



ARIZONA
DEPARTMENT OF
ECONOMIC SECURITY

Arizona Department of Economic Security,
Division of Aging and Adult Services

Arizona State Plan on Aging

Federal Fiscal Years 2027 and 2028

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EXECUTIVE SUMMARY

Background

Arizona's State Plan on Aging (hereinafter "State Plan") for Federal Fiscal Years (FFY) 2027 and 2028 establishes a framework for the State that identifies goals and strategies that help Arizonans to live longer, healthier lives in the community of their choice, for as long as possible. The Older Americans Act (OAA) requires each State Unit on Aging (SUA) to submit a State Plan every four years, at minimum. The State Plan outlines goals, objectives, strategies, and outcomes the State will pursue from October 1, 2026, through September 30, 2028.

Supporting older Arizonans and caregivers is crucial as the State's population is aging rapidly. In 2020, Arizona did not rank among the top 10 states with the largest population aged 65 and older. However, projections indicate significant demographic shifts in the coming decades with Arizona ranking ninth in the nation by 2030 of states that have the largest population aged 65 and older. By 2050, projections anticipate that the State will be ranked third in the nation.¹ These projections underscore the substantial growth in Arizona's older adult population, highlighting the increasing need for the State to oversee programs and services reaching identified priority populations who demonstrate the greatest economic need (GEN) and greatest social need (GSN).

Arizona's State Plan is reflective of community strengths and needs and built on the experiences and input of Arizona's eight Area Agencies on Aging (AAAs). The process taken to develop the State Plan reflects the realities shown in the data and the voices of older Arizonans and caregivers. Key components of the planning process included:

- **Multi-modal stakeholder engagement.** Online and in-person surveys, individual interviews, focus groups, and public input sessions to capture feedback from partners in the aging network, in particular AAAs, and from a variety of voices across the state, including individuals in rural, tribal, and minority communities.
- **Emphasis on data-informed approach.** Integration of quantitative and qualitative data to understand Arizona's aging landscape and highlight key barriers and opportunities shaping the State Plan's goals and objectives.
- **Identification of priority populations that demonstrate GEN/GSN.** Focus on low-income older individuals (including low-income minority older individuals), individuals living in rural areas, Native Americans and those who reside on a reservation or tribal lands, those with physical or cognitive disabilities, and people with limited English proficiency.

¹ Shonel Sen, *National 50-State Population Projections: 2030, 2040, 2050*, Univ. Va Weldon Cooper Ctr. For Pub. Health (2024).

Emergent themes from this process reflect the perspectives of older adults, caregivers, state agencies, AAAs, tribal partners, and other local partners.

Key Themes

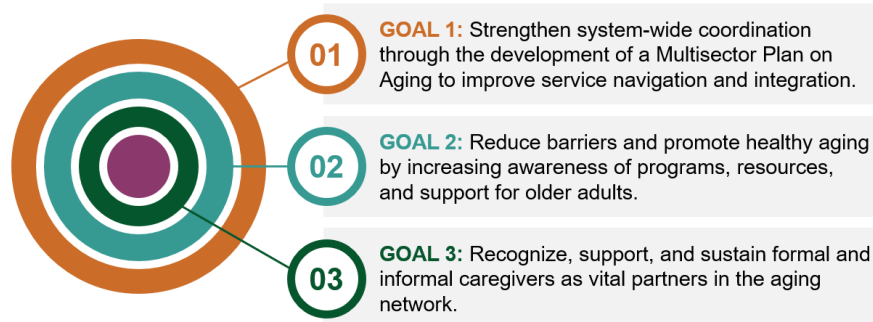
- Older adults face a range of external barriers (e.g., food insecurity and high costs of care) and physical limitations (e.g., higher prevalence of chronic conditions and limited mobility) that prevent them from aging in their preferred settings and remaining active in their communities.
- Older adults require additional support when navigating service systems and to better understand the roles and responsibilities of different agencies and organizations.
- Education and outreach should be tailored to specific needs (e.g., Alzheimer's Disease, falls, and other age-related conditions) and conducted through methods that will better reach older adults and caregivers.
- Stakeholders are concerned about how rising costs of living and potential cuts to services due to federal and state budgets will impact older adults.
- Developing caregiver capacity and finding solutions for caregiver burnout is pivotal to the health and well-being of older adults.

Together, these themes provide a foundation for the goals and strategies outlined in the State Plan, both responding to community needs and aligning with Arizona's long-term vision for supporting older adults and caregivers.

Achieving Arizona's State Plan Goals

The Arizona Department of Economic Security, Division of Aging and Adult Services (DAAS) identified three goals and eight objectives designed to help Arizonans live healthy, fulfilling, and independent lives. These objectives, along with specific strategies for meeting the objectives, will lead to achievable outcomes in the next two years.

Figure 1: Goals for the FFY 2027 and 2028 Arizona State Plan on Aging



Through intentional collaboration with statewide partners, this State Plan is designed to connect services, remove obstacles, and improve results for older adults and caregivers.

OVERVIEW

The Arizona Department of Economic Security's (DES) DAAS, Arizona's designated SUA, is responsible for developing and implementing the State Plan, in accordance with the OAA. The OAA, enacted in 1965, established the foundation for a nationwide network of services and supports that help older adults remain independent, healthy, and connected to their communities. The OAA funds a range of older adult programs, including nutrition and supportive services, employment training for low-income older adults, tribal programs, elder rights protections, and caregiver supports. These services and programs make up the backbone of Arizona's aging network, funded by federal and state resources, with priority given to populations with the greatest economic and social need. DAAS submits the State Plan to the federal Administration for Community Living (ACL) for approval.

The Arizona State Plan outlines goals and objectives for various older adult services, including nutrition programs, health promotion, protective services, transportation, as well as caregiver support. The State Plan also details some of the activities and highlights opportunities to better support older Arizonans through tailored outreach, coordination of services, and commitment to address barriers preventing older adults and caregivers from being healthy and independent.

Navigating the State Plan

The State Plan outlines how Arizona will strengthen its services and supports for older adults over the next two years, with a focus on expanding access to older adult and caregiver services, supporting individuals in remaining in their homes and communities, and reinforcing the partnerships and programs that make these programs possible. The State Plan is a roadmap for collaboration and a commitment to ensuring older Arizonans and their caregivers have the services, supports, and resources they need to thrive.

To promote clarity and alignment, the State Plan follows the structure provided in ACL guidance released on January 13, 2025. The State Plan adheres to federal requirements and addresses the unique needs of Arizona's different communities. It highlights the voices of older adults and caregivers, alongside input from AAAs, state agencies, and local partners, such as service providers, within the aging network. These perspectives, together with demographic data and a needs assessment, shaped the goals and objectives that drive the State's approach to providing services to older adults and caregivers, especially those with the greatest economic and social need.

The State Plan seeks to provide clarity and accountability, beginning with an overview of the partners and services that make up Arizona's aging network. It then moves into the demographic trends and findings that guided State Plan development, outlines the goals, objectives, and strategies that will be used to address identified challenges, and describes the stewardship and oversight practices that ensure effective implementation. This State Plan offers a forward-looking, practical, and responsive framework for addressing the realities facing older adults and caregivers today, while also supporting progress that can be measured over time.

Overview of Arizona's Aging Network

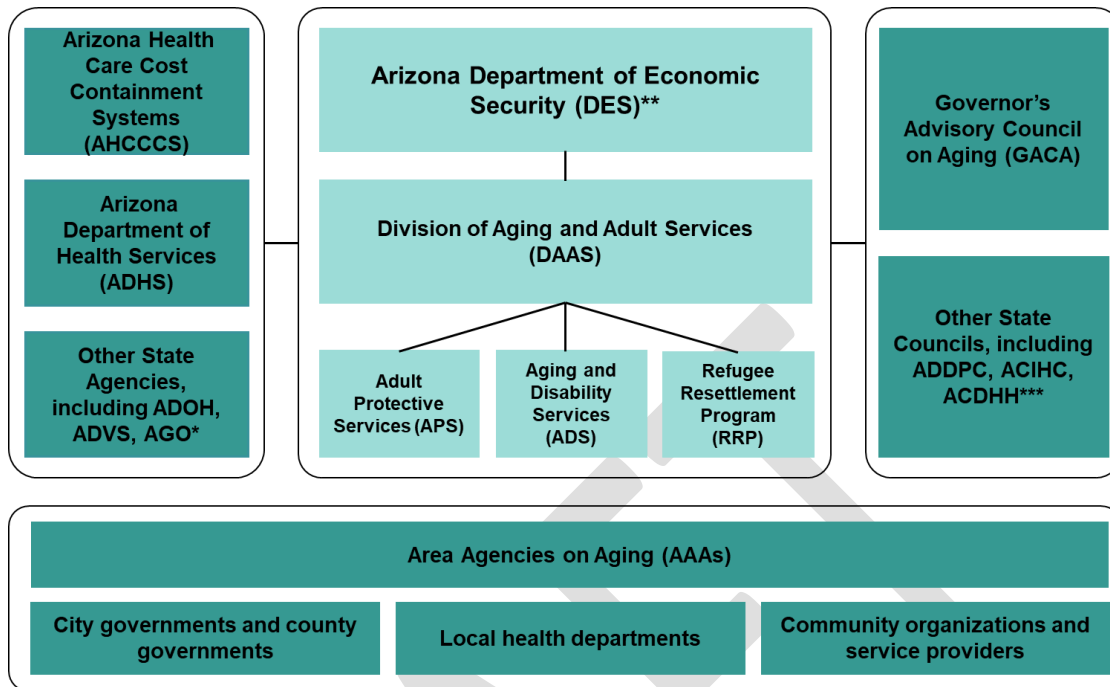
To carry out the priorities of the State Plan and address the needs of Arizona's older adults and caregivers, the SUA works with a broad network of community partners and stakeholders to ensure programs and services reach those most in need. The aging network ensures that resources are directed at those most in need and that services are delivered in ways that promote accessibility and program effectiveness. The SUA, an integral part of the aging network, oversees efforts that help older Arizonans live with health, dignity, and independence.

The SUA allocates and oversees federal OAA funding to programs that serve individuals aged 60 years and older and family caregivers. The SUA works with a range of partners within the aging network, most notably Arizona's eight AAAs, to administer programs and services that reach those in need (see Key Partners in Arizona's Aging Network below). Services funded by the OAA include, but are not limited to:

- Nutrition programs.
- Transportation services.
- In-home supports and services (e.g., personal care and homemaker services).
- Case management.
- Information and referral supports.
- Disease prevention and health promotion (DPHP) programs.
- Supports that help prevent abuse, neglect, and exploitation of older adults.
- The Long-Term Ombudsman Program (LTCOP).
- The Arizona Legal Assistance Program.

The SUA also collaborates with other aging network partners to support the effective delivery of programs and services that help older adults and caregivers lead healthy, fulfilling, and independent lives.

Figure 2: Arizona's Aging Network



* The acronyms refer to the following: Arizona Department of Housing (ADOH), Arizona Department of Veterans' Services (ADVS), Arizona Attorney General's Office (AGO).

** The Long-Term Care Ombudsman Program (LTCOP), located in the DES Office of Community Engagement, identifies and investigates reports of abuse, neglect, and substandard care made by or on behalf of residents of nursing homes, assisted living facilities, and adult foster care homes.

*** The acronyms refer to the following: Arizona Developmental Disabilities Planning Council (ADDPC), Arizona Advisory Council on Indian Health Care (ACIHC), and the Arizona Commission for the Deaf and Hard of Hearing (ACDHH).

Key Partners in Arizona's Aging Network

The **DES** is Arizona's human services agency that oversees various programs that provide older adults and families with support for basic needs, disability support, and employment support, and distributes public benefits to Arizonans in need. DES oversees programs, such as the Supplemental Nutrition Assistance Program (SNAP), HCBS, Unemployment Benefits, and Short-Term Crisis Services. DES focuses on three primary goals: strengthening individuals and families; increasing self-sufficiency; and developing the capacity of communities. DES-administered programs promote these goals and enhance the well-being of Arizonans. DES is organized into different divisions based on its six client service areas: DAAS, Benefits and Medical Eligibility, Child and Community Services, Child Support Services, Developmental Disabilities, and Employment and Rehabilitation Services.

Within **DAAS**, the **Aging and Disability Services (ADS)** program is responsible for overseeing and supporting the core, programmatic implementation of the OAA. The other two programs within DAAS, **Adult Protective Services (APS)** and the **Arizona Refugee Resettlement Program (RRP)**, support a comprehensive systems approach for guiding and coordinating initiatives in the State. ADS oversees a collection of

programs delivered by AAAs and other local partners that assist older adults with living independently, including non-medical home and community-based services (HCBS), resource referrals, information and assistance with benefits, such as Medicare, family caregiver support services, and legal services. APS receives, evaluates, and investigates reports of abuse, neglect, and exploitation of vulnerable adults, while the RRP supports refugees and other eligible beneficiaries with a successful transition to life within the United States through benefits and coordination of public and private resources.

Also, within DES, the **LTCOP** resides in the Office of Community Engagement (OCE) and is authorized under the OAA to identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, and adult foster care homes. The OCE collaborates with AAAs to deliver LTCOP services in local communities throughout Arizona. Ombudsmen routinely make in-person visits to facilities to meet with residents and staff and provide community education on resident rights and how to uphold them.

As noted above, DAAS works closely with **Arizona's AAAs**, who are integral partners that provide programs, services, supports, and advocacy for older adults and caregivers. There are eight AAAs in Arizona: four are nonprofit organizations, three are local Councils of Governments, and one is a tribal entity. AAAs offer a variety of OAA-funded services, such as home-delivered meals, meals in congregate settings, and other nutrition programs; in-home supports (e.g., personal care and homemaker services); information and assistance; case management; transportation assistance; legal assistance; and outreach and caregiving support services. In addition, AAAs provide other programs and support to meet the needs of older Arizonans in their service areas, such as supplemental services to support housing and social activities. As providers of OAA Title III-funded services, AAAs also act as public advocates for older adults and caregivers.

“AAAs focus on being present in the community and bridging connections with local service providers and hospitals. They also work to educate individuals about the many supports available since many people are not aware of the full range of services AAAs provide.”

*— Interview participant,
AAA, 2025*

While the SUA and Arizona's AAAs work together to address the needs of older Arizonans and their caregivers as outlined by the OAA, there are other key partners within the State that provide services and supports to older adults. These key partners include:

The **Arizona Health Care Cost Containment System (AHCCCS)** is Arizona's state Medicaid agency, which administers the Arizona Long-Term Care System (ALTCS). ALTCS is authorized in Arizona's Section 1115 Demonstration Waiver. ALTCS services

include HCBS, such as adult day care, case management, homemaker services, personal care, respite, private duty nursing, and home modifications. Most individuals enrolled in ALTCS live in their own homes, community-based settings, or assisted living facilities, enabling older adults who qualify for this program to age in their place of choice. In addition to ALTCS, individuals ages 60 and older who meet income and other eligibility requirements receive health care and other services administered by AHCCCS.

The **Arizona Department of Health Services (ADHS)** leads Arizona's public health system, which includes responding to disease outbreaks, licensing health and childcare facilities, and operating the Arizona State Hospital. The ADHS Bureau of Chronic Disease and Health Promotion (BCDHP) provides funding to counties for prevention of the leading causes of death, as well as implements plans related to Alzheimer's Disease and Related Dementias (ADRD). The Dementia Services Program was established at ADHS in the BCDHP.

Other State Partners

Many other state agencies in Arizona administer programs and services that, while not tailored specifically for older adults, influence the factors that impact health, well-being, and quality of life of Arizonans age 60 or older. These agencies contribute through overseeing areas, such as housing, transportation, and legal services and are briefly described below.

- The **Governor's Advisory Council on Aging (GACA)**, administered by the Governor's Office of Youth, Faith, and Family, advises the governor, legislature, and state departments on all aging-related matters and aims to improve the quality of life for older Arizonans. To achieve its purpose, GACA collaborates with policymakers, state agencies, local communities, nonprofit organizations, private entities, and older adults across Arizona. Additionally, GACA collects and assesses information from long-term providers, families, and individuals affected by Alzheimer's disease and other related disorders. GACA makes recommendations regarding the state plan on aging to the Department, the Governor, and the legislature on an annual basis.
- The **Arizona Department of Housing (ADOH)** is the State's primary agency that addresses housing issues. ADOH administers and allocates housing and community development resources, serves as the state Public Housing Authority and Performance-Based Contract Administrator, and regulates Arizona's manufactured housing and building industry. ADOH publishes Qualified Allocation Plan and Consolidated Annual Performance Evaluation Reports, which detail how housing-related funding is directed to state and local partners.

- The **Arizona Department of Veterans' Services (ADVS)** assists veterans, service members, and their dependents with obtaining federal and state earned benefits. ADVS oversees Veteran Benefits Counselors, which helps veterans and other eligible claimants with Veterans Administration disability claims and referrals. In addition, ADVS operates Arizona State Veteran Homes, which are skilled nursing facilities that provide short- and long-term care (LTC) services to veterans, their spouses, and Gold Star family members.
- The **Arizona Attorney General's Office (AGO)** provides legal protection to the citizens of Arizona and acts as the legal advisor to state agencies, boards, and commissions. The AGO operates an Elder Affairs Unit, which focuses on stopping and preventing elder abuse in Arizona. The AGO's Elder Affairs Unit offers information related to consumer scams, life care planning, senior abuse, and general resources for seniors. In addition, the AGO oversees the Task Force Against Senior Abuse, which is an advisory board composed of leaders from the private and public sectors that aims to inform on matters related to abuse and exploitation to enhance the safety of Arizona seniors.
- **Other State Councils**, including the **Arizona Developmental Disabilities Planning Council**, the **Arizona Advisory Council on Indian Health Care**, and the **Arizona Commission for the Deaf and Hard of Hearing**, are also partners in Arizona's aging network. These councils and commissions advocate for traditionally underrepresented groups, such as Arizonans with developmental disabilities, tribal communities, and physical disabilities like deafness and/or hardness of hearing. Since Arizona's population of older adults is diverse, it is important to include organizations in Arizona's aging network that represent the interests of traditionally underrepresented groups.

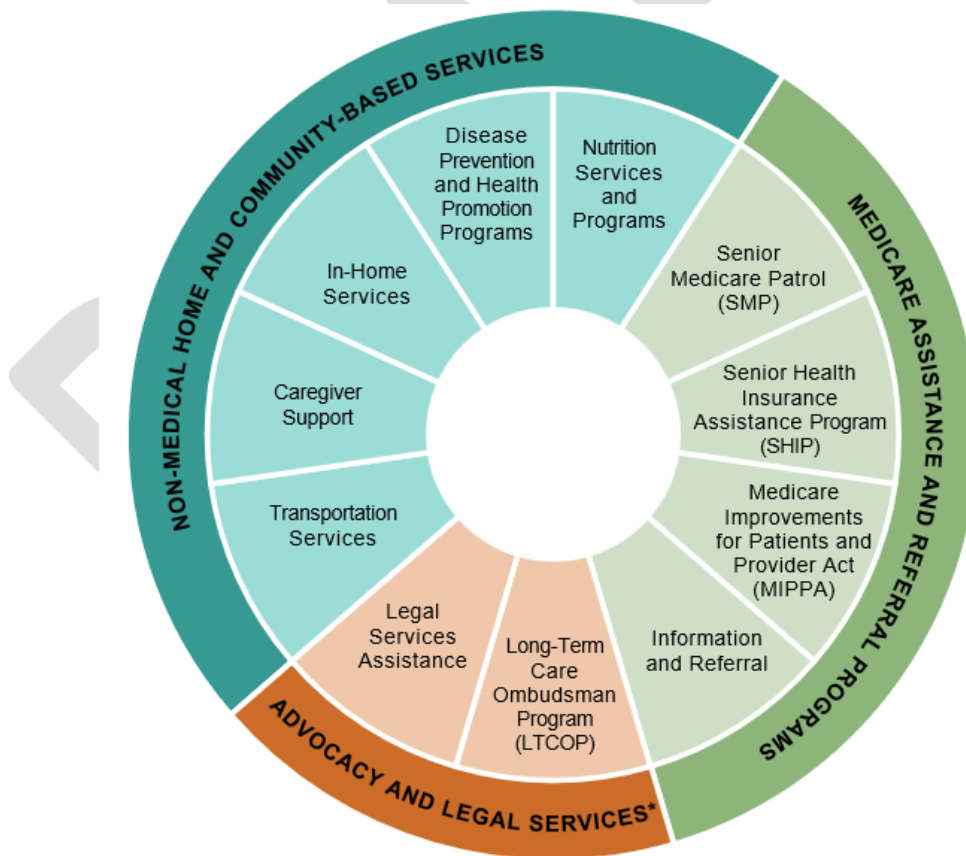
Other Local Partners, including, **city governments, county governments, tribal governments, local health departments, service providers, and community organizations (i.e., faith-based and/or nonprofit organizations)**, also play important roles in coordinating across aging network partners and providing services for older adults in Arizona. Some of these organizations provide OAA-funded services, while others provide broader services, supports, and programs that are not exclusive to but address the needs of older adults. Collaboration and coordination between state agencies, AAAs, and local partners is essential in building and supporting the necessary infrastructure to provide older Arizonans and caregivers with the services they need.

Services for Older Arizonans and Caregivers

The SUA allocates base-level OAA federal funding to each AAA. In turn, AAAs deliver a range of services and programs that support older Arizonans and caregivers. After providing base-level OAA funds to AAAs, the SUA allocates AAAs additional funding based on economic and social needs of older Arizonans and caregivers living in each AAA service area. Arizona's Intrastate Funding Formula (IFF), included in **Attachment C** of this State Plan, outlines the SUA's methodology and process for distributing OAA funds to AAAs.

Older adult and caregiver services offered by AAAs vary based on local needs and resources, meaning that not all AAAs offer the same set of programs and supports. However, programs generally fall into categories, such as Non-Medical HCBS, Advocacy and Legal Assistance, and Information and Referral Programs. *Figure 3* provides an overview of the services provided, while the following sections provide detailed descriptions of these services and programs.

Figure 3: Overview of Older Adult Services, Supports, and Programs



*Per OAA requirements, AAAs also serve as public advocates for older adults.

Non-Medical Home and Community-Based Services

Nutrition Services and Programs

Authorized under Title III-C of the OAA, nutrition services and programs are designed to promote the general health and well-being of older individuals. The SUA provides funding to AAAs to deliver nutrition services directly or through partnerships with local partners and community organizations, offering both home-delivered and congregate meals at nearly 200 sites, such as senior centers, across Arizona. Nutrition services are intended to reduce hunger, food insecurity, and malnutrition, promote socialization, and improve health and well-being. Specifically, aging network partners administer the following nutrition programs:

- The **Home-Delivered Meal Program** provides one nutritious meal per day to eligible frail, homebound, or isolated individuals age 60 or older at their residence. In some cases, the Home-Delivered Meal Program also provides meals for caregivers and/or adults with disabilities. Volunteers and paid staff deliver meals and help to address feelings of loneliness or social isolation.
- The **Congregate Nutrition Program** serves individuals age 60 or older, and in some cases, their caregivers, spouses, and/or adults with disabilities. Eligible participants receive nutritious meals at least once per day at nutrition sites, senior centers, or other group settings. Congregate meal programs provide older adults opportunities for social engagement, information on healthy aging, and meaningful volunteer roles — all of which can contribute to improved health and well-being.

Disease Prevention and Health Promotion Programs

Authorized under Title III-D of the OAA, the goal of DPHP programs is to maintain or improve the emotional and physical well-being of older adults. DPHP funding is used for rigorously evaluated programs and activities that have been determined to be evidence-based and effective by meeting criteria defined by the ACL, which is part of the U.S. Department of Health and Human Services. AAAs provide DPHP programs to help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging. Examples of DPHP programs offered statewide include A Matter of Balance, Tai Chi for Arthritis, Chronic Disease Self-Management Program (Healthy Living), and the Diabetes Self-Management Program.

In-Home Services

Authorized under Title III-B of the OAA, in-home services assist individuals who are unable to perform at least two activities of daily living (ADLs), such as eating, dressing, and bathing, or instrumental ADLs (IADLs), such as shopping or housekeeping. Personal care and housekeeping services are case-managed services based on the completion of a detailed assessment of an individual's needs. Certified direct care

workers (DCWs) provide personal care, assisting eligible individuals with personal physical needs, including showering, bathing, toileting, dressing, and oral care, among other important tasks to assist with ADLs. The housekeeping service helps with routine housekeeping tasks, including but not limited to dusting; cleaning floors, bathrooms, and kitchens; laundry; shopping for and storing food; and yardwork at an individual's place of residence to maintain and improve safe and sanitary living conditions. These services assist individuals with tasks they are unable to complete independently while keeping individuals in their homes and out of institutional care, which is often more costly and not the first choice of older Arizonans or Arizonans with disabilities. In addition, some AAAs offer a consumer-directed care model, which allows older adults and caregivers to choose their own paid caregiver and be reimbursed by the AAA.

Caregiver Support

Authorized under Title III-E of the OAA, caregiver support services provide family caregivers with training, counseling, and a short-term break, or respite. Caregiver support can be provided in the home, group respite, at an adult day center, or a consumer-directed model, such as the Friends and Neighbors program. In Arizona, family caregiver eligibility for respite care services and supplemental services is based on the Caregiver Assessment Tool. The Family Caregiver Support Program specifies that family caregivers are adult family members or other informal caregivers caring for an older adult 60 years of age or older or individuals of any age living with dementia. In addition, family caregivers include older relatives raising children under the age of 18 or older relatives over the age of 55 who are caring for an individual age 19-59 who is living with a disability.

Respite services provide support for those that provide nonstop caregiving for others. In addition to OAA-funded respite care services, family caregivers may also qualify for the Lifespan Respite Program, which offers vouchers and adult day health center respite care options. As the Lifespan Respite Grantee, the SUA partners with the Arizona Caregiver Coalition, to provide caregivers with short-term respite services. Arizona's AAAs also provide options for adult day health center respite services. As the needs of family caregivers increase and the health care and LTC systems face an influx of older adults with complex health conditions of older adults, the SUA continues to monitor strategy recommendations from the Recognize, Assist, Include, Support, and Engage Family Caregivers Act, the Family Caregiving Advisory Council, and the Federal Advisory Council to Support Grandparents Raising Grandchildren.

Transportation Services

Authorized under Title III-B of the OAA, transportation services assist individuals 60 years of age or older and/or individuals with disabilities with maintaining independence by providing access to other programs and supports. This may also include the

transport of eligible groups of individuals to recreational, educational, community events, and/or senior centers and other settings where services, such as congregate meals, are available.

Advocacy and Legal Assistance

Legal Services Assistance

Authorized under Title III-B of the OAA, the Arizona Legal Assistance Program offers legal services assistance and provides Arizonans age 60 and older with information, advice, assistance, and advocacy in civil matters. The SUA contracts with Arizona's Legal Assistance Program through AAAs. The goals of the Arizona Legal Assistance Program are to promote and preserve the autonomy, dignity, independence, and financial security of older adults, provide access to the system of justice, and advocate for the preservation of the rights and benefits of older adults. Interventions by legal assistance providers can preserve older Arizonans' access to appropriate services. Legal assistance can also support older Arizonans' rights to live free from or recover from the experience of abuse, neglect, and financial exploitation.

Examples of legal services include assistance and indirect support with Advanced Directive forms, creation of wills, and guardianship. Additionally, in 2024, DAAS formed the Legal Task Force, which is a coalition of partners in Arizona consisting of the AAAs, the Arizona Bar Foundation, the Arizona Supreme Court Certification and Licensing Division, Community Disability Rights Arizona, public law libraries, legal aid organizations, and other key partners in the legal space. Legal Task Force educates Arizonans about their rights, available legal resources, and strategies on how to combat, prevent, and report scams if they occur. In addition, the SUA receives OAA Title VII funding for legal services for older Arizonans.

Long-Term Care Ombudsman Program

As previously discussed, the LTCOP is authorized under the OAA to identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, and adult foster care homes. The LTCOP is a resident-centered advocacy program ensuring that individuals who live in LTC facilities have the highest possible quality of life. The Arizona LTCOP was created in 1989 and is authorized under Arizona Revised Statute §46-452.01. The SUA uses federal and state funds to work under contract with AAAs for the LTCOP. The LTCOP consists of paid staff members and volunteers who are specially trained and organized by the AAAs to assist the program in providing services to LTC residents.

Medicare Assistance and Referral Programs

Senior Health Insurance Assistance Program

The Senior Health Insurance Assistance Program (SHIP) provides funding for disseminating information, counseling, and assistance activities related to Medicare and Medicaid. SHIP also provides counseling and assistance to beneficiaries with other health insurance options, such as Medicare Supplement (Medigap) insurance, LTC insurance, and managed care options. The SUA contracts with seven AAAs to recruit and train both paid and volunteer team members to provide SHIP services. AAA SHIP team members are trained and certified to assist people with obtaining coverage through options, such as Original Medicare (Parts A and B), Medicare Advantage (Part C), Medicare Prescription Drug Coverage (Part D), and Medigap. AAA SHIP counselors help individuals with identifying, understanding, comparing, and enrolling in specialized programs and public and private health care plans, such as Medicaid, Medicare Savings Program (MSP), and Extra Help/Low-Income Subsidy (LIS), which help pay for or reduce health care costs.

Senior Medicare Patrol

Senior Medicare Patrol (SMP) empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. The SUA contracts with Arizona's seven AAA SHIPs to assist with the SMP program. AAA counselors are trained on SHIP and SMP procedures and assist beneficiaries for resolution or referral to the Centers for Medicare & Medicaid Services or other agencies, as needed.

Medicare Improvements for Patients and Provider Act

Medicare Improvements for Patients and Provider Act (MIPPA) is a federal program that supports tailored outreach to Medicare beneficiaries who are low-income with limited resources and/or residents of rural areas. MIPPA grants allow states and tribes to provide education on preventive screenings and access to resources that may reduce Medicare beneficiaries' health care costs. The SUA administers MIPPA funding to AAAs, Aging and Disability Resource Centers, and SHIP, which support Medicare beneficiaries, their families, and caregivers through one-on-one beneficiary counseling, building community partnerships, and conducting outreach and education events on LIS programs, MSPs, prescription drug coverage, and prevention and wellness benefits.

Information and Referral

The SUA works with AAAs to provide information and referral services to older adults so they can find available resources and get connected with critical services, such as utilities assistance, services for veterans, shelter and housing options, emergency information and disaster relief, and opportunities for employment and education.

ARIZONA'S AGING ADULTS

Understanding Arizona's aging landscape is essential for planning and delivering services to older Arizonans and their caregivers who also need resources and support to sustain their vital role in providing care. Analyzing the demographic and economic characteristics of the older adult population in Arizona provides insight into the unique needs of older Arizonans and their caregivers, and it offers a framework for guiding the State's priorities in the State Plan. The following sections provide an overview of the population, geographic and demographic characteristics of Arizona's older adult population, and how data informed the State's determination of priority populations.

Arizona's Growing Older Adult Population

Arizona ranks 19 out of the 50 states and territories with the highest proportion of older adults compared to the total population. Additionally, the U.S. Census Bureau estimated in 2023 that around 1.8 million Arizonans — or 24.7% of the state's population — were age 60 or older. Further, Arizona is among the top 10 states with the fastest growing populations, with the state's overall population projected to grow 8.6% from 2020 to 2030.² The number of adults age 60 or older in Arizona is expected to grow from approximately 1.8 million in 2023 to 2.6 million by 2050, representing a projected 46% increase in the state's older adult population between 2023 and 2050.³ Notably, in 2020, Arizona did not rank among the top 10 states with the largest population aged 65 and older. However, 2030 projections indicate significant demographic shifts in the coming decades with Arizona ranking ninth in the nation of states with the largest population aged 65 and older. By 2050, projections indicate that the State will be ranked third in the nation.⁴ Research suggests multiple factors, including individuals migrating from other states to Arizona for retirement and a national trend of the "Baby Boomer" generation becoming older, are driving continued growth of Arizona's older adult population.

Geographic Distribution of Older Arizonans

Counties across Arizona have a similar percentage of older adults compared to the general population, aligning closely with the statewide figure, where older adults make up 24.7% of Arizona's population. However, Gila, La Paz, Mohave, and Yavapai counties have significantly higher proportions of older adults making up their county populations — 40% or more of residents in these counties are age 60 or older (see

² Shonel Sen, *National 50-State Population Projections: 2030, 2040, 2050*, Univ. Va Weldon Cooper Ctr. For Pub. Health (July 22, 2024).

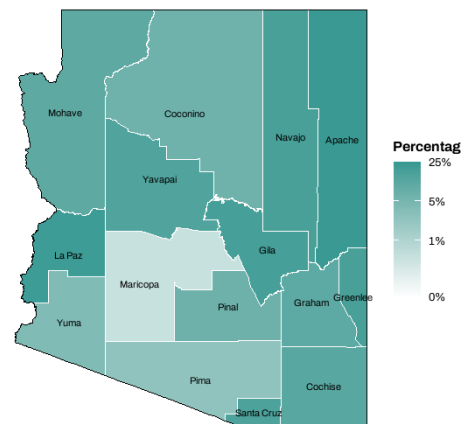
³ U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2013, 2018, 2023).

⁴ Shonel Sen, *National 50-State Population Projections: 2030, 2040, 2050*, Univ. Va Weldon Cooper Ctr. For Pub. Health (2024).

Figure 4). This pattern underscores that in several Arizona counties, older Arizonans represent a larger share of the population than children and working-age adults, further highlighting the importance of continually monitoring the older adult population and tailoring resources to those communities.

In addition, Arizona's population spreads across urban centers, expansive rural areas, and remote frontier communities. While a definition for 'rural' can sometimes vary, rural is defined in this State Plan according to the U.S. Census Bureau's criteria.⁵ As of 2023, data showed that approximately 14.8% of Arizonans age 60 or older resided in rural areas.⁶ According to ADHS data analysis from 2021, Arizonans age 65 or older living in counties considered rural experienced higher mortality and emergency department visit rates than older Arizonans living in urban areas.⁷ Considering the unique characteristics and barriers faced by Arizonans living in rural areas across the state is important to inform decision-making about services and supports.

Figure 4: Arizona Population Age 60 or Older, By County



Demographic Characteristics of Older Arizonans

Arizona has an older adult population from all backgrounds that has become more varied over time. Between 2018 and 2023, the percentage of Arizonans age 60 or older who identify as white decreased by 8.7%, while the population of Arizonans identifying as two or more races increased by 6.5%.⁸ Additionally, 14.4% of older Arizonans (of any race) identify as Hispanic or Latino.⁹ Arizona is also home to 22 federally recognized Native American tribes. As of 2023, around 297,000 Arizonans identify as American Indian or Alaska Native, and approximately 46,000 of these individuals are

age 60 or older. This accounts for 2.5% of the population of older adults in Arizona. In addition, research suggests that Arizonans age 65 or older who are of a minority population experience worse health outcomes, such as higher rates of mortality, than

⁵ Rural encompasses all population, housing, and territory not included within an urban area. The Census Bureau delineates urban areas after each decennial census by applying specified criteria to decennial census and other data. For the 2020 Census, an urban area comprises a densely settled core of census blocks that meet minimum housing unit density and/or population density requirements. This includes adjacent territory containing non-residential urban land uses. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,000 housing units or have a population of at least 5,000.

⁶ U.S. CENSUS BUREAU, *Decennial Census Estimates* (2020).

⁷ Amanda Swanson, Aging in *Arizona: Leading Causes and Risk Factors of Death Among Arizona Residents 65 Years and Older*, 2021, ARIZONA DEPARTMENT OF HEALTH SERVICES (2023).

⁸ U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2018, 2023).

⁹ U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2018, 2023). Note: "Another race" refers to individuals who do not identify with standard racial classifications or provide more detailed information that does not align with those classifications. Often, this includes people of Hispanic or Latino origin or individuals of multiple ethnicities.

white older Arizonans.¹⁰ American Indian or Alaska Native, Black or African American, and Hispanic or Latino persons had higher mortality rates among Arizonans 65 years or older than non-Hispanic white persons, and inpatient hospitalizations among Black or African American persons were approximately 13% higher than non-Hispanic white persons.¹¹ Since Arizona's older adult population has become more racially, ethnically, and culturally diverse over time, it is important to acknowledge that more older Arizonans are likely to experience poor health outcomes, which impacts the need for aging services and supports in low-income minority communities.

While English is the predominant language spoken in Arizona, in 2024, 18.4% of Arizonans age 60 or older speak a language other than English at home.¹² Approximately 8.4% of Arizonans age 60 or older reported speaking English "less than very well."¹³ The percent difference of Arizonans age 60 or older who speak English "less than very well" increased 4% between 2018 and 2024.¹⁴ Individuals with limited English language proficiency often experience language barriers when trying to access needed services and supports, such as health care.¹⁵

Health Characteristics of Older Arizonans

Arizona ranks 34 out of the 50 states and Washington, D.C. in life expectancy at birth, according to data from the Centers for Disease Control and Prevention.¹⁶ As of 2021, on average, Arizonans were projected to live until age 75, almost a year and a half less than the national average age of 76.4.¹⁷ Almost one in three (29.1%) Arizonans age 60 or older have a disability. The types of disabilities affecting older Arizonans vary, but include difficulties with hearing, vision, cognitive, ambulatory, self-care, and independent living (

Table 1). Additionally, research estimates that 11% of Arizonans over age 65 have Alzheimer's disease, and that Alzheimer's disease ranks seventh among the leading causes of death for all Arizonans.¹⁸

¹⁰ Amanda Swanson, *Aging in Arizona: Leading Causes and Risk Factors of Death Among Arizona Residents 65 Years and Older, 2021*, ARIZONA DEP'T OF HEALTH SERV. (2023).

¹¹ Amanda Swanson, *Aging in Arizona: Leading Causes and Risk Factors of Death Among Arizona Residents 65 Years and Older, 2021*, ARIZONA DEP'T OF HEALTH SERV. (2023).

¹² U.S. CENSUS BUREAU, *American Community Survey 1-Year Estimate* (2024).

¹³ U.S. CENSUS BUREAU, *American Community Survey 1-Year Estimate* (2024).

¹⁴ U.S. CENSUS BUREAU, *American Community Survey 1-Year Estimate* (2018, 2024).

¹⁵ Ana Gonzalez-Barrera et al., *Language Barriers in Health Care*, KAISER FAMILY FOUNDATION (2024).

¹⁶ Elizabeth Arias, et al., *National Vital Statistics Reports*, 73 Nat'l. Vital Statistics Sys. 7 (August 21, 2024).

¹⁷ Bridget M. Kuehn, *U.S. Life Expectancy in 2021 Lowest Since 1996*, 329 JAMA Network 9 (January 24, 2023).

¹⁸ ALZHEIMER'S ASSOCIATION, *2025 Arizona Alzheimer's Statistics* (2025).

Table 1: Disability Status of Arizonans, Ages 65* or Older, 2023¹⁹

Disability Type	Population Ages 65 or Older with Disability, By Type	Percent Ages 65 or Older with Disability, By Type
Hearing difficulty	194,656	14.6%
Vision difficulty	76,943	5.8%
Cognitive difficulty	95,171	7.2%
Ambulatory difficulty	260,352	19.6%
Self-care difficulty	77,117	5.8%
Independent living difficulty	150,099	11.3%

Economic Characteristics of Older Arizonans

Economic challenges are affecting many older adults as rising housing costs and inflation reduce the value of fixed incomes. Some are encountering higher rents and the possibility of losing their homes, while others are dealing with increased grocery prices – all of which are contributing to higher rates of poverty for some older adult populations. According to the Elder Index, 54% of older women living alone and 45% of older, single men have incomes below the level needed to cover essential expenses.²⁰

As of 2023, one in every 10 (10.4%) Arizonans age 60 or older are considered to be living in poverty.²¹ From 2018 to 2023, there was approximately a 21.7% increase in the number of older Arizonans considered to be living in poverty, which is also outpacing the overall population growth of older Arizonans.²² This may be an indicator that more older Arizonans are increasingly struggling to afford nutritious food, transportation, housing, health care, and every day goods.

In addition, as of July 2025, AHCCCS estimated that 154,847 Arizonans age 65 or older were enrolled in Medicaid.²³ Moreover, from July 2021 to July 2025, Medicaid enrollment for Arizonans age 65 or older has increased approximately 14.9%. Because Medicaid eligibility is largely based on income, AHCCCS enrollment data provide an additional layer of consideration regarding older Arizonans experiencing economic need. The data underscore the need to consider the economic stability of older Arizonans as a key factor in planning for the State’s aging population.

Priority Populations

The SUA used the demographic and economic data outlined above to identify priority populations of Arizonans age 60 or older who are most at risk for poor health outcomes.

¹⁹ U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2023). *Note: Data is for ages 65 or older; disaggregated data by disability type for ages 60-64 was not available.

²⁰ GERONTOLOGY INSTITUTE AT THE UNIVERSITY OF MASSACHUSETTS-BOSTON, *Elder Index Tool* (2025).

²¹ U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2023).

²² U.S. CENSUS BUREAU, *American Community Survey 5-Year Estimates* (2018, 2023).

²³ AHCCCS, *Population Demographics* (2025).

These data highlighted the subgroups of older Arizonans who are more likely to experience challenges, such as limited income, chronic health conditions, social isolation, or barriers to accessing community resources. These challenges often result in higher rates of poverty, higher mortality rates, and poorer health outcomes. As a result, based on findings from the data, the SUA determined that priority populations included older Arizonans with the following characteristics most indicative of greatest economic and social need:

- Have incomes and/or assets at or below the federal poverty level (FPL), including those who belong to a low-income minority population.
- Are Native American and/or reside on a reservation or tribal lands.
- Reside in rural areas (per the U.S. Census Bureau definition of “rural”).
- Have a physical or mental disability.
- Have limited English language proficiency.

The SUA recognizes that characteristics of the priority populations described above are interconnected, not siloed. Older Arizonans may have one or more characteristics of priority populations outlined above. For example, there may be older Arizonans who reside in a rural area and have an income and/or assets at or below the FPL. The SUA is continually committed to working with stakeholders to recognize the nuanced needs of older Arizonans who have characteristics of multiple priority populations. The State will consider this additional complexity when determining the GEN and GSN, in alignment with OAA guidance.

Additionally, while data analysis helped the SUA identify priority populations that may have greater economic and/or social need, having one or more of the characteristics outlined above does not guarantee greater need for all older Arizonans. The SUA also recognizes that many older Arizonans who do not have any of the characteristics identified for priority populations still require support and face barriers to independence and healthy aging. As Arizona’s population continues to grow, it is essential to acknowledge that older adults are a diverse community with a wide range of needs and challenges. To better understand these needs, the SUA conducted a robust stakeholder engagement process, described in the section below.

ASSESSMENT OF OLDER ADULT NEEDS

Stakeholder Engagement Activities

From March to October 2025, the SUA utilized multiple methods designed to reach a varied group of participants for stakeholder engagement. Because many participants were older adults, tribal elders, or caregivers themselves, the SUA offered both in-person and virtual options to encourage broad participation. Specifically, the SUA conducted the following activities:

- **Stakeholder Survey.** The SUA conducted a statewide stakeholder survey for older Arizonans, as well as caregivers of older adults and Arizonans with disabilities. The SUA received a total of **1,119** survey responses.²⁴
- **Interviews and Focus Groups.** The SUA conducted **20** virtual individual interviews and **four** virtual focus groups with representatives from Arizona state agencies, AAAs, and local partners.
- **Public Input Sessions.** The SUA partnered with Arizona’s AAAs for public input sessions that allowed for tailored outreach to the various regions in the state. The SUA organized and executed **five** virtual public input sessions and **two** hybrid public input sessions to provide the option to attend virtually or in person. Additionally, the Division of Aging and Long-Term Care Support (DALTCS) of the Navajo Nation solicited public input during an in-person event held in August 2025. Attendance at public input sessions was primarily made up of older adults, providers, and representatives of organizations that serve the population within that region.

As part of stakeholder engagement, the SUA solicited input from:

- Older adults.
- Tribal members, including elders.
- Caregivers.
- State agencies, including state councils.
- Local agencies.

“Positive aging means seeing growing older not as an illness or a disease, but as a universal experience that deserves strong and thoughtful support to better meet the needs of older adults and strengthen communities.”

*— Interview participant,
Community Provider, 2025*

²⁴ The SUA collaborated with the AAAs to distribute the survey among stakeholders residing in each AAA service area, consisting of both electronic distribution methods (e.g., sharing online via AAA webpages, posting on the DAAS webpage, etc.) and distribution of printed paper copies (e.g., providing printed copies of the survey in public settings like community centers and libraries, marketing the survey at state and regional conferences, providing paper copies during in-person public input sessions, etc.). The SUA also developed flyers that were distributed in community centers, such as libraries, throughout the state to help market the survey.

- AAAs.
- Provider organizations.

Each identified stakeholder group provided key insights into their experience as an older adult or directly or indirectly supporting older adults in the state. Information gathered from these groups highlighted some of the pressing needs of older adults and caregivers in Arizona, as well as the strengths and opportunities that exist within the current aging landscape.

Stakeholder Engagement Findings

Leveraging the activities described above, the SUA collected and compiled feedback from all eight AAAs, older adults, caregivers, providers, and key state partners to produce a detailed summary of each engagement method. The SUA then evaluated the feedback and identified the following themes on aging-related issues:

Key Themes

Older adults face external barriers, such as food insecurity and high costs of care, as well as physical limitations, such as higher prevalence of chronic conditions and limited mobility, that prevent them from aging in place and remaining active in their community.



Older Arizonans increasingly experience external challenges that prevent them from aging in their setting of choice. Some of the most prevalent barriers include lack of access to stable housing, cost of living, need for in-home supports, need for home modifications, and financial exploitation. Stakeholders also identified additional supports that would be helpful for older adults to maintain autonomy and independence. These supports include assistance with chronic condition management, support for remote technology and telehealth options, transportation support, assistance with social isolation, and nutrition support.

Older adults require additional support when navigating service systems to better understand the roles and responsibilities of different agencies and organizations.



Older Arizonans often require additional support when accessing medical and non-medical services, including nutrition programs and transportation services. However, stakeholders explained that the roles and responsibilities across state agencies and organizations are sometimes unclear. This can lead to uncertainty about accessing services, resulting in unmet needs.



Education and outreach to older adults should be tailored to specific needs, such as Alzheimer's Disease, falls, and other age-related

conditions, and conducted through methods that will better reach older adults and caregivers.

Education and outreach should be more responsive to specific needs of older Arizonans. Many stakeholders emphasized the importance of making information accessible and relevant to diverse populations of older Arizonans. Without tailored outreach and education, older Arizonans might not know about or how to access the services available to them.

Stakeholders are concerned about how rising costs of living and potential cuts to services due to federal and state budgets will impact older adults.



Financial concerns are a significant issue for older Arizonans and caregivers. Stakeholders noted being increasingly worried about rising living costs, as well as the potential for changes in federal and state budgets that could impact the availability of services. For example, stakeholders shared concerns that budget cuts could lead to the closure of senior centers across the state, which could impact the availability of nutrition services, information and referral resources, and DPHP programs. Closure of senior centers could also contribute to social isolation among older Arizonans.

Developing caregiver capacity and finding solutions for caregiver burnout is pivotal to the health and well-being of older adults.



Stakeholders emphasized the importance of caregivers to the health and well-being of older Arizonans. However, caregiver burnout and additional need for respite are key issues in Arizona. Caregivers in Arizona sometimes experience a decline in their quality of life and physical/mental well-being due to caregiving responsibilities. Many stakeholders expressed that caregivers, particularly informal caregivers like family members, friends, and neighbors, would benefit from additional options for support, such as education, training, and peer support groups.

The SUA used a data-informed approach that combined an environmental scan and robust stakeholder efforts as the basis for the goals and objectives included in this State Plan and to prioritize the State's agenda for older Arizonans for FFY 2027 and 2028. The environmental scan led to a greater understanding of Arizona's aging landscape and helped the SUA identify older Arizonans that are in greatest economic and social need. Stakeholder engagement activities highlighted the key issues and challenges that older Arizonans and their caregivers currently face. The environmental scan combined with robust stakeholder efforts were part of the SUA's intentional approach to identify resource and support needs and to develop goals and objectives most pertinent to older adults and their caregivers in Arizona.

STATE PLAN GOALS AND OBJECTIVES

The State Plan serves as Arizona's roadmap for strengthening services and supports for older adults and caregivers in Arizona. The SUA has set goals and objectives, as well as corresponding actionable strategies and measurable outcomes, to guide programs and partnerships that help older adults and caregivers remain healthy, independent, and connected to their communities. Defining strategies and objectives that guide implementation allows the SUA to track progress through specified outcome measures, which show the activities that occurred and whether they resulted in meaningful change for older adults and caregivers and achieved the goals set forth in this State Plan. While the State Plan intends to benefit all Arizonans, the identified goals, strategies, and objectives will have a greater impact on older Arizonans with the greatest economic and social need, as the resulting outcomes help to mitigate issues such as poorer health outcomes, higher mortality rates, higher poverty rates, and challenges accessing services.

Structured as a two-year plan and aligned with AAA planning processes, outcomes are framed to balance immediate progress with activities that build the foundation for longer-term system improvements.

- **Short-term outcomes** represent “quicker wins”, such as increasing collaboration, increasing information accessibility, or improving staff training, that can be achieved within the two-year plan.
- **Intermediate outcomes** require broader coordination or and is dependent on statewide resource capacity, therefore may not be fully achieved within the two-year plan.
- **Long-term outcomes** are more ambitious and will extend beyond the two-year window, serving as essential building blocks for Arizona's ongoing aging network development.

These goals, strategies, objectives, and outcomes may support enabling older adults to remain in their communities longer and reducing reliance on institutional care. This State Plan is designed to capture early achievements while laying the foundation for lasting outcomes to be advanced in future planning cycles.



Figure 5: Goals for the FFY 2027 and 2028 Arizona State Plan on Aging



Goal #1: Strengthen system-wide coordination through the development of a Multisector Plan on Aging (MPA) to improve service navigation and integration.

Several state agencies in Arizona other than the SUA administer programs that provide critical services and supports to older adults. Achieving Goal #1 requires agencies to work together, developing coordinated approaches that address shared challenges and create opportunities to better serve older Arizonans. To advance this goal, the SUA is proposing objectives and strategies that strengthen cross-agency collaboration. These include conducting a statewide stakeholder assessment to identify relevant sectors and existing service gaps, convening a statewide workgroup with representatives from state agencies, AAAs, tribal governments, local partners, and older adults to guide the assessment process, and developing a framework for an MPA.

The MPA will serve as a strategic planning resource that helps Arizona transform the infrastructure and coordination of services for older adults and individuals with disabilities. In the MPA, the State intends to provide a long-term framework that identifies opportunities for improvement among the state agencies responsible for

providing services to older adults, caregivers, and individuals with disabilities. MPAs also provide an opportunity for states to identify recommendations for improvement across the aging network, such as increasing alignment, collaboration, and coordination among aging network partners.

Greater program and system alignment can help reduce difficulties that older adults often face when navigating different eligibility requirements, processes, and policies. As a result, the SUA recognizes that improved multi-agency collaboration, through avenues like the development of an MPA, will also be essential to make consistent, accessible service information available statewide and to pursue funding opportunities. By fostering stronger coordination, the State can also reduce barriers and improve access to services and supports for older Arizonans across the State's diverse communities.

ACL STATE PLAN FOCUS AREAS: OAA Core Programs, Expanding Access to HCBS

Objective #1: Conduct a statewide stakeholder assessment to identify relevant sectors and existing service gaps.

Strategy #1: Convene a statewide workgroup with representation from state agencies, AAAs, tribal governments, community partners, and older adults to guide the assessment process.

Strategies outlined in this objective will lead to the following **outcomes**:

- Short-term: Statewide inventory of existing aging services, resources, and partnerships completed.
- Intermediate: Service gaps, overlaps, and opportunities for coordination identified and documented.
- Long-term: Completed framework for an Arizona MPA.



Goal #2: Reduce barriers and promote healthy aging by increasing awareness of programs, resources, and support for older adults.

Arizona's older adult population is not only growing but also becoming increasingly more diverse. Further, older adults from various backgrounds may seek services and supports differently. There is a growing older adult population in the state that belong to a low-income minority population, those whose primary language is not English, and individuals diagnosed with a physical or developmental disability. During stakeholder engagement, older adults identified various obstacles that prevent them from maintaining independence and living long and healthy lives. They noted facing barriers in accessing essential services, such as nutrition and transportation, feeling unsupported or underinformed when addressing age-related physical limitations, like Alzheimer's Disease and related dementia or falls risk, and increasing feelings of loneliness and experiences of social isolation.

As a result, the SUA is committed to tailoring education and outreach to these subgroup populations and to address the identified barriers. This goal reflects the SUA's intent to be responsive to these needs by fostering transparent and accountable communication that is meaningful to older adults across the state. Services should be rendered in a way to meet these diverse needs, such as by increasing accessibility and providing tailored care for age-related conditions and for those with disabilities. This goal focuses on strategies that both reduce barriers and build resilience, such as increasing education and preparation to help older adults proactively navigate their evolving needs.

ACL STATE PLAN FOCUS AREAS: OAA Core Programs, GEN/GSN, Caregiving

Objective #1: Improve accessibility of information on resources, programs, services, and supports.

Strategy #1: Partner with other state agencies to assess current formats and platforms for sharing and accessing information to identify coordination opportunities across state agencies.

Strategy #2: Redesign the DAAS website for clarity, usability, and alignment with other state agency aging resources.

Strategies outlined in this objective will lead to the following **outcomes**:

- Short-term: Increased public awareness of programs, resources, and eligibility requirements.
- Intermediate: A modernized DAAS website that provides streamlined, user-friendly access to information for older adults and caregivers.

Objective #2: Promote social connectedness to address loneliness and social isolation.

Strategy #1: Partner with AAAs, senior centers, and local partners to define and launch a statewide public awareness campaign on the effects of social isolation.

Strategies outlined in this objective will lead to the following **outcomes**:

- Short-term: Increased public recognition of loneliness and social isolation as a critical issue affecting older adults.
- Short-term: Increased engagement of older adults in programs and activities that promote social connectedness.
- Long-term: Reduced reported rates of loneliness and social isolation among older adults engaged in AAA programs.

Objective #3: Increase awareness and knowledge about Alzheimer's Disease and related dementias (ADRD) and fall risk and prevention.

Strategy #1: Partner with AAAs, senior centers, and local partners to identify opportunities to expand training and educational resources on ADRD and falls risk and prevention for older adults, caregivers, and providers.

Strategies outlined in this objective will lead to the following **outcomes**:

- Short-term: Increased awareness among older adults and caregivers of evidence-based information on fall risk and prevention and ADRD.

Strategy #2: Coordinate with state agencies, health system partners, AAAs, and local partners to develop and distribute educational materials and training programs.

Strategies outlined in this objective will lead to the following outcomes:

- Intermediate: Availability of standardized training resources on ADRD and fall risk and prevention across the state.
- Long-term: Decreased rates of falls and improved dementia-capable services for older adults.

Objective #4: Increase awareness of common scams and fraud facing older adults.

Strategy #1: Promote training opportunities that support older adults and caregivers in identifying warning signs of scams for AAA staff, volunteers, and community partners.

Strategies outlined in this objective will lead to the following **outcomes**:

- Long-term: Increase AAA and partner capacity to identify, respond to, and report potential scams and exploitation cases.



Goal #3: Recognize, support, and sustain formal and informal caregivers as vital partners in the aging network.

Like many other states, Arizona is experiencing workforce shortages that impact the availability and adequacy of caregivers providing services to older adults. The State anticipates that workforce issues will remain at the forefront of policy concerns, particularly given the growing population of older adults. The absence of a robust network of caregivers often negatively impacts older adults who require caregiving services to maintain health and independence. In addition, caregivers face unique challenges when addressing the needs of older adults, particularly older adults at GEN and GSN. Caregivers need to be adequately and appropriately trained to identify and provide services and supports available to older adults. Services and supports should also be delivered in a manner that demonstrates awareness of cultural sensitivities and takes into account linguistic and cultural differences effectively. Goal #3 identifies several objectives for the SUA to help mitigate workforce shortage issues and adequately prepare formal and informal caregivers to care for older adults.

ACL STATE PLAN FOCUS AREAS: GEN and GSN, Caregiving

Objective #1: Increase awareness and identification of informal caregivers.

Strategy #1: Partner with AAAs and community partners to develop outreach materials and campaigns to encourage individuals to self-identify as caregivers and connect with available supports.

Strategies outlined in this objective will lead to the following **outcomes**:

- Intermediate: Increased number of caregivers who self-identify and seek assistance through AAAs and community partners.

Objective #2: Expand peer and professional supports for informal caregivers.

Strategy #1: Partner with AAAs and community partners to increase access to peer support groups and evidence-based caregiver interventions.

Strategies outlined in this objective will lead to the following **outcomes**:

- Long-term: Improved caregiver resilience, reduced stress, and increased confidence in caregiving role.

Objective #3: Strengthen training and supports for formal caregivers.

Strategy #1: Partner with educational institutions, workforce boards, and training providers to expand direct care workforce development opportunities.

Strategies outlined in this objective will lead to the following **outcomes**:

- Short-term: Increased availability of training opportunities for DCWs and professionals.
- Intermediate: Growth in the number of trained and credentialed direct care professionals.
- Long-term: Improved stability, retention, and capacity of Arizona's formal caregiving workforce.

To achieve all goals in this State Plan, the SUA recognizes that progress will require a deliberate and extended effort by partners vested in supporting the older adult population. Strengthening advocacy for funding, aligning priorities across federal and state partners, and cultivating broad stakeholder support are all essential steps. While these efforts may not be fully realized within the next two years, they remain critical to the success of Arizona's aging network. By acknowledging these priorities now, the SUA signals its commitment to laying the groundwork for future funding strategies that can sustain and expand services for older Arizonans.

STEWARDSHIP AND OVERSIGHT

The SUA is responsible for oversight and monitoring of contracted partners, including AAAs and other service providers, to promote effective and efficient service delivery and appropriate use of funds. To receive OAA funds, the SUA requires Arizona's AAAs to submit Area Plans on Aging for review and approval every four years. Area Plans on Aging identify information to enhance public understanding of the needs of older adults and enhance public awareness of the AAA's plans for serving older adults and caregivers. Area Plans on Aging also contain goals and objectives that the AAAs aim to achieve during the four-year Area Plan on Aging cycle. The SUA coordinates with AAAs to monitor and track progress of the goals and objectives outlined in their Area Plans on Aging. Additionally, the SUA engages with AAA leadership in regularly scheduled meetings, and the SUA maintains a collaborative, working relationship with each AAA.

Quality Management Activities

The SUA's other oversight activities are multifaceted and include on-site monitoring reviews, desk reviews, retrospective audits, performance data validation, policy guidance, and technical assistance and training. For example, the SUA conducts onsite monitoring for each AAA on a regular basis, aiming for once per AAA each contract cycle. Following each review, the SUA provides a detailed report that may include findings and, if needed, requires corrective action plans. The SUA continues to work directly with AAAs until all findings are addressed and resolved, reflecting a partnership-oriented approach to oversight.

Beyond compliance monitoring, the SUA's stewardship framework incorporates broader program compliance management activities designed to uphold the mission and vision of the OAA. This includes aligning program and communication policies and procedures to ensure cohesion across the network. The SUA also provides ongoing technical assistance, training opportunities, and policy clarification to aging network partners so they can better serve older adults and caregivers. Additionally, the SUA maintains the integrity of program activities and ensures program adjustments are made, as needed, to remain responsive to community needs and emerging trends.

ATTACHMENTS

Attachment A – State Plan Assurances and Required Activities

State Plan Assurances and Required Activities

Older Americans Act (OAA), As Amended in 2020

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

The language in this Attachment A appears exactly as it is written in the statutory assurances of the OAA, as amended in 2020.

Sec. 305, Organization

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

(2) The State agency shall—

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

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

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

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

(G)

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

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

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

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

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

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

Sec. 306, Area Plans

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance,

modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have GSN (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

(4)(A)(i)

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared — identify the number of low-income minority older individuals in the planning and service area; describe the methods used to satisfy the service needs of such minority older individuals; and provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

(6) provide that the area agency on aging will—

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

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

(C)

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

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

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

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

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

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

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

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

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

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

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

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

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

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

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

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

- (B) be coordinated with services described in subparagraph (A); and
- (C) be provided by a public agency or a nonprofit private agency that—
- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older

individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Sec. 307, State Plans

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

(1) The plan shall—

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

(B) be based on such area plans.

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

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and

assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

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

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

(3) The plan shall—

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

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section

712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

Sec. 308, Planning, Coordination, Evaluation, and Administration of State Plans

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

Sec. 705, Additional State Plan Requirements

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

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

Signature and Title of Authorized Official

Date

Attachment B – Information Requirements

Information Requirements

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

Greatest Economic and Greatest Social Need

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

How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

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

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

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

- Identify and consider populations in greatest economic need and greatest social need;*
- Describe how they target the identified populations for service provision;*
- Establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;*
- Establish methods for serving the prioritized populations; and*
- Use data to evaluate whether and how the prioritized populations are being served.*

RESPONSE:

The Division of Aging and Adult Services (DAAS) Policy and Procedure Manual requires that AAAs give preference to older adults with the greatest economic need (GEN) and greatest social need (GSN), which are defined through the below:

- Chapter 1000 requires AAAs to collect performance and descriptive data as a means of measuring the effectiveness of AAAs in delivering services to older adults with GEN and GSN.
- Chapter 2000 outlines an operational principle for the concentration of programs and distribution of funds provided under the OAA to be directed to assisting older adults with GEN or GSN.
- Chapter 3000 requires that specific OAA-funded services are prioritized for clients age 60 or older with GEN and GSN.

The SUA tracks data to analyze key population, demographic, and geographic characteristics. The SUA's analysis of U.S. Census Bureau, American Community Survey (ACS) data from 2023 showed:

- Approximately 186,971 Arizonans age 60 or older (10.4% of the state's older adult population) had an income below the FPL.
- An estimated 222,218 Arizonans age 60 or older (12.4% of the state's older adult population) lived in rural areas of the state.
- Approximately 523,160 Arizonans age 60 or older (29.1% of the state's older adult population) have a disability.
- Approximately 138,430 Arizonans age 60 or older (7.7% of the state's older adult population) speak English "less than very well."

As described above, the SUA used data to identify the priority populations of Arizonans age 60 or older who are most at risk for poor health outcomes. These older adults often have the GEN or GSN. The SUA's priority populations include older Arizonans with the following characteristics:

- Have incomes and/or assets at or below the FPL, including low-income minority older individuals
- Are Native American and/or reside on a reservation.
- Reside in rural areas.
- Have a physical or mental disability.
- Have limited English language proficiency.

The SUA will take the following steps to ensure preference will be given to older adults with GEN and GSN by:

- Continuing to conduct monitoring and assessment of AAAs in responding to the needs of these individuals.

- Continuing to provide technical assistance to AAAs and service providers in meeting the needs of these individuals.
- Allowing for direct service waivers, as needed, to ensure availability of support to those most in need.
- Ensuring important documents or program information is translated into the client's native language, as needed, and is available through appropriate media formats.
- Ensuring individuals in rural areas are given the opportunity for input by completing annual client surveys.
- Continuing to coordinate with Native American tribes and tribal AAAs to ensure core services are provided.
- Continuing to coordinate, as needed, with the Governor's Advisory Council on Aging (GACA), and other state agencies to ensure information on services and resources reaches priority populations.

The AAA Area Plan and annual goal and strategies update must assess and describe the target population within the AAA regions. AAAs must also develop specific service goals and objectives that meet the needs of specific populations and reduce barriers to services.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

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

RESPONSE:

Arizona has 22 federally recognized tribes, represented by two AAAs: the Inter-Tribal Council of Arizona (ITCA) and Navajo Nation DALTCS. The ITCA AAA administers OAA Title III and VII programs for 18 tribal governments in Arizona, and OAA Title VI Program for four tribes. The SUA will continue to coordinate with ITCA, Navajo Nation DALTCS, and Arizona's other AAAs to support that services are prioritized for Arizonans age 60 or older with the following characteristics, determined to be in GEN and GSN:

- Have incomes and/or assets at or below the FPL, including low-income minority older individuals.
- Are Native American and/or reside on a reservation or tribal lands.
- Reside in rural areas.
- Have a physical or mental disability.
- Have limited English language proficiency.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): *The plan shall —*

...

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

45 CFR § 1321.53:

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

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

- *How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;*
- *The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;*
- *The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;*

- *How Title VI programs may refer individuals who are eligible for Title III and/or VII services;*
- *How services will be provided in a culturally appropriate and trauma-informed manner; and*
- *Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.*

RESPONSE:

Coordination between the SUA and tribal communities in Arizona has been a growing partnership for many years. Two of the eight AAAs in Arizona — ITCA and Navajo Nation DALTCS — primarily represent tribes and support tribal governments in program planning and development, resource development, management, and evaluation. Title III funds are allocated to ITCA and Navajo Nation's DALTCS. Seventeen of ITCA's member tribes provide OAA-funded aging services, and Navajo Nation DALTCS provides OAA-funded aging services to members of its tribal community.

- The SUA took a collaborative approach for Title III and Title VI coordination. This includes developing a comprehensive policy around outreach and communication to Tribal elders and family caregivers, collaboration on and sharing of program information, and provision of services that are culturally appropriate and in a trauma-informed manner. DAAS will be documenting the completed procedures in the DAAS Policy and Procedure Manual and will be overseeing all activities.
- The SUA will continue to collaborate with Native American tribes in Arizona and the tribal AAAs to increase access and to address the needs of Native American older adults. The DAAS Tribal Liaison supports the SUA in outreach efforts to tribal communities, in partnership with the DES Office of Tribal Relations.
- The SUA will continue to provide training and technical assistance to tribes, tribal communities, and the tribal AAAs.
- The SUA will coordinate with Arizona's other AAAs to better support outreach to Native American older adults living in regions not served by tribal AAAs.
- The SUA will continue to implement strategies to expand outreach activities and Medicare benefits enrollment with Native American older adults and Native American family caregivers in Arizona. Outreach approaches will continue to include the development and deployment of educational media campaigns with respect to language and culture.
- The SUA will continue to host trainings for tribal leaders, health directors, patient benefit coordinators, and senior center staff and other community networks to

bring awareness of the State Health Insurance Assistance Program and the Senior Medicare Patrol project.

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

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

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

RESPONSE:

The SUA tracks data to analyze key population, demographic, and geographic characteristics. The SUA's analysis of U.S. Census Bureau, American Community Survey (ACS) data from 2023 showed:

- Approximately 186,971 Arizonans age 60 or older (10.4% of the state's older adult population) had an income below the FPL.
- Approximately 138,430 Arizonans age 60 or older (7.7% of the state's older adult population) speak English "less than very well."
- Arizona has grown more racially and ethnically diverse over time. As of 2023, 20% of Arizonans age 60 or older identify as non-white, and 14.4% Arizonans age 60 or older identify as Hispanic or Latino.

The SUA requires that AAA Area Plans specify how AAAs will tailor outreach and service delivery to low-income minority older adults. The AAA Area Plan and annual goal and strategies update must assess and describe the target population within the AAA region. The AAAs must also develop specific service goals and objectives that meet the needs of specific populations and reduce barriers to services. In addition, the SUA will take the following steps to ensure preference is given to providing services to low-income minority older adults and low-income minority older adults with limited English proficiency by:

- Continuing to conduct monitoring and assessment of AAAs in responding to the needs of these individuals.
- Continuing to provide technical assistance to the AAAs and service providers in meeting the needs of these individuals.

- Allowing direct service waivers, as needed, to ensure availability of support to those most in need.
- Translating important documents or program information into the client's native language, as needed, and making available through appropriate media formats.

Rural Areas – Hold Harmless

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

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

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

RESPONSE:

Each AAA receives at least as much funding annually as it received in the year 2000. The year 2000 is used as the base for annual planning levels, and the difference between planning levels for the coming year and the base is calculated.

It is projected that \$3.4M in federal and \$716k of state dollars will be used for FFY26, FFY27, FFY28, assuming no changes in funding calculated off of the 10% allocated based on the rural population from Titles III and VII funding and State funding.

In addition, while meeting this requirement depends on federal funding levels, the projected costs of providing services to rural residents have continued to increase year over year. Arizona has placed a 10% weighted factor in its Intrastate Funding Formula (IFF) on rural areas to ensure the necessary funding is in place for support.

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

RESPONSE:

The SUA recognizes that older adults who reside in rural areas of the state can experience unique challenges with achieving optimal health and well-being. As such, the SUA considers residence in rural areas as one of the factors in determining GSN for Arizonans age 60 or older. The SUA analyzed data on older Arizonans living in rural

areas as part of the Statewide Needs Assessment activities for the Arizona State Plan on Aging (State Plan) for FFY 2027 and 2028. Data analysis showed that approximately 14.8% of Arizonans age 60 or older reside in rural areas of the state.

In addition, the SUA recognizes that characteristics of the priority populations are interconnected, not siloed. Older Arizonans may have one or more characteristics of priority populations outlined above. For example, there may be older Arizonans who reside in a rural area and have an income and/or assets at or below the FPL. The SUA is continually committed to working with stakeholders to recognize the nuanced needs of older Arizonans who have characteristics of multiple priority populations. The State will consider this additional complexity when determining the GEN and GSN, in alignment with OAA guidance. The SUA also recognizes that many older Arizonans who do not have any of the characteristics identified for priority populations still require support and face barriers to independence and healthy aging. As Arizona's population continues to grow, it is essential to acknowledge that older adults are a diverse community with a wide range of needs and challenges.

The revised Arizona IFF outlines that, after the state administrative III-C1 and III-B Ombudsman funds are removed and AAAs receive their base grant allocation, the remaining balance is portioned based on factors with weights attached. The rural factor (individuals age 60 or older living in rural areas) has a 10% weight in the Arizona IFF. The SUA engaged AAAs and other aging network partners to provide input as the revised IFF was developed.

Assistive Technology

OAA Section 306(a)(6)(I):

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

RESPONSE:

The Arizona Technology Access Program (AzTAP) is the State's assistive technology entity. AzTAP assists individuals with disabilities, as well as family members, service providers, employers, and the public to become better informed about the use of assistive technology.

For the next Area Plan on Aging cycle, the AAAs will continue to partner with AzTAP to put assistive technology, adaptive equipment, and durable medical equipment into the hands of older adults and persons with disabilities. Examples include communication devices, computers, tablets, and cell phones, items used to enhance everyday living (i.e., reachers and pill reminders), hearing aids, vision aids, items that assist individuals

with mobility, seating, and positioning, and vehicle modifications. This partnership will help facilitate equipment and device exchanges between individuals.

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —...

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

RESPONSE:

Guidance from the SUA requires AAAs to describe in their Area Plans how they establish priorities for the planning cycle, the factors influencing their priorities, and their plans for managing increased or decreased resources. The Area Plan must include the AAA process for establishing an adequate proportion of funding for Title III access (transportation, information and referrals, outreach, and case management), in-home services, and legal services in keeping with federal and state requirements. In the updated IFF, the SUA specified the following minimum requirements of initial allocation spend for Title III-B funds:

Table 2: Title III-B Spend Minimum Requirements

Service	Minimum Percentage
Transportation, Information and Referrals, Outreach, Case Management	16%
In-Home Services	8%
Legal Services	4%

DAAS Policy and Procedure Manual Exhibit 2000B and service contracts specifically require that AAAs submit meet the adequate proportion requirements for priority services. Additionally, the DAAS validation worksheet of the contract amendment template specifies the Title III-B minimum percent required. These fields are populated automatically when a contract amendment is completed, allowing the SUA to track compliance with this requirement. The SUA will oversee AAAs to ensure they abide by these minimum requirements of initial allocation spend for Title III-B funds through regular programmatic and fiscal monitoring and oversight.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

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

(B) Such assessment may include—

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

RESPONSE:

The SUA monitors and analyzes U.S. Census Bureau population estimates, information included in AAA Area Plans, and other relevant national and state resources to assess and prepare for changes in Arizona's older adult population. The number of adults age 60 or older in Arizona is expected to grow from 1,797,801 in 2023 to 2,245,945 by 2030, representing a 25% increase. This growth far outpaces the state's projected 8.6% overall population growth rate. Research suggests that multiple factors, including individuals migrating from other states to Arizona for retirement and a national trend of the "Baby Boomer" generation becoming older, are driving continued growth of Arizona's older adult population. By 2050, 2,632,537 Arizonans will be age 60 or older, representing a 46% increase in the state's older adult population since 2023. These data indicate that the need for aging services will only increase over time, especially among individuals with GEN and GSN. The SUA uses population data from the U.S. Census Bureau as the basis for its IFF, which dictates how funds are allocated to AAAs based on the percentage of individuals with GEN and GSN living in each AAA service area.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding

(Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

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

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

45 CFR § 1321.27 (j):

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

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

RESPONSE:

Nutrition services include congregate and home-delivered meals and provide at least one meal per day, five or more days per week. In addition, they include nutrition education, nutrition counseling, and other nutrition-related services such as nutrition

screening, wellness checks, and referrals to other home and community-based supports that the client may benefit from based on local availability and the client's eligibility. Meals provided at a congregate meal site are consumed in a congregate setting, and home-delivered meal services are meals that are hand-delivered to the client or their designee at the client's place of residence. Grab and Go (GNG) meals for congregate or home-delivered service can be picked up, carried out, or received via drive-through from a Congregate Meal site and may be shelf-stable meals. All the meals provided meet the dietary guidelines for Americans and Dietary Reference Intakes as outlined in section 339 of the Act (42 USC 3030g-21) and the Arizona DES Nutrition, Food Service, and Wellness Manual.

The SUA administers the OAA-funded nutrition program for Congregate (CNG) and Home-Delivered Meals (HDM) service by providing funding, direction, and technical assistance to the AAAs. The HDM program was determined through consultation with AAAs and other state and national partners and is communicated through policy issuance to AAAs. AAAs contract with providers as necessary to carry out these services. The CNG program prioritizes older adults in GEN/GSN who have income below the federal poverty level, have limited English proficiency, reside in rural areas, or have a disability. The HDM program prioritizes older adults in GEN/GSN who may not eat adequate or nutritious meals due to the following: incapacitation or disability due to accident, illness, or frailty; an inability to safely prepare meals due to limited mobility, psychological or mental impairment; and a lack of resources such as family, friends, or other community services to provide or prepare meals.

The SUA Policy allows HDM participants to benefit from Grab and Go Meals. V.A.1.a.ii. At least 1 meal per day, 5 or more days per week, that is consumed outside of a Congregate setting. These meals can be provided through HDM or Grab and Go (GNG).

The following individuals are eligible to receive services at a CNG meal site based on availability and funding:

1. Adults age 60 or older;
2. The spouse of the eligible client, regardless of age or condition
3. An individual with a disability, regardless of age, who resides:
 - a. With an eligible client and must accompany the client to the meal site; or
 - b. In a housing facility where CNG meals are served, which is primarily occupied by individuals aged 60 or older.
4. A volunteer of any age who provides services during meal hour(s).

The following individuals are eligible to receive HDM services based on the availability of funding:

1. An individual age 60 or older who:
 - a. Has functional limitations restricting the individual's ability to carry out IADLs;

- b. Is moderately-to-severely impaired, as determined via the Assessment tool, in the following IADLs: shopping, transportation, or light housework; and meal preparation.
 - c. Has no other meal preparation assistance.
2. The spouse, regardless of age or condition, of an eligible client; an
3. An individual with a disability, regardless of age, who resides with an eligible client.

GNG meals provided through Title III-C1 funding shall not exceed 25 percent of the funds expended by the State Unit on Aging (SUA) under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed. The SUA does not anticipate that the provision of home-delivered or GNG meals will diminish the impact of the State's congregate meals program. The SUA will continue to monitor the impact of shelf-stable and GNG meals on congregate meals program participation.

The SUA will:

- Contract with AAAs to facilitate the provision of nutritional services to older adults through congregate and home-delivered meal services.
- Designate a minimum portion of Title III C-1 and Title III C-2 funds specific to each Planning and Service Area (PSA) to be used by the AAA in carrying out the CNG and HDM program.
- Ensure that services offered by the HDM program do not duplicate or replace services already provided by other entities in the state.
- Facilitate coordination between the CNG and the HDM program, Tribal organizations, and Title VI programs.
- Provide advice, training, and technical assistance to AAAs and nutrition service providers.
- Perform monitoring activities, ensuring AAA compliance with SUA program policies and procedures, contracts, and ADES scopes of work; quality and effectiveness in program activities and service delivery; contract requirements; federal regulations; and additional or updated guidance material provided by ACL.

AAAs will:

- Align all program policies and procedures with the most up-to-date federal rules, regulations, SUA policies, and ACL guidance.
- Carry out the nutrition services program for CNG and HDM services by awarding contract funds to Nutrition Service Providers (NSP).

- Establish procedures for voluntary contributions that meet the guidelines in DAAS' Service Contributions Policy.
- Provide case management services specific to the HDM program.
- Conduct annual assessments of NSPs to ensure compliance with the SUA's requirements.
- Conduct monitoring activities assigned to the AAAs of NSP compliance on SUA program policies and procedures, nutrition education documentation is retained for at least one year for annual audit purposes, quality and effectiveness in program activities and service delivery, initiate any necessary corrective action within 30 days, and staff training and licensing requirements.

Additional responsibilities performed by the SUA and AAAs are further defined in DAAS' Nutrition Services: Home Delivered Meals Program Policy.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

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

RESPONSE:

The State Long-Term Care Ombudsman Program (LTCOP) is a distinct office within DES responsible for identifying, investigating, and resolving complaints made by or on behalf of residents of nursing homes, assisted living facilities, and adult foster care homes. In Arizona, AAAs receive federal and state funds to administer local LTCOP services by assisting residents of long-term care (LTC) facilities within their coverage area. The Arizona LTCOP includes paid staff members and volunteers who work under AAAs to provide program services and are specially trained and designated as LTC Ombudsmen. Ombudsmen routinely make in-person visits to facilities to meet with residents and staff and provide community education on resident rights and how to uphold them. Approximately 65 state designated Ombudsman staff and volunteers provide services to the residents of 141 skilled nursing institutions and over 2,000 residential care homes (including assisted living and adult foster care facilities).

The LTCOP and Legal Services Assistance (LSA) program actively consult with AAAs to identify and prioritize statewide activities aimed at ensuring older individuals have access to, and assistance in securing and maintaining, benefits and rights. The SUA reviews the Area Plans and annual goals and strategies updates to determine how the AAAs are planning to meet the needs of older individuals regarding benefits, rights, and

entitlements. In addition, the SUA reviews funds expended under Title VII and certifies these expenditures to the ACL.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

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

RESPONSE:

Many partners in the Arizona aging network work collaboratively to address abuse, neglect, and exploitation of older Arizonans. The SUA, APS, the Arizona Attorney General's Office (AGO), the LTCOP, AAAs, and local partners conduct outreach regarding abuse, neglect, and exploitation of older adults. This outreach focuses on educating older adults, caregivers, and family members of older adults on the signs of elder abuse, neglect, and exploitation, including knowing and recognizing the signs of financial scams.

DAAS hosts an annual World Elder Abuse Awareness Day conference for caregivers, aging organizations, and other partners in the aging network. Conference participants are provided with resources to help them and the individuals they serve better understand the legal programs and services available to them when elder abuse occurs. In addition, DAAS convened a legal task force beginning in 2024 that focused on educating the public about legal resources, rights, and how to prevent, combat, and report scams when they occur.

Monitoring of Assurances

45 CFR § 1321.27 (m):

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

RESPONSE:

The SUA routinely analyzes data from the U.S. Census Bureau ACS and other publicly available national and state sources to monitor population, demographic, and geographic changes and trends in Arizona. In addition, the SUA reviews and analyzes data reported by AAAs and other service providers to monitor provision of OAA-funded services. Data analysis and monitoring also supports the SUA in monitoring progress toward the goals, objectives, strategies, and outcomes outlined in this State Plan. DAAS Policy and Procedure Manual Chapter 1600 outlines service-specific and programmatic reporting requirements for AAAs receiving OAA funding.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

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

RESPONSE:

The SUA reviewed current area plans, implemented for 2023-2027, from all eight AAAs. The SUA chose to implement a two-year State Plan (FFY 2027 and 2028) to align the state planning cycle with the planning cycle years for AAAs, starting in 2028. The SUA engaged AAAs to provide input on the stakeholder engagement process for the FFY 2027 and 2028 State Plan and interviewed AAAs for feedback on Arizona's aging network.

Partnering with Arizona's AAAs for public input sessions allowed for tailored outreach to the various regions in the state. Public input sessions allowed for more on-the-ground insights and a better understanding of the realities of older adults, caregivers, and community providers about the aging experience in Arizona. These sessions highlighted the primary needs of older adults and caregivers, effective programs and supports that are currently available, and gaps within existing programs and supports. From July 11, 2025, to August 21, 2025, the SUA organized and executed seven public input sessions in partnership with Arizona's AAAs. Additionally, DALTCS of the Navajo Nation solicited public input during an in-person event held in August 2025. Note, while most of the public input sessions were conducted virtually, two hybrid sessions were offered to allow participants to attend in person or virtually. Attendance at each public input session averaged 30 participants and was primarily made up of older adults, providers, and representatives of organizations that serve the population within that region.

Additionally, all AAAs were engaged in tailored interviews. The purpose of the interviews was to ensure system reform recommendations recognize and investigate program strengths, areas of opportunity, and priorities for the future of Arizona's aging network. In recognition of the critical role that AAAs play and the input they provided and helped gather from stakeholders to shape the FFY 2027 and 2028 State Plan, AAAs were also given the opportunity to review and provide feedback on draft versions of the State Plan on Aging. The SUA will continue to collaborate with the AAAs to support alignment between the State and area planning processes.

Public Input and Review

45 CFR § 1321.29:

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

RESPONSE:

The SUA considered input from older adults, caregivers, family members, and other interested parties when developing the State Plan. Arizona's State Plan was guided by an inclusive, multipronged stakeholder engagement and assessment process to determine individuals with the greatest economic and social needs when accessing services in the past. This included conducting stakeholder interviews, focus groups, and public forums, as well as deploying a stakeholder survey to inform a statewide assessment of the needs of older adults. Detailed information summarizing stakeholder engagement activities, as well as results from the stakeholder survey, can be found in the Arizona State Plan on Aging: Interim Report.

In addition, the SUA released a draft copy of the State Plan, which was posted for public comment from January 16, 2026, to February 16, 2026. The SUA administered a survey to solicit public input on the draft State Plan. This section will be further updated upon completion of the public comment period and prior to development of the final State Plan.

Program Development and Coordination Activities

(Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

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

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

RESPONSE:

The SUA certifies that program development and coordination activities meet the requirements outlined in 45 CFR § 1321.27 (h). Requirements for program development and coordination activities included as part of policies and procedures for the development of Area Plans on Aging are further specified in the DAAS Policy and Procedure Manual.

Operational Principles

- The SUA will not fund program development and coordinated activities as a cost of supportive service for the administration of area plans until the Area Agency on Aging has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans.
- The SUA and AAAs will, consistent with budgeting cycles, submit the details of a proposal to pay for program development and coordination as a cost of supportive services to the public for review and comment.
- Program development, as a service or function, shall meet the following criteria:
 - The activities are intended to achieve a specific service(s) goal and objective.
 - Activities must occur during a specifically defined and limited period, rather than being cyclical or ongoing.
 - The activities will have a direct and positive impact on the enhancement of services for older people in the PSA.

Operational Procedures

- An AAA shall request approval from the SUA to utilize Title III, Part B funds for program development and coordination.
- When requesting approval to utilize Title III, Part B funds for program development and coordination, the AAA must provide assurances that they will not expend funds from the Title III, Part B allocation to support program development and/or coordination until the AAA has first spent 10% of the total of its combined allotment under Title III on the administration of Area Plans.
- AAAs using funds to pay the cost of both program development and coordination must ensure that Administration funds are completely exhausted prior to the program funds.
- For approval for using Title III Part B funds for program development and coordination services, each AAA shall ensure the reallocation of funds will have a

direct and positive impact on the enhancement of services for older persons in the PSA.

- At no time will approval be granted if it is established that a reduction in service levels will result from the transfer or removal of funds from an existing program or function.
- The AAA shall, consistent with its planning and budget cycle, submit its program development methodology for inclusion in its contract with the State that describes how it intends to use Title III, Part B funds for program development and coordination. The methodology should identify the following:
 - Use of funds to research and/or establish a new service or to improve, expand, or integrate an existing service. Funds will be expended within the state fiscal year (SFY).

Legal Assistance Developer

45 CFR § 1321.27 (l):

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

RESPONSE:

The SUA appointed a Legal Assistance Developer (LAD) in response to the 2024 OAA requirements specified in part 1324, subpart C. DAAS Policy and Procedure Manual Chapter 3700 describes that the LAD shall provide State-level leadership and advocacy for legal assistance by working across the legal network to strengthen the legal services delivery system. In addition, DAAS Policy and Procedure Manual Chapter 3700 outlines that the LAD will provide oversight for reporting, monitoring, training, and technical assistance to ensure compliance with contracted and subcontracted legal assistance service providers. The LAD is also responsible for coordinating with AAAs who are unable to provide legal services due to a lack of available legal providers in their region to obtain an Adequate Proportion Waiver. The DAAS Policy and Procedure Manual Chapter 3700 also specifies that the LAD will:

- Act as a local spokesperson for the program.
- Provide general oversight of all LSA services and activities.
- Ensure accurate and timely reporting for all state and federal requirements.
- Communicate with federal, state, tribal organizations, and local partners.
- Facilitate coordination with the LTCOP when clients need legal assistance.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

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

RESPONSE:

The Arizona State Emergency Response and Recovery Plan (SERRP) is an all-hazards plan designed to address natural, technological, and human-caused Arizona emergencies and disasters. The SERRP integrates with the National Response Plan, the ADES disaster plan (called the Continuity of Operations Plan [COOP]), county, local, and tribal emergency operations plans and procedures to complement and coordinate preparedness, emergency response, and recovery activities.

DAAS Policy and Procedure Manual Chapter 1105.05 requires AAAs to develop a plan for delivery of services during emergency/disaster situations. In addition, the SUA will engage in the following emergency activities:

- The SUA will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment.
- Upon the decision to activate the COOP, the SUA will notify all concerned personnel, as well as affected interdependent entities with information regarding continuity activation and relocation status, operational and communications status, and the anticipated duration of relocation.
- To cover the 15 counties in Arizona, DES utilizes six Coordinating Program Managers (CPMs), with one in each of the six districts. The CPM is responsible for coordinating department-level issues and strategies that affect districts and is part of the chain of command in addressing infrastructure issues, unusual events, or disasters within the districts. These duties are in addition to their regular programmatic duties and responsibilities. DES preparedness incorporates hazard/threat warning systems, which includes postings and instructions to staff and the Emergency Procedures Handbook on the Department intranet webpages for all employees.

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

OAA Section 307(a)(29):

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

RESPONSE:

The SUA is part of the DES COOP. The COOP identifies key staff persons, systems, or processes that will be needed, and the activities that will occur to restore services to those most in need. The SUA (DAAS) Assistant Director is the key staff person in the COOP and will coordinate with internal and external staff and agencies to initiate emergency response actions, if necessary. The COOP supports coordination between SERRP, DAAS (the SUA), AAAs, and service providers. The State Public Health Emergency Preparedness and Response Plan and the SERRP, described above, will be followed. In addition, tribal nations and communities may declare an emergency independently, regardless of state, county, or local declarations. Tribal nations and communities may request assistance directly from the State, consistent with tribal sovereignty and government-to-government coordination, or seek a Presidential Declaration from the Federal Emergency Management Agency without requiring state involvement.

Attachment C – Intrastate Funding Formula/Funds Distribution Plan Requirements

Intrastate Funding Formula/Funds Distribution Plan Requirements

Arizona Intrastate Funding Formula

Background

In 2024, members of DAAS within the DES, in accordance with Section 305(a)(2)(C) and (D) of the OAA of 1965, met and consulted with all eight AAA Directors on multiple occasions to plan, strategize, and develop a revised IFF. The process was incredibly collaborative and ultimately yielded a distribution that is highly reflective of population concentration, as well as social and economic need.

Arizona Existing IFF

Methodology Basics

Prior to the IFF distribution process to the AAAs, 5% of the total award amount (Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E, including any intrastate transfers) is deducted from the Title III-C1 grant for state administration. Arizona also deducts \$320,000 from Title III-B to support the State LTCOP.

After the state administration is deducted, the remaining funds are split into three categories. For AAA administrative funds, 10% of the total award after the state administration deduction is bookmarked from the Title III-C1 grant. For rural allocations, 8.5% of the remaining balance is bookmarked after the state and region deductions. The remaining balance is available for program services. The majority of funds for regions are allocated based on a formula informed by weighted populations.

Note: Population data for each region deducts the reservation population that is, in turn, included in AAA VIII population calculation (ITCA).

Table 3: Category by Weights

Weights	Category	Region I - VI	Navajo (VII)	ITCA (VIII)
W1	Non-Minority/Non-Poverty (NMNP)	1.0	5.0	6.0
W2	Minority/Non-Poverty (MNP)	1.1	5.0	6.0
W3	Non-Minority/Poverty (NMP)	1.75	5.0	6.0
W4	Minority/Poverty (MP)	3.0	5.0	6.0

The percentage of an AAA's weighted population compared to the total establishes Arizona's IFF factor one (F1).

Example: $((NMNP1 \times W1) + (NMP1 \times W3) + (MNP1 \times W2) + (MP1 \times W4)) / ((NMNP \times W1) + (NMP \times W3) + (MNP \times W2) + (MP \times W4))$

Funds for AAA administrative and program service expenses are allocated based on the F1 percentage. Funding for AAA administrative and program service expenses constitutes most of AAA Title funds. The remaining funds are allocated based on factor two, the rural factor. Individual AAA's allocations of rural funds are based on the unweighted populations.

Full details of Arizona's previous IFF are detailed in the FFY [2023-2026 Arizona State Plan on Aging](#) on pages 61-67.

Title III-B Regulations

Table 4: Service Categories and Initial Allocation Spend

Service Categories	Requirement of Initial Allocation Spend
Transportation, Information and Referrals, Outreach, Case Management	16%
In-Home Services	8%
Legal Services	4%

Arizona's total LTC advocacy minimum for Title III-B is \$204,246.45, based on the 2019 spending levels. Regional requirements are based on individual III-B spending in this category.

Table 5: Weights by Category

Weights	Category
AAA Region One, Inc.	\$134,362.75
Northern Arizona Council of Governments	\$16,254.24
Western Arizona Council of Governments	\$38,519.17
Pinal-Gila Council for Senior Citizens	\$15,110.29

Arizona Revised IFF (Arizona Budget Fiscal Years 2026-2030)

Methodology Basics

With Arizona's IFF, the SUA aims to simplify its approach and better align funding.

The allocation of Title III funds to AAAs is based on the economic and social needs of the population of people age 60 or older in each PSA after a base level of funding is assured to each agency. The awards for FFY24 are included in this State Plan.

Before distribution under the IFF to AAAs, up to 5% of the total award amount (Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E, including any intrastate transfers) is deducted from the Title III-C1 grant for state administration. Arizona will also deduct from Title III-B to support the State LTCOP. The current amount is \$320,000, but this is subject to change as the program needs may change at the state level. Title III-B Ombudsman funds will not be less than the minimum amount required under the OAA.

Arizona Intrastate Funding Formula – Title III Methodology

After the state administrative III-C1 and III-B Ombudsman funds are removed, each AAA is allocated a base grant of \$200,000 from Title III-C1. The remaining balance of Title III is portioned based on the weights below:

Table 6: Weights by Factor

Factor	Weight	Data Source	Purpose
60+ Population (OA)	63%	2022 ACS 5-YR (S0101)/(B01001) or tribal-provided populations living on reservation land.	Reflect the proportion of the state's population of elders as required by OAA § 305(a)(2)(C)(i).
65+ Disability Status (DA)	3%	2022 ACS 5-YR (B1801).	Reflect the proportion of elders at GSN for services ; as required by OAA § 305(a)(2)(C)(ii).
65+ Population Under FPL (non-minority) (FPLnm)	6%	2022 ACS 5-YR (B17001A).	Reflect the proportion of elders at GEN for services; as required by OAA § 305(a)(2)(C)(ii).
65+ Population Under FPL (minority) (FPLm)	12%	2022 ACS 5-YR (S1701 excluding B17001A).	Reflect the proportion of elders at GEN and GSN for services; as required by OAA § 305(a)(2)(C)(ii).
60+ Rural (R)	10%	2020 United States Census (PCT12) 10-YR.	Reflect the proportion of elders at GSN for services ; as required by OAA § 305(a)(2)(C)(ii) and in alignment with Rural Minimum Expenditures outlined in §1321.9(c)(2)(viii) of the OAA Final Rule.
Reservation Population (RES)	6%	2022 ACS 5-YR (B01001) or upon tribal leadership approval, tribal communities may provide their *own official numbers for tribal-provided populations living on	Reflect the proportion of elders at GSN ; as required by OAA § 305(a)(2)(C)(ii) and clarified by OAA Final Rule § 1321.3 (3)(ii).

Factor	Weight	Data Source	Purpose
		reservation land/tribal lands for the most recent year, provided on a five-year basis as a substitution for the ACS.	

**Due to a historical underrepresentation of tribal communities in the United States Census, Tribal AAAs may choose to use Census or tribal enrollment data.*

For example, of the total Title dollars remaining after the AAA base and state administrative III-C1 and III-B Ombudsman funds are removed, 63% would be allocated based on Arizona's **60+ population** and each region's share of the **60+ population**.

P , the proportion each AAA has of a specific factor is shown below:

The allocation formula is shown below:

$$.63(pOA)T + .03(pDA)T + .06(pFPLnm)T + .12(pFPLm)T + .1(pR)T + .06(pRES)T$$

p is the proportion a AAA has of a specific factor.

T is available Title dollars after the state administrative III-C1 and III-B Ombudsman funds and AAA base are removed.

Intrastate transfers, Title dollars transferred from Utah and New Mexico to Arizona to account for the Navajo land within those states' borders and are to be used exclusively for the Navajo Nation, are added after allocations and are not a part of the calculations for the IFF.

Table 7: Factor by Region

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
60+ Population	53.42%	15.79%	9.66%	8.21%	7.73%	3.33%	1.05%	0.80%
65+ Disability Status	49.66%	15.87%	10.21%	9.49%	8.60%	3.78%	1.75%	0.64%
65+ Population Under FPL (non-minority)	51.87%	14.09%	10.26%	12.18%	7.57%	4.03%	0.00%	0.00%
65+ Population Under FPL (minority)	40.27%	14.15%	14.21%	6.70%	5.19%	5.20%	10.63%	3.66%
60+ Rural	9.38%	10.86%	30.11%	12.03%	13.66%	11.49%	7.63%	4.83%
Reservation Residency							56.68%	43.32%

Exact Arizona population data from data sources listed above is shown in *Table 8*.

Table 8: Population Data by Region

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
60+ (total Pop)	942,737	278,643	170,544	144,899	136,434	58,736	18,563	14,188
Disability Status	211,810	67,671	43,558	40,483	36,671	16,130	7,447	2,722
Pop Under FPL (white)	44,321	12,035	8,769	10,405	6,469	3,442	0	0
Pop Under FPL (minority)	15,841	5,567	5,591	2,636	2,040	2,045	4,181	1,438
Rural	24,425	28,288	78,408	31,338	35,567	29,916	19,880	12,576
Reservation Residency							18,563	14,188

Each AAA will be allowed to take 10% of its total Title III-B, III-C1, III-C2, and III-D service allocation, and this amount will be taken out of Title III C-1. Additionally, AAAs will be allowed to take 10% of their Title III-E allocation. Administrative caps are based on guidance within [Title 45 Subtitle B Chapter XIII Subchapter C Part 1321 Subpart B § 1321.9](#) of the CFR “Area plan administration maximum allocation amounts may be allocated to any part of the overall allotment to the State agency under Title III, with the exception of part D, for use by AAAs for activities as set forth in sections 304(d)(1)(A) and 308 of the Act ([42 U.S.C. 3024\(d\)\(1\)\(A\)](#) and [3028](#)) and in [§ 1321.57\(b\)](#). Single planning and service area States may elect amounts for either State plan administration or area plan administration, as set forth in the Act and [paragraph \(c\)\(2\)\(iv\)\(A\)\(2\)](#) of this section.”

As required, ACS information will be updated on a five-year cycle. Census data will be updated on a 10-year cycle. Tribal AAAs will be given the opportunity to provide updated tribal enrollment data every five years with authorization from tribal leaders.

Transition

The new methodology will be fully implemented for SFY27 and will continue to be used in succeeding years. For SFY26, DES and AAAs agreed that a transition year moving from the current allocation to the new allocation methodology under the revised IFF would greatly help those regions that are losing funding weather the impacts.

SFY26 will be a transition year and will utilize a 50/50 split between the current and the new allocation. This will be achieved by portioning out base allocations of both the current and new method after state administration has been allocated and then splitting available funding in two halves. One-half will be allocated based on the prior year’s allocation methodology and the other half will be allocated based on the new

methodology and data. The table below shows the allocations in the transition year of SFY26 into the new formula assuming level funding as Grant Year 2024, blending the current and new methodology and data.

Table 9: Allocation by Region

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Title III-B Base Allocation	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800
Title III-C1 Base Allocation	\$283,750	\$283,750	\$283,750	\$283,750	\$283,750	\$283,750	\$283,750	\$283,750
Title III-C2 Base Allocation	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450
Title III-B	\$4,261,828	\$1,411,582	\$979,698	\$821,958	\$686,549	\$417,156	\$520,732	\$402,902
<i>Title III-C1 admin</i>	<i>\$1,231,758</i>	<i>\$407,977</i>	<i>\$283,153</i>	<i>\$237,563</i>	<i>\$198,427</i>	<i>\$120,567</i>	<i>\$150,502</i>	<i>\$116,447</i>
<i>Title III-C1 client</i>	<i>\$2,844,621</i>	<i>\$942,182</i>	<i>\$653,914</i>	<i>\$548,628</i>	<i>\$458,247</i>	<i>\$278,437</i>	<i>\$347,570</i>	<i>\$268,923</i>
Title III-C2	\$3,718,003	\$1,231,459	\$854,685	\$717,073	\$598,943	\$363,925	\$454,284	\$351,490
Title III-D	\$261,371	\$86,570	\$60,083	\$50,409	\$42,105	\$25,583	\$31,936	\$24,709
<i>Title III-E admin</i>	<i>\$204,942</i>	<i>\$67,880</i>	<i>\$47,111</i>	<i>\$39,526</i>	<i>\$33,014</i>	<i>\$20,060</i>	<i>\$25,041</i>	<i>\$19,374</i>
<i>Title III-E client</i>	<i>\$1,844,485</i>	<i>\$610,921</i>	<i>\$424,005</i>	<i>\$355,737</i>	<i>\$297,132</i>	<i>\$180,541</i>	<i>\$225,369</i>	<i>\$174,372</i>
Title III Total	\$14,677,008	\$5,068,571	\$3,612,648	\$3,080,894	\$2,624,416	\$1,716,269	\$2,065,436	\$1,668,217

Table 10 shows half of the funds allocated in the transition year of SFY26 based on the old methodology and data in the transition year.

Table 10: Allocation by Region in SFY26 Using Previous Methodology

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Title III-B Base Allocation	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800	\$21,800
Title III-C1 Base Allocation	\$83,750	\$83,750	\$83,750	\$83,750	\$83,750	\$83,750	\$83,750	\$83,750
Title III-C2 Base Allocation	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450	\$4,450

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Title III-B	\$2,169,874	\$744,038	\$422,382	\$432,359	\$326,883	\$216,655	\$228,533	\$210,478
<i>Title III-C1 admin</i>	\$627,139	\$215,043	\$122,077	\$124,961	\$94,476	\$62,618	\$66,051	\$60,833
<i>Title III-C1 client</i>	\$1,448,315	\$496,619	\$281,925	\$288,585	\$218,183	\$144,609	\$152,538	\$140,487
Title III-C2	\$1,892,990	\$649,096	\$368,484	\$377,189	\$285,171	\$189,009	\$199,371	\$183,620
Title III-D	\$133,075	\$45,631	\$25,904	\$26,516	\$20,047	\$13,287	\$14,016	\$12,908
<i>Title III-E admin</i>	\$104,345	\$35,779	\$20,311	\$20,791	\$15,719	\$10,418	\$10,990	\$10,121
<i>Title III-E client</i>	\$939,104	\$322,014	\$182,803	\$187,122	\$141,472	\$93,766	\$98,907	\$91,093
Title III Total	\$7,424,842	\$2,618,220	\$1,533,886	\$1,567,523	\$1,211,951	\$840,362	\$880,406	\$819,540

Table 11 shows half of the funds allocated in the transition year of SFY26 based on the new methodology and data in the transition year.

Table 11: Allocation by Region SFY26 Using New Methodology

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Title III-B Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Title III-C1 Base Allocation	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Title III-C2 Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Title III-B	\$2,091,954	\$667,544	\$557,316	\$389,599	\$359,666	\$200,501	\$292,199	\$192,424
<i>Title III-C1 admin</i>	\$604,619	\$192,934	\$161,076	\$112,602	\$103,951	\$57,949	\$84,452	\$55,614
<i>Title III-C1 client</i>	\$1,396,306	\$445,562	\$371,989	\$260,043	\$240,064	\$133,827	\$195,033	\$128,436
Title III-C2	\$1,825,013	\$582,363	\$486,200	\$339,884	\$313,771	\$174,916	\$254,913	\$167,870
Title III-D	\$128,296	\$40,939	\$34,179	\$23,893	\$22,058	\$12,296	\$17,920	\$11,801
<i>Title III-E admin</i>	\$100,597	\$32,101	\$26,800	\$18,735	\$17,295	\$9,642	\$14,051	\$9,253
<i>Title III-E client</i>	\$905,381	\$288,907	\$241,202	\$168,615	\$155,660	\$86,775	\$126,462	\$83,279
Title III Total	\$7,252,166	\$2,450,350	\$2,078,762	\$1,513,371	\$1,412,466	\$875,906	\$1,185,030	\$848,677

Based on the \$30 million of Title III-B, III-C1/2 dollars Arizona received last federal year there are no concerns of limited funding after the base amounts have been applied. There is also no concern for exceeding administrative caps because administrative is taken out for the State first before the IFF is applied.

Table 12 shows the funds allocated based on the new methodology after the transition year, assuming level funding as Grant Year 2024 fully and only utilizing the new methodology.

Table 12: Allocated Funds Using New Methodology

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Title III-C1 Base Allocation	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Title III-B	\$4,260,697	\$1,359,591	\$1,135,089	\$793,498	\$732,534	\$408,361	\$595,123	\$391,911
Title III-C1 admin	\$1,247,984	\$398,232	\$332,475	\$232,420	\$214,564	\$119,611	\$174,315	\$114,793
Title III-C1 client	\$3,048,867	\$972,895	\$812,246	\$567,811	\$524,186	\$292,215	\$425,858	\$280,443
Title III-C2	\$3,665,701	\$1,169,727	\$976,577	\$682,688	\$630,237	\$351,334	\$512,016	\$337,181
Title III-D	\$256,592	\$81,879	\$68,358	\$47,787	\$44,115	\$24,593	\$35,840	\$23,602
Title III-E admin	\$201,196	\$64,202	\$53,600	\$37,470	\$34,591	\$19,283	\$28,103	\$18,507
Title III-E client	\$1,810,761	\$577,815	\$482,404	\$337,230	\$311,321	\$173,550	\$252,923	\$166,559
Title III Total	\$14,691,797	\$4,824,341	\$4,060,749	\$2,898,904	\$2,691,549	\$1,588,948	\$2,224,178	\$1,532,995

Title VII is excluded from this methodology.

Title III-B Regulations

At this point, service minimums for Title III-B will continue.

Table 13: Service Minimums for Title III-B

Service Categories	Requirement of Initial Allocation Spend
Transportation, Information and Referrals, Outreach, Case Management	16%
In-Home Services	8%
Legal Services	4%

Arizona's total long-term care advocacy minimum for Title III-B is \$204,246.45. The regional spending requirements will be based on the total % share of funding a region has compared to available total Title funding for Arizona.

This funding will be in addition to the \$1.8M of funding the state of Arizona makes available to the AAAs yearly to support the LTC Ombudsman.

Nutrition Services Incentive Program Methodology

Nutrition Services Incentive Program is currently distributed based on the percentage share of total meals distributed two years before distribution. The delay in data is to ensure a full view of a year. This methodology will continue unchanged into Arizona's next State Plan.

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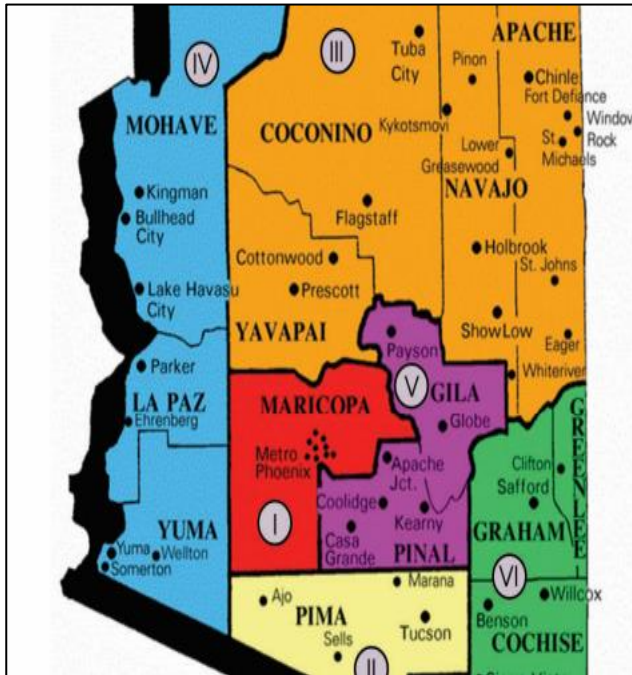
Attachment D – Identification of Geographic Boundaries

Attachment D – Include the identification of the geographic boundaries of each region, as well as of AAAs designated for each region, if applicable.

Table 14: AAA Information by Region

Region	AAA Information
Region I <i>Serves Maricopa County</i>	AAA, Region One, Inc. 1366 East Thomas Road, Suite 108, Phoenix, Arizona 85014 Phone Number: 602.264.2255
Region II <i>Serves Pima County</i>	Pima Council on Aging (PCOA) 600 S Country Club, Tucson, Arizona 85716 Phone Number: 520.790.7262
Region III <i>Serves Apache, Coconino, Navajo, and Yavapai Counties</i>	Northern Arizona Council of Governments (NACOG) 43 S. San Francisco Street (Suite 200), Flagstaff, Arizona 86001 Phone Number: 877.521.3500
Region IV <i>Serves La Paz, Mohave, and Yuma Counties</i>	Western Arizona Council of Governments (WACOG) 1235 S. Redondo Center Drive, Yuma, Arizona 85365 Phone Number: 928.782.1886
Region V <i>Serves Pinal and Gila Counties</i>	Central Arizona Aging (CAA) 8969 W. McCartney Road, Casa Grande, Arizona 85194 Phone Number: 800.293.9393 or 520.836.2758
Region VI <i>Serves Cochise, Graham, Greenlee, and Santa Cruz Counties</i>	Southeastern Arizona Governments Organization (SEAGO) 1403B W. Hwy 92 Bisbee, Arizona 85603 Phone Number: 520.432.2528
Region VII <i>Serves Navajo Nation</i>	DALTCS P.O. Box 1390, Administration Building #2, Window Rock, Arizona 86515 Phone Number: 928.871.6869
Region VIII <i>Serves member tribes of the ITCA throughout Arizona</i>	ITCA 2214 N. Central Ave., #100, Phoenix, Arizona 85004 Phone Number: 602.258.4822

Geographic Boundaries of Arizona AAAs, Regions I-VI



Region I – AAA, Region One

Region II – PCOA

Region III – NACOG

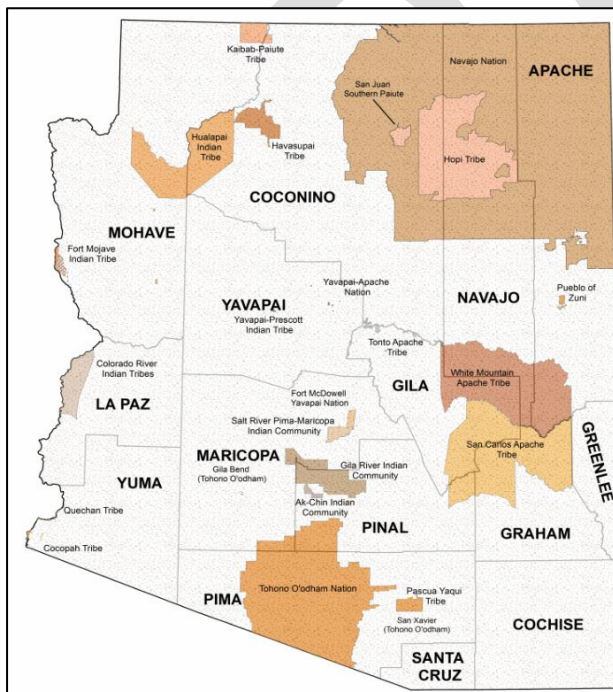
Region IV – WACOG

Region V – CAA

Region VI – SEAGO

Source: Arizona Association for Area Agencies on Aging (AzAging).

Geographic Boundaries of Arizona AAAs, Regions VII-VIII



Region VII – DALTCs

Region VIII – ITCA

Note: Older Arizonans who reside on the Navajo Nation (shown on the map) are served by DALTCs, while older Arizonans who reside on other federally recognized tribal lands shown on the map are served by ITCA.

Source: Inter Tribal Council on Aging.

Attachment E – Evidence of Providing the Minimum Public Comment Period

Attachment E – Evidence of Providing the Minimum Public Comment Period must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum period (i.e., at least 30 calendar days, absent a waiver from the Assistant Secretary of Aging for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

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Attachment F – Statewide Needs Assessment

Per OAA requirements, the SUA, in partnership with Myers and Stauffer, conducted an assessment based on intensive community outreach and feedback to create the State Plan on Aging. The [Arizona State Plan on Aging: Interim Report](#) includes projections of demographic shifts, their potential impacts on older individuals, and stakeholder feedback on improving programs, policies, and resource allocation. This systematic process identified community health needs and assets using both quantitative and qualitative data to inform the development of Goals and Objectives included in this State Plan.

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Attachment G – Paperwork Reduction Act Public Burden Statement

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number (OMB 0985-0083). Public reporting burden for this collection of information is estimated to average 80 hours per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefits under the OAA (Public Law 116-131). Information collected is planned for use by ACL to conduct federal oversight of aging programs. ACL uses information collected to monitor federal funds. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, D.C. 20201-0008, Attention Adam Mosey adam.mosey@acl.hhs.gov and reference the OMB Control Number 0985-0083. Note: Please do not return the completed information collection to this address.