island's network of providers who support the senior community of Guam consists of other private and public agencies that have an interest or provide services to senior citizens, such as but not limited to housing, employment, health services, long term care, transportation, educational opportunities, and advocates for individuals with disabilities. These entities are key partners in providing long-term services and supports in the continuum of care that supports Guam's aging community. A few key partners include the Medicaid and Medically Indigent Program, Supplemental Nutrition Assistance Program (formerly the Food Stamp Program), Social Security Administration, Guam Housing and Urban Renewal Authority, Guam Chapter American Association of Retired Persons, GovGuam Association of Retired Persons, St. Dominic's Senior Care Home, Department of Integrated Services for Individuals with Disabilities, Office of the Public Guardian, Guam Legal Services Corporation-Disability Law Center, Micronesia Legal Services Corporation, Public Defender Service Corporation, Veterans Administration, Guam Memorial Hospital, Office of the Attorney General, Guam Behavioral Health and Wellness Center, Victim Advocates Reaching Out, Salvation Army and the Guam Coalition Against Sexual Assault and Family Violence.

In addition, through the collaborative work we do for the annual celebration of Senior Citizens Month referred to in the nation as Older Americans Month, the DSC has forged partnerships with various civic groups, government agencies, and numerous private and for-profit supporters who step up and help put forth the annual celebration of Senior Citizens Month year after year.

II. MISSION, VISION AND PURPOSE OF THE GUAM STATE OFFICE ON AGING

The mission of the Guam SOA is to plan, coordinate, implement, and evaluate programs and services, and to identify and leverage all possible resources towards promoting, maintaining and protecting the total well-being of older persons (seniors citizens age 60 years and older), while safeguarding their dignity, integrity, independence, values and cultures. (10GCA, Health and Safety, Ch. 8, Senior Citizens)

Guam SOA's vision is to provide formal community support systems that promote the independence, integrity, and dignity of all older persons on Guam while striving to ensure their individual cultural practices and beliefs are respected in a continuous effort to support their desire to age in place.

The purpose of the Guam SOA is to administer Title III programs mandated by the Older Americans Act (OAA) of 1965, as Amended and the development and administration of Guam's Four Year State Plan on Aging. The State Agency and Bureaus of Administrative Support, Community Support, Adult Protective Services, Program Administration and Program Development assist the State Office in carrying out its responsibilities. The administration of aging programs strives towards delivering a coordinated and comprehensive system of delivery that promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity.

The Guam SOA is responsible for coordinating all activities on Guam relating to the purposes of the Older Americans Act to help elderly individuals maintain independence and dignity in their homes and communities. Through the efforts of the Guam SOA, program services and initiatives will focus on meeting the rapidly growing new generation of long-term care consumers and their desire to age at home among their families and friends. Guam SOA will continue to request for state (local) funding to meet the basic matching requirements of the Administration for Community Living (ACL) and further expand local efforts through additional state, private or Federal grant funding. Guam SOA will continue to advocate for older individuals on Guam and assist agencies and other entities in the development of a comprehensive and coordinated service delivery system throughout Guam in line with the mission and vision of the ACL. In addition, the Guam SOA will continue to be engaged in activities and discussions that forge increased partnerships with agencies and entities whose primary aim is to provide services to adults with a disability.

III. AGING PROGRAMS

Although Guam's Public Law 14-139 (10GCA, Health and Safety, Ch. 8, Senior Citizens, §8102 (d)) defines a senior citizen as age 55 years or older, aging services administered by the Guam SOA are provided to older individuals 60 years of age and older based on OAA eligibility criteria, unless otherwise provided for as in the target population of the National Family Caregiver Support Program and the Bureau of Adult Protective Services. Clients of the National Family Caregiver Support Program include caregivers serving elderly individuals; elderly caregivers serving children; and elderly caregivers serving adults and children with disabilities. The Bureau of Adult Protective Services serves individuals 60 years of age and older and adults with a disability between the age of 18-59.

Through funding from the ACL, Administration on Aging, as authorized through the Older Americans Act of 1965, as Amended, the Guam SOA provides the following services, either directly or through contract:

1. Title III-B: Supportive Services includes:
 - a. Adult Day Care
 - b. Case Management
 - c. In-Home Services
 - d. Legal Assistance Services
 - e. Senior Center Operations
 - f. Transportation Services
2. Title III-C: Elderly Nutrition Program includes:
 - a. C1 – Congregate Meals
 - b. C2 – Home-Delivered Meals
3. Title III-D: Preventive Health
4. Title III-E: National Family Caregiver Support Program
5. Title VII: Elder Abuse
6. Title VII: Ombudsman
7. Adult Protective Services that includes a 24 Hours - 7 Days a week Crisis Intervention Hotline (CIH) and Guma Serenidad, a protective shelter for adults with a disability ages 18-59 or seniors age 60 and older
8. Senior Citizens Month events may include, but not limited to:
 - a. Proclamation Signing

- b. Centenarian Celebration
 - c. Misan Celebrasion Para I Mañaina-ta (Celebratory Mass for Seniors)
 - d. Governor's (Guam) Conference on Aging
 - e. Huegon Manamko (Senior Goodwill Games)
 - f. Legislative Reception
- 9. Information, Referral and Assistance (IR&A)
 - 10. State Health Insurance Assistance Program (SHIP)
 - 11. Senior Medicare Patrol (SMP) Project
 - 12. Aging and Disabilities Resource Center (Software and Services)
 - 13. No Wrong Door Program
 - 14. Nutrition Services Incentive Program

A detailed description of these programs and projects is provided in Attachment C.

IV. FUNDING

For planning purposes, it is projected that in FY 2024 Guam SOA will receive \$3,901,004 or approximately 29% in Federal dollars and \$9,739,127 or approximately 71% in local dollars for a total of \$13,640,131 for its divisions' programs, personnel and general office operations.

Overall, taking all matched accounts into account, Guam is projected to put forth an overmatch amount of \$7,159,982 or 63% of the total amount projected to be contracted in FY 2024 which is \$11,355,339 of which \$4,195,357 or 37% is the Federal-Local Maintenance of Effort (MOE). *This amount excludes Supplemental Local funds needed of \$1,605,469 for Title IIIB due to Local Funding Ceiling Cap for FY24 Budget Request.*

Although the Title III B Supportive Services Funding Formula is 85% Federal and 15% local match, the projected percentage based on FY 2024 funding request for Title III programs has the Guam SOA overmatching by approximately 85%. The projected contract value for Title III FY 2024 is \$6,135,376 of which \$940,098 or 15% is the Federal-Local Maintenance of Effort (MOE), with the remaining projected contract value of \$5,195,278 being the local overmatch or approximately 85%. *This amount excludes Supplemental Local funds needed of \$1,605,469 for Title IIIB due to Local Funding Ceiling Cap for FY24 Budget Request.*

Two programs, Title III C1 Elderly Nutrition Program (Congregate) and Title IIIE National Family Caregiver Support Program, remain at their required maintenance of effort levels of 85% Federal and 15% local and 75% Federal and 25% local, respectively.

Additional funding comes from a grant through the Administration for Community Living for the operation of a State Health Insurance Assistance Program (SHIP) locally recognized as the Guam Medicare Assistance Program to assist beneficiaries navigate through the Medicare maze and to administer the Guam Senior Medicare Patrol Project.

Given the local commitment described above, Guam SOA projects to maintain expenditure levels for the next four (4) years and in line with the ACL requirement will provide each older person with an opportunity to voluntarily contribute to the cost of services. Further, aging programs are encouraged to accept voluntary donations, cash or in-kind from consumers and families. Additional program income funds are generated through voluntary contributions. All funds received through donations

or raised through program activities are for the sole use of the program through which the funds were obtained or generated.

Guam SOA intends to expend no less than the amount expended in Fiscal Year 2000 as prescribed by the Older Americans Act of 2000, as Amended and projects to expend approximately \$12.234 million in Fiscal Year 2024. In Fiscal Year 2024 we anticipate a slight increase of \$1.405 million as compared to funding in Fiscal Year 2023 at approximately \$12.234 million. Guam SOA anticipates level funding for Fiscal Years 2025, 2026 and 2027.

The Guam SOA will notify the Administration for Community Living when there is a change in the method of providing Title III Aging Programs in a manner that affects the availability and/or funding of ongoing services to ensure proper guidance is received on the matter and to ensure that the Federal granting agency is aware of any impact on the delivery of services to the elderly, their families and caregivers, and our partners in the disability community.

V. PERSONNEL ORGANIZATION

Guam's State Office on Aging (SOA) is one (1) of six (6) divisions within the Department of Public Health and Social Services. In Fiscal Year 2024 the SOA is authorized 18 full time employees (FTE). Ten (10) are filled with eight (8) funded vacant positions or 44% of staffing being recruited as follows:

1. Program Coordinator IV (6912) Bureau of Program Administration & Development
2. Program Coordinator IV (6282) Bureau of Community Support
3. Management Analyst IV(6601) State Office on Aging
4. Program Coordinator III (6609) Bureau of Community Support
5. Program Coordinator III (6472) Bureau of Program Administration & Development
6. Program Coordinator III (6201) Bureau of Program Administration & Development
7. Administrative Officer (6914) Bureau of Administrative Support
8. Customer Service Representative (6483) Bureau of Administrative Support

Recruitment of personnel is essential for the Guam SOA to maintain its leadership role in developing a comprehensive approach in the planning, coordination, integration, implementation, and evaluation of long-term services and supports that enables senior citizens and persons with disabilities to develop or maintain their full potential, skills, abilities and community participation.

The recruitment of suitable applicants to fill vacant positions can span over a period of two fiscal years resulting in existing personnel managing a multitude of programs and projects with little to no room for innovative practices and professional growth, both critical aspects for personnel to develop and maintain their technical relevance, soundness and competence. Without adequate personnel, the Guam SOA is challenged to: explore best practices in the delivery of services; become more engaged in program delivery services through increased and planned monitoring; conduct data analysis in order to identify trends and program projections to guide program decisions; develop professional capacities in program management; and implement a succession plan for the future of Guam's SOA.

Current filled positions include:

1. Senior Citizens Administrator
2. Senior Citizens Assistant Administrator

3. Two (2) Program Coordinator IV's
4. One (1) Social Services Supervisor I
5. Two (2) Program Coordinator III's
6. Two (2) Social Worker III's
7. Administrative Assistant

In addition to the 18 funded positions identified earlier, the Guam SOA requires an additional 12 positions to be funded in order to provide the optimal level of professional guidance and technical assistance to the aging and disabilities network; to be at the cutting-edge in addressing aging issues; to improve, expand, and refine aging programs and services which would lend itself to personnel within the Guam SOA becoming subject matter experts in the field of aging. The following **12 vacant and unfunded** positions are subject to change depending on the need, direction and resources of the Guam SOA:

1. Bureau of Administrative Support **(2)**
 - a. Administrative Aide
 - b. Customer Service Representative
2. Bureau of Program Administration and Development **(4)**
 - a. Human Services Administrator
 - b. Three (3) Program Coordinator IIIs
3. Bureau of Community Support **(3)**
 - a. Human Services Administrator
 - b. Program Coordinator IV
 - c. Program Coordinator III
4. Bureau of Adult Protective Services **(3)**
 - a. Human Services Administrator
 - b. Program Coordinator III
 - c. Social Worker III

Attachment E provides the Organizational Chart for the Division of Senior Citizens, Guam State Office on Aging.

VI. GUAM STATE OFFICE ON AGING AND STATE AGENCY ON AGING, BUREAU DESCRIPTIONS

In accordance with Public Law 14-139 (10GCA, Ch. 8, Health and Safety, Senior Citizens), the Division of Senior Citizens, Guam's State Office on Aging, plans, coordinates and implements programs geared toward assisting older individuals in addressing their needs and problems, and in their attainment or maintenance of a satisfying lifestyle. The Guam SOA is charged with the responsibility of administering Title III Supportive Services which is comprised of six distinct programs, Elderly Nutrition Program which is comprised of two distinct programs, Preventive Health, and the National Family Caregiver Support Program; Nutrition Services Incentive Program; and the Title VII Elder Abuse and Ombudsman Programs, as mandated by the Older Americans Act (OAA) of 1965, as Amended, and the development and administration of Guam's Four Year State Plan on Aging, 2024-2027. In addition, the Guam SOA administers the Guam State Health Insurance Assistance Program (SHIP) locally recognized as Guam Medicare Assistance Program (Guam MAP),

the Senior Medicare Patrol Project (SMP), the No Wrong Door (NWD) and the Aging and Disabilities Resource Center (ADRC) Software and Services Initiatives.

Through the various programs administered by the Guam SOA, services have included working with and advocating for persons with disabilities under the age of 60 through the efforts of the Bureau of Adult Protective Services, National Family Caregiver Support Program, Guam Senior Medicare Patrol Project, and the Guam State Health Insurance Assistance Program. In addition, two initiatives, No Wrong Door and ADRC will bring to our doors individuals with disabilities, their families and caregivers seeking services providing us the opportunity to provide care coordination to individuals with a disability.

The State Agency comprised of the Bureaus of Administrative Support, Community Support and Program Administration and Development along with the Bureau of Adult Protective Services assist the State Office in carrying out its responsibilities. The Administration of Aging programs promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity.

A. BUREAU OF PROGRAM ADMINISTRATION AND DEVELOPMENT

Bureau Mandates and Responsibilities: In accordance with the Older Americans Act of 1965 as Amended, the Guam SOA implements and coordinates the provision of services to older individuals age 60 years of age and older.

In fulfilling its mandates, the BPAD:

1. Identifies and uses all possible resources towards promoting, maintaining, and protecting the total well-being of older individuals to age in place while safeguarding their dignity, values, and cultures;
2. Advocates to ensure our elderly enjoy their well-deserved rights and benefits;
3. Ensures each and every older individual who is capable of self-care with the appropriate supportive services will be afforded the maximum independence and dignity in a home environment;
4. Strives to remove individual and social barriers to economic and personal independence;
5. Ensures a continuum of care for the vulnerable elderly is provided; and
6. Requires quality services to be provided for senior citizens' programs and activities.

Within the Bureau of Program Administration and Program Development are two (2) units:

Program Administration Unit (PAU) is charged to ensure compliance of 10 Title III aging programs contracted through Invitation for Bids, Requests for Proposals or through Memorandum of Understanding with for-profit, non-profit or government entity. The staffs of this Unit are responsible for ensuring the specifications of each program are reflective of the current rules, regulations and applicable laws. Unit staffs monitor activities such as, reviewing submitted monthly program reports that contain statistical, financial and narrative components to ensure the program information and data is accurate and complete by cross checking statistical to narrative and reconciling financial information to ensure no discrepancies are identified. Identified discrepancies are communicated to the provider to address to resolution. Discrepancies may result in disallowed costs, unauthorized

expenditures and the application of penalties. The staff also review and clear program invoices to be processed for payment.

The Bureau is currently funded for six positions and yet requires an additional four positions to be funded for a total of 10 staff to ensure the BPAD conducts periodic site visits of contracted programs to monitor their delivery of services, management of each program's physical/property inventory, deploy surveys to gauge participants input on the services provided, keep abreast of best practices to be incorporated into the existing programs' delivery of services, and to meet with clients and their families or caregivers to document and analyze their experiences to work towards program enhancement, refinement and expansion. With less staff, the BPAD will need to continually assess and reassess their priorities to determine which monitoring and contracting activities will be managed to ensure the continuation of core program services.

Further, programs are monitored through a combination of reporting requirements reviewed and cleared each month, responding to complaints, and through technical assistance meetings conducted throughout the program year, as needed or requested. The PAU is also responsible for annually reporting program data to the State Program Report (SPR) and the Nutrition Services Incentive Program (NSIP) program as well as preparing semi-annual, annual, and final Federal Financial Reports for Title III aging program services and local reporting of Compact Impact for citizens of the Freely Associated States who access aging program services. PAU also participates in reviewing, analyzing and negotiating program budgets with Service Providers and Vendors.

Program Development Unit (PDU) is charged with developing new programs or providing recommendations on how to enhance and/or refine existing programs and/or projects, as well as applying and/or managing grants in their formative stages with the possibility that once the program is stabilized, will be transferred to either another bureau or unit within the Guam SOA. PDU is also charged with the responsibility of drafting program specifications and Requests for Proposals, Invitation for Bids, Memoranda of Understanding, and Emergency Procurement. In the execution of the Unit's responsibilities collaborative partnerships with, but not limited to, the General Services Agency, Office of the Attorney General is required to complete the project.

B. BUREAU OF ADULT PROTECTIVE SERVICES

Bureau Mandates and Responsibilities: The Bureau of Adult Protective Services (BAPS) was created in January 1989 through the enactment of Public Law 19-54 and later amended by Public Law 21-33. On December 28, 2012, Public Law 31-278 (10GCA, Health and Safety, Ch. 2, Article 10, APS) repealed and amended the APS mandate providing clearer definitions on the types of abuse, expanding on the list of professionals under mandated reporters, providing the personnel required for protective services to be fully operational in investigations and prevention and lifting the work of this body from Unit to Bureau. The Bureau is mandated to receive and investigate all reports of abuses against the elderly or adults with a disability; these specifically include but are not limited to reports of abuse in facilities operated by public or private agencies and in private residences. The types of abuse reportable to the BAPS include: abandonment, physical abuse, emotional or psychological, financial or property exploitation, neglect, self-neglect or sexual abuse. Through a Memorandum of Understanding with the Mayors' Council of Guam, an Emergency Receiving Home (ERH) is available to provide a safe and temporary shelter to elderly and adults with disabilities who are victims of abuse. The ERH program also provides a 24-hour Crisis Intervention Hotline to receive and

respond to reports of abuse and neglect and to ensure victims of abuse have access to APS at all times. The ERH program from is called Guma Serenidad in Chamorro or as translated in English, Home of Serenity. Further, the Bureau provides outreach, education, monitoring, and advocacy for vulnerable elders and adults with disabilities.

The Bureau also manages Older Americans Act (OAA) Title VII allotments for Vulnerable Elder Rights Protection Activities, namely, the Long Term Care Ombudsman and Elder Abuse Prevention Programs. The funds are used for a portion of the LTC Ombudsman salaries and benefits, off-island training and other program needs articulated by the Guam SOA.

The Bureau is currently funded for four positions and requires an additional Social Worker III and Program Coordinator III. A review of statistical data on the types of referrals/intakes received by the APS in the prior three (3) fiscal years shows a consistency as to the highest types of referrals/intakes received and investigated, as illustrated in the table below.

Fiscal Year	1st Highest Type of Abuse	2nd Highest Type of Abuse	3rd Highest Type of Abuse
FY 2022	64 Financial/Property	48 Physical Abuse	28 Emotional/Psychological
FY 2021	78 Financial/Property	46 Physical Abuse	43 Emotional/Psychological
FY 2020	97 Emotional/Psychological	74 Financial/Property	35 Neglect
FY 2019	128 Financial/Property	78 Emotional/Psychological	72 Physical Abuse

It is apparent the efforts to address the top three types of abuse, Financial/Property Exploitation, Emotional/Psychological and Physical Abuse, will require the BAPS to partner with community partners to conduct outreach and education activities to empower seniors and adults with a disability to safeguard their assets and to work with families and caregivers to manage their roles to continue caring for seniors and/or the adult member of their family who is with a disability.

The BAPS will work towards developing at building the capacity of its network of partners to look at ways to work with families and caregivers to promote how best to work and care for seniors and adults with a disabilities and the coping skills related to being a caregiver. There is a great amount of work ahead for BAPS to work with victims who recognize the co-dependency with their caregiver and the reality of who will take care of them, should their primary caregiver no longer be able to provide the care, regardless that the source of abuse may be from the very person entrusted with their care.

C. BUREAU OF COMMUNITY SUPPORT

Bureau Responsibilities: The Bureau of Community Support (BCS) is responsible for managing all aspects of information, assistance, referral, orientation and outreach with respect to providing information to assist older individuals, their caregivers, and family members navigate through the social services continuum on and off-island. In addition, BCS manages the Guam State Health Insurance Assistance Program and the Guam Senior Medicare Patrol Project funded by the Administration for Community Living. Jointly, both federally funded programs directly and through partnerships with public and private entities provide information, assistance and counseling assistance on all Medicare related matters, and provide education on how to protect, detect and report Medicare/Medicaid fraud, waste, abuse and error when suspected

No Wrong Door (NWD) Program

The BCS will continue to work on the implementation to transform the multiple access functions administered by various Long-Term Services and Supports (LTSS) programs on Guam to build local capacity and streamline the process into a single statewide NWD System to access LTSS for all populations and all payers in Guam.

Our partners in this transformation include the State Office on Aging, the State Medicaid Agency, Department of Integrated Services for Individuals with Disabilities (DISID), the state agency that serve or represent the interests of individuals with physical disabilities and individuals with intellectual and developmental disabilities and the Guam Behavioral Health and Wellness Center (GBHWC) the state authority administering mental health services. In addition, the BCS will be collaborating with the Supplemental Nutrition Assistance Program (SNAP), Division of Public Welfare of the Department of Public Health and Social Services to work with DISID and GBHWC to coordinate for common clients of the multiple agency programs to apply for SNAP benefits in a seamless manner. This development will serve as a model for partners, current and new, to see how partnerships that have a common interest and purpose can assist and provide the very services all vested agency programs are tasked to do.

D. METHOD FOR CARRYING OUT PREFERENCE FOR RURAL OLDER INDIVIDUALS AND OLDER INDIVIDUALS IN GREATEST SOCIAL AND ECONOMIC NEED

Guam, a rural single planning and service area, in line with the Older Americans Act, as Amended, will give preference in the provision of services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency). Unless prescribed prior to activation or incorporated in the design in the delivery of services, the activation to serve those in greatest need will be activated upon notification by Guam SOA to providers of aging services of the need to scale back services due to a forced reduction in work force, inadequate funding, increased demand for services with limited supply, due to man-made or natural disasters, incidences of national significance or a combination thereof.

Guam SOA recognizes the unique situation in which the demand for services may outweigh the available resources; therefore, the following scale serves as a guideline to prioritize the provision of services to those in greatest social economic need, as necessary and directed by the Guam SOA. When the Service Provider receives notification from the Guam SOA to activate the application of the Prioritization of Services Point System, the entire list of eligible clients shall be ranked. The entire list is defined as all who are receiving services, those on partial services or wait-list, as well as new referrals.

The scale will be based on a Point System in three (3) focal areas, the older individual’s or in the case of the NFCSP, it would be the Care Recipient: (1) mobility, (2) degree of existing support system, and (3) housing condition, with the greatest priority given to older individuals in descending order, with nine (9) being the highest possible points garnered translating to the older individual in greatest social economic need.

Point System	Mobility	Support System	Housing Condition
1	Cane or Walker	Support available; but not living in same household	Full concrete structure

2	Wheel chair users	Minimal support; but not regularly available	Semi-concrete structure
3	Homebound and bedridden	No support system in place	Tin and wood structure

Based on the need to activate this provision, the number of persons to be served will be determined by the existing conditions at the time of implementation. In the event that the number of available slots is not sufficient to provide services to the number of persons determined to be at-risk and in need of services, the number of Activities of Daily Living (ADL) impairments will be applied to this distinct group as an additional determining factor for services.

Impairment in ADL – The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: <i>eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.</i>	
Point System	1 point will be added to clients with 1-2 ADL impairments.
	2 points will be added to clients with 3-4 ADL impairments.
	3 points will be added to clients with 5-6 ADL impairments.

Another determining factor in the Point System may include whether the older individual is responsible for the care of a dependent. Clients will be given an additional one (1) point if they are also caregivers. Application of a scale of similar or like form is permissible provided prior authorization is granted by the Guam SOA.

After applying the Prioritization of Services and the demand for services still outweigh the available resources, the Service Provider or Vendor shall advise the Guam SOA who will provide additional guidance and direction to the Service Provider or Vendor as to other variables and/or conditions to assess to reduce the demand to meet the available resources. At the time of the initial assessment, clients, to include their caregivers, will be informed that if the Prioritization of Services is implemented and the client is not determined to be in greatest social and economic need, they would be temporarily removed from the program until such time a slot opens up and after all clients have been re-prioritized that they are determined to be next qualified client to be reinstated into the program.

E. ISSUES, TRENDS, CHALLENGES, AND OPPORTUNITIES: RESOURCES FACING THE AGING NETWORK

Currently, most of the elderly on Guam rely exclusively on family for assistance and care giving. Based on the 2020 Guam Census, there are over 16,986 households with individuals 65 years of age and over. Because of the limited options available and the cultural values that place emphasis on being cared for by family, very few rely on paid help; while those determined in most social and economic need may access limited publicly funded services and supports. It is believed that most of the aged caregivers on Guam are women and that many of them are caring for their aged parents, their aged spouse, or for aging adult children with disabilities or chronic conditions. It is also believed that some of these informal caregivers have full-time jobs or must work due to economic necessity.

Sources of income for senior citizens on Guam include public and private pensions, social security benefits (excluding Supplemental Security Income or SSI), personal assets, employment earnings,

and public assistance programs. However, the high costs of living on Guam, the loss of earning ability, erosion of financial resources because of increasing longevity, the increasing and sometimes catastrophic costs of health care, and the severely limited availability of publicly funded community-based long-term care services and supports, all contribute to the increasing economic vulnerability of Guam's senior citizens.

For many years, Guam residents accessed needed specialty care off-island because of the limited health care services available on island. This often resulted in exorbitant expenses for our residents which not only included hospital and other medical expenses, but travel costs as well as accommodations while off-island. Although new health care facilities have opened up, there still exists the need for specialty care, which at times, requires families to access health care off-island.

Further, more medical and other health professionals are seeing prevention as the key to effective health care for senior citizens. Health promotion and disease prevention program planning efforts and collaborative activities are currently being facilitated by Guam SOA. As more health and prevention-minded baby boomers on Guam age there will be an increasing demand for health promotion and disease prevention activities with them expecting technologies to be an integral part of routine health care provided to them.

Moreover, there is the hint that Guam is undergoing a quiet yet increasing cultural shift from a fully involved family support system as the provider for long-term care to one of a formal support system that provides long-term care services and supports for its aging community minimizing the role once held in high regard by extended family caregivers. In recent years there has been the hope that more government based services could be provided to care for seniors and adults with disabilities such as Assisted Living facilities.

While there have been discussions on Assisted Living, there still remains the work to put forth the rules and regulations to regulate this service as well as having businesses invest to provide this service as part of the continuum of options for long term care on Guam. The government has yet to effectuate the rules and regulations which may lend to services being provided through non-regulated means placing an urgent call for government to put forth the rules and regulations if government does not put the rules and regulations in place before investors or entrepreneurs offer the service on Guam. A key challenge of this service is the funding of the service, who will be the payee of the service. In prior discussions there is the idea that Medicaid or Guam's Medically Indigent Program (MIP), an indigent insurance program, to pay for Assisted Living services, yet this has not materialized. Guam SOA will continue its involvement in this discussion as the possibility is visited and revisited.

On January 22, 2021, Guam Public Law 35-140 was passed relative to establishing the Senior Citizens Housing Task Force to identify strategies and develop a plan for providing quality senior citizens housing and assisted living facilities to meet the projected needs of senior citizens on Guam. The Task Force Plan is to develop recommendations summarizing the best path toward identifying strategies that will help increase the supply of quality affordable housing for our senior citizens and to reduce barriers to providing health care and social services to our senior citizens in affordable housing. Powers and Responsibilities of the Task Force is to coordinate and oversee any and all efforts by the government of Guam concerning senior citizens housing; develop a senior citizens housing profile; identify the current and future needs for senior citizens housing and assisted living facilities; assess federal resources available through the United States Department of Housing and

Urban Development; set up public policy goals and objectives to meet the needs of senior citizens housing and assisted living facilities; and develop senior citizens housing and assisted living facilities development and action plans.

F. FUTURE NEEDS OF GUAM'S OLDER POPULATION

There is a growing demand for aging program services such as Adult Day Care, In-Home Services, respite and caregiver services as Guam's elderly population ages. There is also a growing need for options for alternate housing options such as, Assisted Living facilities that can provide varying stages of care, such as for those who require minimal assistance and for those who require supervised care, or hospice care. The cost of health care and the non-existence of Assisted Living options on Guam are additional concerns for seniors and their families on Guam. Interest continues to be expressed by family members and potential investors to develop assisted living facilities on Guam with consideration on the inclusion of hospice care. Absent mandates to regulate this type of establishment, a key challenge for this to be realized is what funding source would pay for the services as the local Medicaid program does not currently cover this type of service nor is there long term care insurance available on Guam.

As in prior fiscal years, there continues to be the annual appropriation from the General Fund to the Retirement Fund to reimburse Government of Guam retirees and their survivors domiciled on Guam for the cost of Medicare premium for Parts A, B and D, subject to stipulations that are contained in the annual appropriations act.

The Guam SOA will work with the provider of the Case Management Services (CMS) program to enter into a formal working relationship with the three hospitals, one civilian, one military, and one private to coordinate for the transition of patients from the hospital back to the community. The formal process will put forth what is practiced in part by the staff of the CMS program when they are managing clients under their assignment who require assistance in this aspect of discharge planning.

The needs represented in this Plan are based on wait-list for program services or requests for increased service hours by the In-Home Services and Legal Assistance Services programs. Further, through the Case Management Services program who works directly with the seniors, their families, friends and caregivers, basically, their network of support, has documented the need to address alternate living arrangements and the need to coordinate and support hospice care. The Guam SOA will continue to advocate for the refinement and expansion of existing services and supports and will also work to establish new program services with existing practitioners and new partners to ensure services are coordinated in a meaningful manner.

IV. GOALS AND OBJECTIVES

Older Americans Act (OAA) Core Programs Topic Area

Goal 1: The Guam SOA will maintain, strengthen and enhance Title III/VII aging programs.

Objective 1.1:

Provide formal support system for Long-Term Services and Support that would promote seniors to age in place.

Strategies:

- During this Plan period, the Guam SOA will submit its annual budget to the Guam Legislature to request funding to meet the required Maintenance of Effort and local funds for Title III aging programs and using Federal funds, to carry out Title III and VII Elder Abuse and Ombudsman services and activities.
- During this Plan period, the Guam SOA will publish Request for Proposals, Invitation for Bids or enter into Memorandum of Understanding for the provision of Title III and VII services, where applicable and appropriate. It is the intent of the SOA to enter into agreements that yield the greatest amount of services that would benefit the clients of programs that serve Guam's aging community and their caregivers.
- During this Plan period, the BCS will continue their efforts to move the NWD forward entering into demonstrative relationships that could serve as a catalyst for other stakeholders to buy into the approach to streamline access to services.

Outcome and Measure(s):

- To provide the formal supportive services and activities to maintain their dignity, culture and values and distinct roles in our community.
- OAA funds are appropriately used to ensure older adults and their caregivers have access to services that meet their needs and interests.

Objective 1.2:

Educate and increase the capacity of aging network partners by arming them with information on other available aging programs to provide their clients.

Strategies:

During this Plan period, the Guam SOA will convene an annual meeting of aging network partners to share information about their respective programs to develop a better understanding of other aging programs that would equip them to assist and refer their clients to access supportive services. The meetings will be an opportunity for all attendees to share the progress of their programs to include the success and challenges they are experiencing, changes in rules and regulations, to clarify roles and responsibilities to ensure services are delivered in a coordinated and integrated manner, and to look at future opportunities. Further, the meeting will also provide the Guam SOA feedback as to our

operations and how operations can be improved upon or documenting affirmation that services are meeting the need of its intended target population.

Outcome and Measure(s):

- Improve knowledge of aging services and client referral and access to services.

Objective 1.3:

In partnership with Case Management Services (CMS) and the National Family Caregiver Support Program (NFCSP), the BAPS will collaborate and coordinate with these programs to address adult abuse, abuse of senior citizens and adults with a disability through work discussions, presentations or the dissemination of information on elder abuse.

Strategies:

During this Plan period, BAPS will collaborate with the CMS, NFCSP and BPAD to work on a collaborative and supportive approach, a minimum of an annual work group discussion, presentation or dissemination of pamphlets on preventing elder abuse to caregivers.

Outcome and Measure(s):

- To promote the protection of the rights of senior citizens, especially those who are frail, homebound and or vulnerable.

Objective 1.4:

The Guam SOA will continue to provide the evidence-based Preventive Health activity at the Senior Citizens Centers and/or Adult Day Care Centers either through contracts with an individual or entity able to deliver the required program service.

Strategies:

During this Plan period, the Guam SOA may continue to enter into an MOU with the University of Guam (UOG), as UOG remains the sole entity managing an evidence-based program in line with the requirements of the Preventive Health grant; to provide our seniors this program service at Senior Citizens Centers and/or Adult Day Care Centers. Further, the Guam SOA reserves the option to enter into arrangements, other than with the UOG, when another entity is determined by the Guam SOA to be able to conduct evidence-based program in accordance with the grant stipulations, to provide seniors this program at the Senior Citizens and/or Adult Day Care Centers.

Outcome and Measure(s):

- Improve knowledge of Preventive Health.

Objective 1.5:

The Guam SOA will work with Title III providers to discuss and document where services are, where they need to be, and where services need to be changed, expanded and/or refined.

Strategies:

During this Plan period, the BPAD, BCS and BAPS will convene an annual multi-disciplinary meeting to discuss and document the state of affairs in the provision of contracted services, what

changes are needed, any urgent changes that need to be made and what efforts can be made to expand and/or refine programs beyond the parameters of their respective agreements with the Guam SOA.

Outcome and Measure(s):

- To facilitate the identification of unmet needs of seniors and advocate for services and programs to meet these identified needs.
- To assist partnering agencies and other entities in the development of a comprehensive and coordinated service delivery system for seniors.

COVID-19 Topic Area

Goal 2: The Guam SOA will review and integrate COVID-19 highlighted services that make it possible for older adults to live independently such as social isolation on older adults and caregivers and increasing the aging network awareness of the need to plan for future disasters.

Objective 2.1

The Guam SOA will continue its integration of the Telephone Reassurance Service through Title III In-Home Services Program.

Strategies:

Coordinate with Case Management Services Program to expand its information dissemination effort within other Title III core programs in an effort to promote and heighten program awareness throughout the community.

The Guam SOA will coordinate with Region IX for Technical Assistance on Community Messaging such as Press Release for Social Isolation.

Outcome and Measure(s):

Continue Monthly and Yearly data collection of Telephone Reassurance.

During this Plan period, the Guam SOA to coordinate with external partners for joint public education on Social Isolation and or to incorporate conference topic with Annual Aging Conference for community awareness.

Objective 2.2

The Guam SOA will continue its Information, Referral and Assistance by sharing information received on:

- Providing trauma-informed services (Sec. 102(41));
- Screening for suicide risk (Sec. 102(14)(G));
- Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11));

Strategies:

During this Plan period, the Guam SOA will seek assistance from external partners such as the Guam Behavioral Health and Wellness Center on community services available to provide community information and access in *screening for the prevention of depression and screening for suicide risk*,

coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services (Sec. 102(14)(G)).

Outcome and Measure(s):

Include *Screening for Suicide Risk* and *State Assistive Technology* information in the Community Aging and Disability Resource Center web portal.

Share *Screening for Suicide Risk* and *State Assistive Technology* resource information with the Aging Network for engagement of services available such as to schedule presentations at Senior Centers and in monthly Caregiver Support Group meetings.

- Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D));

Objective 2.3

The Guam State Office on Aging (SOA) will review and update its existing disaster preparedness plan (Sec. 307 (a) (28) and (29)) to include Pre and Post Preparedness activities.

Strategies:

During this Plan period, the Guam SOA will review and update the State Office on Aging's Continuity of Operations Plan (COOP) which provides direction as to the level of scaling back to occur during a crisis. The COOP to be updated to pivot based on COVID-19 lessons learned to be adaptable and include Administration for Community Living's latest Disaster Checklist.

Guam SOA to include input and review from our Aging Network and assigned Public Health Emergency Preparedness Team.

The Emergency Preparedness All Hazards Plan will include the mission essential functions for the Guam SOA which include: 1) provide information and assistance to seniors and their caregivers of available services during and after an emergency and coordination with Emergency Support Function 8; 2) investigate reports of alleged abuse and coordinate services with aging and disabilities service providers; 3) confer with aging program service providers and vendors to determine estimated time for service restoration and status of at-risk clients; and 4) provide fiscal and personnel services which include payroll, records management, procurement of needed supplies and equipment, and messenger assistance.

Outcome and Measure(s):

The updated Disaster Plan may include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

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

Equity Topic Area

Goal 3: The Guam SOA will continue to integrate ACL Discretionary Grants: State Health Insurance Assistance Program and Senior Medicare Patrol Project (Title IV) with OAA Core Programs such as the Case Management Services (CMS) Program and the National Family Caregiver Support Program.

Objective 3.1:

The Guam SOA will continue its integration of the SHIP and the SMP with the CMS Program and expand its information dissemination effort within other Title III core programs in an effort to promote and heighten Medicare program awareness throughout the community.

Strategies:

During this Plan period, the Guam SOA will continue to partner with the CMS program to provide Medicare information to clients, caregivers and families and to report their Medicare activities into the SHIP national database.

Objective 3.2:

The Guam MAP and SMP will conduct Joint Medicare Training to include the CMS program staff, community volunteers and key partners. The training provides 20 to 25 participants with basic information on the benefits of Medicare, how to review their Medicare Summary Notices (MSN), Explanation of Benefits (EOB) and to resolve billing issues and to identify improper medical or prescription drug claims

Strategies:

During this Plan period, a total of four (4) annual joint Guam MAP and SMP Medicare Training would be provided to increase the knowledge base of CMS program staff, volunteers and key partners.

During the Plan period, it is estimated that over 1,000 Medicare beneficiaries contacts will be achieved each fiscal year.

Objective 3.3:

The Guam MAP and SMP will provide in-service sessions to the CMS Program staff to provide Medicare updates to keep them abreast with the latest Medicare fraud trends occurring throughout the nation, and to discuss complex Medicare cases through case scenarios.

Strategies:

During this Plan period, for each fiscal year a minimum of eight in-service sessions will be conducted for a minimum of 32 in-service sessions conducted for the four (4) year period.

During this Plan period, BCS staff will conduct a survey each fiscal year with CMS program staff who participate in the in-service sessions to gauge whether the information being provided is being retained by them, whether the information is of value in their casework activities especially in complex cases where Medicare is a service accessed or coordinated, or if new material was provided to them.

Objective 3.4:

The Guam MAP will provide Part D awareness presentations to senior citizens attending the 12 Senior Citizens Centers and the three (3) Adult Day Care Centers during Part D's Annual Election Period

for beneficiaries to make informed decision whether to enroll, maintain their current plan, switch plans or terminate their Part D prescription drug plan.

Strategies:

During this Plan period, for each fiscal year a total of 15 awareness presentations will be conducted for a total of 60 presentations for the four (4) year period. The total number of presentations may be decreased if Senior Citizens Center and/or Adult Day Care Centers' presentations are combined or if the number of Centers is decreased during the Plan's four year period.

Objective 3.5:

The BCS will provide annual Title III Awareness Orientations to the staff of its contracted providers and vendors, and the members of the Guam Council on Senior Citizens to acquaint or reacquaint them with Title III and Title VII aging programs, information on Adult Protective Services, Guam MAP and SMP.

Strategies:

During this Plan period, for each fiscal year a total of 12 Awareness Orientations will be conducted for a total of 48 orientations for the four (4) year period.

Objective 3.6:

The BCS will prepare a letter for the Department's Director addressed to the Department of Administration (DOA) to request BCS conduct informational presentations on Guam SOA programs for Government of Guam employees to increase their awareness of aging services available on island.

Strategies:

The success of this effort will be upon the Department of Administration Training Office incorporating Guam SOA's informational presentation into their training calendar.

Objective 3.7

BCS will provide one-on-one counseling sessions to Medicare beneficiaries focusing on Coordination of Benefits issues, Appeals, Billing concerns, and to assist beneficiaries navigate through this health insurance coverage program.

Strategies:

BCS will provide Medicare one-on-one counseling session for up to 1,000 Medicare beneficiaries each fiscal year.

Objective 3.8

BCS will participate in outreach activities and disseminate information each fiscal year at the Senior Citizens Centers, Adult Day Care Centers, civilian and military hospitals, dialysis centers, pharmacies, and medical/health clinics.

Strategies:

BCS will disseminate up to 5,000 pieces of information related to Medicare i.e. booklets, brochures, informational sheets, static displays, and flyers.

Objective 3.9

BCS will provide Medicare Presentations to the community at the DSC offices, further providing an avenue for education and information dissemination to the Medicare beneficiaries, friends and families; general community.

Strategies:

During this Plan period, for each fiscal year, a total of 11 Medicare Presentations will be conducted for a total of 44 presentations for the four (4) year State Plan period.

Outcome and Measure(s):

- Determining services needed and effectiveness of programs, policies and services for older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 (Sec. 307(a)(30)(A));
- Engagement in outreach with older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 (Sec. 307(a)(30)(C));

Expanding Access to HCBS Topic Area

Goal 4: The Guam SOA will incorporate aging network services with Home and Community-Based funded by other entities such as Medicaid.

Objective 4.1:

The Guam SOA will partner with the Guam Medicaid agency to expand services and promote seniors to age in place.

Strategies:

During this Plan period, the Guam SOA will submit its request in writing to the Guam Medicaid Office requesting to meet and discuss Medicaid Waivers for long-term care services and supports.

The Guam SOA will request if Guam Medicaid Office is able to provide waivers for case management, personal care assistance, home health aides, adult day care / adult day health, respite care, home /vehicle modifications, durable medical equipment, skilled nursing care, homemaker / chore services, meal delivery / congregate meals, non-emergency transportation, personal emergency response systems, and transitional services from an institution back into the community.

Outcome and Measure(s):

Within the Plan period Guam SOA is able to expand Home and Community Based Services for frail, elderly persons and disabled individuals, including persons with Alzheimer's disease and other related dementias.

The Guam SOA is able to report on number of seniors receiving Medicaid Waivers in their homes to include those individuals in an adult family care home, an assisted living residence, and even a memory care unit (also called an Alzheimer's unit).

Caregiving Topic Area

Goal 5: The Guam SOA will document best practices related to caregiver support (Sec. 373 (e) (1))

Objective 5.1:

The Guam SOA will identify best practices relating to the use of procedures and tools to monitor and evaluate the performance of the National Family Caregiver Support Program for family caregivers and evidence-based caregiver support services. Guam SOA has not been a grant recipient of Lifespan Respite and will attempt for future notice of awards to promote best practices related to caregiver support.

Strategies:

During this Plan period, the Guam SOA will identify national procedures and tools to monitor and evaluate performance to include identifying evidence-based caregiver support services

Outcome and Measure(s):

Make available best practices described and to provide information to family caregivers, and older relative caregivers and other external agencies providing caregiver services

V. EMERGENCY PREPAREDNESS

Planning for the involvement of Guam SOA agencies in disaster preparedness and response is essential to ensure assistance for older individuals is identified and provided. Such planning includes natural and man-made disasters as well as health emergencies such as a health outbreak. It is the intent of the Guam SOA to collaborate and update the emergency plans to be redesigned to take an all-hazards approach with a clear and unified approach that partners know of, are acquainted with, prior to the incident of national or local significance.

As one of six (6) divisions of the Department of Public Health and Social Services, Guam SOA is part of the overall response effort to local emergencies. Guam SOA participates in the review of the department's emergency plan and upon the mobilization of local resources; the Guam SOA is prepared to provide assistance within their resource capacity. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. In most instances, Guam SOA is tasked to take the necessary steps to restore aging services to the level prior to the disaster. However, depending on the situation, requests will be forwarded through the Response Activity Coordinator (RAC) serving at the Emergency Operations Command for resources to be provided to the aging community to assist them recover from a disaster if they are already not factored into the overall response effort for the general population. During recovery efforts wherein emergency support such as the State Nutritional Assistance Program (SNAP) is being applied for, all sites prioritize older individuals and adults with a disability for processing by having them come to the front of the line or having staff meet the clients at their vehicles, exterior of the processing site, for expeditious service.

In light with the need to prepare to respond to a potential health crisis, such as a pandemic, Guam SOA will implement its Continuity of Operations Plan (COOP) that provides direction as to the level of scaling back to occur during a crisis. This plan will be incorporated into the department's overall COOP. The Guam SOA will ensure all employees of the division complete Incident

Command System (ICS) 100 and 700 with supervisors required to complete ICS 200, 300, 400, and 800.

The COOP lays out the division's (Guam SOA) mission essential functions, staffing requirements to continue operations at different levels of absenteeism, alternate facility location, and the essential equipment and supplies for continued operations. Further, the Disaster Checklist provided by the Administration for Community Living will be incorporated in the COOP to ensure timely reporting of disaster impact. As some of the items in the checklist require external input, the Guam SOA will coordinate and communicate with the department's assigned Public Health Emergency Preparedness Team and the Joint Information Center (JIC) to prepare and provide ACL required information impacting our elderly population. The Guam SOA uses a "call tree" to ensure staffs are accounted for during a crisis which is a process of the Senior Citizens Administrator (SCA) being notified to activate the "call tree". The SCA Administrator will contact the designated SOA staff who in turn will call each supervisor who in turn calls each staff under their supervision and upon making contact with each staff, calls back the designated Guam SOA staff to confirm all are accounted for. This information is then transmitted to the Senior Citizens Administrator who in turn submits the information to the director of the department or his designee who activated the call tree. In the event Guam SOA staff are not able to physically report to the office, the "call tree" will be used to identify all who are able to assist and will coordinate services through conference calls or WhatsApp (application that allows a group of individuals to communicate in larger mass than the traditional one-on-one contact), and to advise staff of other operational matters that are not service (client) based.

The mission essential functions for the Guam SOA are to: 1) provide information and assistance to seniors and their caregivers of available services during and after an emergency; 2) investigate reports of alleged abuse and coordinate services with aging and disabilities service providers; 3) confer with aging program service providers and vendors to determine estimated time for service restoration and status of at-risk clients; and 4) provide fiscal and personnel services which include payroll, records management, procurement of needed supplies and equipment, and messenger assistance.

VI. MENTAL HEALTH

Guam's SOA will continue to collaborate with our local Guam Behavioral Health and Wellness Center (GBHWC), the lead government agency tasked with mental well-being to share program information and services to integrate with our home and community-based services and programs. GBHWC is the sole public agency authorized to provide inpatient, outpatient, and residential treatment services on Guam.

Under Guam Public Law 99-660 and Public Law 101-639, GBHWC is responsible for establishing comprehensive community-based services targeting major populations including, although not limited to, adults with serious and persistent mental illnesses, individuals who are mentally ill and homeless; and individuals with substance abuse problems. GBHWC provides the following adult services: inpatient medical and psychiatric care for individuals suffering from mental disorders requiring hospitalization; services for crisis intervention; therapeutic and supportive counseling services; services for alcohol and drug abuse; case management services; prevention and training services for targeted audiences and the community-at-large; and residential and day treatment

programs for persons with mental illness including the Guma Ifil Program, a transitional home that prepares individuals with mental illness to transition to independent living in the community.

Through contractual provisions, Guam SOA will require providers of aging services to collaborate and develop a system that would promote greater awareness and education in the practice and benefits of integrating mental health and aging, to include self-care, as part of our continuum of care, thus, removing barriers to diagnosis and treatment and to help families become better mental health providers. Additionally, “*Project Kombida*”, an integration program for older individuals with disabilities, to include developmental and physical disabilities, will continue to be provided through the Senior Center Operations Program.

VII. VOLUNTEERISM

Volunteerism is a civic function that continues to be a challenge for Guam’s SOA to capitalize on. Efforts will continue to promote and offer training for volunteers with the State Office on Aging and encourage the providers of aging services to do the same. However, it is incumbent for all entities to manage and hold their volunteers responsible in the delivery of services and to ensure that their functions and responsibilities are within reasonable expectations. Volunteers should not be tasked with functions requiring actual certification unless licensed or authorized to do so. Flexibility is a feature in designing a volunteer program as well as to provide incentives for volunteers to be properly recognized.

Guam residents are provided an opportunity to volunteer and assist government agencies in fulfilling their mission. To protect the integrity of the Government of Guam system, volunteers are required to obtain police and court clearances and undergo skin and drug tests prior to accepting their services. As volunteers work without compensation for the benefit of the Government of Guam and its community, Guam Public Law 25-151 exempts volunteers from the fees for the clearances and skin test leaving the costs associated to meet this requirement the responsibility of the Government of Guam.

Volunteers are a valuable resource in the achievement of Guam SOA’s Guam MAP and Guam SMP’s goals. Thus annually, these programs recruit and train individuals to work alongside with paid program staff after all volunteer requirements have been met to provide one-on-one counseling and awareness presentations to the island’s Medicare population, as well as to participate in a host of outreach activities throughout the community. Depending on their interest, a volunteer may assist the programs by distributing information, assisting with administration, staffing exhibits, making group presentations, and providing one-on-one counseling. Annually, volunteers are recognized for their contributions to the programs during a recognition event such as the Annual Guam Governor’s Conference on Aging, giving volunteers the center stage amongst 300 conference attendees.

VIII. ATTACHMENTS

ATTACHMENT A State Plan Assurances and Required Activities Older Americans Act, as Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

(G)

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose

senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

(4) (A)

(i)

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic

need, older individuals with greatest social need, and older individuals at risk for institutional placement;

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

(6) provide that the area agency on aging will

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

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

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

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

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional

placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

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

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

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including

individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been

designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

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

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

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

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

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

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

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

and community-based services and supports.

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

(ii) no officer, employee, or other representative of the State agency or an

area agency on aging is subject to a conflict of interest prohibited under this Act; and

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that

any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

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

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

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

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

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

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to

other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

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

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

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

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

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

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

(ii) providing guidance to individuals engaged in the delivery of supportive

services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

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

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

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

- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
- (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
- (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

requirements of the chapter and this chapter;

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

program, or protection or advocacy system; or
(iii) upon court order...

Arthur U. San Agustin, MHR, Director
Department of Public Health and Social Services
(Signature and Title of Authorized)

Date

DRAFT

ATTACHMENT B INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

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

Guam is identified as a rural area. Many of its population, to include older individuals come from Asian or other foreign countries and English is their second language, even for those older individuals whose origin is Guam. When giving priority, Guam, will give service preference to older individuals with greatest social and economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency) using a scale based on a Point System in three (3) focal areas, the older individual's: (1) mobility, (2) degree of existing support system, and (3) housing condition. Greatest priority will be given to older individuals in descending order, with nine (9) being the highest possible points garnered translating to the older individual in greatest social and economic need.

Based on the need to activate this provision, the number of persons to be served will be determined by the existing conditions at the time of implementation. In the event that the number of available slots is not sufficient to provide services to the number of persons determined to be at-risk and in need of services, the number of Activities of Daily Living (ADL) impairments will be applied to this distinct group as an additional determining factor for services.

Another determining factor in this Point System may include whether the older individual is responsible for the care of a dependent. Clients will be given an additional one (1) point if they are also caregivers.

More detailed information is provided on Section VI. D. of this Plan.

Section 306(a)(6)(I)

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

The Guam SOA will continue its collaboration with the State assistive technology entity to disseminate information about access to assistive technology options for serving older individuals. The SOA includes the State assistive technology in large gatherings such as senior citizens month events to promote and provide assistive technology options and information sharing at Senior Centers such as outreach and with Case Management Services and the National Family Caregiver Support Program.

Section 306(a)(17)

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

Guam is a single planning and service area.

Section 307(a)(2)

The plan shall provide that the State agency will:

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

Guam is a single planning and service area with the distribution of ACL funding illustrated in the following tables providing the FY 2024 distribution of funds for the Title III programs reflecting their respective Maintenance of Effort (MOE) funding amounts and corresponding percentages to the grand total.

TITLE III B: PROGRAMS	MOE	PERCENT
Adult Day Care	207,978	5%
Case Management Services	89,896	2%
In-Home Services	189,274	5%
Legal Assistance Services	25,744	1%
Senior Center Operations	133,981	3%
Transportation Services	293,225	7%
SUB-TOTAL	940,098	22%
TITLE III PROGRAMS	MOE	PERCENT
Title III C1: Elderly Nutrition Program - Congregate	1,552,641	37%
Title III C2: Elderly Nutrition Program - Home-Delivered	1,056,034	25%
Title III E: National Family Caregiver Support Program	646,584	15%
SUB-TOTAL	3,255,259	78%
GRAND TOTAL	4,195,357	100%

Section 307(a)(3)

The plan shall:

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

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

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

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

Guam is identified as a rural area and as such assures that the State Agency will spend for each fiscal year of the Plan, no less than the amount expended for such services for FY 2000.

Projected cost for providing aging program services over the next 4 years using Federal and local funds is as follows:

2024 \$13,640,131

2025 \$13,640,131

2026 \$13,640,131

2027 \$13,640,131

In FY 2023, Title III program services were contracted to service providers and vendors to administer. As Guam is a rural area, this Plan assures that all older individuals served fall under this category.

Section 307(a)(10)

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

Guam as a rural area takes the special needs of older individuals residing on Guam into consideration and is reflected in the specifications of the various program services contracted out to various providers and vendors. For example, clients who access Adult Day Care and In-Home Services have two or more impairments and services are provided by staffs who work with the various special needs of these clients. Funds for both programs in the example are provided through local and Federal dollars and are allocated based on each program's historical financial data with the Guam SOA.

Section 307(a)(14)

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

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

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

Based on the 2020 Census of information from the population of 65 years and over with income in below poverty level, there are 2,599 seniors age 65 and older or approximately 9% who are below the poverty level.

Based on the Aging Disability Resource Center (Software and Services), FY22 State Performance Report, there was a total of 4,012 registered clients. Of the 4,012 clients, 1,970 or 49% were at or below the Federal Poverty Level (FPL), with 1,819 or 45% who reported being above the FPL, with 233 or 6% categorized as “Poverty status missing”. Race of the 4,012 registered clients reports 1,533 or 38% are Asian or Asian American, 2,264 or 56% are Native Hawaiian or Pacific Islander, 163 or 4% are White and 39 or 1% Race Missing. Data from the Aging and Disability Resource Center (Software and Services) English Fluency from the Case Management Services reports: Of those Living in Poverty 864 or 75.46% are English Fluent; 219 or 19% Limited English; 48 or 4% Needs Translation and 14 or 1% Declined to State.

Through the Case Management Services and Senior Citizens Center Operations programs, clients identified as low-income minority older individuals including those with limited English proficiency are assisted in accessing Title III and other social services programs, such as SNAP and public housing. As Guam is a melting pot of cultures, we are able to engage individuals who speak other languages to help in translating the needs of this population and in providing program information of services available in the community.

Section 307(a)(21)

The plan shall:

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

Guam SOA will ensure access to and provide services to Native Americans as they are identified through the contracted programs.

Section 307(a)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in

the State is expected to affect the need for supportive services

Guam SOA will conduct a needs assessment to identify how the programs, policies and services provided can be improved, including how resource levels can be adjusted to meet the needs of the changing population of older individuals with low income, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency. Currently each Title III program provides Annual Client Satisfaction Surveys on program services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

As one of six (6) divisions of the Department of Public Health and Social Services, Guam SOA is part of the overall response effort to local emergencies. Guam SOA participates in the review of the department's emergency plan and upon the mobilization of resources, the Guam SOA is prepared to provide assistance within their resource capacity. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. In most instances, Guam SOA is tasked to take the necessary steps to restore aging services to the level prior to the disaster. However, depending on the situation, requests will be forwarded through the Response Activity Coordinator (RAC) serving at the Emergency Operations Command (EOC) for resources to be provided to the aging community to assist them recover from a disaster if they are already not factored into the overall response effort of the general population. During recovery efforts wherein emergency support such as the State Nutritional Assistance Program (SNAP) is being applied for, all sites prioritize older individuals and adults with a disability for processing by having them come to the front of the line or are processed at the designated parking area for expeditious service.

Guam SOA will also keep ACL apprise of the emergencies, both natural and manmade that affect the lives of those we serve.

Section 307(a)(30)

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

~~*The Senior Citizens Administrator (SCA) also known as the head of the State Agency is directly involved in the development, revision, and implementation of emergency preparedness plans. The SCA participates in updating and executing the plan. Further, the SCA provides input into the State Public Health Emergency Preparedness and Response Plan and is part of the Public Health Incident Command Center team.*~~

Section 705(a)(7)

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order

In accordance with Guam Public Law 31-278, the Guam SOA through the Bureau of Adult Protective Services receives and investigates all referrals of alleged abuse and neglect against an elderly or adult with a disability, provides protective care and services when necessary, and provides education and outreach to professionals and to the community to identify, report and prevent abuse, neglect and exploitation of the elderly and adults with a disability. Protective care and services to an elderly or adult with a disability is carried out with respect to their dignity and individual rights. Referrals to services agencies, either public or private, are done with the individual's consent. All records maintained by the BAPS regarding reports of abuse, including

but not limited to, information contained in the central registry, is confidential and is not released without the written consent of the elderly or adult with a disability.

ATTACHMENT C INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Requirements Applicable to Single Planning and Service Area States

A numerical/mathematical statement is not required for Single Planning and Service Area states. However, Single Planning and Service Areas must include **a descriptive statement as to how the state determines the geographical distribution of the Title III funding and how the state targets the funding to reach individuals with greatest economic and social need, with particular attention to low-income minority older individuals.**

Guam, a rural single planning and service area, in line with the Older Americans Act, as Amended, will give preference in the provision of services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency). Unless prescribed prior to activation or incorporated in the design in the delivery of services, the activation to serve those in greatest need will be activated upon notification by Guam SOA to providers of aging services of the need to scale back services due to a forced reduction in work force, inadequate funding, increased demand for services with limited supply, due to man-made or natural disasters, incidences of national significance or a combination thereof.

ATTACHMENT D AGING PROGRAM SERVICES

Through funding from the ACL, Administration on Aging, as authorized through the Older Americans Act of 1965, as Amended, the Guam SOA provides the following services, either directly or through contract, *while the Guam SOA reserves the option to provide services in instances where such services can be provided more economically, and with comparable quality, by such State agency, Guam SOA. (Ref: Sec. 307 (B)(8)(A)(iii), AOO of 1965, as Amended)*

A) Title III-B Supportive Services

Services include three Adult Day Care Centers, Case Management Services, In-Home Services, Legal Assistance Services, 12 Senior Citizens Centers, and Fixed and Non-Fixed Transportation Services. These services comprise a component of the formal support system for older individuals to assist them in maintaining their independence, dignity and quality of life. Additionally, these services protect their fundamental rights and distinct privileges as older individuals residing on Guam.

1) Adult Day Care (ADC)

The three ADC Centers provides a respite type program for older adults who are unable to function at home without supportive services and who do not need 24-hour care. Activities are individualized and consider the education, social, therapeutic, spiritual, and recreational needs of

the older individual. Of the three (3) facilities authorized as ADC Centers, one (1) located in Dededo specifically serves clients with confirmed cases of dementia (ADC: Dementia Center), the other located in Macheche, Dededo serves all other eligible clients (ADC), and the third center located in Inalajan serves both clients with and without dementia, providing care to a combined total of 119 clients at any given time of the day.

2) Case Management Services (CMS)

The CMS program provides services to elderly individuals in a systematic process of assessment and reassessment, planning, service and care coordination, referral, and monitoring whereby multiple service needs of clients are met with available resources, and unmet needs identified. The CMS program serves as the point of entry for the Adult Day Care, In-Home Services and Elderly Nutrition (Home-Delivered Meals) programs. Other services provided include, but is not limited to providing Information, Referral & Assistance in applying for public assistance (housing, welfare, Medicaid, MIP, legal services, etc.), assisted transportation, money management, and picking up medications. The provision of CMS services is performed through traditional casework practices with the client and caseworker developing a person-centered Individualized Care Plan (ICP) that reflects the needs and desires of the client. The client is provided options for long-term services and supports (LTSS) and it is the client who decides which if any of the LTSS is going to be accessed or a referral is made for services. Further, the staffs of this program collaborate with local health facilities (i.e. hospital) to transition clients back to their homes or in some cases from their participation at one of the 12 Senior Citizens Centers to one of the three Adult Day Care Centers. The Guam SOA has contracted a web-based information and management system developer for software and services to establish communication among participating agencies in order to increase access of seniors age 60 and older and adults 18 and older with disabilities to information and linkages to long-term services and supports.

3) In-Home Services (IHS)

The IHS program provides assistance to frail individuals who are without a caretaker and are at risk of institutionalization due to limitations on their ability to function independently, as well as to frail individuals who have a caretaker, but who may need additional assistance with personal care, homemaker and chore services at home. This program is an essential part of the overall support that caregivers may need to keep their senior family member at home and to prevent premature institutionalization, abuse and off-island placements.

4) Legal Assistance Services (LAS)

Legal Assistance Services provides legal advice and representation by an attorney to older individuals with economic or social needs and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law to approximately 500 eligible older individuals.

5) Senior Center Operations (SCO)

The SCO program provides services designed to enable older individuals attain and maintain physical and mental well-being by addressing their physical, social, psychological, economic, educational, and recreational and health needs. SCO services are available to individual's age 60 years or older and their spouse below age 60, provided the spouse is accompanying the

participating senior. The Centers offers participants a broad spectrum of services and activities, which at a minimum, include information and assistance, disease prevention and health promotion activities, health and wellness programs, recreational opportunities, arts programs, volunteer opportunities, educational opportunities, multi-generational activities, social and community interaction opportunities, activities to support annual Senior Citizens' Month Celebrations, and other special activities and services. The 12 Senior Centers are located in the villages of Agana Heights, Hågat, Astumbo, Dededo, Inalåjan, Mangilao, Malessó', Santa Rita, Sinajana, Tamuning, Yigo, and Yona/Talo'fo'fo.

6) Transportation Services Program (TSP)

The TSP provides transportation services to older persons who are unable to operate a vehicle or have no mode of transportation to enable them to gain mobility and independence in accessing essential services. Persons who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, are given priority in the delivery of transportation services. Services may also be available to a non-senior spouse or escort accompanying the older participating individual. Vehicles used to transport older individuals who have a disability are in compliance with the requirements of the Americans with Disabilities Act. The TSP consists of two (2) service components:

Transportation (General). This is a door-to-door service that provides transportation for the senior from their home to one of the 12 Senior Citizens' Centers and three (3) Adult Day Care Centers, with a return trip home upon conclusion of the day's activities. This service applies to all adults, age 60 years and older and their accompanying spouse. Many of these persons would be homebound with no means of transportation without this service.

Assisted Transportation. The Assisted Transportation service provides assistance, including escort, to a senior who has difficulties (physical or cognitive) using regular vehicle transportation. This service provides transportation from their homes to Senior Citizens and Adult Day Care Centers and to requested medical services such as: doctor's appointments, lab tests, therapy, pick up of prescriptions, dental appointments, and access to medical-related services (i.e., Medicare, Medicaid).

B) Title III-C Nutrition Services

This program ensures the provision of a hot, nutritious meal that meets a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council. The meal service provided is lunch and the Guam SOA has designed the nutrition services contract to provide additional meal service, such as breakfast or dinner, should additional funds be appropriated.

1) Elderly Nutrition Program (ENP) – Congregate Meals (C1). ENP C1 services are provided to individuals age 60 years or older and their spouse, regardless of age, if accompanying the senior, in a congregate setting Monday through Friday, except on Federal and local holidays. The Government reserves the option of providing meals to volunteers working at the Centers and to individuals who have a disability whom otherwise meet Federal and local criteria. There are 15 congregate sites which include the 12 Senior Citizens Centers and the three Adult Day Care

Centers. There remains at the discretion of the Guam SOA, the option to expand congregate sites to include settings where elders and adults with a disability are part of a housing project.

2) Elderly Nutrition Program (ENP) – Home-Delivered Meals (C2). The ENP C2 provides nutrition services to individuals age sixty (60) years or older who are home-bound and have difficulty performing at least two Activities of Daily Living and their spouse who serves as a primary caregiver regardless of age, in a home setting Monday through Sunday, except on the the10 recognized holidays as determined by the contracted vendor. If a senior accesses this service to its maximum service level, the senior could avail themselves of 355 meals in a fiscal year.

C) Title III-D Preventive Health

The Guam SOA provides Preventive Health services and information at the Senior Citizens Centers and Adult Day Care Centers. The objectives are to provide older individuals with opportunities for increased life expectancy and improved health and quality of life, and to enhance access to public and private programs that promote physical and mental well-being (Senior Outreach); to establish collaborative partnerships with public and private programs, agencies and organizations in the area of preventive health (Collaboration and Partnership); and to provide technical assistance in the establishment of government policies and programs that promote healthy aging and disease prevention, and that ensure access to quality health and long-term care (Systems and Policy). The Guam SOA shall, to the fullest extent possible, assure collaboration with and utilization of preventive health services provided by other departmental programs, public agencies, and community organizations.

D) Title III-E National Family Caregiver Support Program (NFCSP)

Provides support services to families and older individuals that are relative caregivers caring for their frail elderly family members and to grandparents or older individuals who are relative caregivers of children who are 18 and under or adults with disability. The NFCSP provides the five basic services required by the Older Americans Act, as Amended, as follows: information to caregivers about available services; assistance to caregivers in gaining access to supportive services; individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their care giving roles; respite care to enable caregivers to be temporarily relieved from their care giving responsibilities; and supplemental services, on a limited basis, to complement the care provided by caregivers.

E) Title VII - Elder Rights

1) Elder Abuse Prevention

100% Federal funding provides resources for off-island training of staff, outreach and educational activities, and cost-sharing for administrative supplies, materials, and equipment in support of the locally funded Bureau of Adult Protective Services.

2) Long Term Care Ombudsman (LTCO) Program

Services provided by the LTCO protect the health, safety, welfare and rights of elderly residents of long-term care and assisted living facilities by identifying, investigating and resolving complaints made by and on behalf of them. Currently, Guam does not have an assisted living

facility. Guam's Senior Citizens Housing Task Force was established in 2021 through Guam Public Law 35-140 composed of government officials, community stakeholders, and housing experts charged with assessing senior housing availability and needs.

At present, a Social Worker III within the Bureau of Adult Protective Services is designated as Guam's State Long-Term Care Ombudsman, and conducts regular visits to facilities such as St. Dominic's Senior Care Home, Guam Memorial Hospital Skilled Nursing Unit (SNU) and the three Adult Day Care (ADC) Centers. The Ombudsman also serves as a facilitator during monthly Resident Council meetings at the SNU and St. Dominic's Senior Care Home, as well as conducts scheduled presentations to disseminate information about program services to residents, family members, caregivers and employees. This position is funded by Federal and local funds with the percentages varying each fiscal year, with FY 2023 at approximately 40% Federal and 60% local respectively.

The Guam SOA administers the following locally funded aging programs:

F) Adult Protective Services (APS)

The program is mandated by P.L. 31-278, to provide protective services to elderly persons, age 60 years and above and adults who have a disability, ages 18 - 59 who have been abused, neglected and/or exploited. (Prior mandates of this Bureau are P.L. 19-54 as amended by P.L. 21-33.)

Services to the elderly and adults who have a disability are provided in a manner least restrictive to the dignity of the alleged victim and in consideration of the values and practices of their culture. Reports of alleged abuse are received and investigated with initial assessments serving as the basis as to the next steps to be taken on the case. In addition, an emergency shelter is available to seniors and adults with a disability who are in imminent danger from further abuse. A component of the emergency shelter is the provision of a 24-Hour Crisis Intervention Hotline available to receive referrals and respond to cases after hours. Initiation, development and technical support for community and family services are also offered to include training for public awareness and education.

1) Emergency Receiving Home (ERH) Program

A component of the local Bureau of Adult Protective Services (APS) is the Emergency Receiving Home (ERH) Program/Crisis Intervention Hotline, a contracted service which provides protective services seven days a week, 24-hours a day, ensuring that elderly and adults with disabilities who are victims of abuse have access to emergency shelter and crisis intervention services at all times. The availability of the ERH has proven essential to the community, ensuring the safety and protection of victims of serious abuse and neglect, in an emergency. The shelter affords victims the opportunity to escape their abusive situation, a '*safe haven*', until other living arrangements can be made. Further, the ERH has been named "Guma Serenidad" (Home of Serenity) effective December 1, 2015.

G) Senior Citizens Month (SCM)

Senior Citizens Month is a time honored tradition to recognize the accomplishments, achievements and contributions our island's senior citizens have made and continue to make that shape our

island's economy, lifestyle, and value system. Since the enactment of Public Law 17-35 in 1983, our island community has proclaimed May as Senior Citizens Month.

The aging network, in collaboration with several governmental agencies and non-profit and for profit organizations, provide a number of activities in celebration of the month. Traditionally, annual festivities include the Proclamation Signing, Governor's Guam Conference on Aging, Legislative Reception, Guam SMP/SHIP Volunteer Appreciation Activity, Frail Elderly Mass, May Crowning, Senior Game (Huegon Manåmko) and a Centenarian Celebration.

H) Guam State Health Insurance Assistance Program (Guam SHIP)

Funded in part by the Administration for Community Living, Guam's SOA, has been administering the Guam State Health Insurance Assistance Program, locally recognized as the Guam Medicare Assistance Program (Guam MAP), since 2004. The Bureau of Community Support (BCS) program staff, partners and a cadre of volunteers assists Medicare beneficiaries who need information, counseling, and enrollment assistance beyond what they are able to receive on their own through 1-800-MEDICARE and www.medicare.gov. Staff, partners and volunteers are trained to provide accurate and objective information to help beneficiaries understand and utilize their Medicare benefits through personalized counseling, education, and outreach to assist Medicare beneficiaries make informed health care decisions.

Guam SOA uses grant funding to pursue four (4) SHIP program objectives: One-on-One Counseling, Outreach, Quality Assurance, and Collaboration with ACL.

I) Guam Senior Medicare Patrol Project (Guam SMP)

In 2005, Guam SOA received a one year demonstration grant award from the Administration on Aging (AoA) to administer the Guam Senior Medicare Patrol (SMP) Project. Thereafter, Guam SOA has received funding through a continuous application process. The goal of Guam SMP is to continue expanding Project outreach and education activities to empower Medicare/Medicaid beneficiaries, family members, caregivers and other consumers, to protect themselves against Medicare/Medicaid error, fraud and abuse and know where to report it. In collaboration with Guam MAP, Guam SMP develops, plans, and implements various activities to meet its Project objectives.

J) Aging and Disabilities Resource Center (ADRC)

The Guam ADRC Project, established in 2005, was a project funded by a Federal grant awarded by the Administration on Aging and the Centers for Medicare and Medicaid Services to the Guam Department of Mental Health and Substance Abuse and administered by the Department of Integrated Services for Individuals with Disabilities (DISID).

The project goals were to:

1. Decrease the amount of time between referral and intake;
2. Increase diversions from institutional settings;
3. Increase awareness about Medicare/Medicaid benefits (including Part D coverage); and
4. Decrease rates of hospital readmissions within 30 days of discharge.

A primary component of the Guam ADRC Project is the development of a virtual or web-based consumer information and management system that establishes electronic communication among participating agencies in order to increase access of seniors (defined as individuals age 60 or older) and adults (defined as individuals aged 18 or older) with disabilities to information and linkages to long-term supports and services.

The Guam GetCare System:

1. Provides an avenue to obtain information on existing programs for senior citizens and persons with disabilities;
2. Allows registered consumers access to their personal profile;
3. Provides service providers and vendors with tools for collecting and inputting consumer data;
4. Eventually will allow service providers and vendors a means to make electronic referrals;
5. Eventually will be developed to be used to calendar community events; and
6. Provide a Resource Directory on services available to assist seniors, persons with disabilities and other parties who commit to being a user of the system.

The goals of Guam GetCare are to:

1. Implement a No-Wrong-Door process, ensuring that everyone has the same access to information and resources, regardless of where he or she enters the system.
2. Develop a one-stop resource linking seniors and adults with disabilities to services.
3. Help consumers have more control over decisions regarding the service they receive.
4. Allow professionals to spend more time focusing on consumers and less time searching for information or filling out paperwork.
5. Use technology to improve the access to, and delivery of, services for seniors and adults with disabilities.
6. Combine the resources, experience and energy of the public and private sectors to make a system that's right for everyone who needs long-term supports and services.

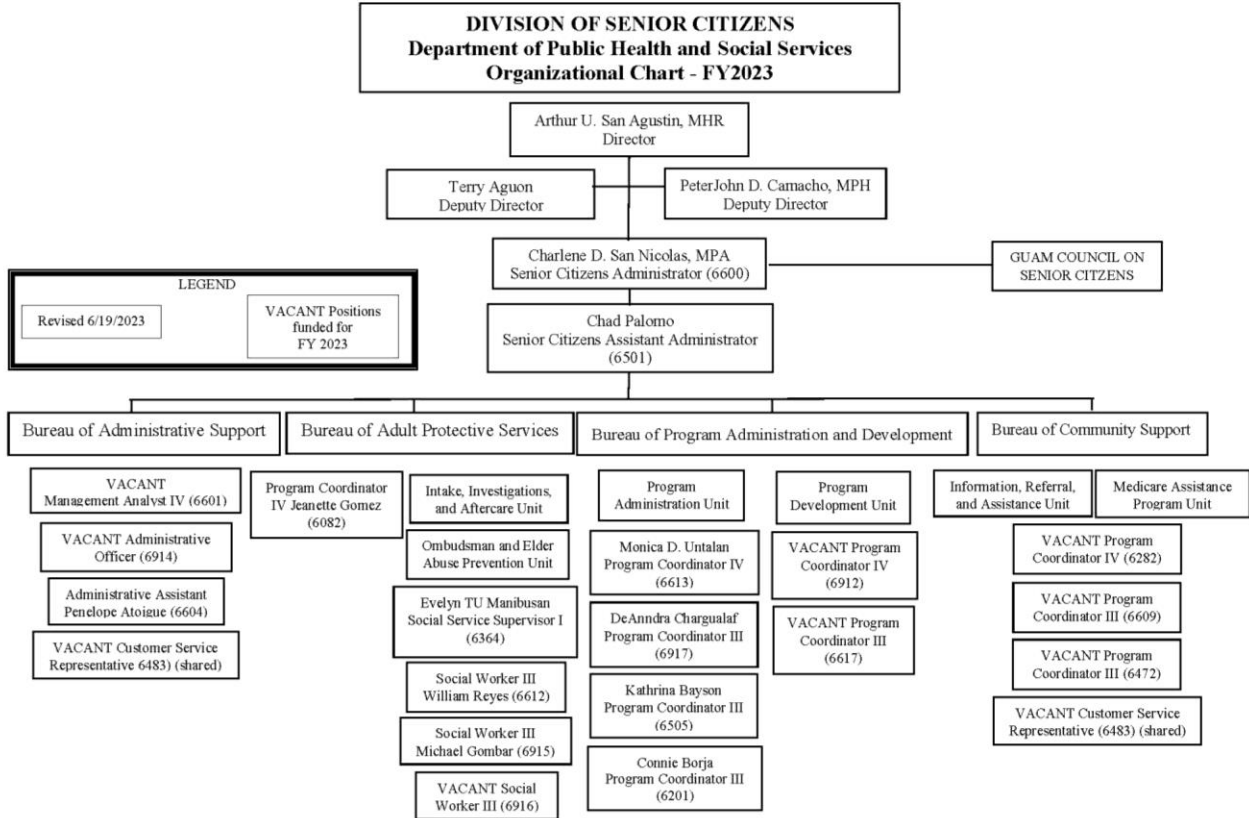
As of this writing, the service providers and vendors of aging programs utilize the web-based tool, a feature of the Aging and Disability Resource Center System for Information and Referral, Intake, Consumer Assessment, Enrollment and/or Case Management to better assist clients navigate through the myriad of services. The system is also used by aging program providers to submit their Units of Services; to report data on clients receiving aging services. Further, the system is used to generate the National Aging Program Information System (NAPIS) report changed in January 2023 to the Older Americans Act Performance System (OAAPS).

The ADRC is funded using local funds and the Guam SOA has assumed responsibility for the continued implementation of the ADRC.

Aging Program Service Contracts and Grants

NO.	PROGRAM	ORGANIZATIONAL TYPE	PROVIDER OF SERVICE	CONTRACT PERIOD	EXPIRATION DATE	TYPE OF CONTRACT	FUNDING
1	Adult Day Care (3 Centers)	Government of Guam	Mayors' Council of Guam	Annual Renewal	9/30/2023	Memorandum of Understanding- RFP is In-Progress for FY24	Federal and Local
2	Case Management Services	For-Profit	Health Services of the Pacific (HSP)	Remainder of FY2023, effective March 31, 2023 with the option to renew for three (3) one year Fiscal Years	9/30/2026	RFP Cost Reimbursement	Federal and Local
3	In-Home Services	For-Profit	Health Services of the Pacific (HSP)	Remainder of FY2023, effective March 31, 2023 with the option to renew for three (3) one year Fiscal Years	9/30/2026	RFP Cost Reimbursement	Federal and Local
4	Legal Assistance Services	Government of Guam	Guam Public Defender Service Corporation	Effective December 11, 2020 with the option to renew Annually.	9/30/2023	Memorandum of Understanding	Federal and Local
5	Senior Center Operations (12 Centers)	Government of Guam	Mayors' Council of Guam	Annual Renewal	9/30/2023	Memorandum of Understanding	Federal and Local
6	Transportation Services	For-Profit	Kloppenburg Ent., Inc.	5 Years	11/30/2024	Invitation for Bid	Federal and Local
7	Elderly Nutrition Program – C1 Congregate (15 Sites)	For-Profit	SH Enterprises, Inc.	5 Years	11/30/2024	Invitation for Bid	Federal and Local
8	Elderly Nutrition Program – C2 Home-Delivered	For-Profit	SH Enterprises, Inc.	5 Years	11/30/2024	Invitation for Bid	Federal and Local
9	Preventive Health	<i>MOU Under Development</i>	<i>MOU Under Development</i>	<i>MOU Under Development</i>	<i>MOU Under Development</i>	<i>MOU Under Development</i>	100% Federal
10	National Family Caregiver	For-Profit	Health Services of the Pacific (HSP)	RFP In-Progress	9/30/2023	RFP Cost Reimbursement	Federal and Local
11	Elder Abuse Prevention	Government of Guam	Guam SOA, BAPS	2022-2023	9/30/2023	Core Grant – Title VII	100% Federal
12	Ombudsman	Government of Guam	Guam SOA, BAPS	2022-2023	9/30/2023	Core Grant – Title VII	100% Federal
13	Guam Serenidad-Protective Services Shelter for Elderly and Disabled	Government of Guam	Mayors' Council of Guam	Invitation for Bid- In Progress	9/30/2023	Invitation for Bid- In Progress	100% Local
14	Senior Citizens Month	Government of Guam	Guam SOA	Annual	August 31 of each fiscal year	Annual Appropriation	Federal and Local
15	Guam State Health Insurance Assistance Program (SHIP)	Government of Guam	Guam SOA, BCS	Annual Federal Appropriation	March 31 of each grant year	Discretionary Grant	100% Federal
16	Senior Medicare Patrol Project (SMP)	Government of Guam	Guam SOA, BCS	Annual Federal Appropriation	May 31 of each grant year	Discretionary Grant	100% Federal
17	Aging & Disability Resource Center (ADRC) Software and Services	For-Profit	RTZ Associates Inc., dba RTZ Systems	4 Years	9/30/2027	RFP Cost Reimbursement (Federal funds for APS Component)	Federal and Local

ATTACHMENT E - DIVISION OF SENIOR CITIZENS GUAM SOA ORGANIZATIONAL CHART



LEGEND

Revised 6/19/2023

VACANT Positions funded for FY 2023

