# Washington State Plan on Aging Attachments

Attachment W - 2025 Amendment (Final Rule Compliance)

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| Topic Area | Amendment |
| 1. [45 CFR 1321.31(b)(2)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.31#p-1321.31(b)(2)) **A change in the name or organizational placement of the State agency.**
 | Washington state’s current approved State Plan on Aging references the Aging and Long-Term Support Administration (ALTSA) as the designated State Unit on Aging (SUA) to administer the federal programs under the Older Americans Act (OAA). Effective May 1, 2025, the Department of Social and Health Services has consolidated key functions of ALTSA along with the Behavioral Health and Developmental Disabilities Administrations into two core entities: the Behavioral Health and Habilitation Administration, and the Home and Community Living Administration (HCLA). As a result, HCLA is replacing ALTSA as the designated State Unit on Aging for Washington state. More information can be found on the Department of Social and Health Service’s webpage here: [Organizational Changes at DSHS | DSHS](https://www.dshs.wa.gov/alert/organizational-changes-dshs). |
| 1. [45 CFR 1321.27(d)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(d)): **A description of how greatest economic need and greatest social need are determined and addressed.**
 | In partnership with the Washington Association of Area Agencies on Aging (W4A), HCLA has collaboratively updated its definitions of greatest economic need and greatest social need. These updates were guided by a HCLA/AAA workgroup which reviewed current policy and regulations relating to Area Plans. This workgroup met over the course of a series of meetings and agreed to the following definitions for the purposes of prioritizing local services under the OAA:* *Greatest Economic Need*: defined in accordance with [45 CFR 1321.3](https://www.ecfr.gov/current/title-45/part-1321/section-1321.3#p-1321.3(Greatest%20economic%20need)). AAAs may further define in their Area Plan a local definition tied to a percentage of the Federal Poverty Level (FPL) of no less than 100%. If the AAA is using a percentage of FPL greater than 100%, the Area Plan must describe the factors considered in the local definition of Greatest Economic Need, which may include but is not limited to geography, rural nature of service area, local cost of living factors such as housing, access to health care, or consideration of local population demographic data corresponding to the population factors specific to the current HCLA funding formula.
* *Greatest Social Need*: defined in accordance with [45 CFR 1321.3](https://www.ecfr.gov/current/title-45/part-1321/section-1321.3#p-1321.3(Greatest%20social%20need)). The Area Plan must describe the factors considered in the local definition of Greatest Social Need, which may include but is not limited to:

 1. Local natural and built environment; including communication technology infrastructure;
2. Access to health care;
3. Impacts due to emergencies, natural disasters, and/or pandemic conditions; or
4. Social need reflective of family caregiver status.
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| 3. [45 CFR 1321.87(a)(1](https://www.ecfr.gov/current/title-45/part-1321/section-1321.87#p-1321.87(a)(1))), [1321.27(j)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(j)): **Address how shelf-stable, pick-up, carry-out, drive-through, or similar meals may be provided under Title III, part C-1.**  | HCLA will amend state program guidance and policy to allow for the provision of shelf-stable, pick-up, carry-out, drive-through, or similar meals using no more than 25% of Congregate Meal service funding under the OAA. Meals provided as set forth in [paragraph (a)(1)(i)](https://www.ecfr.gov/current/title-45/section-1321.87#p-1321.87(a)(1)(i)) under Congregate Meal Services may be provided to complement the congregate meal program:(A) During disaster or emergency situations affecting the provision of nutrition services;(B) To older individuals who have an occasional need for such meal; and/or(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.In accordance with [45 CFR 1321.27(j)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(j)), HCLA addresses the following five areas:*(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation:*Since 2020, OAA Nutrition Programs in Washington state have served an average of 53,911 individuals and 3,672,161 meals per year. While these averages near pre-pandemic participation levels, programs have increased the volume of meals served by 16% on average compared to 2019. Throughout this period, programs have adapted to rapidly changing service needs. One adaptation was to start providing grab & go or “take-out” meals as a part of OAA nutrition services. This alternative model has allowed some local programs to better meet the changing needs of our growing population of older adults. Under the OAA, nutrition programs are also required to assess participants for nutritional risk. The percentage of individuals served at high nutritional risk under OAA nutrition programs has increased from 18% in 2019 to 25% in 2024. Participation in congregate meal services has also steadily increased from its low point during COVID-related closures.Considering these factors, HCLA will add the provision of grab & go type meals under Title III part C-1 (Congregate) to continue promoting flexibility for local service needs, and to improve food security for older Washingtonians. The SUA will monitor service levels annually through its existing data evaluation process to assess impacts. (*2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need:*Nutrition Programs must operate under the policy and program guidance set through HCLA, AAAs, and their local agencies. HCLA policy requires AAAs to “engage in a continuous process of planning for older persons within the PSA [Planning and Service Area], including targeting of services to those older adults, family caregivers, and older Native Americans with the greatest economic need and/or greatest social need in the PSA.”Additionally, Nutrition Program guidance outlines the targeting of services under Congregate Meal Services to align with updated State and Federal definitions for greatest social and economic need. *(3) Description of the eligibility criteria for service provision:*The following eligibility criteria are excerpted from the revised state Senior Nutrition Program Guidance (2025):A. Congregate Meal Services:1. **Eligibility Criteria:**
	1. All people 60 years of age and older.
	2. The primary participant’s spouse may dine with the participant regardless of age.
	3. Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate meals are served.
	4. A person with a disability, regardless of age, who lives with and accompanies older eligible individuals to the congregate site.
	5. Individuals, regardless of age, providing volunteer services during the meal hours.
	6. An eligible participant’s unpaid caregiver aged 18-59 whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

\*Non-eligible individuals may, in accordance with the Area Agency on Aging (AAA) or nutrition services provider (herein referred to as provider) policy and the funding available, be served a congregate meal once the needs of the eligible populations (parts a-f above) have been met:* + 1. Staff of the nutrition program under 60 years of age.
		2. Anyone who pays the full cost of the meal (this is considered program income).

Meals served to non-eligible individuals are not NSIP eligible and must not interfere with participation of the eligible populations. B. Home-Delivered Meal Services1. **Eligibility Criteria**
	1. To be eligible for HDM services, individuals must be age 60 and older and homebound. Homebound is defined as typically unable to leave home unassisted, and for whom leaving home takes considerable and taxing effort. The homebound person may leave home for medical treatment or short, infrequent absences for non-medical reasons.

***AND**** 1. Unable to prepare meals for themselves because of at least one of the following:
		1. A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
		2. Lack of knowledge or skills to select and prepare nourishing and well-balanced meals, or
		3. Lack of means (such as financial, transportation, lack of access to food, etc.) to obtain or prepare nourishing meals, or
		4. Lack of incentive to prepare and eat a meal alone.

***AAAs may establish additional criteria based on local targeting factors and greatest needs as defined in respective AAA Area Plan and may include the following:**** 1. Meet the vulnerability criteria. A person is considered vulnerable if they are unable to perform one or more of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) listed below without assistance due to physical, cognitive, emotional, psychological, or social impairment.
		1. Activities of daily living are eating, dressing, bathing, toileting, transferring in and out of bed/chair, walking.
		2. Instrumental activities of daily living are preparing meals, shopping, medication management, managing money, using the telephone, doing housework, transportation; or
		3. Has a behavioral or mental health condition that could result in premature institutionalization; or is unable to provide for their own health and safety, due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent.

***AND/OR**** 1. Lacks a consistent informal support system, i.e., has no family, friends, neighbors, or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

***AND/OR**** 1. Other people who are under 60 years old AND meet at least one of the following criteria, if resources are available
		1. The spouse, regardless of age, of a participant receiving HDM funded through OAA or the Medicaid Waiver for HDM (COPES).
		2. Individuals with disabilities, regardless of age, who reside in the same home with other individuals eligible for the service.
		3. Individuals, regardless of age, providing volunteer services for the HDM program during meal delivery and meal hours.
		4. An eligible participant’s unpaid caregiver aged 18-59 whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

\*Non-eligible individuals may, in accordance with the AAA or provider policy and the funding available, be served a home-delivered meal once the needs of the eligible population have been met:* + 1. Staff of the nutrition program under 60 years of age.
		2. Anyone who pays the full cost of the meal (this is considered program income).

Meals served to non-eligible individuals are not NSIP eligible and must not interfere with participation of the eligible populations. \*\*Per 45 CFR 1321.87(a)(2)(ii), “HDM service providers may encourage meal participants to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability.” *(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other interested parties, and the general public regarding the provision of such meals:*As previously mentioned in #2, HCLA has led a series of meetings collaborating closely with AAAs to address policies and procedures around Area Plans. Additionally, HCLA has led a separate workgroup to revise the state’s Senior Nutrition Program Standards in collaboration with AAAs and the provider network. Through these two workgroups, HCLA has updated service standards which aim to meet updated regulations and to better serve aging Washingtonians. Changes to policy under these two workgroups are published through a public management bulletin process which allows for public input before any final action is taken.  *(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other interested parties.*The revised Senior Nutrition Program Standards were developed in consultation with AAAs and providers through a coordinated workgroup and will be published for review through the public management bulletin. These processes allow for both key partners, stakeholders, and other interested parties to provide input before policies and procedures are fully implemented.   |
| 4. [45 CFR Part 1324(A)](https://www.ecfr.gov/current/title-45/part-1324/subpart-A): **Address 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.** | Under Title VII of the OAA, states are required to establish an Office of the Long-Term Care Ombudsman. Washington State’s Long-Term Care Ombudsman Program (LTCOP) is operated under contract through the Washington State Department of Commerce (a pass-through state agency) with the Multi-Service Center (MSC). The MSC is an independent non-profit and works to resolve problems related to the health, safety, welfare, and rights of individuals who live in long-term care (LTC) facilities. The LTCOP is led by the State Ombudsman and is comprised of trained staff & volunteer ombudsman whose purpose is to protect and promote the guaranteed rights of LTC residents. LTC residents may reside in nursing homes, adult family homes, assisted living facilities, state operated enhanced cared facilities, veterans’ homes, and residential habilitative centers. The LTCOP also conducts independent research, explores systemic issues and advocates before the legislature. The LTCOP leverages critical volunteer resources throughout the state. Currently, there are 19 paid FTEs and 141 volunteer ombudsmen throughout the state. Their work covers 206 nursing facilities and 4,028 residential care communities (including adult family homes and assisted living facilities), and may involve: * Identifying, investigating, and resolving complaints made by or on behalf of residents.
* Providing information to residents about long-term services and supports.
* Ensuring that residents have regular and timely access to ombudsman services.
* Representing the interests of residents before governmental agencies and seeking administrative, legal, and other remedies to protect residents.
* Analyzing, commenting on, and recommending changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents.

Funding for the LTCOP is called out Washington’s Intrastate Funding Formula, under part 11. It reads, “For the LTCOP, DSHS provides grant and state funds to Commerce who oversees the grant and the allocation formula which is a weighted percentage of number of beds, facilities, and square miles for each region.”  |
| 5. [45 CFR 1321.27(k)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(k)): **Address how the State agency will use funds for prevention of elder abuse, neglect, and exploitation as set forth in** [45 CFR part 1324, subpart B](https://www.ecfr.gov/current/title-45/part-1324/subpart-B) | Washington state allocates Title VII Elder Abuse Prevention funds using the federally approved intrastate funding formula (IFF). This method also includes a holdback for HCLA Headquarters, normally $20,000. Funds are allocated to AAAs across the state who must support  |
| 6. [45 CFR 1321.27(m)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(m)): **Address how the State agency will conduct monitoring that the assurances to which they attest are being met.**  | Washington’s SUA convened a workgroup with AAA partners to address compliance with the OAA’s Final Rule as it relates to updated Area Plan regulations. A part of this process has been to address how the SUA will monitor to assurances under state and area plans. In addition to updating the assurances under the proposed Area Plan instructions, this workgroup discussed the ongoing need for the SUA to monitor to these assurances. The SUA currently monitors all 13 AAAs for compliance with state and federal rules on a 3-year cycle. The SUA will add monitoring to these assurances as a new part of the ongoing monitoring cycle beginning in 2027 (concurrent with the new 4-year Area Plan cycle).  |
| 7. [45 CFR 1321.27(l)](https://www.ecfr.gov/current/title-45/part-1321/section-1321.27#p-1321.27(l)): **Address how the State agency will meet responsibilities for the Legal Assistance Developer** ([45 CFR 1324 subpart C](https://www.ecfr.gov/current/title-45/part-1324/subpart-C)) | Under the OAA core services, HCLA also supports the Legal Services Program. This program provides access to the justice system by offering representation by a legal advocate (attorney, paralegal, or law student). The focus is on socially and economically needy older individuals who are experiencing civil legal problems. This service will often be the only way for these individuals to obtain trained legal help. AAAs contract with legal services providers that must meet standards set by HCLA. These providers receive referrals from community agencies (AAAs, HCLA, case management, information & assistance providers, etc.) who may support individuals through legal representation and advocacy. Legal Assistance Developer (LAD) activities will include stakeholdering for ongoing legal planning activities related to capacity, access, and technical assistance. LAD uses Long-Term Care Manual Chapter 14 to provide program guidelines to AAA for Legal Services Program contractors.  The SUA monitors the AAA contracts for legal assistance service compliance and performance measures. This includes monitoring to the funding requirements under Title III part B at the 11% level during routine and ongoing monitoring activities.   |