

# Delaware State Plan on Aging

October 1, 2024 to September 30, 2028



**Delaware Department of Health and Social Services**  
**Division of Services for Aging and Adults with Physical Disabilities**

State Plan on Aging  
2024 – 2028  
*Amended for October 1, 2025*

Governor Matt Meyer  
Acting Cabinet Secretary Lisa Schieffert  
Director Dr. Shekelia Hines



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Services for Aging and Adults with Physical Disabilities

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## Verification of Intent

The State Plan on Aging is hereby submitted for the State of Delaware for the period of October 1, 2024, through September 30, 2028, as amended in accordance with the Older Americans Act. It includes all assurances and plans to be conducted by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) under the provisions of the Older Americans Act (the Act) as amended, during the period identified above.

DSAAPD, Delaware's State Unit on Aging, has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act. DSAAPD is primarily responsible for the coordination of all State activities related to the purposes of the Act, including the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for aging Delawareans.

This plan is hereby approved by the Cabinet Secretary of the Delaware Department of Health and Social Services, on behalf of the Governor, and constitutes authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

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

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Dr. Shekelia Hines, Director  
Division of Services for Aging and  
Adults with Physical Disabilities

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Date

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Lisa A. Schieffert, Acting Cabinet Secretary  
Delaware Department of Health and Social Services

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Date

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## **Mission & Vision**

### **Delaware Department of Health and Social Services**

**Mission:** To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

**Vision:** Together we provide quality services as we create a better future for the people of Delaware.

### **Division of Services for Aging and Adults with Physical Disabilities**

**Mission:** Promote dignity, respect, and inclusion for older adults and people with disabilities.

**Vision:** Inclusive healthy communities that promote the engagement of older adults and individuals with disabilities.

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## Executive Summary

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is one of the largest of ten divisions within the Delaware Department of Health and Social Services (DHSS). DSAAPD coordinates with other divisions within DHSS, including but not limited to, the Division of Developmental Disabilities Services (DDDS), the Division of Medicaid and Medical Assistance (DMMA), the Division of Social Services (DSS), the Division of Substance Abuse and Mental Health (DSAMH), the Division of Public Health (DPH), and the Division for the Visually Impaired (DVI).

DSAAPD, in accordance with the Older Americans Act of 1965 (OAA), is required to develop and administer a State Plan on Aging. As the State Unit on Aging, DSAAPD is responsible for coordinating all activities related to both the State Plan and the Older Americans Act. This plan on aging is effective October 1, 2024, through September 30, 2028.

The Older Americans Act supports a wide range of social services and programs for individuals aged 60 years or older. Title III services are available to all persons aged 60 and older but are targeted to those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in isolated, unincorporated, and historically underserved or hard to reach areas. This State Plan emphasizes DSAAPD's mission to promote dignity, respect, and inclusion for older adults and people with disabilities, and describes how DSAAPD and its partners will provide services to address the needs of aging Delawareans, with particular emphasis on the need to meet our aging population where they are. This plan promotes healthy, vibrant aging, and supports and encourages our older adults to age in place where, and how, they choose. Over the next four years, DSAAPD is committed to providing innovative programs and services designed to enable individuals to make informed choices that can enrich their lives and support their ability to effectively participate in their communities.

The State Plan on Aging functions as DSAAPD's contract with the Administration for Community Living (ACL). It allows the State of Delaware to receive funding under Titles III and VII of the OAA. Titles III and VII provide for funding for important services for older Delawareans, known as "core" programs, such as:

- Adult Day Services
- Adult Protective Services
- Case Management
- Congregate and Home-Delivered Meals
- Legal Services
- Long Term Care Ombudsman Program
- Personal Care
- Personal Emergency Response Systems
- Preventative Care
- Respite

This State Plan on Aging is the culmination of a months-long development process undertaken by DSAAPD which began in December 2023 through a reflection of efforts we have completed in the plan which will expire on September 30, 2024. This Plan includes ten goals that reflect the Division's priorities over the next four years and was developed in a collaborative process with internal subject matter experts, Division and Department leadership, external stakeholders, services providers, family caregivers, and input and feedback

from Delawareans across the State. DSAAPD reviewed the Older Americans Act and Rules Change, the 2020-2024 Delaware State Plan, State Plans from other states including other single planning and service areas, State and National demographic data and trends, ACL's Program Instruction, and other ACL provided resources.

Delaware's 2024-2028 State Plan on Aging was developed in accordance with five priority areas prescribed by ACL for all State Plans on Aging, including:

1. Promoting excellence in the delivery of **Older Americans Act Core Programs**.
2. Translating lessons learned from the **COVID-19** pandemic into comprehensive emergency preparedness planning.
3. Ensuring **Equity** in all aspects of plan administration.
4. Expanding access to **Home and Community-Based Services**.
5. Enhancing services and supports for **Caregivers**.

This plan addresses the Division's efforts to engage in robust efforts to provide excellence in the delivery of **Older Americans Act Core Programs** and services through the implementation of new OAA regulations and a shift to a more modernized service delivery system. It details how this rule change impacts services and service delivery, identifies ways in which we can provide innovative programming and services to support and enhance multidisciplinary responses to the abuse, neglect, or exploitation of vulnerable adults.

This plan also outlines the Division's goals to translate lessons learned from the **COVID-19** pandemic. The division will promote programs that address social isolation, provide trauma informed services, screen for suicide risk, and enhance supports in place to maintain healthy emotional wellbeing. The Division will engage in substantial stakeholder engagement to reach new partners to understand unmet needs in the community. The Division will increase the accessibility of emergency preparedness resources and services through collaboration with stakeholder and providers. and supports and sustains Delaware's aging network partnerships.

DSAAPD will support Delaware's aging population with **Home and Community-Based Services** and supports so that they can age in place where and how they choose. This includes creating and sustaining community partnerships to enhance and expand these services and enhancing aging network partners business acumen.

The Division also plans to ensure **Equity** in all aspects of plan administration through the implementation of internal policies and practices to ensure DSAAPD staff are culturally competent, and resources and programs are culturally and linguistically appropriate. This includes the implementation of the Vital Conditions Framework (Appendix G) in conjunction with Social Determinants of Health to understand barriers to services, as well as engaging in stakeholder engagement to reach new partners, understand unmet needs in the community, identify individuals and communities with the greatest economic and social need, and build and expand person-centered service delivery.

Finally, the Division will enhance services and supports for Family **Caregivers** by implementing recommendations and best practices from the Delaware Caregiver Action Network (DCAN), Delaware Caregiver Taskforce, RAISE Family Caregiver Advisory Council, other organizations that support family caregivers and in coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families. DSAAPD will enhance these services through the implementation of an evidence-based caregiver assessment and evidence-based/evidence-informed family caregiver support programs.



Specific objectives, strategies, and performance measures are delineated for each of these goals. The State Plan also provides performance measures so that progress can be evaluated, and continuous improvement can be made in reaching these goals and understanding how we are best meeting the needs of those we serve. The State Plan on Aging also includes emphasis on person-centered care, aging in place, and understanding barriers to services.

Each goal, objective, strategy, and measure in this plan aims to allow those supported by DSAAPD to age in place where and how they choose by providing access to and coordination of services in the right place, at the right time, and in the best way possible especially for populations at or below poverty level. DSAAPD will also engage with populations with the greatest social need. This includes populations DSAAPD has historically been unable to reach with its current array of services, including individuals with limited English proficiency, older persons residing in isolated, unincorporated, and underserved or hard to reach areas, older adults affected by HIV/AIDS, older adults in the LGBTQIA+ community, and Delaware's Native American populations. Particular emphasis is given to engaging low income and historically underserved racial and ethnic minorities.

The implementation of this 2024-2028 State Plan on Aging will be the foundation that the Division of Services for Aging and Adults with Physical Disabilities will build on to serve the ever-growing needs to Delaware's aging population and to provide access to and coordination of services and supports where and how they choose.

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## Introduction

### **The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)**

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is one of the largest of ten divisions within the Delaware Department of Health and Social Services (DHSS). DSAAPD coordinates with other divisions within DHSS, including but not limited to, the Division of Developmental Disabilities Services (DDDS), the Division of Medicaid and Medical Assistance (DMMA), the Division of Social Services (DSS), the Division of Substance Abuse and Mental Health (DSAMH), the Division of Public Health (DPH), and the Division for the Visually Impaired (DVI). DSAAPD currently operates a long-term care facility, the Delaware Hospital for the Chronically Ill. The Division ensures access to services, as the needs of the residents of the facility are similar to the needs of those served in the community. The Office of the Long-Term Care Ombudsman, while working closely with DSAAPD, is a part of the Office of the Secretary of DHSS.

The Division is funded by a number of sources including The Older Americans Act, Title III, Title IV, Title V, Title VII, Social Services Block Grants, discretionary grants, Medicaid funds, Tobacco Settlement funds, Nutrition Services Incentive Program funds, and Delaware General Assembly State General funds. These funding sources support the Aging and Disability Resource Center (ADRC), the Long-Term Care Ombudsman Program (LTCOP), Senior Community Services Employment (SCSEP) Program, elder rights protection activities, home and community-based services, home delivered meals programs, and other training and support programs.

DSAAPD is proud to support aging Delawareans and to promote dignity, respect, and inclusion for older adults and individuals with physical disabilities. As a Single Planning and Service Area (PSA), DSAAPD serves as a State Unit on Aging (SUA). It also performs the functions of an Area Agency on Aging (AAA), delivering and contracting for services for older persons statewide. Additionally, DSAAPD is responsible for coordinating services for adults with physical disabilities in Delaware. These activities include:

- Operating the Delaware Aging and Disability Resource Center (ADRD) to provide information and assistance, options counseling, and service enrollment support services.
- Issuing and administering contracts for home and community-based services for older persons and adults with physical disabilities.
- Operating the Senior Community Service Employment Program (SCSEP)
- Creating and promoting Healthy Aging programs and initiatives to support aging Delawareans and network partners.

To carry out these activities, DSAAPD maintains strong partnerships with federal, state, local, and community-based organizations to support those we serve. Our aging and disabilities network partners include:

- Alzheimer's Association Delaware Valley Chapter
- Delaware State Council for Persons with Disabilities
- Delaware State Housing Authority (DSHA)
- AARP Delaware
- Community Legal Aid Society's (CLASI) Elder Law and Disabilities Law Programs
- Delaware Caregiver Action Network (DCAN)
- Delaware Department of Insurance
  - Delaware Medicare Assistance Bureau

- University of Delaware
  - Center for Disabilities Studies
  - Institute for Public Administration

DSAAPD will continue to work with these partners to build and expand our person-centered service delivery and make use of strategic opportunities to address the growing and changing needs of older Delawareans.

## **Delaware's State Plan on Aging**

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) in accordance with the Older Americans Act of 1965 (OAA) is required to develop and administer a State Plan on Aging. As the State Unit on Aging, DSAAPD is responsible for coordinating all activities related to both the State Plan and the Older Americans Act. This plan on aging is effective October 1, 2024, through September 30, 2028. Due to Delaware's small size, the state has been designated a Single Planning and Service Area (PSA) for the purpose of administering funds under the Older Americans Act. DSAAPD carries out the functions of a State Unit on Aging (SUA) in addition to performing the duties of an Area Agency on Aging (AAA).

The 2024-2028 State Plan on Aging includes goals, objectives, strategies, and performance measures to continue to meet the needs of those we serve. To best meet those needs, DSAAPD determined that efforts needed to be made to address individuals with the greatest economic and social need. This means identifying historically underserved, isolated, unincorporated, and underreporting communities across the state and those who consistently encounter barriers to services. This plan also provides performance measures so that continuous improvement can be made in reaching these goals. Those goals are:

**Goal 1:** Promote excellence in the delivery of Older Americans Act Core Programs through modernized service delivery and resource allocation.

**Goal 2:** Support and enhance multidisciplinary responses to elder abuse, neglect, and exploitation.

**Goal 3:** Promote programs that address social isolation, provide trauma informed services, screen for suicide risk, and enhance supports in place to maintain healthy emotional wellbeing.

**Goal 4:** Increase accessibility of emergency preparedness resources and services.

**Goal 5:** Update protocols and expectations for reviewing and monitoring contractor's emergency preparedness plans and responses through collaboration with stakeholders and providers.

**Goal 6:** Support Delaware's aging population with in-home services and supports that allow them to age in place where and how they choose.

**Goal 7:** Create and sustain community partnerships to enhance aging network partners business acumen and expand home and community-based services.

**Goal 8:** Implement internal policies and practices to ensure DSAAPD staff are culturally competent, and resources and programs are culturally and linguistically appropriate.

**Goal 9:** Continue stakeholder engagement to reach new partners to understand unmet needs in the community, identify individuals and communities with the greatest economic and social need, and build and expand person-centered service delivery.

**Goal 10:** Enhance services and supports for Family Caregivers by implementing recommendations and best practices from the Delaware Caregiver Action Network (DCAN), Delaware Caregiver Taskforce, RAISE Family Caregiver Advisory Council, other organizations that support family caregivers and in coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families.

Aging in place is a key focus in DSAAPD's goal of promoting excellence in the delivery of Older Americans Act Core Programs through modernized service delivery and resource allocation. To reach this goal, DSAAPD will implement new Older Americans Act (OAA) Regulations. These updated regulations emphasize the reinforcement and clarification of policies and expectations, the promotion of appropriate stewardship of OAA resources, and the integration of lessons learned during the COVID-19 pandemic. Notably, the final rule introduces new sections that provide comprehensive guidance on emergency and disaster requirements under the Act. This enhancement reflects a thoughtful consideration of the evolving nature of emergencies and disasters, their unique effects on vulnerable populations, and the optimal ways to support the needs of OAA grantees and participants. Incorporating these insights, this plan is poised to address the nuanced challenges of disaster preparedness in our communities, ensuring that our strategies are inclusive, comprehensive, and responsive to the diverse needs of older adults and their caregivers.

DSAAPD will enact the OAA rules changes to align with current state and federal statutes, shift the current antiquated system of care to use modern assessments and service delivery systems by implementing cost-sharing procedures and interfacing with the Division of Medicaid and Medical Assistance (DMMA) to support and streamline the Long-Term Medicaid application submission process. The Division will also continue to provide outreach and communication to external stakeholders regarding systems change, increase business acumen for aging network partners to create efficient and effective programming for older Delawareans, and support local community organizations to expand access to programming and support healthy aging.

Millions of older Americans experience abuse, neglect, and exploitation each year. Under Title VII of the Older Americans Act, the State Unit on Aging is required to be a leader in programs for the prevention of elder abuse, neglect, and exploitation. To ensure that aging Delawareans are protected, DSAAPD will build on the success of its "Make the Call" multimedia campaign to support and enhance multidisciplinary responses to elder abuse, neglect, and exploitation. The Division will collaborate with housing programs, long term care, law enforcement, health care, and elder law agencies to ensure participant safety, remove barriers to services, improve quality of life, and support aging in place. DSAAPD also plans to increase information and resources regarding self-neglect and seeks to enhance and educate members of the public about Adult Protective Services (APS) and supports through media campaigns, community information sessions, and trainings. Outreach efforts will specifically target residents of isolated and unincorporated communities.

This plan also includes efforts to protect vulnerable adults in times of public health emergencies or emerging health threats. The COVID-19 pandemic highlighted a need for proactive emergency preparedness and an increased accessibility to programs and services dedicated to public health emergencies, emerging health threats, and the physical and emotional challenges that can come with them. This plan outlines ways in which the Division will enhance policies, procedures, and public facing documents to engage and support members of the aging population in personal emergency preparedness and back-up plans as well as increasing accessibility of emergency preparedness resources and services. This includes updating protocols and expectations for reviewing and monitoring contractor's emergency preparedness plans and responses through collaboration with stakeholders and providers, and addressing community needs and risks. Older adults,

especially LGBTQIA+ adults, often have a higher risk of social isolation and face barriers to accessing services and supports. DSAAPD will focus on enhancing trauma informed services, and getting supports in place to address and maintain healthy emotional wellbeing.

DSAAPD will also utilize federal discretionary grant programs and unspent American Rescue Plan (ARP) and COVID-19 funds to further the work outlined in this plan. These dollars will be used on existing approved work plans to facilitate ongoing outreach, advocacy, and community support for those we serve. Programming includes home modifications, No Wrong Door (NWD) System updates, and Adult Protective Services (APS) program enhancements.

DSAAPD is committed to ensuring that aging Delawareans can age in place where and how they choose. That not only includes ensuring excellence in OAA programming and in committing to addressing community needs, but also to ensuring that aging adults have safe, accessible, and affordable housing. Through DSAAPD's home modification program, community partnerships, and continued stakeholder engagement, we can enhance our Home and Community-Based Services (HCBS) to allow individuals to remain safe and healthy in their own homes and to remain independent and engaged in their communities.

By supporting individuals as they age in place, DSAAPD helps foster inclusive and healthy communities. Through this plan, DSAAPD will continue working with stakeholders and community members to identify and support individuals with the greatest economic and social need, and to support culturally and linguistically appropriate programs and services. DSAAPD will advance cultural competency, diversity, equity, and inclusion by implementing recommendations and best practices from local, state, and national taskforces and councils, and by focusing on increasing the knowledge of aging network services and supports in historically underserved communities and communities that have been difficult to reach with the current array of services. This includes the Hispanic/Latinx, Native American, LGBTQIA+, and Caregiver communities, as well as older adults affected by HIV/AIDS.

The implementation of the goals, objectives, strategies, and performance measures in this State Plan represent the foundation that the Delaware Division of Services for Aging and Adults with Physical Disabilities will use to strengthen and enhance services and supports for aging Delawareans. This foundation will continue to support aging in place and promote dignity, respect, and inclusion.

## **Delaware's Older Adults**

Twenty-two percent of the United States population is currently over the age of 60. Americans are living longer than ever with 10,000 people per day turning 65. Delaware specifically is currently aging at a rate that is outpacing most of the nation; from 2010 to 2020, the population of adults over the age of 60 increased by 76% and 28% of the total population in Delaware is currently over the age of 60. This means that roughly 1 in 5 Delawareans is eligible for Older Americans Act (OAA) programs and services.

Current population data (Figure 1) estimates indicate that there are approximately 290,180 individuals aged 60 and older residing in the State of Delaware. Of that, 18,872 are 85 years and older. It is estimated that by the year 2050, the older population will make up approximately 34% of the state's total population. That number will only continue to rise; by 2030, Delaware is projected to have the 9th highest proportion of persons aged 65 and older among all states. As Delaware's aging population continues to grow, so will the demand for critical

core services funded by Title III and Title VII of the OAA.

Year	2025	2030	2035	2040	2045	2050
<b>Age Breakdowns</b>						
Age 60 - 64	71,391	63,026	57,197	58,284	65,568	68,626
Age 65 - 69	70,643	69,834	61,307	55,704	56,838	64,187
Age 70 - 74	62,572	67,300	66,050	57,868	52,518	53,929
Age 75 - 79	50,352	57,017	50,745	59,444	51,854	47,293
Age 80 - 84	30,999	42,590	47,950	50,811	49,411	43,195
Age 85+	24,705	34,079	47,196	57,532	63,502	64,815
<b>Age Totals</b>						
Total Age 60+	320,036	333,846	330,445	339,643	339,691	342,045
Total Age 65+	248,645	270,820	273,248	281,359	274,123	273,419
Total Age 75+	115,430	133,686	145,891	167,787	164,767	155,303
Total Age 85+	24,705	34,079	47,196	57,532	63,502	64,815
<b>Percentage Change</b>						
Age 60+	0%	4%	3%	6%	6%	6%
Age 65+	0%	8%	9%	12%	9%	9%
Age 75+	0%	14%	21%	31%	30%	26%
Age 85+	0%	28%	48%	57%	61%	62%

Figure 1

Source: Delaware Population Consortium Annual Population Projections October 31, 2023, Version 2023.0.

Who are these older Delawareans? About 27.8% of older Delawareans who are age 60 and older are members of racial or ethnic minorities. About 8.5% live below the poverty level. Those in the labor force make up 28.4% of all older Delawareans. About 13.6% are veterans. It is estimated that 19,000 Delawareans aged 65 and older are living with Alzheimer's disease or some form of dementia. Approximately 28% of Delawareans who are age 60 and older and are living in the community have at least one disability. Of Delawareans aged 65 and older, 37% live alone. For more information about Delaware's older population, please see Appendix F of this plan.

## Needs Assessment and Public Feedback

DSAAPD began the process of developing the State Plan on Aging by reviewing the Older Americans Act and Rules Change, the 2020-2024 State Plan, State Plans from other states including other single planning and service areas, State and National demographic data and trends, ACL's Program Instruction, and other ACL provided resources. Division leadership, in conjunction with the Division's Planning, Policy and Program Development Unit, created a working timeline for completion and decided that the State Plan would cover a period of four years from October 1, 2024, through September 30, 2028.

The DSAAPD Planning Unit convened multiple internal workgroups of subject-matter experts to discuss the ACL provided focus areas and brainstorm goals, objectives, and strategies. Using this feedback and ACL guidance, a skeletal plan was drafted and shared with DSAAPD Staff, Department leadership, Council on Services for Aging and Adults with Physical Disabilities, and online for public comment.

The Division engaged in a robust public feedback campaign in-person across the State and virtually beginning on April 5, 2024, and ending on May 15, 2024. DSAAPD's public engagement and outreach process introduced an opportunity to gain feedback on this State Plan on Aging through interactive workshops—six in-person jurisdictional sessions and one statewide virtual meeting. Compared to outreach strategies used to inform previous State Plans, DSAAPD aimed to broaden its engagement with public and professional stakeholders and community members, and to capture diverse, statewide perspectives. To help achieve this goal, DSAAPD contracted with the University of Delaware's Institute for Public Administration (IPA). IPA is an applied research and public service center within the Biden School of Public Policy and Administration. IPA staff with expertise in healthy aging research and meeting facilitation aided DSAAPD leadership in coordinating, facilitating, and recording engagement activities and conversations.

While the total population of Delaware is relatively small, and the state has only three counties, it is home to an increasingly diverse population. Capturing the various needs and issues surrounding specific regions statewide called for thoughtful and intentional planning of how and where to host outreach events and reach as many community members as possible. Senior centers and community centers located in various regions throughout the state helped target a built-in audience for daytime workshops while providing an easy and accessible venue for older adults, caregivers, service providers, elected officials, and other community representatives. The virtual workshop was held to provide additional accessibility options for individuals unable to attend in-person due to mobility, transportation, or scheduling conflicts, and to provide a summary of the common themes heard during the in-person sessions. DSAAPD advertised the workshops across social media platforms, Division and Department websites, local news media, and State public meeting calendars. DSAAPD also engaged with internal subject matter experts, local service providers, and state and local leaders and representatives to engage the Delaware public in its State Plan efforts.

These public information sessions in addition to comments and feedback collected through phone, fax, and email, acted as a community needs assessment to determine if the needs and trends seen in communities across Delaware would be met or addressed through this plan.

Each two-hour session followed a similar format and agenda anchored in the plan's five core themes and focus areas. Dedicated time was spent on the draft plan, with remarks and feedback from local service providers and community representatives and facilitated question/answer and comments. IPA staff facilitated meetings and recorded the activities and comments. Highlights from each session are summarized below.

#### **Kent County – Modern Maturity Center – April 8, 2024**

Recorded Number of Workshop Participants: 41

Attendees included representatives from local senior centers, social service agencies, state and county government, and local elected officials.

Primary Themes:

- Community members want better access to resources, assistance with making decisions about community care, and information about what is available and how to access it.
- Transportation access, emergency preparedness, and affordable housing present challenges for older adults who wish to age in place in their communities.

- Caregivers who support older adults require more resources and assistance with managing the responsibilities of caregiving.

#### **Northern New Castle County – Claymont Community Center – April 9, 2024**

Recorded Number of Workshop Participants: 15

Attendees included representatives from state government, social service agencies, senior nutrition providers, and community organizers involved with emergency response efforts.

Primary Themes:

- There is a need to improve and streamline communication methods to reach older adults effectively, particularly in the event of a natural disaster or other emergency.
- DSAAPD should leverage partnerships and strengthen collaboration with relevant agencies to address housing, transportation, and scam prevention issues, and should continue supporting services like caregiver assistance and intergenerational programs.

#### **Southern New Castle County – Middletown-Odessa-Townsend (M.O.T.) Jean Birch Senior Center – April 18, 2024**

Recorded Number of Workshop Participants: 16

Attendees included representatives from state and New Castle County government, and community members.

Primary Themes:

- There is a shortage of healthcare providers and long wait times for appointments in the area.
- Transportation options for older adults are extremely limited, creating major access barriers to medical care and other services.
- Initiatives are underway to improve the direct care workforce, provide transitional care, and promote careers in aging services, but require coordination and sustainable funding.
- Outreach, education, and simplifying access are critical to ensuring seniors utilize available resources effectively. Better resource coordination across housing, transportation, healthcare, and support services is needed to comprehensively meet the diverse needs of the growing senior population.

#### **Central/Western Sussex County – CHEER Community Center – April 23, 2024**

Recorded Number of Workshop Participants: 25

Attendees included representatives from state government, First State Community Action Agency, Beebe Healthcare, Delaware Elder Care Association Coalition, Habitat for Humanity, veterans service organizations, and community members.

Primary Themes:



- Advocates strongly encouraged more coordination with Veteran Affairs and other veteran service organizations to ensure that veterans receive the support they need in leveraging the benefits and resources available to them.
- Western Sussex County requires more assistance and services, which should be backed by data analysis to identify areas of greatest need.
- Collaboration, rather than competition, among different agencies is crucial to maximizing the impact of service delivery for older adults in Sussex County.

#### **Eastern Sussex County – Lewes Senior Activity Center – April 25, 2024**

Recorded Number of Workshop Participants: 29 attendees

Attendees included representatives from state government, Beebe Healthcare, Village Volunteers, Sussex PRIDE, veterans service organizations, rural healthcare organizations, local elected officials, and community members.

Primary Themes:

- Older adults should familiarize themselves with available resources before they need them.
- Supporting veterans in accessing veteran-specific services will make other resources available to non-veterans.
- Senior centers, and other organizations serving older adults, require additional funding for transportation services, including hiring more drivers and acquiring new vehicles.
- There are diverse needs throughout the county based on factors like income, sexual/gender identity, geography, and individual circumstances. Assumptions about needs in certain areas may not be accurate, and data is key to providing accurate information about the varying needs across the County.

#### **City of Wilmington – Hispanic American Association of Delaware – April 26, 2024**

Recorded Number of Workshop Participants: 19 attendees

Attendees included representatives from Habitat for Humanity, local senior centers, Delaware Hispanic Chamber of Commerce, Hispanic Association of Delaware, Delaware Health Equity Coalition, and community members. An interpreter was present to provide translation services for Spanish-speaking attendees.

Primary Themes:

- Language barriers are a huge obstacle for Spanish-speaking older adults accessing services; many resources and services are available only in English.
- Available services are often not structured to accommodate cultural distinctions.
- DSAAPD and its partners should engage more with community members to respond to their needs and desires, and to develop programs they would like to see offered.

### **Quality Management**

The Division of Services for Aging and Adults with Physical Disabilities recognizes the importance of meaningful data collection and usage across all initiatives and responsibilities. In order to effectively utilize data at all

levels, the Division has created the Continuous Quality Improvement (CQI) Unit, comprised of the Data Team and Information Systems Unit. The unit has created numerous internal and external processes to increase efficiency across the Division, such as the implementation of a new Electronic Medical Records system (“EMR”) in its long-term care facility, as well as collaborative routine data analyses and quality improvement projects within DSAAPD’s Community Operations and Planning sections. The team supports DSAAPD’s stakeholder engagement initiatives and is currently integrating some of its services providers into its case management system, which will allow the Division to proactively reach out to community members that may require additional services.

Delaware committed to ensuring good stewardship of funds provided through the Older Americans Act, and to continuous quality improvement and progress on all performance measures set forth in this plan. The Division provides dedicated oversight of how funds are spent through the division’s Provider Relations unit and contractor compliance reviews, and the Department of Health and Social Services Procurement unit.

Over the course of the next four years, DSAAPD leadership will collaborate with the Continuous Quality Improvement (CQI) and Provider Relations Units to improve data collection, monitor program performance and compliance, remediate problem areas, and to track and understand the outcomes of the initiatives outlined in this plan. The CQI team will be involved in all aspects of performance measurement, provider reporting, and program evaluation to ensure plan strategies and measures are quantifiable, so that continuous improvement can be made throughout the life of this plan to ensure that DSAAPD is making data-informed decisions.

## Goals, Objectives, Strategies, & Performance Measures

### Older Americans Act Core Programs Focus Area

<b>Goal #1:</b> Promote excellence in the delivery of Older Americans Act core programs through modernized service delivery and resource allocation		
<b>Objective</b>	<b>Strategy</b>	<b>Measure(s)</b>
<b>Objective 1.1</b> Implement new Older Americans Act (OAA) Regulations to align with current state and federal statutes.	Utilize the technical assistance and training provided by the Administration for Community Living (ACL) for OAA Rule Change Updates to support both the changes within the Division and to assist in supporting those changes that aging network partners will need to implement.	Meet OAA Implementation Deadline of October 1, 2025.
<b>Objective 1.2</b> Translate federal direction and disseminate information regarding OAA rules change and funding information.	Conduct robust stakeholder feedback and information sessions based on ACL technical assistance.	Quarterly information sessions throughout implementation.
<b>Objective 1.3</b> Shift antiquated system of care to use modern assessments and services delivery system by implementing cost-sharing procedures and interface with Medicaid applications.	Implement cost-sharing policies and procedures and comprehensive health assessments and screening tools.	Complete full implementation and integration of these tools and procedures by 2028.
<b>Objective 1.4</b> Provide outreach and communication to external stakeholders regarding systems change.	Provide technical assistance, feedback, and information sessions regarding cost-sharing and new screening tools.	Host monthly provider meetings before, during, and after systems change.
<b>Objective 1.5</b> Prioritize resources and supports for individuals to align with the appropriate funding source to meet their needs.	Collaborate with the Delaware Coalition for Injury Prevention – Traumatic Brain and Spinal Injury Prevention Team for information and training.	See an increase in screening for fall-related Traumatic Brain Injuries (TBI) in all self-directed participants and waitlist intakes.

	Coordinate access to in-home services and supports through the Aging and Disability Resource Center (ADRC), home and community-based services, home delivered meals, VA Hospital, and Long-Term Care Medicaid.	See a decrease in self-directed services waitlist due to successful enrollment in services.
<b>Objective 1.6</b> Improve coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs in conjunction with goals outlined the Delaware SCSEP State Plan.	Identify additional SCSEP community organizations and host sites such as a senior community center or home delivered meals program.	Place SCSEP participants in industries and occupations with high growth or substantial employment need.
	Review and revise participant self-directed skills-assessment.	Strengthen initial assessments of participants skills, knowledge, interests, aptitudes, and qualities, and define career objectives that are relevant for the participant's interests and abilities.
		Asses the participants' barriers and skills gaps to create individual employment plans with timelines for on the job experience specialized training, and support services.
	Ensure host agency assignments provide skills training that is relevant for participant career objectives and employer needs.	Monthly follow ups with host sites and on-job-experience sites.

<b>Objective 1.7</b> Collaborate with current Home-Delivered and Congregate Meals Providers to develop new nutritional programing.	Explore the need for shelf-stable, pick-up, carry out, or drive-through meals through congregate funding.	Collect data to understand the community need for service across the State.
	Incorporate nutrition education to address malnutrition as part of meals programs.	Launch a minimum of one malnutrition educational program each year until 2028.
<b>Objective 1.8</b> Enhance and expand the role of the Legal Assistance Developer to support the delivery of services that promote and protect the rights of older persons.	Lead the state's elder law and justice advocacy efforts by promoting critical legal needs of older Delawareans, including income, housing, access to healthcare and long-term services and supports, and defense against guardianship when appropriate.	Partner with the Delaware Bar and Community Legal Aid Society (CLASI) to advocate for and provide information on the legal needs of older Delawareans.
	Develop professional competencies with the Delaware Bar through trainings, meetings, or conference opportunities.	Host a minimum of one annual meeting, training or conference developed with the Delaware Bar.
<b>Goal #2:</b> Support and enhance multidisciplinary responses to elder abuse, neglect, and exploitation.		
<b>Objective</b>	<b>Strategy</b>	<b>Measure(s)</b>
<b>Objective 2.1</b> Implement federal regulations for Adult Protective Services (APS) as outlined in the 2024 APS Final Rule.	Utilize the technical assistance and training provided by the ACL and ADvancing States to implement new rules and regulations regarding Adult Protective Services.	Meet implementation deadline of May 8, 2028.
<b>Objective 2.2</b> Collaborate with housing programs, Long-Term Care Ombudsman Program (LTCOP), Medicare, Medicaid, law enforcement, health care, and elder law agencies to ensure participant safety,	Create a multidisciplinary response team to create and sustain interagency partnerships to ensure adults who are	Create a list of community organizational partners and their contact information by the end of 2024.

remove barriers to services, improve quality of life, and support aging in place.	suspected to be abused, neglected, or exploited have the best care possible.	Begin monthly meetings to discuss best and promising practices and discuss any high-needs APS cases that may need additional support by 2025.
	Increase LTCOP collaboration to discuss and address issues related to abuse, neglect, and exploitation.	See an annual increase in information and service requests for the LTCOP through 2028.
<b>Objective 2.3</b> Enhance and educate members of the public about APS and supports through media campaigns, community information sessions, and trainings.	Launch a comprehensive multimedia marketing campaign to educate Delawareans on the scope and purpose of APS.	See an increase in APS referral calls statewide and by 50% in Kent and Sussex County.
	Support multimedia marketing campaign with in-person outreach.	Host at least one APS public information session in each county to ensure members of the community understand and report elder abuse, neglect, self-neglect, and exploitation.
	Identify and explore the needs of isolated, unincorporated, and underreporting communities across the state.	Collect and review data monthly to understand and address the need for APS services and supports in these communities.

## COVID-19 Focus Area

<b>Goal #3:</b> Promote programs that address social isolation, provide trauma informed services, screen for suicide risk, and enhance supports in place to maintain healthy emotional wellbeing.		
Objective	Strategy	Measure(s)
<b>Objective 3.1</b> Develop a community needs assessment survey to understand unmet community needs.	Identify and implement an evidence-based community needs assessment surveys.	Administer community needs assessment survey by 2025.
<b>Objective 3.2</b> Create community engagement plans to promote health services specific to public health emergencies and emerging health threats including social isolation and emotional wellbeing.	Utilize community needs assessment feedback to create and implement outreach campaigns directly related to public health emergencies and emerging health threats and promote local organizations who offer programming that directly address social isolation, emotional wellbeing, and suicide risk.	Launch outreach campaign by 2026.
	Include screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs.	See an increase in vaccinations or vaccination information requests statewide.
<b>Goal #4:</b> Increase accessibility of emergency preparedness resources and services.		
Objective	Strategy	Measure(s)
<b>Objective 4.1</b> Ensure emergency preparedness information is culturally and linguistically appropriate and easily accessible.	Partner with organizations that serve priority populations to improve targeting efforts and develop and implement culturally appropriate outreach to those populations.	Annually review and translate emergency preparedness information and toolkits into other languages and accessible formats as identified in these communities throughout the State.

	Connect individuals with other agencies and assistive technology resources to assist in personal emergency preparedness in their own language.	Add culturally and linguistically appropriate resources and network partners to the ADRC database and <i>Guide to Services for Older Adults and Individuals with Physical Disabilities</i> to ensure all older adults have access to information, programs, and services, especially during emergencies.
<b>Objective 4.2</b> Advocate for and support transportation plans and innovative mobility options that facilitate access to services, community engagement, and aging-in-place opportunities especially in areas with critical transit needs.	Collect community information and data from participants directly related to transportation needs, access to services, and barriers to transportation.	Identify areas with critical transit needs by 2025.
		Write and launch a community integration RFI to solicit ideas for innovation transportation programming and supports throughout the state by 2026.
		Create a report for the Department of Transportation (DOT) from collected community data by 2028.
		Train 100% of Community Operations staff in available transportation resources.
<b>Goal #5:</b> Update protocols and expectations for reviewing and monitoring contractor’s emergency preparedness plans and responses through collaboration with stakeholders and providers.		
<b>Objective</b>	<b>Strategy</b>	<b>Measure(s)</b>



<b>Objective 5.1</b> Enhance policies, procedures, and public facing documents to engage and support members of the aging population in personal emergency preparedness and back-up plans.	Establish procedures for reviewing and monitoring providers emergency preparedness plans.	Update service specifications to include emergency training preparedness requirements by the end of 2028 with 100% of provider emergency preparedness plans reviewed by DSAAPD.
	Provide cloud-based trainings (CBTs) and online resources for contractors and providers specific to emergency preparedness and response.	
	Ensure DSAAPD staff are equipped with skills specific to emergency planning and preparedness for older adults.	100% of Case Management staff trained in emergency planning.
	Ensure participants are engaged in emergency planning.	Create or update emergency backup plans for 100% of case management participants annually.
<b>Objective 5.2</b> Promote Community Emergency Response Teams (CERT), Delaware Emergency Notification System (DENS), and emergency planning and preparedness in the event of future public health emergencies and emerging health threats.	Increase the use and visibility of DENS and CERT teams statewide.	Educate 100% Case Managers in local CERT teams and their locations.
		Hold an annual emergency planning and CERT information training sessions for Case Managers, ADRC Staff, Caregiver Resource Centers, and Nutrition Providers.
		See an increase in DENS and CERT use and engagement statewide.

		100% of DSAAPD case management participants educated in DENS and connected to their local CERT as part of emergency planning.
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## Home and Community-Based Services (HCBS) Focus Area

Goal #6: Support Delaware’s aging population with in-home services and supports that allow them to age in place where and how they choose.		
Objective	Strategy	Measure(s)
Objective 6.1 Create efficient, effective, and innovative programming to allow older Delawareans to remain healthy and safe in their own homes by expanding access to healthy aging programs.	Hold community information sessions about the home modification, Healthy Homes, and other healthy aging programs.	Host at least one information session per quarter.
		Increase participation in the home modification program by 100% annually until 2028.
Objective 6.2 Collaborate with stakeholders to establish a centralized infrastructure for home modifications.	Partner with 3 <sup>rd</sup> party agency to create and establish a new home modification program.	Contract with a project manager by the end of 2024.
	Create and sustain a Monthly Home Modification Advisory Committee consisting of members of the community, State and local agencies, Legislators, and housing entities across the state.	Outline new home modification infrastructure and resource allocation criteria by the end of 2024.
		Implement guidelines and criteria for installation of home mobility aids, minor physical adaptations, vehicle modifications, and remote technologies by the end of 2024.
		Create a unified home modification program for agencies and develop community education on home modification programs and vendors in Delaware by the end of 2025.
Goal #7: Create and sustain community partnerships to enhance aging network partners business acumen and expand home and community-based services.		

Objective	Strategy	Measure(s)
<b>Objective 7.1</b> Build business capacity and support aging network partners with data collection and reporting.	Host a statewide training for community-based organizations and DSAAPD providers to increase business acumen, expand business strategies, and increase data collection and reporting.	See a 25% increase in data reporting from providers.
<b>Objective 7.2</b> Provide technical assistance to communities seeking age friendly practices and planning design.	Promote specialized training to community-based organizations through collaboration with national partners, to expand knowledge of business strategies; improve negotiation skills vital to securing contracts with healthcare entities; and increase sustainability of existing contracts.	Host at least two trainings per year through the end of 2028.

## Equity Focus Area

<b>Goal #8:</b> Implement internal policies and practices to ensure DSAAPD staff are culturally competent, and resources and programs are culturally and linguistically appropriate.		
<b>Objective</b>	<b>Strategy</b>	<b>Measure(s)</b>
<b>Objective 8.1</b> Understand and implement the Vital Conditions Framework (Appendix G) in conjunction with Social Determinants of Health to understand and continue to build a person and community-centered division.	Review the Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR) for Social, Behavioral, and Community Health to inform state implementation of the Vital Conditions Framework.	Train 100% of Community Staff in the Vital Conditions Framework.
	Build and sustain community connections across the state to ensure equitable access, and understanding of collective resources and programs, and strengthen systems that support healthy aging and aging in place.	Host two Healthy Aging Expos to bring together collective resources and community providers by the end of 2028.
<b>Objective 8.2</b> Understand the importance of cultural competency within the Division and identify areas of improvement.	Identify professional partners to assist in the implementation of a cultural competency assessment.	Administer and score a division-wide cultural competency assessment by the end of 2025.
<b>Objective 8.3</b> Implement cultural competency trainings for staff.	Identify needed areas of improvement based on cultural competency assessment.	100% of DSAAPD staff trained in cultural competency by the end of 2026.
	Partner with professional agencies to administer cultural competency trainings for staff, especially frontline workers.	

<b>Objective 8.4</b> Ensure all contracted providers are culturally competent.	Identify training programs for cultural competency for providers and contractors.	Purchase or engage with a cultural competency training program or organization by 2026.
		Train all contracted providers in cultural competency by the end of 2028.
		Update service specifications to include cultural competency requirements by the end of 2028.
<b>Goal #9:</b> Continue stakeholder engagement to reach new partners to understand unmet needs in the community, identify individuals and communities with the greatest economic and social need, and build and expand person-centered service delivery.		
<b>Objective</b>	<b>Strategy</b>	<b>Measure(s)</b>
<b>Objective 9.1</b> Enhance programming and services using recommendations from the Aging in Place Workgroup.	Identify and support individuals with the greatest economic and social need.	Implement two workgroup recommendations by 2028.
	Partner with local community agencies at the grassroots level to reach identified populations.	See an increased knowledge of aging network services and supports among identified populations statewide.

	Utilize workgroup partnerships to discuss financial barriers to aging in place, access to services, and other impacts on the health and wellbeing of Delaware's aging population.	Prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals as part of ongoing outreach campaigns to ensure participants have equitable access to information and services that can assist in overcoming barriers to services.
<b>Objective 9.2</b> Research and expand family caregiver and Alzheimer's Disease and related dementia (ADRD) caregiver supports to include culturally appropriate services and programming for underserved populations in Delaware including African American/Black communities, Spanish-speaking and Latino Caregivers, and Asian caregivers.	Partner with Caregiver Resource Centers (CRCs), local community organizations, and medical professionals to reach identified caregivers populations.	Implement two services and/or programs to support family caregivers and caregivers to those living with ADRD by the end of 2028 to ensure CRCs are safe, culturally competent, and dementia friendly spaces.
		Build on the success of the Innovations in Nutrition Program Services (INNU) grant to develop and administer culturally and linguistically appropriate programs and services.
<b>Objective 9.3</b> Understand and address the needs of aging adults in the LGBTQIA+ community.	Identify and partner with local community partners and subject matter experts that support LGBTQIA+ older adults in Delaware.	Create stakeholder workgroups and taskforces dedicated to working with these populations by 2025.

<p><b>Objective 9.4</b> Understand and address the needs of aging adults in the Native American populations and communities across the state.</p>	<p>Identify and partner with Native American communities and organizations in Delaware.</p>	<p>Understand and address the needs of older adults in these populations, their challenges, and how to address them, focusing specifically on barriers to services and social isolation.</p>
<p><b>Objective 9.5</b> Enhance services and supports for older adults living with HIV/AIDS.</p>	<p>Partner with AIDS Delaware to understand the unmet needs of older adults living with HIV/AIDS.</p>	<p>Launch cultural competency trainings for DSAAPD staff regarding all identified underserved populations and provide culturally appropriate, trauma-informed access to services and supports across the state by 2028.</p> <p>Ensure all services, providers, and spaces are safe, culturally competent, and welcoming places.</p>



## Caregiving Focus Area

<b>Goal #10:</b> Enhance services and supports for Family Caregivers by implementing recommendations and best practices from the Delaware Caregiver Action Network (DCAN), Delaware Caregiver Taskforce, RAISE Family Caregiver Advisory Council, other organizations that support family caregivers and in coordination with the National Technical Assistance Center on Grandfamilies and Kinship Families.		
Objective	Strategy	Measure(s)
<b>Objective 10.1</b> Using the 2022 National Strategy to Support Family Caregivers and the RAISE Act State Policy Roadmap as a guide, understand and implement national best practices for caregiver support.	Implement an evidence-based caregiver assessment and an evidence-based/evidence-informed family caregiver support program.	Implement caregiver assessment by 2026.
		Implement caregiver support program by 2028.
<b>Objective 10.2</b> Enhance programs and policy to support family caregivers within Delaware.	Use recommendations from DCAN, the Delaware Caregiver Taskforce and other similar groups to identify recommendations on policy and programs.	Implement two taskforce recommendations by 2028.
<b>Objective 10.3</b> Utilize Lifespan Respite Enhancement grant funds.	Sustain one successful respite pilot program from the Lifespan Respite Enhancement grant by braiding federal and state funding.	Launch and evaluate pilot by 2028.
<b>Objective 10.4</b> Support the needs of Grandfamily and Kinship Families in Delaware.	Understand and implement local and national best practices to support the needs of Grandfamily and Kinship families across the state.	Continue as part of The Delaware Kinship Community Collaborative.
		Ensure availability for collaborative, multidisciplinary team opportunities to support kinship caregivers.
		Provide kinship caregiver services to eligible individuals as needed.

<b>Objective 10.5</b> Engage in robust community outreach and marketing targeting family caregivers.	Create a public outreach campaign identifying services and supports for family caregivers highlighting CRCs.	Launch marketing campaign by 2025.
<b>Objective 10.6</b> Enhance and expand services and supports for caregivers of individuals living with Alzheimer’s Disease or related dementias (ADRD) and expand community education and partnerships through Dementia Friendly Delaware (DFD).	Develop a comprehensive marketing campaign surrounding early detection and diagnosis of dementia, services and supports available to caregivers and caregivers of individuals living with ADRD in Delaware.	Launch marketing campaign by 2026.
	Expand sector engagement for Dementia Friendly Delaware efforts.	See an increase in sector engagement by one sector per year through 2028.
	Train local community organizations in DFD.	See an increase in community DFD trainings by 25%.

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## Appendix A: Assurances and Required Activities

### 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 reveal any information that is protected by the attorney-client privilege.

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

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*Signature and Title of Authorized Official*

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*Date*

## Appendix B: Amended Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

### Greatest Economic and Greatest Social Need

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45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“Greatest economic need” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).

“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

- (1) identify and consider populations in greatest economic need and greatest social need;
- (2) describe how they target the identified the populations for service provision;
- (3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
- (4) establish methods for serving the prioritized populations; and
- (5) use data to evaluate whether and how the prioritized populations are being served.

### Response:

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) assures that such preferences will be given individuals with the greatest economic need and greatest social need. For the administration of OAA programs and services in the state of Delaware, DSAAPD has defined “greatest social need” (GSN) as DSAAPD has historically been unable to reach with its current array of services, including individuals with limited English proficiency, older persons residing in isolated, unincorporated, and underserved or hard to reach areas, older adults affected by HIV/AIDS, older adults in the LGBTQIA+ community, and Delaware’s Native American populations. Particular emphasis is given to engaging low income and historically underserved racial and ethnic minorities. Additionally, DSAAPD has adopted the definitions of “greatest economic need” (GEN) as income level at or below the poverty threshold established by U.S. Census data and the U.S. Department of Health and Human Services. Details about DSAAPD’s target populations can be found Appendix C, D, and H of this document. According to RUCA, Delaware does not have any rural areas but, DSAAPD will ensure preference will be given to historically underserved, isolated, unincorporated, and hard to reach areas. DSAAPD will carry out this provision as follows:

- Implement InterRAI person-centered assessment tool to collect expansive data (particularly as it relates to FPL status) for purposes of improving service connection, reporting for transparency, and enhance the existing waiting list structure with comprehensive prioritization practices to factor in accurate FPL

data and additional social determinants of health to better target services towards those of greatest socioeconomic need.

- Continuing outreach and engagement work in low-income, historically underserved, hard to reach areas and communities with limited English proficiency.
- Efforts will be made to maintain Spanish-speaking staff, translation, and language line services for statewide bilingual service coverage.
- Spanish language publications will be developed and made available in print and on the internet.
- Relationships with national and state minority organizations will be maintained.
- Outreach activities will target communities and populations in greatest economic and greatest social need.
- Services, such as congregate meals, will continue to be made available in areas which are accessible to persons with the greatest economic and greatest social need.
- Programs will be improved or modified to include culturally and linguistically appropriate services and supports.
- DSAAPD will continue to provide a full range of services through the agency office in southern Delaware, as well as through contractors located in other areas of the State.

DSAAPD utilizes the best available data, including county-specific demographic information, to identify where the need for services is greatest. Please see Appendix C of this plan for additional information.

#### **Native Americans: Greatest Economic and Greatest Social Need**

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45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

#### **Response:**

Delaware has state-recognized Native American tribes, but no federally identified Native American tribes, no reservations in the state, and no Title VI grantees. The 2020 Census indicates that .4% of all Delawareans reported themselves to be Native American. Approximately 42% of Delaware's Native Americans live in New Castle County. The Division of Services for Aging and Adults with Physical Disabilities assures that it will continue to outreach to Native Americans through local programs (including, but not limited to, senior centers, nutrition sites, and federally qualified health centers) and will include Native Americans in minority targeting initiatives.

#### **Activities to Increase Access and Coordination for Native American Older Adults**

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OAA 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, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

- (1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;
- (2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
- (3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable; How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
- (4) How services will be provided in a culturally appropriate and trauma-informed manner; and
- (5) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

**Response:**

Delaware has state-recognized Native American tribes, but does not have federally recognized tribes, reservations, or Title VI grantees. Two-tenths of one percent (0.2%) of Delaware's age 60 and over older adults are reported as American Indian or Alaska Native, numbering an estimated 580 individuals. The 2020 Census indicates that .4% of all Delawareans reported themselves to be Native American. Approximately 42% of Delaware's Native Americans live in New Castle County. The Division of Services for Aging and Adults with Physical Disabilities assures that it will continue to outreach to Native Americans through local programs (including, but not limited to, senior centers, nutrition sites, and federally qualified health centers) and will include Native Americans in minority targeting initiatives.

**Low Income Minority Older Adults**

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OAA 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.

**Response:**

In 2022, an estimated 290,180 individuals over the age of 60 resided in the State of Delaware. Of that, 24,665 or 8.5% of all Delawareans over the age of 60 lived below the poverty level, 8,003 or 2.8% were low-income minority individuals, and 22,343 or 7.7% of Delawareans over the age of 60 speak a language other than English or had limited English proficiency.



DSAAPD seeks to support Diversity, Equity, and Inclusion (DEI) in its service standards as well as emphasizing person and family centered care for all program and service participants. In conjunction with DSAAPD's current stakeholder engagement plan informed by technical assistance with the National Center on Advancing Person-Centered Practices and Systems (NCAPPS), the Division will build an additional plan to address how to engage those who may not have historically been service recipients. This includes translating information and resources into other languages and working with community agencies to support culturally and linguistically appropriate programs and services.

### **Rural Areas – Hold Harmless**

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OAA Section 307(a)(3): The plan shall—

...

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

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

#### **Response:**

Funds expended to serve older persons in rural areas in each fiscal year in this plan will not be less than those expended for fiscal year 2000.

Because of the very small geographic size of the State, contract rates generally do not differ by region, and differences in urban/rural travel costs are minimal in relation to overall contract amounts.

According to the 2020 Rural-Urban Commuting Area Codes (RUCA), Delaware has zero rural tracts, however, for the fiscal year preceding the ones in which this plan applies, many outreach activities were used to reach older persons in underserved or hard to reach areas throughout the State. Such outreach activities included the presentation of information in local broadcast media, community newspapers, social media, and the distribution of information through local gatherings including outreach and public information sessions and wellness expos.

DSAAPD maintains a statewide toll-free phone number for information and access to services, as well as a website and email address. In addition, DSAAPD maintained offices in southern Delaware, an area of the State that houses populations that have been difficult to reach with our current array of services.

### **Rural Areas – Needs and Fund Allocations**

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OAA 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.

#### **Response:**

According to the 2020 Rural-Urban Commuting Area Codes (RUCA), Delaware has zero rural tracts. However, Delaware assures that special needs of older individuals residing in historically underserved areas or areas that

have been difficult to reach with our array of services are considered in the planning and provision of services. DSAAPD allocated resources such that services are provided throughout the State. Contractor selection also ensures that provision of services covers all geographic areas of the State. As previously noted, because of the size of the State, resources can be distributed to all geographic areas without additional cost.

### **Assistive Technology**

---

OAA 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;

#### **Response:**

Delaware is a single planning and service area. The state agency coordinates with the Delaware Assistive Technology Institute (DATI) at the University of Delaware to access assistive technology options for serving older individuals. DSAAPD routinely disseminates information regarding options for accessing assistive technology through social media platforms, the DSAAPD website, and the Aging and Disability Resource Center/ No Wrong Door System (ADRC/NWD).

### **Minimum Proportion of Funds**

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OAA 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.)

#### **Response:**

Delaware is a single planning and service area and therefore does not allocate funds to area agencies on aging. The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows: Access – 31%; In-Home – 60%; and Legal Assistance – 9%. The basis for funding levels is historic need and available funding.

### **Assessment of Statewide Service Delivery Model**

---

OAA 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

**Response:**

DSAAPD will utilize Delaware Population Consortium data to project changes in the number of older individuals and older individuals over the age of 85, as well as the needs of those individuals with greatest economic need, minority older individuals, older individuals residing in historically underserved, hard to reach, and unincorporated areas, and older individuals with limited English proficiency. DSAAPD will adjust services and allocation of resources based on Delaware Population Consortium data and based on recommendations from the legislative Aging in Place Working Group, the Caucus on Aging, and through an understanding of community needs utilizing stakeholder engagement conducted statewide.

**Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)**

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45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- (A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (iii) Such meals are to be provided to complement the congregate meal program:
  - (A) During disaster or emergency situations affecting the provision of nutrition services;
  - (B) To older individuals who have an occasional need for such meal; and/or
  - (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

- (1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
- (2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
- (3) Description of the eligibility criteria for service provision;
- (4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
- (5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

**Response:**

Delaware will conduct a needs assessment and evaluation of meals providers to determine if this is a viable program for our State.

### **Funding Allocation – Ombudsman Program**

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45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

#### **Response:**

Delaware has a single, statewide Ombudsman entity. DSAAPD assures that it will operate within the guidelines. and will coordinate with the statewide Longterm Care Ombudsman Office to use funds made available 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.

### **Funding Allocation – Elder Abuse, Neglect, and Exploitation**

---

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

#### **Response:**

DSAAPD's Provider Relations unit, contractor compliance reviews, and the Department of Health and Social Services Procurement unit provide oversight of how funds from the Older Americans Act are spent. Delaware will use Title VII funds in accordance with the Resource Allocation Plan to carry out multidisciplinary responses to elder abuse, neglect and exploitation. These responses include

- the continuation and enhancement of the "Make the Call" multimedia campaign;
- implementation of new rules and regulations for Adult Protective Services based on technical assistance from ACL and ADvancing States;
- collaboration with housing programs, LTCOP, Medicare, Medicaid, law enforcement, health care, and elder law agencies to create a multidisciplinary response team and sustain interagency partnerships to ensure the best care possible is offered to older adults;
- education for members of the public about Adult Protective Services and supports through a multimedia marketing campaign, in-person outreach, and exploration of the needs of isolated and underreporting communities within the state

### **Monitoring of Assurances**

---

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

#### **Response:**

Delaware is a Single Planning and Service Area (PSA), and DSAAPD serves at a State Unit on Aging (SUA), performs the functions of an Area Agency on Aging (AAA), and is responsible for coordinating services for adults with physical disabilities in Delaware. DSAAPD will collaborate with the Continuous Quality Improvement (CQI) and Provider Relations unit to monitor program compliance, performance, and evaluation to ensure plan strategies and measures are quantifiable.

### **State Plans Informed By and Based on Area Plans**

---

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

**Response:**

Delaware is a single planning and service area.

**Public Input and Review**

---

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

**Response:**

The DSAAPD Planning Unit convened multiple internal workgroups of subject-matter experts to brainstorm goals, objectives, and strategies. The Division conducted an initial public feedback campaign in-person and virtually across the State **from April 5, 2024, to May 5, 2024**. The public input and review process is addressed on pages 14-18 (Needs Assessment and Public Feedback). A secondary public feedback campaign was conducted from **October 1, 2025 through October 31, 2025** to ensure public feedback was collected during the amendment process. Additional information can be found in the body of this plan.

**Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)**

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45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

- (1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
- (3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
- (4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

**Response:**

Delaware is not electing to pursue this activity.

**Legal Assistance Developer**

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45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

**Response:**

The State of Delaware has a designated Planner IV position that carries out the responsibilities of Legal Assistance Developer within DSAAPD's Policy, Planning, and Provider Relations Unit; this position is currently filled by a full-time employee. The Division also established a Policy and Responsibility Manual for Legal Assistance Developer in January 2025. This manual establishes the essential functions of the Legal Assistance Developer within DSAAPD, establishes state policy for the designation of the Legal Assistance Developer including avoiding conflicts of interest and outlines the Legal Assistance Developer's required qualifications and roles and responsibilities, all in compliance with part 1324, subpart C. The designated LAD shall have the knowledge, resources, and capacity to conduct the following activities:

- (1) Leadership in securing and maintaining the legal rights of older individuals.
- (2) Coordinating the provision of legal assistance to include prioritizing such services provided to individuals with greatest economic need, or greatest social need.
- (3) Providing technical assistance, training, and other supportive functions to AAAs, legal assistance providers, Long-Term Care Ombudsman programs, adult protective services, and other service providers under the OAA.
- (4) Promoting financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
- (5) Assisting older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
- (6) Improving the quality and quantity of legal services provided to older individuals.

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**Emergency Preparedness Plans – Coordination and Development**

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OAA Section 307(a)(28):

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

**Response:**

DSAAPD has representation in the State Health Operations Center and participates in development of the state-wide Continuity of Operations (COOP). In addition, all contracted providers are required to have a long-range emergency preparedness plan in place for Older Americans Act services. DSAAPD's Director is closely involved with the State's emergency preparedness planning and has attended COOP training with several designated agency staff. The Director will continue to play an active role in the planning process, receiving regular updates on emergency preparedness planning activities. The Director will also review and comment on all emergency preparedness and/or response plans and implementation strategies as they relate to the older population in Delaware.

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**Emergency Preparedness Plans – Involvement of the head of the State agency**

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OAA Section 307(a)(29):

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

**Response:**

DSAAPD has representation in the State Health Operations Center and participates in development of the state-wide Continuity of Operations (COOP). In addition, all contracted providers are required to have a long-range emergency preparedness plan in place for Older Americans Act services. DSAAPD's Director is closely involved with the State's emergency preparedness planning and has attended COOP training with several designated agency staff. The Director will continue to play an active role in the planning process, receiving regular updates on emergency preparedness planning activities. The Director will also review and comment on all emergency preparedness and/or response plans and implementation strategies as they relate to the older population in Delaware.

DRAFT

## Appendix C: Intrastate Funding Formula (IFF)

The State of Delaware is a single planning and service area and is not required to have an intrastate funding formula. DSAAPD utilizes the best available data, including county-specific demographic information, to identify where the need for services is greatest. Additionally, the following data sources are considered:

- [2022 U.S. Census Bureau Data](#)
- [2022 Delaware Population Consortium Annual Population Projections](#)

Federal funds are allocated for services that best address the needs of the following targeted demographic groups in each county:

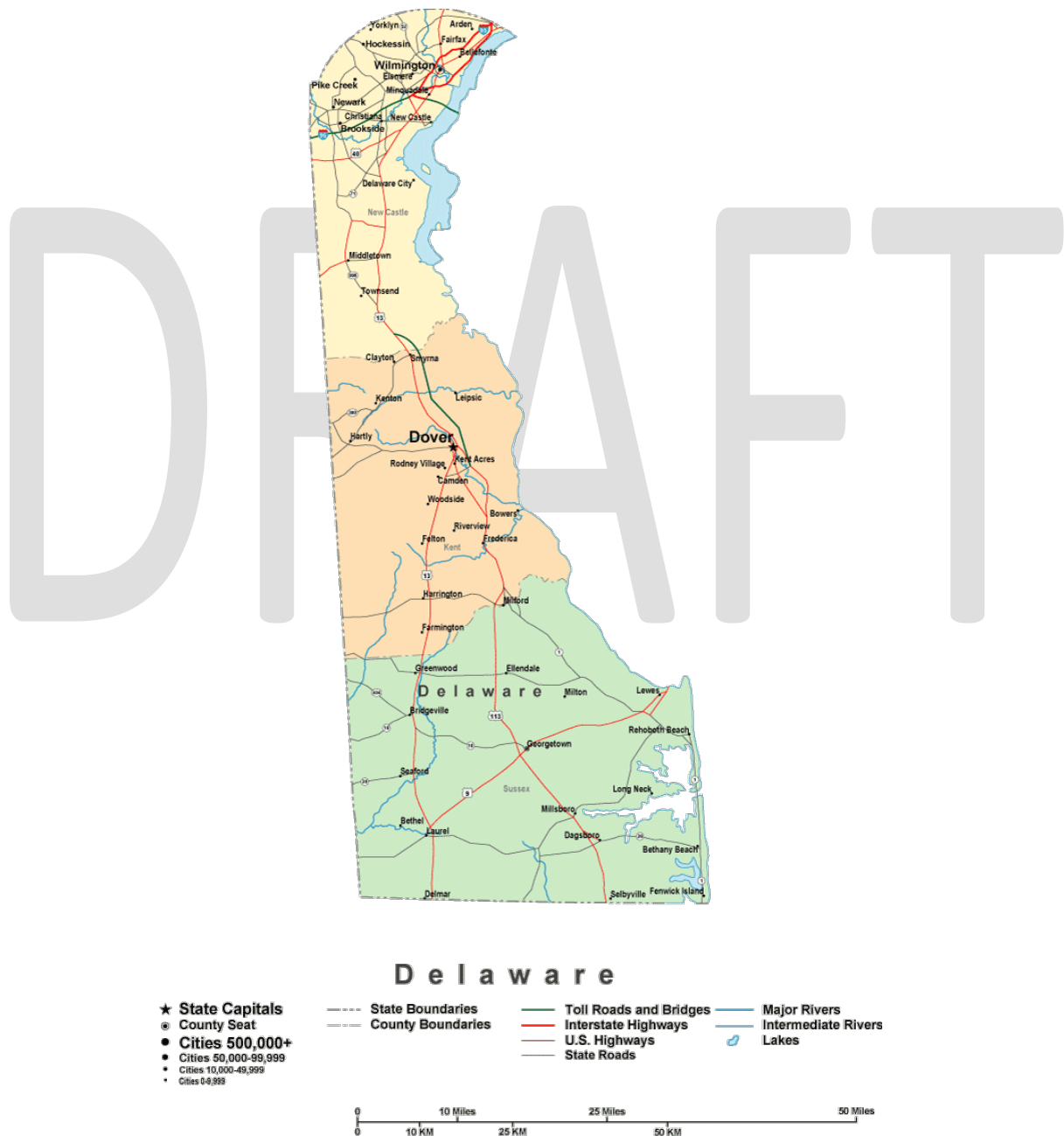
- Population age 60 and older
- Minority
- LGBTQIA+
- Individuals with the greatest economic and social need
- Individuals in isolated, unincorporated, and historically underserved populations and communities

The resource allocation plan for Delaware is included as Appendix F of this plan.



## Appendix D: Geographic Boundaries of Delaware

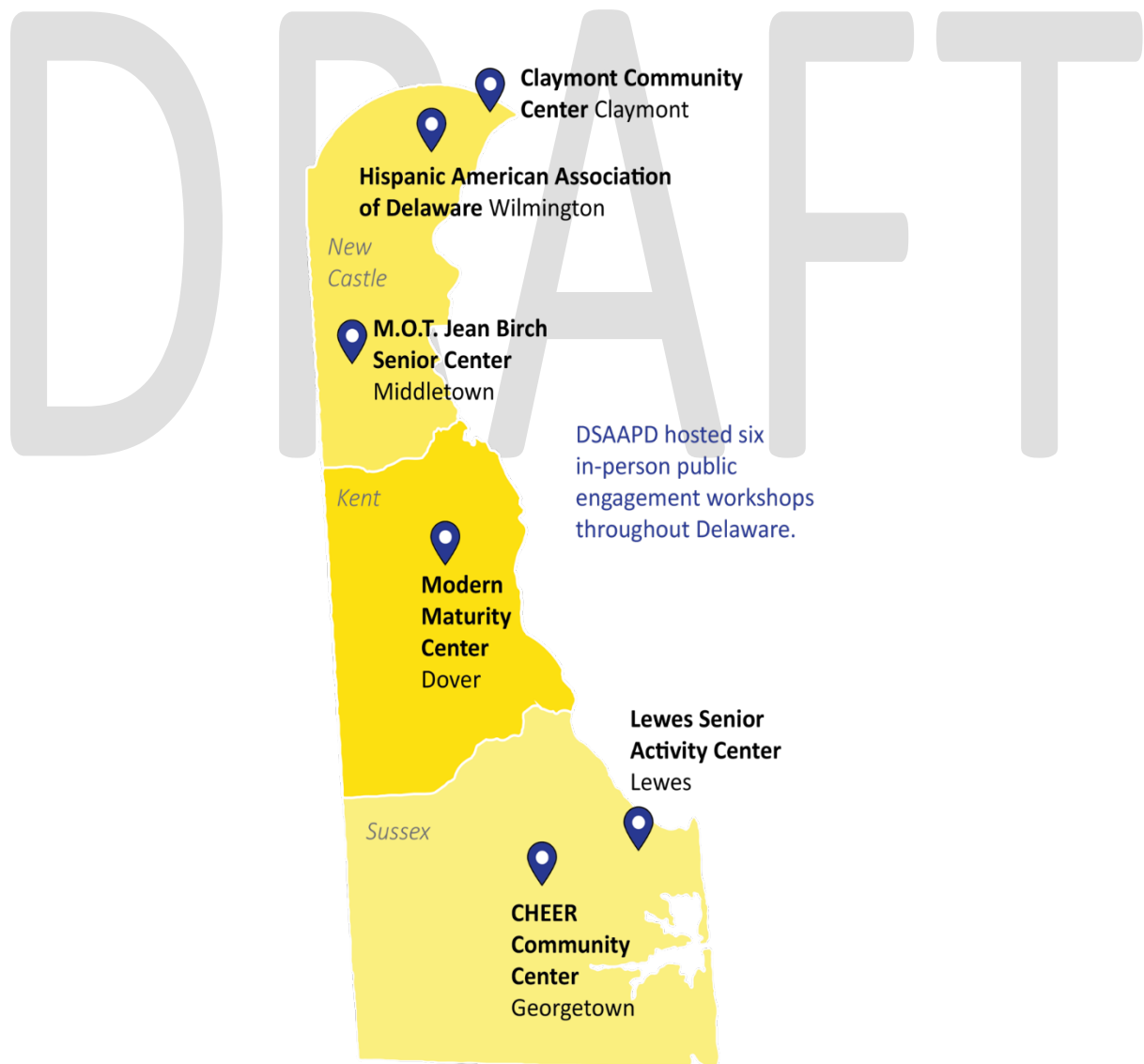
The State of Delaware is a single planning and service area does not have individual planning and service areas or Area Agencies on Aging (AAA). However, the outline of each county in the State of Delaware that the Division serves is outlined below. Our division has offices in each county to provide ease of access to services. Additional information can be found in Appendix K of this document.



## Appendix E: Evidence of Minimum Public Comment

The DSAAPD Planning Unit convened multiple internal workgroups of subject-matter experts to discuss the ACL provided focus areas and brainstorm goals, objectives, and strategies. Using this feedback and ACL guidance, a skeletal plan was drafted and shared with DSAAPD Staff, Department leadership, Council on Services for Aging and Adults with Physical Disabilities, and online for public comment.

The Division engaged in a robust public feedback campaign in-person across the State and virtually beginning on **April 5, 2024, and ending on May 15, 2024**. DSAAPD’s public engagement and outreach process introduced an opportunity to gain feedback on this State Plan on Aging through interactive workshops—six in-person jurisdictional sessions and one statewide virtual meeting. For compliance with the new Older Americans Act Regulation, the State also provided one virtual feedback session and online and phone feedback through its Aging and Disability Resource Center beginning **October 1, 2025, and ending on October 31, 2025**. Additional information can be found in the body of this plan.



## Appendix F: Resource Allocation Plan – Fiscal Year 2024

Funding Source	Amount
<b>State Funds</b>	<b>35,876,261.38</b>
State General Funds	17,721,190.00
State Special Funds	9,390,461.38
Grant-in-Aid Funds	8,764,610.00
<b>Federal Funds</b>	<b>6,885,668.00</b>
Social Services Block Grant (SSBG)	596,707.00
Medicaid	606,000.00
Older Americans Act Title III	3,591,682.00
Older Americans Act Title V	1,707,878.00
Older Americans Act Title VII	62,732.00
Nutrition Services Incentive Program (TIII-A)	171,125.00
Innovations in Nutrition	149,544.00
Adult Protective Formula Omnibus	106,818.00
Lifespan Respite Care	235,000.00
<b>Other Funds</b>	<b>608,500.00</b>
Senior Trust Fund	15,000.00
Tobacco Settlement Funds	593,500.00
<b>Grand Total</b>	<b>43,370,429.38</b>

## Appendix G: Information About Persons Served

Service	Persons Served
<b>Title III-B Supportive Services</b>	
Adult Day Health	199
Assisted Transportation	N/A
Case Management	2,569
Homemaker	N/A
Personal Care	729
Legal Services	318
<b>Title III-C Nutrition Services</b>	
Congregate Meals	4,872
Home Delivered Meals	4,721
Nutrition Counseling	726
<b>Title III-E Caregiver Supports</b>	
Counseling	1,609
Support Groups	229
Caregiver Training	1,995
Respite Care	100
Supplemental Services	N/A
<b>Total</b>	
Total Estimated Unduplicated Persons Served	18,067

## Appendix H: Demographic Information

### A Profile of Older Delawareans (Age 60+) – 2022 Estimates








	Number	Percent of Older Adults
<b>Age Group</b>		
60-64	78,000	26.9%
65-69	69,310	23.9%
70-74	57,686	19.9%
75-79	41,828	14.4%
80-84	24,484	8.4%
85+	18,872	6.5%
Total 60+	290,180	100%
<b>County of Residence (Age 60+)</b>		
New Castle	137,056	47.2%
Kent	47,616	16.4%
Sussex	105,508	36.4%
<b>Gender (Age 60+)</b>		
Male	132,315	45.6%
Female	157,865	54.4%
<b>Race and Hispanic/Latino Origin (Age 60+)</b>		
White	219,666	75.7%
Black or African American	46,719	16.1%
American Indian and Alaskan Native	580	0.2%
Asian	7,835	2.7%
Native Hawaiian and Other Pacific Islander	0	0%
Other	3,192	1.1%
Two or More Races	12,188	4.2%
Hispanic/Latino	10,156	3.5%
<b>Poverty Status (Age 60+)</b>		
Below Poverty Level	24,665	8.5%
100 to 149% Poverty Level	16,830	5.8%
At or above 150% of Poverty Level	248,684	85.7%
<b>Poverty Status for Selected Groups</b>		
White		
Below Poverty Level	14,427	4.9%
At or Above Poverty Level	200,733	69%
Black or African American		
Below Poverty Level	7,012	2.4%
At or Above Poverty Level	39,100	13.4%
Hispanic/Latino		
Below Poverty Level	1,193	0.4%
At or Above Poverty Level	8,687	3%
<b>Disability Status (Age 60+)</b>		
With any disability	81,250	28.0%

No disability	208,930	72.0%
<b>Household Type (Age 60+)</b>		
Family Households		
Married Couple	138,706	47.8%
Female Householder, no spouse present	22,634	7.8%
Nonfamily Households		
Householder Living Alone	109,107	37.6%
<b>Marital Status (Age 60+)</b>		
Now Married	174,108	60.0%
Widowed	47,880	16.5%
Divorced	42,366	14.6%
Separated	4,062	1.4%
Never Married	21,763	7.5%
<b>Educational Attainment (Age 60+)</b>		
Less Than High School	22,344	7.7%
High School Graduate, GED, or Alternative	89,666	30.9%
Some College or Associate's Degree	79,219	27.3%
Bachelor's Degree or Higher	98,661	34.0%
<b>Employment Status (Age 60+)</b>		
In Labor Force	82,411	28.4%
Not in Labor Force	207,769	71.6%
<b>Veteran Status (Age 60+)</b>		
Veteran	39,464	13.6%
Non-Veteran	250,715	86.4%
<b>Place of Birth (Age 60+)</b>		
Native	267,578	92.2%
Non-Veteran	22,602	7.8%
<b>Language Spoken at Home (Age 60+)</b>		
English Only	267,836	92.3%
Language Other than English	22,343	7.7%

## Appendix I: The Vital Conditions for Health and Well-Being



**Belonging & Civic Muscle** is at the center because it is both a vital condition and a practical capacity that is necessary for equitable success in every other kind of work.

	<b>Sustainable resources, contact with nature, freedom from hazards</b> Clean air, water, soil; healthy ecosystems able to sustainably provide necessary resources; accessible natural spaces; freedom from the extreme heat, flooding, wind, radiation, earthquakes, pathogens
<b>THRIVING NATURAL WORLD</b>	
	<b>Basic requirements for health and safety</b> Nutritious food, safe drinking water; fresh air; sufficient sleep; routine physical activity; safe, satisfying sexuality and reproduction; freedom from trauma, violence, addiction and crime; routine care for physical and behavioral health
<b>BASIC NEEDS FOR HEALTH + SAFETY</b>	
	<b>Humane, consistent housing</b> Adequate space per person; safe structures; affordable costs; diverse neighborhoods (without gentrification, segregation, concentrated poverty); close to work, school, food, recreation, and nature
<b>HUMANE HOUSING</b>	
	<b>Rewarding work, careers, and standards of living</b> Job training/retraining; good-paying and fulfilling jobs; family and community wealth; savings and limited debt
<b>MEANINGFUL WORK + WEALTH</b>	
	<b>Continuous learning, education, and literacy</b> Continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education; career and adult education
<b>LIFELONG LEARNING</b>	
	<b>Reliable, safe, and accessible transportation</b> Close to work, school, food, leisure; safe transport; active transport; efficient energy use; few environmental hazards
<b>RELIABLE TRANSPORTATION</b>	
	<b>Sense of belonging and power to shape a common world</b> Social support; civic association; freedom from stigma, discrimination, oppression; support for civil rights, human rights; civic agency; collective efficacy; vibrant arts, culture, and spiritual life; equitable access to information; many opportunities for civic engagement (voting, volunteering, public work)
<b>BELONGING + CIVIC MUSCLE</b>	

## Appendix J: Council on Services for Aging and Adults with Physical Disabilities

The Council on Services for Aging and Adults with Physical Disabilities (CSAAPD) was established under Delaware state law ([29 Del. C. § 7915](#)) to provide advice to the Director of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) on programs and projects that benefit older persons and adults with physical disabilities in the State.

Guided by DSAAPD's mission to promote dignity, respect, and inclusion for older adults and people with disabilities, CSAAPD is committed to providing the highest level of person-centered advocacy to the Division, the Department of Health and Social Services' Cabinet Secretary, and the Governor on programs and projects designed to benefit aging Delawareans and adults with physical disabilities. CSAAPD's goal is to represent the best interests of the populations it and DSAAPD serve, especially those with the greatest economic and or social needs, including, historically underrepresented, and underserved populations, such as people of color, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQIA+) adults, those who have limited English proficiency (LEP), and those who are isolated by virtue of where they live, those who are homebound, and those residing in congregate residential settings.

Council Member	Constituency Represented
Shannon Costello	Disabled Person – Kent County
Carolyn Fredricks	Aging Public/Non-Profit Agency
Sheila Grant	Aging Public/Non-Profit Agency
Evelyn Hayes	Aging Person/ Caregiver – New Castle County
Suzanne Howell	Disabled Person/Caregiver – New Castle County
David Mariner	Victim Services
LaVaida Owens-White	Disabled Public/Non-Profit Agency
Jacqueline Sullivan, Chairperson	Aging Person/Caregiver – Sussex County
Maggie Webb	Disabled Public/Non-Profit Agency
Jack Young	Aging Public/Non-Profit Agency



## Appendix K: DSAAPD Services & Contact Information

### DSAAPD Services

The Delaware Division of Services for Aging and Adults with Physical Disabilities operates and/or funds programs benefitting aging Delawareans and adults with physical disabilities including:

- Adult Day Services
- Adult Foster Care
- Adult Protective Services
- Assistive Devices
- Attendant Services
- Caregiver Resource Centers
- Case Management
- Community Living
- Congregate Meals
- Home Delivered Meals
- Home Modification
- Information and Assistance
- Legal Services
- Lifespan Respite
- Nursing Home Transition Program
- Long Term Residential Care (Facility)
- Options Counseling
- Pathways to Employment
- Personal Care
- Personal Emergency Response System
- Respite Care
- Senior Community Service Employment Program

### Contact Information

DSAAPD has office locations in Newark, Milford, Smyrna, and Georgetown. Hours of operation are 8:00am to 4:30pm Monday through Friday. DSAAPD also operates a 24/7 Aging and Disability Resource Center (ADRC).

#### Delaware Aging and Disability Resource Center

1-800-223-9074

[DelawareADRC@delaware.gov](mailto:DelawareADRC@delaware.gov)

Telecommunications Device for the Deaf (TDD): 302-424-7141

#### Newark (Administrative Office)

Christiana Executive Campus  
240 Continental Drive, Suite 101  
Newark, DE. 19703  
1-800-223-9074  
Fax: 302-781-3548

#### Milford

Milford State Service Center  
18 N. Walnut Street, 1<sup>st</sup> Floor  
Milford, DE. 19963  
1-800-223-9074  
Fax: 302-422-1346

#### Georgetown

26351 Patriots Way  
Georgetown, DE. 19947  
1-800-223-9074  
Fax: 302-933-3467

#### Smyrna

#### The Delaware Hospital for the Chronically III

100 Sunnyside Road  
Smyrna, DE. 19977  
302-223-1000  
1-800-223-9074  
TDD: 302-424-7141  
Fax: 302-223-1301