STATE OF OKLAHOMA

DEPARTMENT OF HUMAN SERVICES

AGING SERVICES

SFY 2015-2018

SFY2017 Update

AREA PLAN ON AGING APPLICATION

FOR

#__9__ Planning and Service Area

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

UNDER

THE OLDER AMERICANS ACT

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PART A. OVERVIEW OF NATIONAL AGING NETWORK

EXHIBIT 1. DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

Section 101.

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

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

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

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

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

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

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

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

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

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

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

(42 U.S.C. 3001)

EXHIBIT 2. REAUTHORIZATION OF THE OLDER AMERICANS ACT

As Amended In 2006 (Public Law 109-365)

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

Title I: Declaration of Objectives; Definitions

Title II: Administration on Aging

Title III: Grants for State and Community Programs on Aging
- Part A - General Provisions
- Part B - Supportive Services and Senior Centers
- Part C - Nutrition Services
  - Subpart 1 - Congregate Nutrition Services
  - Subpart 2 - Home Delivered Nutrition Services
- Part D - Disease Prevention and Health Promotion Services
- Part E - National Family Caregiver Support Program

Title IV: Training, Research, and Discretionary Projects and Programs
- Part A - Grant Programs
- Part B - General Provisions

Title V: Community Service Employment Program for Older Americans

Title VI: Grants for Native Americans
- Part A - Indian Program
- Part B - Native Hawaiian Program

- Part C - Native American Caregiver Support Program

Title VII: Vulnerable Elder Rights Protection Activities
--- Subtitle A - State Provisions
-- Chapter 1 - General State Provisions
-- Chapter 2 - Ombudsman Programs
-- Chapter 3 - Prevention of Elder Abuse, Neglect, and Exploitation:
-- Chapter 4 - State Legal Assistance Development Program
--- Subtitle B - Native American Organization Provisions
--- Subtitle C - General Provisions

EXHIBIT 3. NATIONAL AGING SERVICE NETWORK

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

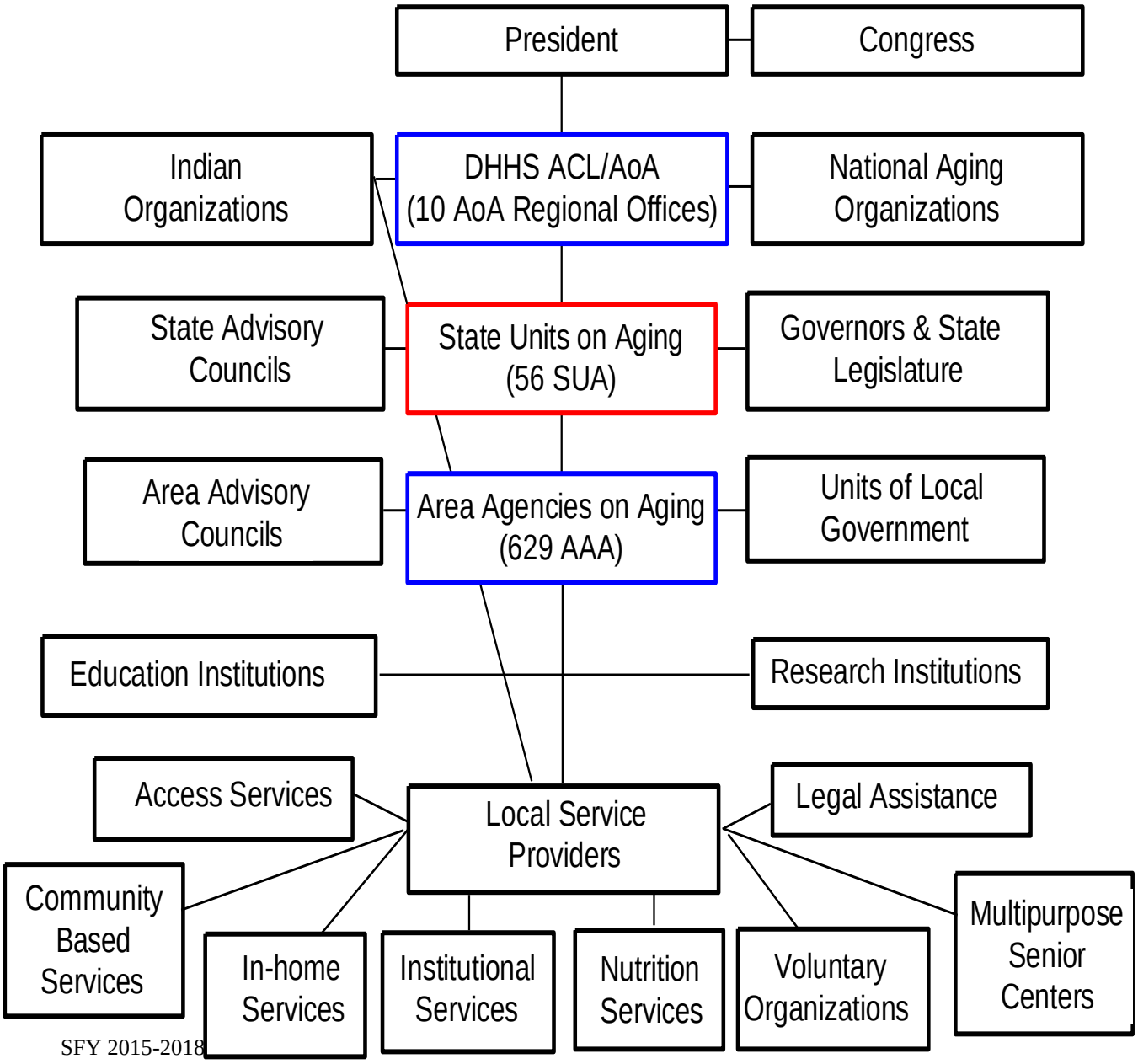


EXHIBIT 4. ACL ORGANIZATIONAL CHART (Text Version)

The U.S. Administration for Community Living (ACL) is led by the Administrator, who also serves as the Assistant Secretary for Aging. The Administrator is directly supported by the Principal Deputy Administrator. The following staff offices report directly to the Administrator:

- Office of External Affairs
- Office of Regional Operations, which includes ten offices located in various regions of the United States

ACL is comprised of the following units, which report directly to the Administrator:

- Administration on Aging
- Administration on Intellectual and developmental Disabilities
- Center for Disability and Aging Policy
- Center for Management and Budget

The Administration on Aging is led by the Assistant Secretary for Aging, who is directly supported by the Deputy Assistant Secretary for Aging. Reporting directly to the Deputy Assistant Secretary for Aging are the following offices:

- Office of Supportive and Caregiver Services
- Office of Nutrition and Health Promotion Programs
- Office of Elder Rights Protection
- Office of American Indian, Alaskan Native and Native Hawaiian Programs
- Office of Long-Term Care Ombudsman Programs

Reporting directly to the Commissioner on Intellectual and Developmental Disabilities of the Administration on Intellectual and developmental Disabilities are the following offices:

- Office of Program Support
- Office of Innovation
- Office for the President's Committee for People with Intellectual Disabilities

Reporting directly to the Deputy Administrator of the Center for Disability and Aging Policy are the following offices:

- Office of Policy Analysis and development
- Office of Performance and Evaluation

- Office of Integrated Programs

Reporting directly to the Deputy Administrator of the Center for Management and Budget are the following offices:

- Office of Budget and Finance
- Office of Administration and Personnel
- Office of Grants Management
- Office of Information Resources Management (Taken from ACL website www.acl.gov).

PART B. INTRODUCTION AND OVERVIEW OF PLANNING AND SERVICE AREA

EXHIBIT 5. AREA AGENCY ON AGING MISSION STATEMENT

ASCOG Supportive Services Division and Area Agency on Aging: Our mission is to promote independence, quality of life and community involvement through advocacy, support and education.

EXHIBIT 6. PROCESS AND PLANNING FOR DEVELOPING THE AREA PLAN

ASCOG uses surveys, site visits, public forums, advisory council input, project consultations and public hearings to identify priority needs for the area plan. Surveys are required for all Title III services in the ASCOG area. ASCOG Information and Assistance (I&A) service surveys are mailed to participants throughout the year. Surveys for other services are coordinated annually by the Title III service providers. The AAA also sends out needs surveys to obtain public input on the needs and priority of services in the planning and services area.

The ASCOG AAA Director, Planner and I&A conduct site visits and presentations throughout the year. During each site visit the AAA Director and Planner informally interview seniors eating at nutrition sites and independent senior centers. The AAA Director also prepares presentations to inform the public about Title III services and to obtain feedback from participants.

Public forums/hearings are scheduled every year in preparation for the four-year area plan and annual updates. Press releases are mailed to public media to encourage attendance and participation. During the public forums/hearings the AAA Director will ask for public feedback regarding existing Title III services as well as inquire about unmet needs. At least one public forum/hearing is scheduled for each county.

Every quarter the ASCOG AAA Advisory Council discusses the current services provided by the AAA. During each meeting the AAA Director seeks input from the council regarding the area plan goals and progress.

Every quarter the AAA Planner or Director informally meets with each project to receive input from and consultation regarding successful Title III services as well as unmet needs. These meetings are held following the AAA Advisory Council meetings.

Additionally input is obtained from the I&A regarding unmet needs. And a needs assessment is sent out to all site managers and project directors to receive input on unmet needs.

Consumer satisfaction surveys are obtained for each service from all projects. In July 2015 ASCOG requested all projects to start documenting the number of surveys mailed out in addition to a summary of all surveys received. This should provide additional information in the SFY18 area plan.

PART C. CONTEXT

EXHIBIT 7. ORGANIZATIONAL STRUCTURE

Founded in 1969, the Association of South Central Oklahoma Governments serves Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman counties. Seventy-two communities are members of ASCOG as well as eight counties and ten conservation districts. In 1990, ASCOG was organized as a public trust. ASCOG is one of eleven councils of governments (COGs) in Oklahoma. There are over 400 COGs nationwide.

ASCOG's overall mission is to improve the efficiency of local government. ASCOG administers programs under control of local elected officials. Public policy issues that go beyond a single political boundary are addressed. Technical, planning, geographical information, management and other professional services are provided to member governments.

ASCOG's board is made up of 39 trustees including eight mayoral representatives, eight county commissioners, eight conservation district directors, eight at-large representatives, four minority representatives, two Indian tribal group representatives (WCD & KCA) and the Mayor of Lawton. Officers are elected annually in June and can serve no more than two consecutive terms. Full board meetings are held quarterly at 6:30 p.m. on the third Thursdays of March, June, September and December. The executive committee is comprised of the above officers, a trustee from each of the counties not represented by an officer, and a minority trustee or Indian Tribal representative. No county will be represented twice. Meetings are held in January, February, April, May, July, October and November. There is no meeting in August. Trustees are reimbursed for mileage.

ASCOG's staff includes the Executive Director (Ronnie Ward), Directors of Administration, Community and Economic Development, Supportive Services (AAA), Workforce Development, Public Safety, Environmental Services and Resource Management.

The Supportive Services Division includes 17 staff involved in aging services, planning, nutrition and other project monitoring, Ombudsman supervisors, managed care (ADvantage), Medicare, Information and Assistance and advocacy.

Membership dues from member governments are used to match state and federal dollars for EDA and aging grant program services. ASCOG's annual funding is over $7 million.

ASCOG provides certain attributes, including credibility, knowledge, professional integrity, responsiveness, trust, continuity (institutional memory), information sources, constant relationship amid program changes, liaison to federal, local and state governments, and are there every day for our legislators and elected officials.

EXHIBIT 8. DEMOGRAPHICS IN PLANNING AND SERVICE AREA

Currently, approximately 64,475 persons aged 60 and older live in the ASCOG AAA Planning and Services Area. Of those, approximately 28,695 are female, 27,030 are male, 2,387 are African American, 2,260 are American Indian, 682 are Asian, and 1,289 are Hispanic/Latino. Approximately 4,926 live in poverty, 1,133 are minorities with low-income, and 512 have limited English speaking proficiency. It is estimated that 37,020 live in rural/isolated areas, 1,050 are grandparents raising their grandchildren, 12,925 live alone and 14,747 are veterans.

Population changes in the district reflect the poorest counties have fewer residents in the 2010 Census than in the 2000 Census while the more urban counties and those around the Oklahoma City area have shown significant growth.

ASCOG's southern three counties of Tillman, Cotton and Jefferson comprise the most rural and poor counties in the area. These counties are isolated in that the nearest services are located in adjacent counties or even out of state.

The largest accumulation of minorities are in the Lawton/Ft. Sill area in Comanche County, while pockets of persons with limited English speaking proficiency are in Stephens and Tillman counties.

The largest accumulation of older Native Americans exists in Caddo County (Anadarko, Apache and Ft. Cobb).

The largest population of older persons living alone are in Comanche County (Lawton).

The largest population of veterans is also in Comanche County (Lawton/Ft. Sill and Indiahoma).

In State Fiscal Year 2015, ASCOG AAA served approximately 408 seniors with severe disabilities, 75 veterans and 624 at risk for institutional placement with Title III services.

PART D. EVALUATIONS, NEEDS, GOALS, OBJECTIVES STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

In SFY15 ASCOG AAA contracted with the Delta Nutrition Project, MaddieLuke supportive services project and Legal Aid Services of Oklahoma. Delta served congregate meals in 28 nutrition sites as well as provided transportation services and home-delivered meals to all eight counties. MaddieLuke provides outreach, coordination of services, health promotion and caregiver services to all eight counties. Legal Aid provides legal advice and/or representation and legal education in all eight counties.

ASCOG has contracted with Delta Nutrition for almost 40 years, Legal Aid for over 10 years and MaddieLuke for the last three years. All three continue to be contractors in SFY16.

Title III Services and Surveys for SFY 2015:

- Congregate Meals – 483 surveys completed
- Home-Delivered Meals –196 surveys completed
- Transportation – 28 surveys completed
- Outreach – 76 surveys sent out and completed
- Coordination of Services – No surveys conducted
- Health Promotion –430 surveys sent out, 366 completed
- Caregiver Services – 107 surveys sent out, 32 completed
- Legal Advice – 115 surveys sent out, 33 completed
- Legal Education – 158 surveys sent out, 105 completed
- Chore and Home Repair – 78 surveys completed
- Education and Training – 31 surveys
- Information and Assistance – Unknown number of surveys sent out, 17 completed

STRATEGIES AND OUTCOMES

EXHIBIT 9: EVALUATION OF CURRENT SERVICES

Congregate Meals Consumer Satisfaction Survey Summary for FY 2015

Out of the 28 nutrition sites, 483 participants responded to the survey. The results are summarized below.

Several questions regarding satisfaction were asked. When asked how often participants were satisfied with the way the food tasted 62% responded "Always"; 37% responded "Sometimes" and 1% responded "Never". When asked how often participants were satisfied with the way the food smelled 72% answered "Always"; 27% answered "Sometimes" and 1% responded "Never". When asked how often participants were satisfied with how hot the hot foods were and how cold the cold foods were 81% responded "Always"; 19% responded "Sometimes" and 0% responded "Never". When asked how often participants were satisfied with the way the food looked 70% answered "Always"; 30% answered "Sometimes" and 0% responded "Never".

Delta Nutrition provides congregate meals at 28 nutrition sites in the 8 county region. Due to concerns of lack of satisfaction in the congregate participants, ASCOG AAA staff developed a strategic plan for FY 2016. First, the nutrition project will have to designate a portion of funds to each nutrition site. The amount of funds for each site was figured by the amount of participants at the site. Second, the nutrition site advisory council will have more say in the development of the meal plan. In SFY16 ASCOG AAA moved the Registered Dietician service to the AAA from project level. In SFY 17, ASCOG will continue to provide RD services at the AAA level. Three ASCOG Registered Dieticians were contracted in SFY 16 following a recruitment process that included publishing advertisements in three area newspapers and by posting the job on the oknutrition.org website. RD's can continue contracts for up to four years before ASCOG repeats the procurement process.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Home-Delivered Meals Consumer Satisfaction Survey Summary for FY 2015

Out of the 28 nutrition sites, 196 participants responded to the survey. The results are summarized below.

Several questions regarding satisfaction were asked. When asked how often participants were satisfied with the way the food tasted 58% responded "Always"; 42% responded "Sometimes" and 0% responded "Never". When asked how often participants were satisfied with the way the food looked 71% responded "Always"; 29% responded "Sometimes" and 0% responded "Never". When asked how often participants were satisfied with how hot the hot foods were and how cold the cold foods were 73% responded "Always"; 27% responded "Sometimes" and 40% responded "Never". When asked how often participants were satisfied with the way the food is packaged 80% responded "Always"; 19% responded "Sometimes" and 1% responded "Never".

When asked how often participants were satisfied with the variety of foods 63% responded "Always"; 37% responded "Sometimes" and 0% responded "Never". When participants were asked if they were aware of the donation system 82% answered "Yes", 8% answered "No" and 10% answered "Not Sure". When asked how satisfied participants were with the delivery system, these questions were asked:

Are you treated in a friendly manner? 97% answered "Always", 3% answered "Sometimes" and 0% said "Never";

Are you treated respectfully? 99% answered "Always", 1% answered "Sometimes" and 0% said "Never".

Does the delivery volunteer arrive when expected? 91% answered "Always", 9% answered "Sometimes" and 0% said "Never".

Do you eat your meal right away? 67% answered "Always", 33% answered "Sometimes" and 0% said "Never".

Delta Nutrition provides home-delivered meals in the 8 county region. Currently, Delta Nutrition does not serve to eligible participants living outside city limits due to limited transportation funding.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Transportation Consumer Satisfaction Survey Summary for FY 2015

Out of the 28 nutrition sites, 28 participants responded to the survey. The results are summarized below.

Several questions regarding satisfaction were asked. When asked how satisfied participants were with the service received 89% responded “Very Satisfied”; 11% responded “Satisfied” and 0% were “Not Satisfied”. When asked how satisfied participants were in that they were being transported in a safe manner 93% answered “Very Satisfied”; 7% “Satisfied” and 0% were “Not Satisfied”. When asked how satisfied participants were in that they were being picked up and delivered to the nutrition site in a timely manner 89% responded “Very Satisfied”; 11% responded “Satisfied” and 0% were “Not Satisfied”.

When asked how satisfied participants were with the cleanliness of the van/bus 86% answered “Very Satisfied”; 14% answered “Satisfied” and 0% were “Not Satisfied”. When asked how satisfied participants were the temperature of the van/bus 82% responded “Very Satisfied”; 18% responded “Satisfied” and 0% were “Not Satisfied”. When asked how satisfied participants were with the accessibility of the van/bus for people with disabilities 86% answered “Very Satisfied”; 14% answered “Satisfied” and 0% were “Not Satisfied”. When asked how satisfied participants were with the customer service of the driver 96% responded “Very Satisfied”; 4% responded “Satisfied” and 0% were “Not Satisfied”.

Delta Nutrition provides transportation in the 8 county region. Currently, Delta Nutrition does not serve to eligible participants living outside city limits due to limited transportation funding.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Outreach Consumer Satisfaction Survey Summary for FY 2015

A total of 76 surveys were completed and returned. The results are summarized below.

Out of the 76, 93% of participants “Strongly Agree” they were very satisfied with the way MaddieLuke is performing in managing contact and referral services.

In FY 2015, MaddieLuke continued to provide excellent Title III services. They have become even more knowledgeable in the importance of services, needs of seniors, and surveys. The ASCOG AAA staff meets with MaddieLuke on a regular basis to assist with the delivery of these services.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Health Promotion Consumer Satisfaction Survey Summary for FY 2015

A total of 430 surveys were sent out and 366 were completed and returned. The results are summarized below.

Ten participants strongly agreed they consider themselves to be a healthy individual. Twenty-four somewhat agree. Forty-seven neither agree nor disagree. One hundred and ninety-four somewhat agree. Ninety strongly agree and one did not answer.

Six participants followed-up with regular healthcare provider. Twelve took preventative action to correct or maintain health. One hundred and seventeen made a concise effort to monitor health through self-checks. Two hundred and twenty-two reported they will not likely change health habits. Nine did not answer.

Ten participants strongly disagreed that after receiving this health service they consider themselves to be health individuals. Twenty-six somewhat agreed they are healthy individuals. Fifty neither agreed nor disagreed. One hundred and sixty-seven somewhat agreed. One hundred and three agreed. And Ten did not answer.

In FY 2015, MaddieLuke continued to provide excellent Title III services. They have become even more knowledgeable in the importance of services, needs of seniors, and surveys. The ASCOG AAA staff meets with MaddieLuke on a regular basis to assist with the delivery of these services.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Caregiver Consumer Satisfaction Survey Summary for FY 2015

A total of 107 surveys were sent out with 32 being completed and returned. The results are summarized below.

Out of the 32 surveys, 75% of participants “Strongly Agree” they were very satisfied with the way MaddieLuke is performing in managing contact and referral for services.

In FY 2015, MaddieLuke continued to provide excellent Title III services. They have become even more knowledgeable in the importance of services, needs of seniors, and surveys. The ASCOG AAA staff meets with MaddieLuke on a regular basis to assist with the delivery of these services.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Caregiver Respite Consumer Satisfaction Survey Summary for FY 2015

A total of 68 surveys were sent out with 32 being completed and returned. The results are summarized below.

Out of the 68 surveys, 87% of participants ‘Strongly Agree’ the respite services improved their quality of life, 86% ‘Strongly Agree’ the respite services allowed them to better care for themselves, and 93% ‘Strongly Agree’ the respite services offered were important and valuable.

In FY 2015, MaddieLuke continued to provide excellent Title III services. They have become even more knowledgeable in the importance of services, needs of seniors, and surveys. The ASCOG AAA staff meets with MaddieLuke on a regular basis to assist with the delivery of these services.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Legal Services for Advice and Representation Consumer Satisfaction Survey Summary for FY 2015

A total of 33 surveys were completed out of 33 that were sent out. The results are summarized below.

Out of the 33 surveys, more than 70% of the participants answered “Very Good” to all five questions. The questions asked are as follows: “It was easy to get legal assistance,” “Things were explained in a way that I could understand,” “The attorney or legal assistant was knowledgeable about what I needed to know,” “The services helped solve the problems I needed help with,” and “I liked the way my paperwork was handled”. 64% answered “No Comment” on the Other Comments or Suggestions section and 30% replied “Good”. Out of the surveys received, 49% of participants fell between the ages of 60 and 69 years of age and 51% were between the ages of 70 and 84.

Legal Aid provides legal services for advice and representation in the 8 county region. Legal Aid has been in good standing with ASCOG and complies with Title III policy.

ASCOG AAA will focus on the importance of surveys by looking at different ways to conduct surveys and ways to increase participant responses.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Legal Services for Community and Education Consumer Satisfaction Survey Summary for FY 2015

A total of 105 surveys were sent out, completed and returned. The results are summarized below.

Ages of respondents are broken down as follows: 14 were 60-64 years of age; 16 were 65-69 years of age; 21 were 70-74 years of age; 18 were 75-79 years of age; 21 were 80-84 years of age; 12 were over the age of 85; and 3 did not answer.

The survey indicates that 75% of respondents marked “Very Good” and 25% marked “Good” in regards to “senior legal presentation was easy to understand”. The survey showed that 80% of respondents marked “Very Good” and 20% marked “Good” in regards to “the speaker doing a good job presenting the information”. The survey indicates that 75% of respondents marked “Very Good” and 20% marked “Good” in regards to “the speaker being knowledgeable of the topic”. The survey showed that 70% of respondents marked “Very Good” and 20% marked “Good” on whether they “learned information that would be helpful to them”. The survey showed 70% of respondents marked “Very Good” and 21% marked “Good” in regard to “the presentation lasting just about the right amount of time”. The survey showed that 40% of respondents marked “Very Good”; 16% marked “Good” and 30% of surveys had this section left blank in regards to “the visual aids being helpful”. The survey showed that 55% of respondents marked “Very Good” and 18% marked “Good” in regards to “receiving informative handouts”. The survey showed 90% left the comments and suggestions section blank and about 10% marked “Good”.

Legal Aid provides legal services for community and education in the 8 county region. Legal Aid has been in good standing with ASCOG and complies with Title III policy.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Consumer Satisfaction Survey Summary for FY 2015

The Consumer Satisfaction results for the FY 2015 ASCOG Chore and Home Repair Customer Satisfaction Survey provided some results.

Out of the 78 surveys 8 were completed and returned. Out of the 8 surveys, 75% chose “Yes” when asked if it was easy to discover this service and 25% chose “No”. When asked if the application process was easy to understand, 88% responded “Yes” and 12% responded “No”. When asked if assistance was needed with the application, 25% chose “Yes” and 75% chose “No”. When asked if ASCOG’s employees were knowledgeable about the questions, 75% responded “Yes” and 25% responded “No”. When asked if ASCOG handled the request in a timely fashion, 88% answered “Yes” and 12% answered “No”. When asked if they would recommend this program to others, 75% chose “Yes” and 25% chose “No”. When asked how satisfied are you with the service overall, 38% responded “Very Satisfied”, 50% responded “Somewhat Satisfied” and 12% responded “Not Satisfied”.

A section was provided for participants to provide comments and/or suggestions. Most comments were questions about other services and a few were about the lack of quality in work from the people they chose to perform the service.

STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Information and Assistance Survey Summary for FY 2015

The Information and Assistance Survey Summary for FY 2015 provided the following results:

Of the unknown number of surveys sent out, 17 were returned.
I&A was friendly… Yes 16; no 1.
I&A knowledge…Yes 15; no answer 1, no 1
Satisfied with I&A…Very satisfied 14, somewhat satisfied 1, no answer 1, not satisfied 1

EXHIBIT 10. IDENTIFIED PRIORITY NEEDS

The ASCOG AAA needs assessment process includes the following:

- A public hearing
- Holding community forums
- Administration of survey instruments to older consumers, service providers, advocates and other interested persons
- I&A and Outreach identified gaps in services
- An analysis of the results of the needs assessment activities

ASCOG AAA sent a needs assessment survey (see summary of results below) to all Title III nutrition sites in all eight counties as well as to other Title III providers, advocates and other interested persons. Hundreds of assessments were returned. Our staff scheduled public forums in all eight counties.

See Appendices 18-21 and 23 for a summary of responses from our public forums/hearings, board and advisory council meetings and the needs assessment survey.

According to the needs assessment survey, the following needs were identified (in order of highest need to lowest):

1. Help with Dentures/Eyeglasses/Hearing Aids, etc.
2. Transportation
3. Access to Health Care
4. Recreation and Socialization

The MaddieLuke Outreach service has identified-through the outreach assessment tool:

- The need for transportation in rural areas
- Assistance with the cost of prescriptions, doctor appointments, glasses, dentures, etc.
- Food assistance for individuals living above the poverty line
- Housekeeper services

- Home repair – due to the policy change from $250 per participant to $250 per household, many invoices to repair a home go over the limit
- Special exceptions for home-delivered meals; i.e. blind seniors who are comfortable in their home and do not need assistance with ADLs are not eligible for home-delivered meals

Feedback to-date

The ASCOG I&A, Bethany Sullivan has identified the following gaps in services:

- Transportation to doctors' offices in rural areas in Caddo, Grady, Stephens, Tillman, Cotton and Jefferson counties as well as special transportation to Oklahoma City hospitals for residents in Comanche County.
- Utility assistance in all eight counties.
- Assistance with dental costs, tooth extractions, dentures and oral surgery.
- Hearing aids assistance.
- Major home repairs (above $250).

Based on the consistency found between the needs assessment survey and the responses from public forums/hearings as well as the gaps identified by the I&A program, ASCOG AAA has identified the following top five needs to address in SFY 2016 and following (ranked in order of priority):

1. Nutrition/Senior Center on-site meals
2. Home-Delivered Meals
3. Help with Dentures/Eyeglasses/Hearing Aids, etc.
4. Transportation
5. Access to Health Care
6. Recreation and Socialization

In SFY 2016, ASCOG AAA began the process of gradually shifting available state dollars from other services to these top six needs. This will continue for SFY17. We will focus on ensuring that the congregate meal service has the best quality of food and is made available to as many seniors of every county in our PSA. We will also be focusing on our home-delivered meal service. We will work diligently to provide efficiencies in the congregate meals program to ensure as many nutrition sites as possible will remain open. With the new position of the Medicare Assistance Specialist, we will focus more time educating participants and eligible participants in the PSA about access to health care. With the new RFP set-up, each nutrition site will have a certain amount of money just for transportation. We are in hopes that each site will be able to provide more transportation by having their own transportation funds. We will work with the Governor's initiative on transportation as well. We will focus more available Masonic funding to assist with home-repair costs in addition to the Title III home repair funding. Additional efforts are listed in the management plan goals and objectives.

In the past, ASCOG has differentiated public forums from public hearings, where only the public hearing received a legal section advertisement, yet press releases were sent to all area media contacts for all public forums and the hearing. Since SFY 16, ASCOG has used public forums and public hearings interchangeably and press releases are published to all media contacts for all in the same way, with no legal ads purchased.

EXHIBIT 11. MANAGEMENT PLAN FORM FOR AAA GOALS AND OBJECTIVES

ASCOG Management Plan for SFY 2017.

EXHIBIT 11. MANAGEMENT PLAN FORM FOR AAA GOALS AND OBJECTIVES for 2015-2018

GOAL: #1	**OBJECTIVE: #1**
Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.	Hold public forums no later than March 31, 2015 to discuss transition of available site-based service funding to home-based service funding while mitigating any loss to congregate nutrition sites.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule public forums in Lawton, Duncan and Chickasha. Completed**:** Public forums have been scheduled at the Sites in each county. Public forums and public hearings are Interchangeable.	Jan 31							X						AAA Planner
2.	**Prepare press releases for public forums.** **Send out press releases no later than ten days prior.** **Completed: by Planner.**	Feb 28								X					AAA Planner
3.	Facilitate public forum discussion and include public Comment in area plan updates. **Completed: by Director for public forums through January 27.**	Mar 31									X				Director/AAA Planner

GOAL: #1	**OBJECTIVE: #2**
Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.	No later than June 30, 2015, coordinate and promote two annual public events and publicity campaigns that address existing in-home services and supports with special focus on home-delivered meals, home repairs, transportation and home health services.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule public events in Lawton and Duncan and Develop committee to support these events in future years. **Completed:** Lawton event was successfully completed on June 26. Duncan event was conducted for September 24.	Jan 31							X						I&A
2.	Prepare press releases for public events. Send out press releases no later than two weeks prior. **Completed for both events.**	Apr 30										X			I&A
3.	Facilitate public events and coordinate with event committee **Completed for both events.**	June 30												X	Director/I&A

GOAL: #1	**OBJECTIVE: #3**
Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.	No later than March 31, 2017, hold public forums to educate the public on potential changes and to receive input regarding said changes to long-term care services and supports in response to the Oklahoma Health Care Authority request for proposals for coordinated care.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule public forums in Lawton, Duncan and Chickasha.	Feb 15, 2017								X					AAA Planner
2.	**Prepare press releases for public forums.** **Send out press releases no later than ten days prior.**	Feb 28, 2017								X					AAA Planner
3.	Facilitate public forum discussion and include public Comment in area plan updates.	Mar 31 2017									X				Director/AAA Planner

GOAL: #2	**OBJECTIVE: #1**
Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.	Initiate an annual fiscal management and loss prevention training for existing service providers, no later than May 31, 2015.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule annual training in May in coordination with all Title III providers. **Completed:** June 18, 2015	Jan 31							X						Director/Accountant
2.	Recruit trainers for annual training to discuss fiscal Management policy and procedures and best practices. **Completed: Trainers included ASCOG AAA staff, Ken Jones from ODMHSAS, Red Cross staff and OSU Ext. Office staff.**	Feb 28								X					Director/Accountant
3.	Facilitate training in coordination with providers and their Staff. **Completed successfully on June 18.**	May 31											X		Director/Accountant

GOAL: #2	**OBJECTIVE: #2**
Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.	No later than April 30, 2015, present policy changes to the ASCOG AAA Advisory Council, requiring MOUs between nutrition projects and independent senior centers where nutrition sites are co-located

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Draft new policy and procedures in coordination with Title III Nutrition Project **Completed: No new policy was needed. Added existing Policy to quarterly assessments.**	Jan 31							X						AAA Planner
2.	Publish policy draft to Advisory council at least ten days Prior to April AAAAC meeting. **Completed.**	Mar 31									X				AAA Planner
3.	Make changes as required by AAAAC and obtain AAAAC Approval to new policy in April meeting. **Completed: no changes needed in policy. Procedure Changes adopted by collaborative committee made up of AAA Staff and Title III Project Directors.**	Apr30										X			Director/AAA Planner

GOAL: #2	**OBJECTIVE: #3**
Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.	No later than December 31, 2016, present a code of ethics policy for Title III employees and volunteers to the ASCOG AAA Advisory Council, requiring all Title III employees and volunteers to sign a code of ethics prohibiting activities that would damage the integrity of Title III programs and could potentially harm participants of Title III services.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Draft new code of ethics and procedures in coordination with Title III contractors.	Sept. 30 2016			X										AAA Director
2.	Publish draft or ethics and procedures to Advisory council at least ten days Prior to April AAAAC meeting.	Nov 30 2016					X								AAA Planner/I&A
3.	Make changes as required by AAAAC and obtain AAAAC Approval to new ethics and procedures in December mtg.	Dec 31 2016						X							Director/AAA Planner

GOAL: #3	**OBJECTIVE: #1**
Advocate to ensure the interests of people with disabilities, older adults and their families are reflected in the design and implementation of public policies.	No later than June 30, 2015, initiate an annual policy conference for community partners in the ASCOG PSA, that will address service availability, participant safety and fraud prevention, obstacles to accessibility and fiscal management.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule annual conference in coordination with community Partners, stakeholders and policy makers who make up Conference committee. **Completed in June Expo.**	Jan 31							X						I&A/AAA Planner
2.	Recruit speakers and facilitators for the conference. **Completed in June Expo.**	Feb 28								X					I&A/AAA Planner
3.	Facilitate policy conference with help of community Partners and committee members. **Completed in June Expo.**	June 30												X	I&A/AAA Planner/Direct

GOAL: #3	**OBJECTIVE: #2**
Advocate to ensure the interests of people with disabilities, older adults and their families are reflected in the design and implementation of public policies.	No later than April 30, 2015, establish at least five MOUs with community partners who serve older Oklahomans in the ASCOG PSA.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Schedule MOU meetings with community partners. **Completed**	Jan 31							X						AAA Planner
2.	Establish written MOUs with at least five community Partners, especially with partners who work with not only Persons 60 and older but also disabled persons. **Completed. In January 2015, new procedure was Developed to require MOUs be signed by ED of ASCOG.**	Feb 28								X					AAA Planner
3.	Complete AAAAC approval and signatures of MOUs no Later than April 30, 2015. **Completed.**	Apr 30										X			AAA Planner/Director

GOAL: #3	**OBJECTIVE: #3**
Advocate to ensure the interests of people with disabilities, older adults and their families are reflected in the design and implementation of public policies.	No later than September 30, 2016, participate and support in the annual Oklahoma Silver Haired Legislature event and annual meeting.

#	ACTION STEPS	DUE DAT	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			jul	aug	sept	oct	nov	dec	jan	feb	mar	apr	may	jun	
1.	Assist OSHL Executive Committee and local ASCOG OSHL group in preparing bills for the annual OSHL.	July 31 2016	X												I&A/AAA Director
2.	Assist OSHL in recruiting speakers and facilitators for the Annual OSHL.	July 31 2016	X												I&A/AAA Director
3.	Facilitate OSHL annual event in OKC.	Sep 30 2016			X										I&A/AAA Director

EXHIBIT 12. STRATEGIES FOR OUTCOMES

In SFY16, ASCOG contracts with three nutrition projects (Delta, Temple and Cyril), four coordination of services projects (Grandfield, Minco, Tipton and Tuttle), one supportive services project (MaddieLuke), one education and training project (Center for Creative Living) and one legal aid project (Legal Aid Services of Oklahoma).

Delta Nutrition Project:

1. Reaching target population: Delta currently provides congregate and home delivered meals and transportation to 25 nutrition sites in seven counties. Delta serves two urban counties, one with high populations of low-income minorities. Delta serves five rural counties, each reaching target populations. Delta has worked with the Alzheimer's association in Comanche county to coordinate outreach, but has not documented marketing in other areas.
2. Quality of program service delivery: Delta's food cost per plate is about $1.25, compared to $1.90 at Project Heart and more than $2.00 at Temple and Cyril. Participants have complained about some of the food quality and availability of transportation, especially in the Comanche County area.
3. Level of participation and engagement: Delta's participation continues to decline. For SFY16, Delta is on track to serve 1,175 participants in congregate meals and 583 participants in home delivered meals. Delta averages 1,102 meals per day served, down from over 1,700 per day just ten years ago. Fewer than 100 meals per day were lost in the change of Temple, Walters and Cyril to other nutrition projects. About 45 meals were lost when the Apache Nutrition Site went independent in SFY12. This shows a significant decline in number of meals served by Delta. Delta has provided transportation to 64 participants.

Temple Nutrition Project:

1. Reaching target population: Temple serves a rural county with a small Hispanic population. Temple has increased marketing, especially in Walters where the Hispanic population is higher.
2. Quality of program service delivery: Temple meal cost is about $2.00 per meal and participant satisfaction is higher since last year. Participants also have more input into the menu provided.
3. Level of participation and engagement: Temple is currently serving more participants than the Temple and Walters sites served a year ago. In SFY16, the Temple Nutrition Project has served 81 congregate participants and 15 home delivered meals participants. Temple has provided transportation to 5 participants.

Cyril Nutrition Project:

1. Reaching target population: Cyril serves a rural population in Caddo County. Cyril has coordinated services with area tribes and has worked to obtaining an MOU with those tribes. Cyril has also dramatically improved marketing of the program.
2. Quality of program service delivery: Cyril currently provides approximately $2.00 per plate for food cost. Participant satisfaction has increased since Cyril took over the Cyril Nutrition Site.
3. Level of participation and engagement: In SFY16 Cyril has served 43 congregate and 35 home delivered meals. Cyril has provided transportation to only one participant. Their transportation service did not start until December 2015.

Grandfield Senior Center:

1. Reaching target population: Grandfield serves a remote, rural population, including a low-income Hispanic population.
2. Quality of program service delivery: Grandfield provides quality meals, senior activities and health promotion activities through the coordination of services service. Activities include quilting, chair aerobics, painting and other recreational and educational activities.

3. Level of participation and engagement: In SFY16, Grandfield has served about 154 participants.

Minco Senior Center:

1. Reaching target population: Minco serves a remote, rural population, including Native Americans.
2. Quality of program service delivery: Minco provides quality meals, senior activities and health promotion through the coordination of services service. Activities include quilting, board and card games, dominos, and other recreational and educational activities.
3. Level of participation and engagement: In SFY16, Minco has served about 97 participants.

Tipton Senior Center:

1. Reaching target population: Tipton serves a remote, rural portion of Tillman County.
2. Quality of program service delivery: Tipton provides quality services including meals, concerts and dominos, as well as other recreational and educational activities.
3. Level of participation and engagement: In SFY16, Tipton has served about 116 participants.

Tuttle Senior Center:

1. Reaching target population: Tuttle reaches the northeast portion of rural Caddo county.
2. Quality of program service delivery: Tuttle provides quality services including meals, concerts, billiards, dominos, card games and other recreational and education activities.
3. Level of participation and engagement: In SFY16 Tuttle has served about 100 participants.

MaddieLuke Supportive Services:

1. Reaching target population: MaddieLuke provides the Outreach service for all eight counties. They target low-income minorities, rural, isolated and living alone seniors, tribal governments, seniors with severe disabilities and coordinate with the Alzheimer's Association.

2. Quality of program service delivery: MaddieLuke continues to provide improved outreach services as well as improved caregiver services. MaddieLuke has had trouble starting support groups due to lack of interest. MaddieLuke has improved quality of chore services through safer protocols.
3. Level of participation and engagement: MaddieLuke has reached 76 participants with caregiver access, 11 participants with caregiver counseling, 8 participants with caregiver information, 46 participants with caregiver respite, 16 participants with chore services (MaddieLuke has already reached its annual goal for chore units), 10 grandparents with access services, 363 with outreach services, yet only 3 participants with health promotion.

Center for Creative Living:

1. Reaching target population: The Center for Creative Living is located in Lawton, OK, where the highest prevalence of low-income minorities exists in ASCOG's planning and service area. However, they are not serving or reaching a proportional number of low income minorities.
2. Quality of program service delivery: CCL provides quality education and training activities. They have increased the number of classes provided by guest speakers.
3. Level of participation and engagement: The Center for Creative Living has served about 351 participants with education and training.

Legal Aid Services of Oklahoma:

1. Reaching target population: Legal Aid serves six of ASCOG's eight counties with some provisional services to the other two counties. Legal Aid uses senior center presentations as its primary outreach tool.
2. Quality of program service delivery: Legal Aid continues to provide quality services in accordance with their consumer satisfaction surveys.
3. Level of participation and engagement: In SFY16, Legal Aid's level of participation is unknown as AIM numbers do not

reflect number of persons served due to confidentiality. Jefferson County continues to be underserved.

PART E. FEDERALLY REQUIRED FOCUS AREAS

EXHIBIT 13. OUTREACH NARRATIVE FOR TARGET POPULATIONS

1. Document the amount of Title III B (federal) funds expended in SFY 2015 as required by OAA Section (306)(a)(2):

Access (306)(a)(2)(A):

- (A) transportation; $22,523
- (B) outreach; $117,035
- (C) information and assistance; $21,560
- (D) assisted transportation; $0
- (E) case management; $0
- (F) health services, including mental health services; $0

In-home (306)(a)(2)(B):

- (A) homemaker; $0
- (B) chore; $2,350
- (C) personal care; $0
- (D) home repair; $3,304

Legal (306)(a)(2)(C):

- (A) legal counseling and representation; $16,036
- (B) community education on legal matters; $4,844
- (C) information and assistance on legal matters; $0

2. Provide narrative

For SFY 2016, ASCOG required that the service provider for Outreach and other supportive services be provided by a separate contractor than nutrition services.

MaddieLuke has continued to excel in Outreach for FY 2015. The main focus is on rural areas, low-income households, and persons with disabilities. MaddieLuke is targeting relationships with community sponsors who specialize in serving individuals with severe disabilities, Alzheimer's and related diseases, and their caregivers. These providers include legal aid, the Alzheimer's association and home health providers. MaddieLuke is also targeting community partners such as local DHS offices, who work with older individuals needing assistance with activities of daily living and instrumental activities of daily living.

MaddieLuke has scheduled canvassing for its outreach workers. They will target low-income neighborhoods and senior adult housing to ensure those in need are aware of available community services. This will include canvassing in low-income urban areas such as Lawton.

In SFY 2016, ASCOG plans to continue its focus on marketing to each of these target groups. ASCOG will again require a separate service provider for outreach and supportive services from the nutrition services provider.

ASCOG is also working to reach new participants via internet and social media. The regularly published ASCOG Advocate focuses on issues related to living in rural America, physical as well as developmental disabilities and mental health, persons with limited English speaking ability, long-term care services and supports for those at risk of institutional placement and issues related to Alzheimer's and related illnesses. An ASCOG AAA Facebook page has been made and is continually updated with articles relating to aging.

MaddieLuke will develop referral sources by developing memoranda of understanding with local service providers such as home health agencies, existing Title III services providers, marketing to health professionals and hospital discharge planners and caregiver services providers. MaddieLuke will focus marketing where referral sources are effective and will then focus canvassing and other outreach methods in areas where referrals are limited.

Feedback was requested from ASCOG subcontractors by asking the following questions:

1. The effectiveness & evaluation of the outreach methods used by you or an outside source. (Are the methods used by your outreach person

working? Are target groups being reached? What works, what doesn't? Suggestions? Be specific please).
2. Address how each target group in your PSA (planning and service area) is being reached. (How are your target folks being approached? In-person? By mail/email? By phone? Media? Be specific please).
3. List the Title III services determined to be the greatest areas of need of the mandated target population in the PSA. (What services do your folks wish were offered? Were better? Were done away with? Be specific please).

We received the following feedback from the Center for Creative Living:

1. The methods we use are working very well and we have a high participation rate. All targeted groups are being reached. We work this very well so I have no suggestions.
2. We reach ours when they come to the CCL. We ask them in person to complete the surveys and explain the importance of it. They are more than happy to comply.
3. No night time events, they don't like to drive at night. Less winter events, won't drive in bad weather. And they want more bingo.

We received the following feedback from MaddieLuke:

1. Outreach efforts have proven to be effective. MaddieLuke has a Memorandum of Understanding with Delta Nutrition which states that Delta will refer all participants in need of assessment/Outreach to MaddieLuke. In addition to the Delta partnership, MaddieLuke has a strong social media presence through our company Facebook page. Our marketing efforts include presentations at local hospitals, home health agencies, schools, churches, civic and community organizations. Minorities, rural residents, individuals with dementia/other cognitive impairments, and ESL participants have been targeted through area partners who are focused on the same groups but do not provide the same services. MaddieLuke partners with local libraries and DHS to reach ESL participants. MaddieLuke partners with the Alzheimers Assocation to reach participants diagnosed with dementia. Minorities are targeted through civic and community organizations like Douglass Eastside along with local churches. Rural participants account for all but two of our counties and we receive referrals from multiple partners in all rural counties.

2. Target groups are reached through partner referrals, social media posts, press releases, and phone calls from MaddieLuke.
3. MaddieLuke participants would like a reliable, affordable transportation provider. Food security continues to be a one in four participants issue and more local resources are needed, especially resources that do not use poverty guidelines to determine who receives assistance. Mental health awareness and more mental health resources are needed for caregivers suffering burn out and for participants who are struggling to cope with major changes in circumstances (illness, loss of a spouse, etc…)

Participants continue to advise MaddieLuke that Caregiver and Grandparent Support Groups are of no value to them because they do not want to use the time away from a care recipient/grandchild to sit in a group of people they don't know when they could be spending the time with their actual support system of family and friends.

In SFY 17, ASCOG will continue to focus on outreach per the following:

1. Services determined to be the greatest areas of need in the mandated target population in the PSA:
    a. (1) residing in rural areas; home repair, home health, home delivered meals, congregate meals, and transportation.
    b. (2) with greatest economic need, with particular attention to low income minority individuals; transportation, congregate meals, home delivered meals, home health and chore.
    c. (3) with greatest social need, with particular attention to low income minority individuals; transportation, congregate meals, home delivered meals, home repair and home health.
    d. (4) with severe disabilities; transportation, home delivered meals, home repairs, home health, congregate meals.
    e. (5) with limited English speaking ability; transportation, congregate meals, home delivered meals, home health and home repair.
    f. (6) with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; transportation, congregate meals, home delivered meals, home repair and home health.

g. (7) living alone; transportation, congregate meals, home delivered meals, home repair and home health.
h. (8) with impairments in activities of daily living (ADLs), instrumental activities of daily living (IADLs), or both. transportation, home delivered meals, home repairs, home health, congregate meals.

2. Outreach methods used to identify new participants:
    a. (1) residing in rural areas; coordination with other rural agencies, press releases to rural newspapers, canvassing at low income housing areas, and brochures.
    b. (2) with greatest economic need, with particular attention to low income minority individuals; public presentations, coordination with other urban agencies, press releases to local newspapers, canvassing low-income housing areas, and brochures.
    c. (3) with greatest social need, with particular attention to low income minority individuals; social media, coordination with home base service agencies, press releases to local newspapers, canvassing low income housing areas and brochures.
    d. (4) with severe disabilities; coordination with agencies which serve persons with disabilities, social media, press releases and brochures.
    e. (5) with limited English speaking ability; press releases to foreign language media contacts, social media, and brochures.
    f. (6) with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; coordination with the Alzheimer’s Associations, press releases, social media to target caregivers, and brochures.
    g. (7) living alone; social media, coordination with home base service agencies, press releases to local newspapers, canvassing low income housing areas and brochures.
    h. (8) with impairments in activities of daily living (ADLs), instrumental activities of daily living (IADLs), or both; coordination with agencies which serve persons with disabilities, social media, press releases and brochures.

3. Counties with highest mandated target populations:
    a. (1) residing in rural areas; Stephens County.

b. (2) with greatest economic need, with particular attention to low income minority individuals; Comanche County.
c. (3) with greatest social need, with particular attention to low income minority individuals; Cotton County.
d. (4) with severe disabilities; Comanche County.
e. (5) with limited English speaking ability; Comanche County.
f. (6) with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; Comanche County.
g. (7) living alone; Comanche County.
h. (8) with impairments in activities of daily living (ADLs), instrumental activities of daily living (IADLs), or both. Comanche County.

EXHIBIT 14. VOLUNTEER PROGRAM NARRATIVE

ASCOG recruits volunteers to serve on the AAA Advisory Council, Oklahoma Silver-Haired Legislature, and Ombudsman program. Volunteers are also recruited by Title III sub-grantees for serving meals, meal delivery, site coordination, outreach, checking on frail homebound, emergency management and caregiving.

ASCOG's Advisory Council membership is appointed by members of the ASCOG Board of Trustees. When trustees are unsure who to appoint, ASCOG AAA staff will recruit members by contacting senior centers and nutrition sites, and through public service announcements and other marketing methods like internet marketing. OSHL members are automatically members of the ASCOG AAA Advisory Council. Advisory Council members receive orientation and annual training to explain their duties as members of the advisory council.

ASCOG has one of the most active OSHL groups in the state. OSHL members are recruited by maintaining bi-annual elections at all CENA senior centers and Title III nutrition sites. PSAs and internet marketing are also used to recruit OSHL members. OSHLAA provides bi-annual training to OSHL members. They also receive training as Advisory Council members.

ASCOG Ombudsman Supervisors send out monthly recruitment PSAs for Ombudsman volunteers. Currently there are ten Ombudsman volunteers. One Ombudsman volunteer is also on the AAA Advisory Council. Ombudsman Supervisors provide regular training for volunteers in accordance with the direction of the State Ombudsman.

Additionally, ASCOG regularly recruits advocates for issues related to aging and disability services. ASCOG publishes a regular blog called the ASCOG Advocate to help train advocates in the area by keeping them up-to-date on current issues. Advocates serve on regional or statewide advocacy groups such as the Oklahoma Silver-Haired Legislature, the ASCOG AAA Advisory Council, OSHLAA Executive Committee, the Alliance on Aging, Minority Task for Aging or the State Council on Aging.

EXHIBIT 15. SERVICE DELIVERY NARRATIVE

1) Include direct service delivery narrative for all services provided directly by the AAA including services such as Ombudsman, Health Promotion, Caregiver, and Case Management (if applicable).
   1A) Document Title III E NFCSP SFY2017, allows no more than 20% of Title III E funding to be used for Caregiver Supplemental Services and no more than 10% of total federal and non-federal share to provide Grandparents Raising Relative Children (GRRC) services.
2) Include narrative and SOW for I&A and I&A Education (SFY2016 & SFY2017)
3) Document Evidence-Based Health Promotion programs.
4) List all services offered in the PSA for SFY2016.]

In SFY16, ASCOG contracts with Delta, Temple and Cyril for congregate meals, home delivered meals and transportation services. ASCOG contracts with MaddieLuke for caregiver/grandparents raising grandchildren access to services, information about services, groups and respite services. ASCOG contracts with MaddieLuke for outreach, chore and health promotion programs. Home repair was discontinued for SFY 16 due to a budget reduction.

In SFY16, ASCOG is providing direct service delivery of the following Title III services: information and assistance, I&A education, ombudsman services, nutrition counseling and nutrition education.

ASCOG is on track to provide 12 units of nutrition counseling, 7,776 units of nutrition education, and 166 units of I&A. Our new I&A is now experiencing a higher call volume and should reach a much higher number of I&A contacts. The I&A is also starting to provide presentations and press releases which will increase the number of I&A Education units.

Ombudsman services were provided through two full-time Ombudsman Supervisors and their volunteers. The Ombudsman Supervisors were responsible for 2,180 nursing home residents in 39 long-term care facilities.

ASCOG has two Ombudsman Supervisors who also track volunteers. The Ombudsman program is under the direction of the State Ombudsman.

Legal Aid services saw a decrease in SFY 2015, but within the parameters of reduced funding.

In SFY 2016, ASCOG continues to work with the Delta, Cyril and Temple nutrition projects to increase the quality of service and customer satisfaction. We will continue to work with the supportive services project to continue increasing units of service, as well.

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Information and Assistance for SFY 2017			
III. (A) $ Unit Cost	**(B) $ Total Funding**	**(C) # Units**	**(D) Unduplicated Persons Served**
$71.87	$21,560	300	180
IV. Formula used to calculate unit cost:			
$21,560 total funding divided by 300 units of service = $71.87			
V. Show the breakdown of Total Funding for Service:			
300 units of service multiplied by $71.87 equals $21,560.			
VI. Activities to Meet the Scope of Work:			
1. ASCOG will market the Information and Assistance programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points.			
2. ASCOG will ensure that an approved 02AG002E Older Americans Act Assessment (modified for I&A) is completed for each eligible participant who contacts or is referred to the Information and Assistance Specialist (I&A). The I&A service is a one-on-one contact in person, by phone, email, letter or fax. Appropriate follow-up will be provided to those in need.			
3. All senior-line calls will be answered by the ASCOG I&A. Call documentation will be made into either AIM or Caredirector.			
4. Participants requesting options counseling will receive that service through the trained and certified I&A.			
5. ASCOG staff will forward completed assessment forms and time sheets designating time worked on Access Services to ASCOG administrative staff for review.			
6. ASCOG will enter the units of service into AIM via a data entry clerk.			
7. ASCOG will submit reports as requested to ASD.			

8. ASCOG staff will mail out surveys to approximately 15% of participants who are randomly selected.

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Education/Information and Assistance for SFY 2017			
III. (A) $ Unit Cost	**(B) $ Total Funding**	**(C) # Units**	**(D) Unduplicated Persons Served**
$128.75	$3,078	24	N/A
IV. Formula used to calculate unit cost:			
$3,078 total funding divided by 24 units of service = $128.75 per unit.			
V. Show the breakdown of Total Funding for Service:			
24 units multiplied by $128.75 per unit = $3,078.			
VI. Activities to Meet the Scope of Work:			
1. ASCOG will market all Supportive Services and Title III programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points.			
2. ASCOG staff will ask those in attendance at public presentations to complete sign-in sheets to document the presentation.			
3. ASCOG staff will document other types of marketing through copies of emails, press releases and fliers, along with a list of those to whom the marketing materials were sent.			
4. Prospective participants who respond to the marketing will be referred to the appropriate case manager or will receive an immediate assessment for services if possible.			
5. ASCOG staff will forward sign-in sheets, emails or other documentation and time sheets designating time worked on Education/Information and Assistance to ASCOG administrative staff for review.			
6. ASCOG will enter the units of service into AIM via a data entry clerk.			
7. ASCOG will submit reports as requested to ASD.			
8. ASCOG staff will email needs assessment surveys to all available contacts in the PSA.			

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Information and Assistance for SFY 2016			
III. (A) $ Unit Cost	**(B) $ Total Funding**	**(C) # Units**	**(D) Unduplicated Persons Served**
$84.33	$21,515	300	300
IV. Formula used to calculate unit cost:			
$21,515 total funding divided by 300 units of service = $71.72			
V. Show the breakdown of Total Funding for Service:			
306 units of service multiplied by $82.68 equals $25,299.			
VI. Activities to Meet the Scope of Work:			
1. ASCOG will market the Information and Assistance programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points.			
2. ASCOG will ensure that an approved 02AG002E Older Americans Act Assessment (modified for I&A) is completed for each eligible participant who contacts or is referred to the Information and Assistance Specialist (I&A). The I&A service is a one-on-one contact in person, by phone, email, letter or fax. Appropriate follow-up will be provided to those in need.			
3. All senior-line calls will be answered by the ASCOG I&A. Call documentation will be made into either AIM or Caredirector.			
4. Participants requesting options counseling will receive that service through the trained and certified I&A.			
5. ASCOG staff will forward completed assessment forms and time sheets designating time worked on Access Services to ASCOG administrative staff for review.			
6. ASCOG will enter the units of service into AIM via a data entry clerk.			
7. ASCOG will submit reports as requested to ASD.			
8. ASCOG staff will mail out surveys to approximately 15% of participants who are randomly selected.			

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens & Tillman			
II. NAME OF SERVICE:			
Education/Information and Assistance for SFY 2016			
III. (A) $ Unit Cost	**(B) $ Total Funding**	**(C) # Units**	**(D) Unduplicated Persons Served**
$128.25	$3,078	24	N/A
IV. Formula used to calculate unit cost:			
$3,078 total funding divided by 24 units of service = $128.75 per unit.			
V. Show the breakdown of Total Funding for Service:			
24 units multiplied by $128.75 per unit = $3,078.			
VI. Activities to Meet the Scope of Work:			
1. ASCOG will market all Supportive Services and Title III programs through public presentations, brochures, fliers, email blasts, press releases, blogs and letters to focal points.			
2. ASCOG staff will ask those in attendance at public presentations to complete sign-in sheets to document the presentation.			
3. ASCOG staff will document other types of marketing through copies of emails, press releases and fliers, along with a list of those to whom the marketing materials were sent.			
4. Prospective participants who respond to the marketing will be referred to the appropriate case manager or will receive an immediate assessment for services if possible.			
5. ASCOG staff will forward sign-in sheets, emails, other documentation and time sheets designating time worked on Education/Information and Assistance to ASCOG administrative staff for review.			
6. ASCOG will enter the units of service into AIM via a data entry clerk.			
7. ASCOG will submit reports as requested to ASD.			
8. ASCOG staff will email needs assessment surveys to all available contacts in the PSA.			

SFY16 services include chore, home delivered meals, congregate meals, nutrition counseling, transportation, legal assistance and education, nutrition education, information and assistance, outreach, education and training, education information and assistance, health promotion, coordination of services, information about service caregivers, information about grandparents raising grandchildren services, assistance with access to service caregivers, assistance with access to grandparents raising grandchildren services, support groups for caregivers, support groups for grandparents raising grandchildren, respite caregivers and respite grandparents raising grandchildren.

In SFY 16, ASCOG brought registered dietician services to the AAA level. ASCOG mails out nutrition education material to all nutrition sites for monthly presentations. Nutrition education materials are provided by the ASCOG registered dietician. ASCOG records the units of nutrition education into AIM based on sign-in sheets returned from the nutrition sites. Nutrition counseling is also provided by the ASCOG registered dieticians. The dieticians check with each site, bimonthly, to see if there are additional nutrition counseling referrals. They also ask participants at the site if they would like a one-on-one session during their bimonthly presentations. ASCOG RD's also conduct bimonthly S74 report assessments for each site.

I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: **Stephens, McClain, Grady, Caddo, Comanche, Tillman, Cotton, and Jefferson counties**			
II. NAME OF SERVICE: NUTRITION EDUCATION			
III. **(A) $ Unit Cost**	**(B) $ Total Funding**	**(C) # Units**	**(D) Unduplicated Persons Served**
$0.78	$10,904.00	14,000	1300
IV. Detailed activities to Meet the Scope of Work			
1. ASCOG will provide the Nutrition Education program monthly through public presentations to congregate meal participants, brochures and fliers to home-delivered participants, email blasts, press releases, blogs and letters to focal points in the planning and service area. One unit of service is equal to one presentation or nutrition education material handout via mail, in-person, etc.			
2. ASCOG will ensure the Nutrition Education program materials are developed and written by the ASCOG AAA Registered Dietician.			
3. ASCOG will coordinate with nutrition project staff and volunteers to ensure each home-delivered meal recipient also receives a monthly nutrition education flier.			
4. ASCOG will ensure all eligible participants go through the intake process using the Title III Pilot Outreach forms and will update these forms annually.			
5. The RD will submit the nutrition fliers and time sheets to ASCOG for review and payment.			
6. ASCOG will enter the units of service into AIM via a data entry clerk.			
7. ASCOG will submit reports as requested to ASD.			
8. ASCOG staff will mail out surveys annually to all participants who have received nutrition education services.			

II. NAME OF SERVICE: NUTRITION COUNSELING			
III. (A) $ Unit Cost	**(B) $ Total Funding**	(C) # Units	(D) Unduplicated Persons Served
$50.33	$6,543.00	130	50
IV. Detailed activities to Meet the Scope of Work			
1. ASCOG will provide the Nutrition Counseling program through individualized guidance to a participant. ASCOG will market the program to congregate meal participants, brochures and fliers to home-delivered participants, email blasts, press releases, blogs and letters to focal points in the planning and service area. One unit of service is equal to one counseling session that is provided one-on-one by a registered dietician.			
2. ASCOG will ensure the Nutrition Counseling program materials are developed and written by the ASCOG AAA Registered Dietician.			
3. ASCOG will coordinate with nutrition project staff and volunteers to ensure each home-delivered meal recipient is aware of the Nutrition Counseling program.			
4. ASCOG will ensure all eligible participants requesting Nutrition Counseling receive the service by the RD.			

EXHIBIT 16. DISASTER PLAN/IMMUNIZATIONS

The Association of South Central Oklahoma Governments has a Director of Public Safety who helps take the lead in disaster situations. Safety training is provided to staff on an annual basis. ASCOG's Public Safety Director works with regional emergency managers in addressing local disasters, formal and informal communications and addressing the needs of at-risk populations.

When a disaster occurs, ASCOG staff attempts to contact frail citizens to ensure they are safe. If they are unable to contact them, then the emergency management coordinator is to contact a public safety officer to conduct a welfare check.

ASCOG is prepared for business continuity through use of off-site data management and backup, VOIP communication as well as cloud-based computing programs. Should a natural disaster hit the ASCOG main office, the majority of ASCOG staff would be fully functional within hours.

ASCOG provides Title III-D Health Promotion activities through evidence-based programs like the Chronic Disease Self-Management Program and Tai Chi. The ASCOG AAA will ensure and advocate for the coordinated vaccination of seniors, particularly for influenza and pneumonia, through the Advocate blog, presentations and brochures.

EXHIBIT 17. COORDINATION ACTIVITIES BETWEEN TITLE III AND TITLE VI

Within the ASCOG Planning and Services Area, there are several Native American service providers. The Caddo Nation, the Chickasaw Nation the Comanche Nation, the Wichita and affiliated tribes, the Kiowa Tribe, the Fort Sill Apache Tribe and the Delaware Nation are all service providers in the ASCOG area.

Additionally, local tribes are invited to appoint members to the ASCOG Board of Trustees.

In December 2013, all Title VI providers were mailed a link to the 2015 Area Plan Summary and were asked for their input. They were also asked to update their contact information.

Title VI providers are also asked to join us for the annual Senior Day at the Capitol. In 2012, several participants from the Chickasaw Nutrition Site in Duncan attended Senior Day at the Capitol. Due to inclement weather, the 2013 event was poorly attended.

When referring participants to services, I&A and Outreach personnel are trained to refer eligible participants to Title VI providers in their area prior to referral to Title III services.

In SFY17, ASCOG added to the first quarterly assessment to review each project to ensure coordination is occurring between all Title III providers and tribal governments. ASCOG visits the Choctaw and Fort Sill Apache tribes annually to coordinate services and to invite tribal leadership to become members of the ASCOG Advisory Council.

EXHIBIT 18. LONG RANGE PLAN

ASCOG AAA expects dramatic changes in the needs of seniors as the surviving population from the World War II Generation declines and the Baby Boomers continue to retire. Boomers are expected to spend less time in senior centers and more time in intergenerational activities. Boomers have a more difficult time discussing end of life issues and planning for retirement. According to a 2011 Associated Press and LifeGoesStrong.com surveys, 60% of boomers lost value in investments because of economic crisis, 42% are delaying retirement and 25% claim they'll never retire. The common retirement age as of 2013 is 67 years old. [1,2]

The caregivers of Boomers (born 1946 through 1964) tend to be much more computer literate and use social media as a matter of course.

ASCOG AAA expects to gradually move more OAA funding from senior center focused services to home-based services.

ASCOG also expects more services to be provided through online interactions. Already ASCOG AAA regularly publishes a blog called the ASCOG Advocate as well as posts on Facebook, Twitter and LinkedIn.

ASCOG AAA has already begun to focus on mental health treatment and screenings. Mental Health screenings have been added to the health promotion services using Title III-B dollars in the 2015 RFP package. Outreach is also performed on a regular basis using mental health screenings and referrals. ASCOG AAA will continue to focus on mental health by educating participants in the PSA and by finding and developing community partners that are related to and offer services for mental health issues.

Because of the nationwide trend in Medicaid managed care, ASCOG is currently working with other ADvantage providers and through the Oklahoma Association of Area Agencies on Aging to ensure ADvantage services and other long-term care services and supports are provided via a statewide strategy.

1. ^ "Retirement? For More Baby Boomers, The Answer Is No". ThirdAge Staff. Archivedfrom the original on July 21, 2011. Retrieved June 6, 2011.
2. **Jump up^** "Redefining Retirement: A Much Longer Lifespan means more to Consider". Living Better at 50. Retrieved August 17, 2011.

EXHIBIT 19. COMMERCIAL OR CONTRACTUAL ACTIVITIES

The quality of OAA services provided by ASCOG AAA has been enhanced by the performance of ADvantage services. A portion of the AAA Director salary is paid by the Advantage services. The full salary of the Deputy Director of Supportive Services is paid by ADvantage.

ASCOG provides the ADvantage program through a contract with the ADvantage Administration Unit of DHS Aging Services.

ASCOG provides the Community Expansion Nutrition Assistance grant through a contract with the Oklahoma Department of Commerce.

ASCOG provides Money Follows the Person evaluations through a contract with the Oklahoma Health Care Authority.

ASCOG provides the Masonic Charities Foundation Grant through a contract with the Oklahoma Masonic Charities Foundation via the Oklahoma Association of Area Agencies on Aging.

ASCOG provides the Senior Health Insurance Program grant services through a contract with the Oklahoma Insurance Department.

ASCOG AAA maintains the integrity and public purpose of OAA services while performing contract services.

OAA funds are not used in any part of the cost of contract services, including administrative cost.

Preference will not be given to contract services clients in receiving Title III services provided in the ASCOG area.

ASCOG will account for the contract services funds according to generally accepted accounting and auditing practices.

ASCOG will make available accounting and auditing practices of contract services activities for review by DHS Aging Services.

ASCOG conducts the following commercial services:

ENTITY	SERVICES	FUNDING SOURCE	COUNTY SERVED
ADvantage	**Case Management**	**Federal Title XIX**	**Caddo**
ADvantage	**Case Management**	**Federal Title XIX**	**Comanche**
ADvantage	**Case Management**	**Federal Title XIX**	**Cotton**
ADvantage	**Case Management**	**Federal Title XIX**	**Grady**
ADvantage	**Case Management**	**Federal Title XIX**	**Jefferson**
ADvantage	**Case Management**	**Federal Title XIX**	**McClain**
ADvantage	**Case Management**	**Federal Title XIX**	**Stephens**
ADvantage	**Case Management**	**Federal Title XIX**	**Tillman**

CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Caddo**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Comanche**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Cotton**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Grady**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**McClain**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Jefferson**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Stephens**
CENA	**Nutrition Assistance**	**OK Dept of Commerce**	**Tillman**
MFP	**Surveys**	**OK Health Care Authority**	**Caddo**
MFP	**Surveys**	**OK Health Care Authority**	**Comanche**
MFP	**Surveys**	**OK Health Care Authority**	**Cotton**
MFP	**Surveys**	**OK Health Care Authority**	**Grady**
MFP	**Surveys**	**OK Health Care Authority**	**McClain**
MFP	**Surveys**	**OK Health Care Authority**	**Jefferson**
MFP	**Surveys**	**OK Health Care Authority**	**Stephens**
MFP	**Surveys**	**OK Health Care Authority**	**Tillman**
MAP	**Medicare**	**OID**	**Harmon**
MAP	**Medicare**	**OID**	**Greer**
MAP	**Medicare**	**OID**	**Jackson**
MAP	**Medicare**	**OID**	**Kiowa**
MAP	**Medicare**	**OID**	**Tillman**
MAP	**Medicare**	**OID**	**Comanche**
MAP	**Medicare**	**OID**	**Stephens**
MAP	**Medicare**	**OID**	**Cotton**
MAP	**Medicare**	**OID**	**Jefferson**
MAP	**Medicare**	**OID**	**Garvin**
SMP	**Medicare**	**OID**	**Harmon**
SMP	**Medicare**	**OID**	**Greer**
SMP	**Medicare**	**OID**	**Jackson**
SMP	**Medicare**	**OID**	**Kiowa**
SMP	**Medicare**	**OID**	**Tillman**
SMP	**Medicare**	**OID**	**Comanche**
SMP	**Medicare**	**OID**	**Stephens**
SMP	**Medicare**	**OID**	**Cotton**
SMP	**Medicare**	**OID**	**Jefferson**
SMP	**Medicare**	**OID**	**Garvin**
MIPP	**Medicare**	**OID**	**Harmon**
MIPP	**Medicare**	**OID**	**Greer**
MIPP	**Medicare**	**OID**	**Jackson**
MIPP	**Medicare**	**OID**	**Kiowa**

MIPP	**Medicare**	**OID**	**Tillman**
MIPP	**Medicare**	**OID**	**Comanche**
MIPP	**Medicare**	**OID**	**Stephens**
MIPP	**Medicare**	**OID**	**Cotton**
MIPP	**Medicare**	**OID**	**Jefferson**
MIPP	**Medicare**	**OID**	**Garvin**
Masonic	**Unmet Needs**	**OMCF**	**Caddo**
Masonic	**Unmet Needs**	**OMCF**	**Comanche**
Masonic	**Unmet Needs**	**OMCF**	**Cotton**
Masonic	**Unmet Needs**	**OMCF**	**Grady**
Masonic	**Unmet Needs**	**OMCF**	**McClain**
Masonic	**Unmet Needs**	**OMCF**	**Jefferson**
Masonic	**Unmet Needs**	**OMCF**	**Stephens**
Masonic	**Unmet Needs**	**OMCF**	**Tillman**
MFP-LC	**Education/Training**	**OKDHS**	**Caddo**
MFP-LC	**Education/Training**	**OKDHS**	**Cotton**
MFP-LC	**Education/Training**	**OKDHS**	**Comanche**
MFP-LC	**Education/Training**	**OKDHS**	**Grady**
MFP-LC	**Education/Training**	**OHDHS**	**McClain**
MFP-LC	**Education/Training**	**OKDHS**	**Jefferson**
MFP-LC	**Education/Training**	**OKDHS**	**Stephens**
MFP-LC	**Education/Training**	**OKDHS**	**Tillman**

PART F. FINANCIAL MANAGEMENT PLAN

EXHIBIT 20. AREA PLAN BUDGET JUSTIFICATION

Use Section C of Resource Allocation Memo to Complete.

AREA AGENCY ON AGING			
			TOTAL
PERSONNEL			
AAA Director, Ken Jones			$33,012
AAA Accountant, Nancy Bluml			$18,520
I&A, Bethany Sullivan			$18,079
ASCOG Executive Director, Ronnie Ward			$2,840
ASCOG Financial Officer,Jerome Watts			$3,188
Tech Coordinator, Cindy Olis			$980
AAA Planner, Cathy Crockett			$19,992
Fringe			$53,678
TOTAL PERSONNEL/FRINGE		$150,289	
TRAVEL			
Staff			$11,000
Advisory Council and Advocacy volunteer travel			$4,000
TOTAL TRAVEL		$15,000	
EQUIPMENT			
TOTAL EQUIPMENT			$0.00
OTHER			
Professional Dues			$2,000
Registration			$ 2,500
Printing			$2,800
Contract Services			$20,000
Telephone			$3,500
Consumable supplies			$2,000
Postage			$1,500
TOTAL OTHER COST	$21,800		
INDIRECT COSTS		**$37,456**	

	TITLE III FUNDING	GRANTEE	TOTAL
TOTAL AAA COSTS	$211,746	$12,799	$224,545

FINANCIAL MANAGEMENT PLAN

EXHIBIT 21. OMBUDSMAN BUDGET JUSTIFICATION

AREA AGENCY ON AGING		
		TOTAL
PERSONNEL		
OMBUDS VOLUNTEER SUPERVISOR I ($27,739) Darin Terry	$23,901	
OMBUDS VOLUNTEER SUPERVISOR II Ruben Sotelo ($29,106)	$25,865	
FRINGE	$29,857	
TOTAL PERSONNEL/FRINGE	$85,598	
TRAVEL		
OMBUDS VOLUNTEER SUPERVISOR I	$3,000	
OMBUDS VOLUNTEER SUPERVISOR II	$3,000	
Volunteer Ombudsmen	$4,000	
TOTAL TRAVEL	$10,000	
EQUIPMENT		
TOTAL EQUIPMENT		$0.00
OTHER		
TOTAL OTHER COST		$0.00
INDIRECT COSTS **	**$17,120**	

	TITLE III FUNDING	GRANTEE	TOTAL
TOTAL AAA COSTS	$96,863	$5,855	$102,718

*Use Exhibit 25 OKDHS Job Family Descriptors for Ombudsmen Provided in this FMP.
Direct Costs **may not be included in Indirect Costs.

FINANCIAL MANAGEMENT PLAN

EXHIBIT 22. SUMMARY OF PROCESS USED TO AWARD FUNDS

Use this section to comply with Title III OAC Policies 340:105-10-33, 101, and 40 requiring documentation of the AAA's Process Used to Award Funds.

ASCOG AAA prepares a request for proposals package for all available services. The RFP package is submitted to DHS Aging Services for approval. The services are packaged into three bundles of services. The first bundle is for legal aid services. The second is for nutrition services. The third is for supportive services. Each provider is required to serve all eight counties for all services in their service bundle.

The RFP is published in three area newspapers, one in Lawton, one in Duncan and one in Chickasha. The RFP is published on two different dates, at least three weeks prior to the deadline for proposals. A mandatory proposers' conference is also held. All technical assistance is provided by email or in conference with all applicants to ensure fairness. Proposals are reviewed and scored by the executive committee of the ASCOG AAA Advisory Council. The scores and recommendations of the executive committee are then submitted to the full advisory council for review and comment. The recommendations of the advisory council are then presented to the ASCOG Board of Trustees.

Documentation of the publishing of the RFP is maintained by the ASCOG Director of Administration.

The scoring process is done in open forum during a public meeting.

An appeals process is conducted should an applicant wish to appeal the decision of the RFP process.

Should a proposal not be accepted by the ASCOG AAA Advisory Council or the Board of Trustees, then the proposal will be sent a letter of rejection.

In the event no proposals are accepted and approved by ASCOG, then a new Request for Proposal is submitted. During the secondary RFP, teleconferencing will be allowed for the proposers' conference to allow for companies outside of the ASCOG PSA to attend via teleconference.

FINANCIAL MANAGEMENT PLAN

EXHIBIT 23. NEGOTIATED AGREEMENT FOR INDIRECT COSTS

Certificate of Indirect Cost

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

All costs included in this proposal [identify date] to establish billing or final indirect costs rates for [identify period covered by rate] are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A 87,"Cost Principals for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with the applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of cost have been accounted for consistently and the federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Government Unit:_____

Signature:_____

EXHIBIT 24. INDIRECT COST RATE PROPOSAL

ASCOG's indirect costs are calculated by using the OMB Circular A-87 guidelines outlined in Attachment E. Indirect costs are allocated by using a predetermined budgeted rate which is calculated yearly. The indirect rate is calculated by taking budgeted indirect costs and dividing them by the modified total direct cost base – modified total direct cost excludes pass-through funding, in-kind expenses, and participant salaries. Indirect costs are allocated to our grant programs each month using actual indirect costs and actual modified total direct costs. Additionally, we use a fiscal year to date allocation each month to ensure that indirect costs are distributed evenly across all twelve months.

(Submit Indirect Cost Rate Proposal as a separate document in Part G. Appendices.)

EXHIBIT 25. OKDHS JOB FAMILY DESCRIPTORS FOR OMBUDSMAN

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Adult Protective Services Specialist I	$2,275.24 - $2,717.04	$27,302.88 - $ 32,604.48	$2,944.68	$3,680.86
Adult Protective Services Specialist II	$2,516.38- $2,987.02	$30,196.56- $35,844.24	$3,237.38	$4,046.72

OKDHS data as of Oct 16, 2013 thru Jan 15, 2014.

See OAC policy 340:105-11-249 and 340:105-11-250.

Revised 1/28/2014

Director, Supportive Services Division

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

Duties and Responsibilities:

1. Provide leadership and advocacy on behalf of all older persons within the planning and service area for which ASCOG is responsible.

2. Supervise, coordinate, evaluate and monitor all other ASCOG administered aging programs, staff and activities to include managed care services.

3. Assume full responsibility for all functions of the ASCOG-administered aging programs within the guidelines and regulations of the Older Americans Act and other federal and state agencies.

4. Establish measurable program objectives and priorities for implementation of the Area Plan, in keeping with the objectives established by the state agency.

5. Establish and maintain an Area Agency on Aging (AAA) Advisory Council. Provides data and pertinent information on the elderly in the planning and service area.

6. Coordinate the activities of the AAA, to include managed care services, with other agencies involved in delivery of services for the elderly and pool available but untapped resources of public and private agencies in order to strengthen or initiate new services for older persons.

7. Maintain liaison with the Special Unit on Aging of the Oklahoma Department of Human Services and other applicable state and federal agencies.

8. Serve as a consultant to community organizations and agencies on program development, techniques of working with older people, sources of program support and the solution of special problems.

9. Promote good public relations through public speaking and through effective relationships with mass media personnel.

10. Perform or supervise administrative functions necessary for the AAA's operation, such as record keeping and budgeting.

11. Conduct periodic public hearings concerning the needs of the elderly.

12. Provide training and technical assistance to Title III project staff under the Area Plan on a regular basis.

13. Negotiate grants and contracts for various programs for the elderly.

14. Chair the ASCOG personnel committee. Recommend personnel policies and procedures consistent with state and federal laws and good management practices. Assure fairness of policies and implementation.

17. Serve as Equal Opportunity Officer for the organization.

18. Perform other duties as assigned.

Skills and Knowledge:

Considerable knowledge of (1) modern methods and principles of planning for older citizens, (2) the basic principles of administration, (3) community services and organizations concerned with older citizens and their interrelationships and (4) the demographic, environmental, social and economic characteristics of the State.

Ability to (1) enlist and support of diverse groups within local communities, (2) mobilize latent community support, including cooperation of the mass media, professional groups and industrial development commissions, (3) plan, organize and coordinate activities of local committees on aging for the development and promotion of community education and planning programs, (4) supervise and train professional and non-professional workers, (5) summarize factual data succinctly and to present it in writing and speeches so that it is clearly understood by State and community leaders. (6) prepare reports and (7) use sound judgment in evaluating administrative problems, situations and in making effective recommendations.

Considerable knowledge of government functions, local and regional planning process, evaluation of needs, and implementation of solutions.

Education and Experience:

A degree from an accredited college or university with major course work in any of the following fields: public administration, planning, community organization, social work, social sciences, adult education, public health, human relations, gerontology, or related field. (A graduate degree is preferred.) Three years of responsible full-time paid employment in a public agency, hospital, community agency or other closely related area of social services in a supervisory or administrative capacity

OR

One (1) year of qualifying experience may be substituted for each year of required education with a maximum substitution of two (2) years.

Salary Range:

Grade 80: $43,642 - $58,567

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Programs Manager	$3,926.38-$4,434.80	$47,116.56-$53,217.60	$4,795.85	$5,994.81

Planner II

Under the general supervision of the Area Agency on Aging (AAA) director, assists in carrying out the responsibilities and functions of the AAA with particular emphasis on area plan development, project monitoring, and resource development.

Duties and Responsibilities:

1. Provides for systematic data collection and analysis of the needs of the elderly in the planning and service area (PSA), including the special needs of the low income, low-income minority, and frail or disabled elderly.

2. Conducts analyses of the service system and identifies gaps in same.

3. Develops area plan goals and objectives based on results of the activities listed above, as well as on state and federal program mandates.

4. Disseminates information to elected officials, local governments, community businesses, media representatives, and the general public regarding the needs of the elderly in the PSA.

5. Monitors and assesses funded programs and projects. May develop and revise assessment tools for this purpose.

6. Coordinates AAA activities with other agencies and organizations involved in the delivery of services to the elderly.

7. Works to broaden public support of services to the elderly via coalition building and other appropriate activities.

8. Conducts and arranges training for project staff, community agencies or organizations, and volunteers.

9. May supervise other AAA staff.

Knowledge and Skills:

Knowledge of: needs assessment methodologies; federal, state, and local government regulations affecting aging programs; and community organization principles.

Skills in: grant-writing; personal computer; effective communication; organizing; public speaking; and leadership.

Education and Experience:

A baccalaureate degree from an accredited college or university with major course working planning, social work, adult education, public health, human relations, gerontology, or related field. Two years of responsible full-time, paid employment in any of these fields. No substitution of work experience is allowed for the baccalaureate degree;

OR

An equivalent combination of education substituting one year of graduate study for the one year of experience. Experience Requirement:

Special Requirements:

Must: possess ability and willingness to perform job-related travel; and maintain participant confidentiality.

Salary Range:

Grade 48: $26,502 - $44,170

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Planning Coordinator	$2,208.51-$3,680.86	$26,502-$44,170	$2,944.68	$3,680.86

Information & Assistance/Aging Specialist

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

Duties and Responsibilities:

a. Works under the direct supervision of the Area Agency Director, obtaining data, answering the telephone and responding to requests for information and referral.

b. Knows the minimum requirements of the AOA for I and R services and assures compliance with them.

c. Responsible for resource data collection and proper maintenance and updating of resource materials and files.

d. Maintains contact with the public, including resource agencies and aging programs.

e. Compiles and submits reports.

f. Conducts publicity campaigns to publicize the service.

g. Recruits and trains volunteers for advocacy outreach and follow-up.

h. Is knowledgeable about the general functions of the AAA, performs other duties and responsibilities to help support the AAA and staff.

i. Individual must become certified and have the ability to administer and work with the Older Americans Act Assessment

j. Develops handouts and/or brochures.

k. Provides literature to community groups and aging programs.

l. Informs AAA staff regarding gaps in services.

m. Must be intake/screener certified in the use of OKDHS Form AF-2-A, Older Americans Act Assessment; maintain client confidentiality/ and be willing and able to perform job-related travel.

n.. Serves as ASCOG Public Information Officer.

o. Attends Trustee meetings and writes press releases.

p. Performs other duties as assigned by the AAA Director and Executive Director.

Education and Experience:

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

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

Salary Range:

Grade 48: $20,801 - $27,739

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Public Information Officer /I&A	$2,542.65-$2,717.04	$30,511.80-$32,604.48	$2,944.68	$3,680.86

Ombudsman Supervisor

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

Duties and Responsibilities:

1. Recruits, screens, trains and supervises ombudsman volunteers, using guidelines provided by State Ombudsman staff.

2. Publicizes the services of the Ombudsman Program and issues affecting older residents of long-term care facilities through media releases, public speaking and other means.

3. Coordinates with State Ombudsman staff in complaint investigation and resolution, identification of priority issues and certification of new ombudsman volunteers.

4. Maintains confidentiality of files and other information pertaining to complaints and complainants.

5. Keeps Director informed of the current situation and needs at the local level, recommends plans for meeting needs, and advises him/her of resources required for their implementation.

6. Is available to residents of long-term care facilities in the PSA, visiting each facility regularly and working cooperatively with administrators and staff.

7. Serves as a consultant to community organizations and agencies on issues and needs affecting older long-term care facility residents, techniques of working with these older people, and the solution of special problems. Offers education to facility staff through in-service training and technical assistance.

Education and Experience:

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

OR

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

Salary Range:

Grade 47: $23,441 - $31,277

Accountant II/Resource Management/Area Agency On Aging

Works under general supervision of the Director of Resource Management and coordinates with the AAA Director, performs accounting work for the Association and Area Agency on Aging; performs related work as required.

Duties and Responsibilities:

15. Reviews AAA vendor invoices and travel claims for accuracy and classifies the expenditures according to the budget and chart of accounts. Processes monthly subgrantee vouchers and prepares monthly distributions to subgrantees.

16. Creates and maintains project expenditure reports for AAA grants. Reports to grantor agencies and management on the financial activities and status of grants.

17. Makes regular on-site visits to AAA sub-grantees to monitor financial activities, record keeping, and compliance. Attends annual audits for subgrantees, if requested. Serves as the AAA financial resource at Advisory Council meetings.

18. Reviews financial reports submitted by AAA sub-grantees to ensure accuracy. Compiles sub-grantee reports for submission to grantor agency.

19. Provides technical assistance in accounting and bookkeeping functions to sub-grantees on a regular and continuing basis to resolve financial, personnel, and policy issues. Reviews subgrantees preparation of budget and develops AAA Admin budget.

20. Serves as Accounts Receivable Clerk. Receives and codes all receipts into the agency including recording transactions in the computer system and preparing daily bank deposits.

21. Serves as Inventory Clerk. Coordinates furniture and equipment inventory and maintains official inventory listing.

22. Conducts and arranges for training of project staff.

23. Monitors and assesses funded programs and projects. May develop and revise assessment tools for this purpose.

24. Assists the AAA director in development of the Area Plan.

25. Assists the AAA director in the administration of the Community Expansion for Nutrition Assistance (CENA) grant.

12. Performs other related work as required and assigned.

Skills and Knowledge:

General knowledge of professional accounting theory and practice; of elementary auditing principles and methods; of office procedures and methods; of professional accounting terminology and phraseology; of standardized records, reports; of arithmetical computation of analytical and evaluation procedures. Knowledge of Federal Standards.

Ability to establish and maintain satisfactory and effective working relationships with others; to follow relatively complex and difficult oral and written instruction and/or accounting procedures; all as evidenced by an investigation and/or an oral interview.

Education and Experience:

Graduation from an accredited college or university with a Bachelors' Degree in accounting or a Bachelors' Degree in business, finance or a closely related field. Substitution of work experience in accounting field of at least four years may be allowed for the Bachelor's degree.

Salary Range:

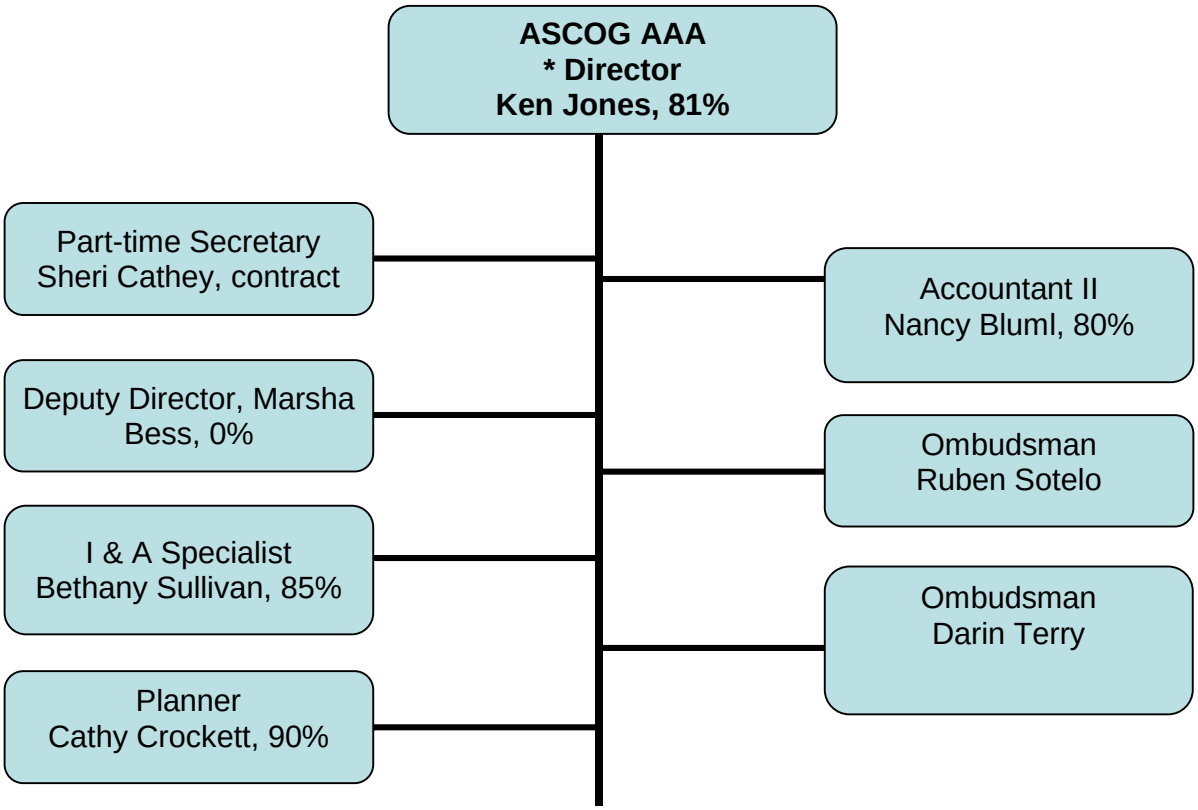
Grade 58: $25,803 - $34,411

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Accountant II/AAA Accountant	$2,968.56-$3,143.08	$35,622.72-$37,716.96	$3,237.38	$4,046.72

PART G. AREA PLAN APPENDICES

1. Organizational Chart- AAA
2. Organizational Chart- Sponsoring Agency
3. Area Agencies on Aging Responsibilities
4. AAA Advisory Council
5. AAA Advisory Council Schedule of Meeting & Training Dates
6. AAA Board of Directors
7. AAA Board of Directors Schedule of Meeting Dates
8. Training Schedule- AAA Staff and Annual Project Training
9. Administration for Community Living Strategic Goals 2013-2018
10. Designated Focal Points
11. Aging Program Output Narrative
12. Projected Aging Program Output Numerical
13. Demographics of Older Persons in PSA
14. List Non-Title III Services in PSA
15. Current Poverty Guidelines
16. Management Plan Form for AAA Goals and Objectives
17. Management Plan Narrative
18. Indirect Cost Rate Proposal
19. Public Hearing Summary and Changes, if any made to AP
20. Advisory Council Summary and Changes, if any made to AP
21. AAA Board of Directors Summary and Changes, if any made to AP

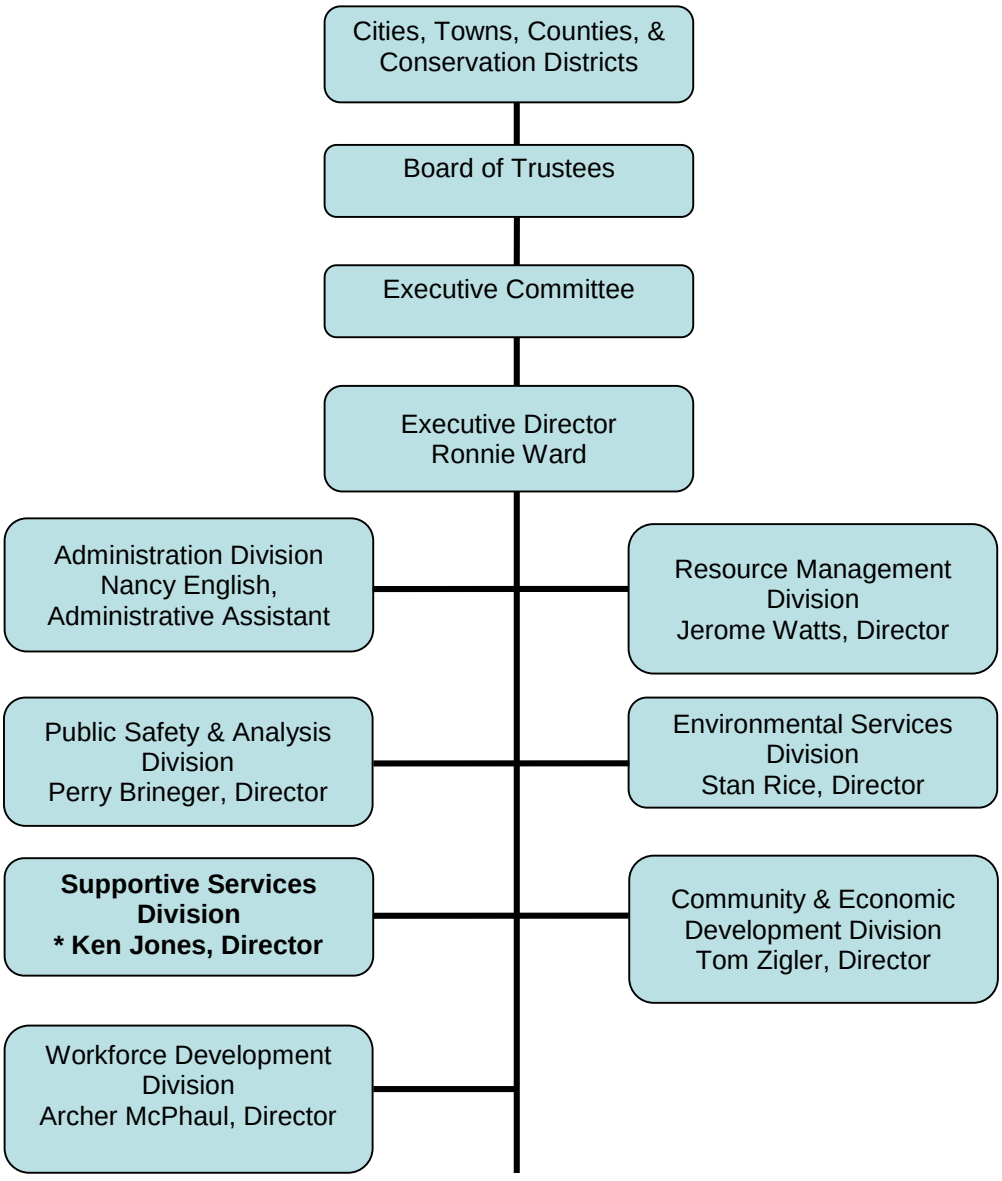
APPENDIX 1. ORGANIZATIONAL CHART- AAA



*** Same person is ASCOG Supportive Services Division Director**

APPENDIX 2. ORGANIZATIONAL CHART- SPONSORING AGENCY

Association of South Central Oklahoma Governments Organizational Chart



*** Same person is ASCOG Area Agency on Aging Director**

APPENDIX 3. AREA AGENCIES ON AGING RESPONSIBILITIES

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

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

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

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

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

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

APPENDIX 4. AREA AGENCY ON AGING ADVISORY COUNCIL

Composition of Advisory Council

Total Members Advisory Council	Total Minority	Total with Disabilities	Total Caregivers	TOTAL Age 60+	Advisory Council Members Who Are Age 60 Or Older						
					BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/Disabilities Age 60+	LOW INCOME Age 60+	Participants Age 60+
22	2	2	1	24	1	0	0	1	2	2	24

Name	Address/Phone Number	County Represented
Marlene Walker	4622 Walker Road Hinton, OK 73047 405.929.0324 (cell) 405.542.3370 marmax1@hintonet.net	Caddo
Thelmer Hutcheson	11 Goldenrod Way Lawton, OK 73507 580.585.0677 (cell) 580.529.3046 (home) jeanthel@gmail.com	Comanche
Charley Maguire	23393 NE North Drive Fletcher, OK 73541 580.549.6470 ccmaguire@tds.net	Comanche
Karolyn Anders	127 NE Cimarron Lawton, OK 73507 580.351.8039 (cell) bkanders@fidnet.com	Comanche
Louise Hamilton	518 E. California Walters, OK 73572 580.695.5068 (home)	Cotton
Loretta Jackson	322 E Dakota Avenue Chickasha, OK 73018 405.224.5297 (home) lyjackson1@suddenlink.net	Grady
Dorothy Moore	PO Box 95 Ryan, OK 73565 580.757.2730 (home) DotM@att.net	Jefferson

Rubye Benson	804 Hillcrest Drive Waurika, OK 73573 580.228.2087 (home) 580.228.2080 (office) rubye79@sbcglobal.net	Jefferson
Lewie Jeffries	PO Box 742 Washington, OK 73093 405.760.1282	McClain
Rowena Scott-Johnson	22157 220th Street Purcell, OK 73080 405.818.9659 (cell) 405.527.0853 (home) rojohn2@gmail.com	McClain
Sandy Stewart	911 West Walnut Duncan, OK 73534 580.255.3644	Stephens
Haljean Gillispie	2912 West Walnut Duncan, OK 73533 580.656.3805 (cell) 580.475.0354 (home) haljean@sbcglobal.net	Grady, Jefferson, McClain & Stephens
Charles Watson	1525 W. Mississippi Avenue Chickasha, OK 73018 405.222.1637 (home) 405.222.8195 okieparson@att.net	Grady
Merlene Rust	PO Box 620 Rush Springs, OK 73082 405.820.6649 (cell) 580.476.3103 (office) merlenerust@yahoo.com	Grady & McClain
Ray Merchant	PO Box 322 Ninnekah, OK 73067 405.779.1817 (cell) 405.224.1391 (home) raymerchant@wichitaonline.net	Grady & McClain
(Vacant)		Comanche, Cotton & Tillman
John Kusel	PO Box 370 Fort Cobb, OK 73038 580.759.6038 (cell) kusellim@sbcglobal.net	Caddo
Vacant		Caddo

Katie Ebner	Gentiva Health Services 2210 W Gore Blvd, Suite 3 Lawton, OK 73501 580.248.9998 (office) katie.ebner@gentiva.com	Comanche
Lauren Ellis	United Way of Southwest Oklahoma PO Box 66 Lawton, OK 73502 580.355.0218 (office) Lauren.ellis@uwsok.org	Comanche
Tara McGovern	Stephens County United Way PO Box 1632 Duncan, OK 73534 580.255.3648 (office) tmcgovern@unitedwayofsc.org	Stephens
Oleta Butler	Respite Caregiver Program 2 SE Lee Blvd. Lawton, OK 73501 580.512.7758 (office) rcp@gpif-caa.org	Comanche
Watha Shanks	920 S 13th St Frederick, OK 73542 580.335.5177 (home)	Tillman
Jalmer “Bo” Fallon	7511 NW Wycliff Lane Lawton, OK 73505 Jalmer.Fallon@sbcglobal.net (personal) jfallon@fidmail.com (business)	Comanche

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

The membership of the council includes all members of the South Central Oklahoma caucus of the Silver Haired Legislature and the alternates, the ASCOG AAA representative to the state council on aging and three other members from each county as selected by mayoral, county commissioner representatives and members at large.

The advisory council is responsible for advising the ASCOG AAA in developing and administering the area plan, conducting public hearings,

representing the interests of older persons and reviewing and commenting on all community policies, programs and actions which affect older persons to ensure the maximum coordination of services to older Oklahomans in the ASCOG planning service area (PSA).

Advisory Council members cannot be members of boards or staff of Title III projects, ASCOG staff or board members, or DHS staff. If an advisory council member becomes a party to an applicant for a Title III grant, they will abstain from voting on grant funding. If awarded the grant, they will no longer be on the advisory council.

Vacancies in AAAAC membership are filled by providing nominations to the county commissioner or mayoral representative on the ASCOG board. ASCOG has minority representatives on the board who provide input into AAAAC recruitment. ASCOG is currently recruiting a Hispanic member of the AAAAC as a Stephens county mayoral representative appointee.

Advisory council membership also includes elected or appointed members of the ASCOG Oklahoma Silver Haired Legislature. Acting OSHL representatives and senators are voting members while their alternates are non-voting members.

Advisory council membership is also extended to tribal senior program representatives as non-voting members. They can be voting members if appointed by a board member or elected to the OSHL.

APPENDIX 5. ADVISORY COUNCIL SCHEDULE OF MEETING DATES

September 13, 2016
December 13, 2016
March 14, 2017
June 13, 2017

All meetings are scheduled to be held at 10:00 a.m. at the Red River Technology Center, Jerry D. Morris Business and Industry Service Center, 3300 W. Bois D'Arc, Duncan, OK 73533. The Red River Technology Center is ADA accessible.

New member and annual training is provide annually before and during the March advisory council meeting. The SFY17 annual training for new members will be at 9:00 a.m. on March 14, 2017. The annual training for all members will be conducted as a part of the March 14, 2017 advisory council meeting.

APPENDIX 6. AREA AGENCY ON AGING BOARD OF DIRECTORS

Composition of the Board of Directors

Total Members Board Of Directors	Total Minority	Total with Disabilities	TOTAL Age 60+	Board Members Who Are Age 60 Or Older						
				BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/DISABILITIES Age 60+	LOW INCOME Age 60+	Participants Age 60+
37	6	2		2	1	0	0	2	0	2

Name	Address/Phone Number	County Represented
Randy McLemore	PO Box 1427 Anadarko, OK 73005 405.247.3105 (office) 405.933.0822 (cell) caddod2@sbcglobal.net	Caddo
Steve De Vaughan	PO Box 481 Binger, OK 73009 405.687.0883 (cell) sdevaughan@bop.gov	Caddo
Carlos Squires	RR 1, Box 101 Carnegie, OK 73015 405.643.5102 (office) 580.774.9500 (cell)	Caddo
Robert Crews*	PO Box 307 Apache, OK 73006 580.588.2075 (home) 580.695.4671 (cell) carolcrews@pldi.net	Caddo
Johnny Owens	315 SW 5th Street Lawton, OK 73501 580.353.3717 (office) 580.678.0884 (cell)	Comanche
Dick Herrin* Secretary	PO Box 197 Fletcher, OK 73541 580.549.6550 (office) 580.591.1934 (cell) dh9743@att.net	Comanche

Jerry Pettijohn	14322 NE 225th Fletcher, OK 73541 580.353.0532 (office) 580.695.3737 (home)	Comanche
Johnny Carroll	Cameron University 2800 West Gore Blvd Lawton, OK 73505 580.581.2335 (office)	Comanche
Edward Eschiti* Treasurer	301 North Broadway Walters, OK 73572 580.875.3026 (office) 580.875.3852 (office) 580.512.7688 (cell)	Cotton
Ron Dinger	PO Box 144 Devol, OK 73531 580.299.3393 (home) arriva48@aol.com	Cotton
Weston Hoodenpyle	PO Box 179 Walters, OK 73572 580.875.2323 (office) 580.585.1881 (cell)	Cotton
Gerald Hayes	622 Washington Street Walters, OK 73572 580.591.1135 (cell) 580.875.2074 (home) grhayes@netzero.com	Cotton
Mike Lennier *	326 W Choctaw Chickasha, OK 73018 405.224.5211 (office) 405.224.2184 (office) gradydist2@yahoo.com	Grady
Christie Rainey	PO Box 146 Pocasset, OK 73079 405.459.6737 (home) 405.320.0032 (cell)	Grady
Gene Overton	PO Box 544 Minco, OK 73059 405.224.2172 (office) balermanok@sbcglobal.net	Grady
Michael Nealeigh	1727 West Alabama Chickasha, OK 73018 405.574.1324 (office) mnealeigh@usao.edu	Grady

Billy Kidd	220 N Main Waurika, OK 73573 580.228.2241 (office) 580.228.2303 (office) 580.467.8216 (cell) billykidd.jeffco1@gmail.com	Jefferson
Jim Bernard	1406 North Meridian Waurika, OK 73573 580.228.2713 (office) 580.313.0041 (cell) loganbob17@sbcglobal.net	Jefferson
Royse Reagan* 2nd Vice President	21616 E 2110 Road Terral, OK 73569 580.228.2760 (office) 580.437.2544 (home) reagoil@aol.com	Jefferson
J.C. Awtrey	PO Box 418 Ringling, OK 73456 580.662.2218 (home)	Jefferson
Charles Foster* 1st Vice President	PO Box 629 Purcell, OK 73080 405.527.3117 (office) 405.485.3388 (office) mcdist3@pldi.net	McClain
Marion “Bo” Cail	PO Box 263 Byars, OK 74831 405.783.4255 (office) 405.650.4469 (cell) boandmarla@gmail.com	McClain
Gaylon Gray	1222 Cambridge Circle Purcell, OK 73080 405.527.3452 (office) 405.642.3513 (cell) gandjgray@hotmail.com	McClain
Ronnie Nelson	100 East Center Road Goldsby, OK 73093 405.288.6675 (office) 405.570.8399 (cell)	McClain
Dee Bowen	PO Box 124 Comanche, OK 73529 580.255.4193 (office) 580.439.2206 (office)	Stephens
Sammy Richardson	3703 Hwy 29 Marlow, OK 73055 580.467.8267 (cell) richardsonfarms@rocketmail.com	Stephens

Max Gallaway*	Rt 2, Box 157E Marlow, OK 73055 580.255.0510 (office) 580.255.5420 (home) maxgallaway@gmail.com	Stephens
Dale Davis	PO Box 1307 Chickasha, OK 73023 405.222.0550 (office) ddavis@chickashabank.com	Stephens
Jimmie Smith	21532 County Road Tipton, OK 73570 580.335.2156 (office) 580.335.3421 (office) jcamps@pldi.net	Tillman
Eddie Whitworth	PO Box 399 Frederick, OK 73542 580.335.7551 (office) 580.335.2590 (office)	Tillman
Terry Wyatt* President	23007 Crew 184 Hollister, OK 73551 580.335.3630 (office) 580.335.1907 (cell) wyatt@pldi.net	Tillman
Mary Hasenmyer	1021 W 7th Grandfield, OK 73546 580.335.1384 (cell) m_hasenmyer@hotmail.com	Tillman
Fred Fitch Mayor of Lawton	212 SW ~~4th~~ 9th Street Lawton, OK 73501 580.581. 4792 (office) ffitch@cityoflawton.ok.us	Comanche
James Dorn Minority Rep	PO Box 211 Chickasha, OK 73023 405.224.0797 (home) 405.274.5263 (cell)	Caddo & Grady
Terri Parton Tribal Rep	WCD Tribal Group PO Box 729 Anadarko, OK 73005 405.247.8601 Terri.parton@wichitatribe.com	Caddo
Pedro S. Guevara	PO Box 121 Tipton, OK 73570 580.667.5424 (home) 580.471.5522 (cell)	Cotton, Jefferson & Tillman

Marcel Gigger*	1206 S 3rd Duncan, OK 73533 580.252.3931 (home) 580.255.6954 (cell)	McClain & Stephens
Tribal Representative	PO Box 825 Anadarko, OK 73005	Wichita, Caddo & Delaware Tribes
Tribal Representative	PO Box 885 Lawton, OK 73502 580.248.6300 (office) kcailuc@sbcglobal.net	Kiowa, Comanche & Apache Tribes

* denotes member of executive committee

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

APPENDIX 7. AAA BOARD OF DIRECTORS SCHEDULE OF MEETING DATES

Full Board Meetings:

September 15, 2016
December 15, 2016
March 16, 2017
June 15, 2017

All meetings are scheduled to be held at 6:30 p.m. at the Red River Technology Center, Jerry D. Morris Business and Industry Service Center, 3300 W. Bois D'Arc, Duncan, OK 73533. The Red River Technology Center is ADA accessible.

APPENDIX 8. TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

New Hire Orientation and Annual Training
(See OAC Policy 340:105-10-44)

New Hire Orientation/Annual Training for SFY 2015				
AAA/Project	**Staff Name**	**Date of Training**	**Training Topic**	**# Hrs**
ASCOG AAA	Ken Jones Jordan Grooms Nancy Bluml	March 12	AIM Data Entry Training	2
MaddieLuke	Kirsten Gothard Pete Goldring Laura Goldring	March 12	AIM Data Entry Training	2
Delta	Sandy Leal	March 12	AIM Data Entry Training	2
ASCOG AAA	Ken Jones Kaylee Price	March 17	Project Director Training Program Reports Title III Policy Intake Forms & Referrals Confidentiality Staff Training Aging Services Network	4
MaddieLuke	Laura Goldring	March 17	Project Director Training Program Reports Title III Policy Intake Forms & Referrals Confidentiality Staff Training Aging Services Network	4
Delta Nutrition	Rhonda David	March 17	Project Director Training Program Reports Title III Policy Intake Forms & Referrals Confidentiality Staff Training Aging Services Network	4
ASCOG AAA	Ken Jones Kaylee Price	March 26	Nutrition In-Service Training Site Assessments Intake forms Title III Policy Program Reports	3
Delta Nutrition	Sheila Morris	March 26	Nutrition In-Service Training	3

	Bobbie McDonald Sharlet Hall Karen Fulmer Edna Keele James Hammond Cheris Brown Deborah Hunter Angely Halye Tonja K Tisdel Lillie Chaffin Brenda Clark Brenda Worley April Houston Mary Rogers D. J. Powell Shirley Pattison Landra Colbert Joannie Sutton Dianne Klenk Maria Luna Harold Irby Deborah James Sue Boswell Sandy Leal Brenda Yackeshi Ella Sha Rebecca Briggs Karen Bruce Judie W Rhonda David		Site Assessments Intake forms Title III Policy Program Reports	
Delta Nutrition	Deborah James	April 20	Outreach, Intake, Update and OAA training.	6
MaddieLuke	Carla Davenport	April 20	Outreach, Intake, Update and OAA training.	6
Delta	Tonja K. Tisdel	April 20	Outreach, Intake, Update and OAA training.	6
ASCOG AAA	Jordan Grooms	April 20	Outreach, Intake, Update and OAA training.	6
Delta	Dawn McLoud	April 20	Outreach, Intake, Update and OAA training.	6
ASCOG AAA	Kaylee Price	April 20	Outreach, Intake, Update and OAA training.	6
ASCOG AAA	Ken Jones Kaylee Price Jerome Watts	June 18	Annual Training Day Older Americans Act Aging Network	7

	Nancy Bluml Jordan Grooms Vonn Saltzman		General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	
Delta Nutrition	Sue Sales April Houston Donna Bennett Rene Hanner Braney Winley Brenda Clark Deborah James Rebecca Briggs Landra Colbert Cathy Nix James Hammond Linda Nichols Lanna Nichols David Tutt DJ Powell Di Klenk Sandy Leal Donna James Maura Dixon Linda McFarland Twila Locke Karen Fulmer Maria Luna Betty Thrash Linda Powers Peach White Lawanna Burns Lowery Ewing Angela Halye Lillie Chaffin Joannie Sutton Art Hopwood Lona Sckuerman Shirley Pattison	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7

	Pearl Taylor Rachel Wooten Stacey Pruitt Tonja Tisdale Vickie Kirkland Brenda Worley Bobbie McDonald Carla Prestwich Sue Boswell Cindy Yoder Dawn McLoud Carol Lambert Heather Darnell Tiffany Cochran Anna Laurence Rhonda David Glenda Fisher Mary Rogers Brenda Yackeshi Sharlet Hall Dana Fulmer Millie Rabine Ellen Young Donna Weed Leslie Toehay Tommy Williams Ann Kennah Sheila Morris Jodie Cargile Cheris Brown			
Minco	Carolyn Hines DeAnn Campbell	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
Temple Nutrition	Joe Keaton	June 18	Annual Training Day	7

			Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	
MaddieLuke	Kirsten Martin Carla Davenport Pete Goldring Laura Goldring	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
Grandfield ISC	Rachel Berry Karen Fergerson	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
Center for Creative Living	Brenda Russell Lorene Miller	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards	7

			Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	
Cyril Nutrition	Bill Patterson Ann Meyers	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
Tipton ISC	Loyce Lawson Barbara Brooks	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
Tuttle ISC	Debra Smith	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl.	7

			Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	
LASO	Kade McClure	June 18	Annual Training Day Older Americans Act Aging Network General Title III Svce Standards Service Specific Standards Mental Health in Older Adults Oklahoma Ctr. Poison Ctrl. Title III Policy & Procedures Disaster Preparedness Anti-bullying policy Program & fiscal reports Assessment Procedures AIM Data entry Resource Directory	7
ASCOG AAA	Ken Jones Bethany Sullivan Cathy Crockett Nancy Bluml	September 16	Older Americans Act NAPIS data AIM Manual	3
MaddieLuke	Sammie Copeland	September 16	Older Americans Act NAPIS data AIM Manual	3
ASCOG AAA	Ken Jones Cathy Crockett	November 12	Intake/Update Training Older American Act Title III policy Outreach Objectives Overview of Outreach Committee process Intake forms Referral Process AIM Review	6
Delta Nutrition	Deborah Hunter Joe Harris Linda Powers Sharlet Hall Cindy Hale Pamela Lovell	November 12	Intake/Update Training Older American Act Title III policy Outreach Objectives Overview of Outreach Committee process Intake forms Referral Process	6

			AIM Review	
Temple	Dede Baze	November 12	Intake/Update Training Older American Act Title III policy Outreach Objectives Overview of Outreach Committee process Intake forms Referral Process AIM Review	6
Tipton	Barbara Brooks Loyce Lawson	November 12	Intake/Update Training Older American Act Title III policy Outreach Objectives Overview of Outreach Committee process Intake forms Referral Process AIM Review	6

*Required training topic

**List all trainings attended

APPENDIX 9. ADMINISTRATION FOR COMMUNITY LIVING (ACL) STRATEGIC GOALS

All Americans-- including people with disabilities and older adults—should be able to live at home with the supports they need, participating in communities that value their contributions. To help meet these needs, the U.S. Department of Health and Human Services (HHS) created a new organization in 2012, the Administration for Community Living (ACL). This is ACL's first strategic plan, encompassing many of the efforts and achievements of ACL's two major components—the Administration on Aging and the Administration on Intellectual and Developmental Disabilities. ACL is charged with working with states, tribes, community providers, universities, nonprofit organizations, businesses and families to help older adults and people with disabilities live in their homes and fully participate in their communities. The ACL Strategic Plan established five goals that support their mission: *Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.*

ACL Strategic Goals 2013-2018

Goal 1: Advocacy

Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.

Goal 2: Protect Rights and Prevent Abuse

Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

Goal 3: Individual Self-Determination & Control

Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Goal 4: Long-Term Services and Supports

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

Goal 5: Effective and Responsive Management

Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

ACL Strategic Plan is available online at www.acl.gov

APPENDIX 10. DESIGNATED FOCAL POINTS

Focal Point Designation				
Focal Point Name, Address, and Phone Number	**Independent Senior Center**	**Title III Senior Center**	**CAP Agency**	**Other (church, library, courthouse, etc.)**
Alex Community Center, PO Box 243, Alex, OK 73002, 405.785.9103	X			
Alfalfa Community Center, PO Box 148, Carnegie, OK 73015, 580.637.2276	X			
Amber Community/Senior Center, PO Box 3, Amber, OK 73004, 405.222.2175	X			
Binger Community Center, PO Box 184, Binger, OK 73010, 405.656.9255	X			
Blanchard Senior Citizens Center, PO Box 628, Blanchard, OK 73010, 405.485.9260	X			
Bradley Community Center, PO Box 87, Bradley, OK 73011, 405.462.7595	X			
Bray Senior Citizens Center, 1014 S. Brooks, Marlow, OK 73055, 580.658.2709	X			
Cache Community/Senior Citizens Center, PO Box 466, Cache, OK 73527, 580.429.3427	X			
Chattanooga Community Center, 1904 Washington, PO Box 183, Chattanooga, OK 73528, 580.597.3339	X			
Davidson Senior Citizens Center, PO Box 102, Davidson, OK 73530 No Phone	X			
Dibble Senior Citizens, 12219 Firemans Road, Alex, OK 73002, 405.344.6789	X			
Douglass Community Center Organization, 707 King Place, Duncan, OK 73533, 580.255.3967	X			
Duncan Senior Citizens Center, Inc., 1110 N. 7th Street, Duncan, OK 73533, 580.255.6902	X			
Fort Cobb Senior Center, 312 Main Street, PO Box 281, Ft. Cobb, OK 73038, 405.643.2660	X			
Frederick Community Center, 100 Grand, Frederick, OK 73542, 580.335.7026	X			
Geronimo Nutrition Center, 101 Main Street, Geronimo, OK 73543, 580.353.3448	X			
Grandfield Multipurpose Senior Center, 123 W. First St., Grandfield, OK 73546, 580.479.3320	X			
Hastings Senior Citizens Center, PO Box 203, Hastings, OK 73548, 580.963.2531	X			
Hinton Senior Citizens Center, 515 W. Main St., PO Box 322, Hinton, OK 73047, 405.542.6454	X			
Indiahoma Senior Citizens Center, PO Box 38, Indiahoma, OK 73552, (580.246.3572	X			
Marlow Senior Citizens Center, 325 West Main St., Marlow, OK 73055, 580.658.5628	X			
Meers Senior Citizens Center, 12033 NW Rhoades Road, Lawton, OK 73507, 580.492.5128	X			

Minco Senior Citizens Center, PO Box 357, Minco, OK 73059, 405.352.5018	X			
Mt. Scott Community Bldg., 8819 NW 4 Mile Road, Lawton, OK 73507, 580.529.2619	X			
Newcastle Senior Citizens Center, PO Box 86, Newcastle, OK 73065, 405.387.2100	X			
Ninnekah Senior Citizens Center, PO Box 16, Ninnekah, OK 73067, 405.224.7434	X			
Patterson Center, #4 NE Arlington, Lawton, OK 73507, 580.581.3485	X			
Purcell Senior Citizens Center, 228 North 2nd Street, Purcell, OK 73080, 405.527.5070	X			
Rush Springs, Senior Nutrition Center, 400 W. Blakely #13, Rush Springs, OK 73082, 580.476.3168	X			
Ryan Senior Citizens Center, 400 Taylor #8, Rt 1 Box 8, Ryan, OK 73565, 580.757.2780	X			
Temple Senior Citizens Center, PO Box 95, Temple, OK 73568, 580.342.5017	X			
Tipton Area Senior Citizens Center, PO Box 554, Tipton, OK 73570, 580.667.4158	X			
Tuttle Senior Citizens Center, PO Box 134, Tuttle, OK 73089, 405.381.2606	X			
Velma Senior Citizens Center, PO Box 584, Velma, OK 73491, 580.444.3772	X			
Walters Senior Citizens Center, PO Box 465, Walters, OK 73572, 580.591.3212	X			
Wichita Mts. Area Senior Citizens Center, PO Box 331, Medicine Park, OK 73557, 580.529.3858	X			
Anadarko Nutrition Center, 417 W Main St., Anadarko, OK 73005, 405.247.4857		X		
Apache Tribe of Oklahoma Nutrition, 601 E Colorado, PO Box 1330, Anadarko, OK 73005, 405.247.6330		X		
Blanchard Nutrition Center, 101 S Main St., PO Box 1248, Blanchard, OK 73010, 405.485.9260		X		
Byars Nutrition Center, 207 E Ripley, Byars, OK 74831, 405.783.4468		X		
Cache Nutrition Center, 416 W C Ave., Cache, OK 73527, 580.429.3427		X		
Carnegie Nutrition Center, PO Box 1126, Carnegie, OK 73015, 405.654.1507		X		
Cement Nutrition Center, PO Box 351, Cement, OK 73017, 405.489.3803		X		
Chickasha Nutrition Center, PO Box 2101, Chickasha, OK 73012, 405.224.4315		X		
Comanche Nutrition Center, 410 S 2nd, Comanche, OK 73529, 580.439.5076		X		
Comanche County Nutrition Project, 920 SW Sheridan Rd, PO Box 2231, Lawton, OK 73502, 580.357.7764		X		
Cottonwood Center, PO Box 518, Verden, OK 73092, 405.453.7720		X		

Cyril Nutrition Center, PO Box 143, Cyril, OK 73029, 580.464.2300		X		
Delta Nutrition Program, 707 King Place, Duncan, OK 73533, 580.252.1174		X		
Duncan Northside Nutrition Center, 1110 N 7th St., Duncan, OK 73533, 580.252.1174		X		
Elgin Nutrition Center, 801 1st St., Elgin, OK 73538, 580.492.4980		X		
Frederick Nutrition Center, 102 East Grand, Grand Hotel, Frederick, OK 73542, 580.335.7026		X		
Geronimo Nutrition Center, 101 Main Street, Geronimo, OK 73543, 580.353.3448		X		
Hinton Nutrition Center, 501 W Main, Hinton, OK 73047, 405.542.6454		X		
Lawton North Nutrition Center, 1705 NW 20th St., Lawton, OK 73507, 580.581.3481		X		
Lawton Eastside Nutrition Center, Patterson Community Center, #4 Arlington, Lawton, OK 73501, 580.581.3485		X		
Lawton South Nutrition Center, 704 SW D Ave., Lawton, OK 73501, 580.355.5660		X		
Marlow Nutrition Center, 201 N Elm St., Marlow, OK 73055, 580.658.5773		X		
Pleasant Valley Nutrition Center, 1123 SW Monroe, Lawton, OK 73501, 580.581.3489		X		
Purcell Nutrition Center, 228 N 2nd, Purcell, OK 73080, 405.527.9462		X		
Randlett Nutrition Center, Randlett Community Bldg., Randlett, OK 73562, 580.281.3220		X		
Rush Springs Nutrition Center, 110 S 2nd St., Rush Springs, OK 73082, 580.476.3168		X		
Ryan Nutrition Center, 400 Taylor #8, Rt Box 8, Ryan, OK 73565, 580.757.2412		X		
Temple Nutrition Center, 201 S Commercial St., PO Box 652, Temple, OK 73568, 580.342.6944		X		
Walters Nutrition Center, 500 E California, PO Box 452, Walters, OK 73572, 580.875.2211		X		
Washington Nutrition Center, 219 N Turner, PO Box 624, Washington, OK 73093, 405.288.6404		X		
Waurika Nutrition Center, 100 Circle Dr., Waurika, OK 73573, 580.228.3645		X		
Wayne Nutrition Center, PO Box 271, Wayne, OK 73095, 405.449.3079		X		
Community Action Development, 105 S Main St., Frederick, OK 73542, 580.335.5588			X	
Community Action Development, 1401 Grant St., Apt., #1, Ryan, OK 73565, 580.757.2235			X	
Community Action Development, 102 E Texas St., Temple, OK 73568, 580.342.6967			X	
Delta Community Action, 223 W Washington St., Purcell, OK 73080, 405.527.6537			X	

Washita Valley Community Action, 205 W Chickasha, Ste. 5, Chickasha, OK 73018, 405.224.5831			X	
Ann Bradshaw, Sterling Housing Authority, 3 Hancock St., Sterling, OK 73567, 580.365.4862				X
Nettie Fisher, Town Clerk, Town of Fletcher, PO Box 448, Fletcher, OK 73541, 580.549,6550				X
Earl Yeahquo, 4 Cimarron Trail, Lawton, OK 73507, 580.355.0132				X

APPENDIX 11. AGING PROGRAM OUTPUT NARRATIVE

In SFY 2015:

ASCOG AAA provided chore service as a direct service. MaddieLuke became the new Supportive Services Project in SFY 2014. They will continue to focus on increasing services for SFY 2016. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Home Delivered Meals fell short of goal. This was due in part to Delta Nutrition focusing on ways to save money. The quality of food and customer satisfaction decreased. A restriction was put on home-delivered meals, as well. Delta Nutrition declined eligible participants who lived outside the city limits due to the costs of transportation. The goal for SFY 2016 is to have Delta Nutrition distribute Title III funds to each site according to the amount of participants they serve. Also, ASCOG will work alongside Delta Nutrition to increase the quality of food and customer satisfaction. The goal for SFY 2016 was reduced to the service output met in SFY 2014.

Congregate meals fell short of goal. This was due in part to Delta Nutrition focusing on ways to save money. The quality of food and customer satisfaction decreased. The goal for SFY 2016 is to have Delta Nutrition distribute Title III funds to each site according to the amount of participants they serve. Also, ASCOG will work alongside Delta Nutrition to increase the quality of food and customer satisfaction. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Nutrition counseling fell short of goal. This was due in part to the nutrition project's failure to address adequate focus on this service in their contracts with registered dieticians. In SFY 2016, ASCOG AAA will take on this service as a direct service by contracting with a Registered Dietition. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Transportation fell short of goal. This was due in part to Delta Nutrition putting restrictions on this service. Participants living outside the city limits were not eligible for this service. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Legal Assistance greatly exceeded goal and the goal for SFY 2016 has been kept the same was increased accordingly.

Nutrition Education greatly exceeded goal due to a change in the service definition. The goal for SFY 2016 has been kept the same was increased accordingly.

I&A exceeded goal and the goal was increased accordingly. An increased need in services is the reason for the goal attainment.

Outreach met the goal. MaddieLuke became more knowledgeable in Title III services and learned the importance of certain services. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Education and Training met the goal. The Center for Creative Living provided this service for the first time. Since this was the only service they provided, they were able to focus on reaching the goal. The provider was terminated from this service and a new service provider since hired. The goal for SFY 2016 was reduced to the service output met in SFY 2015

Education/I&A goal was not met due to a vacancy in the position. That position has since been filled. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

The Health Promotion goal was exceeded. MaddieLuke became certified in CDSMP and provided area wide service. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

The Home Repair goal was not met. ASCOG AAA provided home repair as a direct service. There was not enough focus on the services. MaddieLuke became the new Supportive Services Project in SFY 2014. They will continue to focus on increasing services for SFY 2016. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

Coordination of Services goal was met.

Caregiver services in general, fell quite short of goal due to a lack of focus by the service provider. MaddieLuke became the new service provider for caregiver services. The goal for SFY 2016 was reduced to the service output met in SFY 2015.

APPENDIX 12. PROJECTED AGING PROGRAM OUTPUT (NEXT 3 YEARS)

(See note in Appendix 11.)

Aging Program Output-Quantitative	SFY2015 NAPIS Report		SFY2016 Projected		SFY2017 Projected	
Service Categories	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS
Personal Care	XXX	XXX	XXX	XXX	XXX	XXX
Homemaker	XXX	XXX	XXX	XXX	XXX	XXX
Chore	199	14	1,000	66	199	14
Home delivered meals	96,789	662	74,000	650	74,000	650
Adult day care/health	XXX	XXX	XXX	XXX	XXX	XXX
Case Management	XXX	XXX	XXX	XXX	XXX	XXX
Congregate Meals	205,212	1,553	220,000	1,700	214,052	1,500
Nutrition counseling	86	82	258	258	130	50
Assisted Transportation	XXX	XXX	XXX	XXX	XXX	XXX
Transportation	15,720	116	31,000	140	16,648	93
Legal Assistance	727	XXXXXX	436	XXXXX	436	XXXXXX
Nutrition Education	19,586	2,248	18,000	1,500	14,000	1,300
Information & Assistance	294	180	300	180	300	180
Outreach	649	XXXXXX	500	XXXXX	649	632
Advocacy/representation	XXX	XXXXXX	XXX	XXXXX	XXX	XXXXXX
Education/training	4,100	XXXXXXX	285	XXXXXX	240	XXXXXX
Education/information and assistance	241	XXXXXXX	100	XXXXXX	24	XXXXXXX
Health promotion Disease Prevention	2,712	100	640	53	363	26
Home repair	25	25	50	50	XXX	XXX
Coordination of services	6,000	XXX	4,750	XXX	5,000	XXX
Information about services	336	XXX	225	XXX	336	XXX
Information about services/GRRC	5	XXX	25	XXX	62	XXX
Assistance with access to services	246	131	356	225	246	131
Assistance with access to services/GRRC	17	9	36	25	27	15
Counseling	XXX	XXX	XXX	XXX	XXX	XXX
Counseling/GRRC	XXX	XXX	XXX	XXX	XXX	XXX
Support groups	6	6	389	36	62	62
Support groups/GRRC	0	0	44	4	7	7
Training	XXX	XXX	XXX	XXX	XXX	XXX
Training/GRRC	XXX	XXX	XXX	XXX	XXX	XXX
Respite	6,179	71	4,750	160	6,179	71
Respite/GRRC	1,096	8	507	15	760	8
Supplemental Services	XXX	XXX	XXX	XXX	XXX	XXX
Supplemental Services/GRRC	XXX	XXX	XXX	XXX	XXX	XXX

UoS – Units of Service

UPS – Unduplicated Persons Served

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: ____Caddo_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	29,405		
Total County pop. 60+	5,835	348	331*
Female 60+	3,185	211	200*
Male 60+	2,650	137	130*
African-American 60+	165	8	8
American Indian 60+	1,020	14	14
Asian 60+	10	2	2
Hispanic/ Latino 60+	199	3	3
Poverty (low income) 60+	835	122	116*
Poverty (low income) minority 60+	349	17	17
Limited English proficiency 60+	29	0	0
Individuals residing in rural isolated 60+	7,282	227	216*
GGRC 60+	105	1	1
Individuals living alone 60+	1,485	161	153*
Estimated Totals			
Veterans 60+	1,590	13	15
*Individuals with disabilities 60+ (self-identified)	2,460	55	58
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	83	90
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**875	**52	55

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: ____Comanche_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	123,100		
Total County pop. 60+	16,955	776	737*
Female 60+	9,385	531	504*
Male 60+	7,570	245	212*
African-American 60+	2,275	128	122*
American Indian 60+	990	21	21
Asian 60+	625	2	2
Hispanic/ Latino 60+	645	17	17
Poverty (low income) 60+	1,340	210	200*
Poverty (low income) minority 60+	499	58	26*
Limited English proficiency 60+	370	1	1
Individuals residing in rural isolated 60+	2,119	89	85*
GGRC 60+	430	3	3
Individuals living alone 60+	4,750	266	253*
Estimated Totals			
Veterans 60+	5,505	18	20
*Individuals with disabilities 60+ (self-identified)	7,050	91	95
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	151	155
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**2,543	**116	120

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: __Cotton_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	6,170		
Total County pop. 60+	1,335	124	118*
Female 60+	745	72	69*
Male 60+	590	52	49*
African-American 60+	39	3	3
American Indian 60+	94	9	9
Asian 60+	8	0	0
Hispanic/ Latino 60+	54	2	2
Poverty (low income) 60+	115	49	46*
Poverty (low income) minority 60+	88	11	11
Limited English proficiency 60+	15	0	0
Individuals residing in rural isolated 60+	1,748	93	88*
GGRC 60+	20	0	0
Individuals living alone 60+	305	59	56*
Estimated Totals			
Veterans 60+	314	0	5
*Individuals with disabilities 60+ (self-identified)	470	9	14
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	14	18
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**926	**19	21

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: ___Grady_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	52,450		
Total County pop. 60+	9,900	304	289*
Female 60+	5,195	207	197*
Male 60+	4,705	97	92*
African-American 60+	210	5	5
American Indian 60+	325	8	8
Asian 60+	22	1	1
Hispanic/ Latino 60+	145	3	3
Poverty (low income) 60+	945	99	94*
Poverty (low income) minority 60+	71	5	5
Limited English proficiency 60+	50	0	0
Individuals residing in rural isolated 60+	2,341	191	181*
GGRC 60+	255	1	1
Individuals living alone 60+	2,345	112	106*
Estimated Totals			
Veterans 60+	2,580	6	8
*Individuals with disabilities 60+ (self-identified)	3,840	53	55
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	76	80
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**1,485	**304	310

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: _**Jefferson**_____	**# County (from AGiD per instructions)**	**Estimated Population Served in SFY 2015**	**Estimated Population To Be Served in SFY 2017**
Total County pop.	6,445		
Total County pop. 60+	1,560	198	188*
Female 60+	810	119	113*
Male 60+	750	79	75*
African-American 60+	4	1	1
American Indian 60+	119	12	12
Asian 60+	0	0	0
Hispanic/ Latino 60+	68	7	7
Poverty (low income) 60+	195	77	73*
Poverty (low income) minority 60+	22	10	10
Limited English proficiency 60+	20	0	0
Individuals residing in rural isolated 60+	435	129	123*
GGRC 60+	15	0	0
Individuals living alone 60+	400	85	81*
Estimated Totals			
Veterans 60+	315	8	10
*Individuals with disabilities 60+ (self-identified)	565	40	42
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	53	55
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**234	**30	32

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: _McClain_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	34,470		
Total County pop. 60+	6,420	351	333*
Female 60+	3,485	221	210*
Male 60+	2,935	130	124*
African-American 60+	45	2	4
American Indian 60+	205	8	8
Asian 60+	0	0	0
Hispanic/ Latino 60+	75	5	5
Poverty (low income) 60+	545	72	80*
Poverty (low income) minority 60+	16	6	6
Limited English proficiency 60+	0	0	0
Individuals residing in rural isolated 60+	802	76	72*
GGRC 60+	145	0	0
Individuals living alone 60+	1,400	129	123*
Estimated Totals			
Veterans 60+	1,575	11	15
*Individuals with disabilities 60+ (self-identified)	2,600	43	45
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	59	62
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**963	**56	60

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: __Stephens_____	# County (from AGiD per instructions)	Estimated Population Served in SFY 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	44,850		
Total County pop. 60+	10,085	717	681*
Female 60+	5,510	429	408*
Male 60+	4,575	288	274*
African-American 60+	170	34	34
American Indian 60+	249	16	16
Asian 60+	50	0	0
Hispanic/ Latino 60+	180	3	3
Poverty (low income) 60+	890	234	222*
Poverty (low income) minority 60+	62	27	27
Limited English proficiency 60+	85	0	0
Individuals residing in rural isolated 60+	12,894	474	450*
GGRC 60+	155	2	2
Individuals living alone 60+	2,360	253	240*
Estimated Totals			
Veterans 60+	2,655	18	20
*Individuals with disabilities 60+ (self-identified)	4,030	97	100
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	156	160
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**1,512	**108	110

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: ___Tillman_____	# County (from AGiD per instructions)	Estimated Population Served in SFY ~~2014~~ 2015	Estimated Population To Be Served in SFY 2017
Total County pop.	7,980		
Total County pop. 60+	1,895	165	157*
Female 60+	1,070	108	103*
Male 60+	825	57	54*
African-American 60+	130	9	9
American Indian 60+	18	4	4
Asian 60+	0	0	0
Hispanic/ Latino 60+	205	15	15
Poverty (low income) 60+	225	38	38
Poverty (low income) minority 60+	129	12	12
Limited English proficiency 60+	69	2	2
Individuals residing in rural isolated 60+	536	108	103*
GGRC 60+	30	0	0
Individuals living alone 60+	565	68	65*
Estimated Totals			
Veterans 60+	469	1	2
*Individuals with disabilities 60+ (self-identified)	805	20	22
*Individuals at risk for institutional placement 60+(3 or more ADLS)	No Data Found	32	33
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	**284	**25	26

* Per OKN506 report

** Per 15% of senior population/population served.

APPENDIX 14. LIST OF NON-TITLE III SERVICES IN PSA

SERVICE	*Listing of Services	Counties Available	Gaps in Services
In-Home Services	Advantage Waiver	All eight	
Accessible Medical Care	Duncan Regional Hospital, Comanche County Memorial, Lawton Indian Hospital, Frederick Hospital, Jefferson County Hospital, Purcell Municipal Hospital, Grady Memorial Hospital, Ft. Cobb Health Clinic	Caddo, Comanche, Grady, Jefferson, McClain, Stephens and Tillman	Cotton County – residents go to Lawton, Duncan or Wichita Falls.
Adult Day Care/ Respite Care	Goodwill Adult Day Care, Nora O'Neal Adult Day Care Center, Chateau de South, Chi Day Care Center	Caddo, Comanche, Grady and Stephens	Cotton, Jefferson, McClain and Tillman
Adult Protective Services	DHS APS	All eight	N/A
Title VI , Part A Nutritional and Supportive Services and Title VI, Part C Native American Caregiver Support Services	Chickasaw Nation Nutrition in Duncan and Purcell with caregiver programs for tribal members, Comanche Nation Nutrition and caregiver services	All eight	N/A
Case Management Services	ASCOG Managed Care coordinates with many home health agencies	All eight	N/A
Transportation Services for the Elderly and Disabled	Lawton Area Transportation Service, Red River Transportation, Washita Valley Transportation, Delta Public Transit, Kiowa Nation Public Transportation and Comanche Nation Public Transportation	All eight	Transportation for medical care in all eight counties.
Meals on Wheels or Mobile Meals Programs	Mobile Meals Inc. in Lawton, independent senior centers in all eight counties, Meals on Wheels in Chickasha	All eight	N/A
Independent Senior Centers	Refer to focal points.	All eight	N/A
Senior Volunteer Programs	RSVP and Foster Grandparents	Comanche, McClain	Caddo, Cotton, Grady, Jefferson, Stephens and Tillman
Disability Services	Transportation services (listed above), housing authorities, Duncan Group Homes, Goodwill	Stephens, Comanche	Caddo, Cotton, Grady, Jefferson, McClain and Tillman
Mental Health Services	OLDR Program, Silver Linings, Reflections, Red Rock Mental Health Center, Christians Family Counseling, Taliaferro, McClain County Treatment Center and New Horizons	Comanche, Stephens, Grady, McClain	Caddo, Cotton, Jefferson and Tillman

LTC Planning/Option	ASCOG Managed Care, Promises Eldercare Planning	All eight	N/A
****Other**	ASCOG Masonic Charity Foundation Grant, Calvary Baptist Dental Clinic, Salvation Army, Catholic Charities, Homeless shelters in Lawton and Duncan, Christians Concerned, Marlow Samaritans, Comanche Helping Hands	All eight	N/A

***Can include private pay, OKDHS services, non-profit, Medicare, Medicaid, volunteer programs, etc.
****List any additional services available in PSA

APPENDIX 15. CURRENT POVERTY GUIDELINES

2016 Federal Poverty Level Chart*

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL). Federally-facilitated Marketplaces will use the 2016 guidelines when making calculations for the insurance affordability programs starting November 1, 2015.

Household Size	100%	138%	150%	200%	250%	300%	400%
1	$11,770	$16,242	$17,655	$23,540	$29,425	$35,310	$47,080
2	$15,930	$21,983	$23,895	$31,860	$39,825	$47,790	$63,720
3	$20,090	$27,724	$30,135	$40,180	$50,225	$60,270	$80,360
4	$24,250	$33,465	$36,375	$48,500	$60,625	$72,750	$97,000
5	$28,410	$39,205	$42,615	$56,820	$71,025	$85,230	$113,640
6	$32,570	$44,946	$48,855	$65,140	$81,425	$97,710	$130,280
7	$36,730	$50,687	$55,095	$73,460	$91,825	$110,190	$146,920
8	$40,890	$56,428	$61,335	$81,780	$102,225	$122,670	$163,360

*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): http://aspe.hhs.gov/poverty/14poverty.cfm.

**Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs.

Every year, the perimeters of the Federal Poverty Level (FPL) increase based on the cost of living. Families need to understand where they fall on the FPL so they know whether they are eligible for Medicaid in their state or whether they are eligible for a federal subsidy because they earn between 100 and 400 percent of the FPL, or whether they are eligible for a tax credit because they purchased a Silver plan and earn less than 250 percent of the FPL.

APPENDIX 16. MANAGEMENT PLAN NARRATIVE

Based on the feedback received from surveys and from public forums, ASCOG selected the following goals to address in the coming year.

*Outcome one: To increase utilization of home-based services by seven percent over the next four years.

~Goal one: Long-term services and supports: Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

*Outcome two: Reduce instances of fraud and disallowed spending to less than one-half of one percent.

~Goal two: Effective and Responsive Management: Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

*Outcome three: Increase community knowledge of available services by increasing number of community partnerships by twenty percent.

~Goal three: Advocacy: Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies.

In order to achieve the first goal, ASCOG staff completed public forums/hearings in all eight counties. Press releases were submitted to all known media contacts. Additionally, ASCOG staff hosted a Senior Expo event in Lawton. Speakers at the event included the state director over adult protective services and the director of the state Medicare assistance programs. In SFY17, ASCOG will host hearings and forums to provide education to and receive input from the public regarding expected changes to long-term care services and supports through the incoming coordination of care service model.

In order to achieve the second goal, ASCOG provided fiscal and loss prevention training to all Title III staff and reviewed existing policy regarding nutrition project agreements with local senior centers. For SFY 17, ASCOG will introduce a code of ethics policy for all Title III employees. The ethics policy and procedures is expected to protect seniors and prohibit activities that could potentially damage the integrity of our programs.

For the third goal, ASCOG facilitated a policy conference through coordination with community partners and established new MOUs with community partners. For SFY17, ASCOG will provide support to and assist in facilitating the advocacy activities of the Oklahoma Silver Haired Legislature.

Currently ASCOG supports the Oklahoma Silver Haired Legislature and its alumni association. We provide staff to help with parliamentarian issues as well as a liaison with the aging services network. The ASCOG AAA Director serves as the parliamentarian for the annual OSHL legislative session. We do this to support advocates for vulnerable populations. The OSHL has a history of working on bills related to protecting vulnerable populations, such as the Silver-Alert bill and the cameras in nursing home legislation.

We will also send a liaison to the Lawton Senior Summit. The senior summit addresses issues, especially for those who are homebound and dealing with aging and disabilities.

APPENDIX 17. PUBLIC HEARING SUMMARY AND CHANGES, IF ANY, MADE TO AP

Complete and submit with Area Plan application. Be specific and provide details needed to understand reasons for changes made, if any.

1.	Location of Public Hearing	Attendance	Date
a)	Pleasant Valley, Lawton	15	11/10/2015
b)	Red River Technology Center	36	12/8/2015
c)	Duncan North	76	1/6/2016
d)	Walters	36	1/12/2016
e)	Chickasha	45	1/13/2016
f)	Lawton North	24	1/19/2016
g)	Cache	20	2/2/2016
h)	Geronimo	33	2/3/2016
i)	Ryan	37	2/8/2016
j)	Frederick	19	2/10/2016
k)	Anadarko	15	2/11/2016
l)	Wayne	15	2/16/2016

2. Summarization of comments from Public Hearings.

Pleasant Valley:

- Want to be able to take home congregate meals as takeout instead of eating at site.

Red River Technology Center:

- Do not want to see sites close. No other comments.

Duncan North:

- Top five needs/concerns by informal poll: Congregate meals, home delivered meals, home health, transportation and home repair.

Walters:

- Want to have home delivered meals for some of the congregate participants if site closes.

Chickasha:

- No comments.

Lawton North:

- Lots of questions about rule of 25 served at nutrition sites. Would like to see that policy changed.

Cache:

- Need socialization at senior center

- Need flu shots at senior center
- Announce flu shots in paper
- Need tranportation

Geronimo:

- Want to keep center open
- Why can we not allow delivery of HDM to participants who are at doctor appointments?
- Food is better
- Problems with staff
- No transportation for some

Ryan:

- Need transportation

Frederick:

- No comments

Anadarko:

- Beans less, more variety of beans
- Need income tax assistance

Wayne:

- Concerns over congregate meals
- need more fresh foods
- transportation services and
- home delivered meals

3. Changes made in the Area Plan as a result of Public Hearings.
4.

Small changes to units of service. No changes to other management plan goals. Will address home delivered meals in Walters if site closes.

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

Most comments addressed policy changes that are outside of ASCOG's control.

APPENDIX 18. ADVISORY COUNCIL SUMMARY AND CHANGES, IF ANY, MADE TO AP

1.	Date	Attendance
	a. March 8, 2016	21
	B.	

2. Summarization of Comments from the Council meeting.

The advisory council held a meeting March 8, 2016 and following advisory council input wording changes to the Area Plan were voted on and approved to include that volunteers would sign a Code of Ethics form in addition to employees.

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

The wording approved by the Advisory Council has been added to Exhibit 11: Management Plan Form for AAA Goals and Objectives - Goal #2 Objective #3 on page 38 of this plan.

APPENDIX 19. AAA BOARD OF DIRECTORS SUMMARY AND CHANGES, IF ANY, MADE TO AREA PLAN

1.	Date	Attendance
a.	December 17, 2015	34
b.	March 17, 2016	26
c.		

2. Summarization of comments from the Board meeting.

After careful review, board adopted recommendations of advisory council during December 17 meeting.

The board reviewed the Area Plan at the March 17, 2016 meeting with the following being recorded in the meeting minutes: Ken Jones discussed the update to the Title III Area Plan for FY 2017. The area plan is the application AAA makes to DHS Aging Services to receive Older Americans Act funding and must be updated each year. After public hearings and public forums, the AAA Advisory Council reviews and provides their input. The plan has to be approved by the trustees. On motion by Randy McLemore and second by Jimmie Smith, the updated Title III Area Plan for FY 2017 was approved. Those voting "aye" were Awtrey, Bowen, Blackwell, Cail, Carroll, Crews, Cross, Dinger, Dorn, Eschiti, Foster, Gallaway, Gigger, Gray, Herrin, Hoodenpyle, Kidd, Lennier, McLemore, Overton, Pettyjohn, Reagan, Richardson, Smith, Whitworth and Wyatt.

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

Changes to units of services made as adopted.