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WESTERN PIEDMONT COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING

*Regional Aging Services Plan
July 1, 2020 – June 30, 2024*

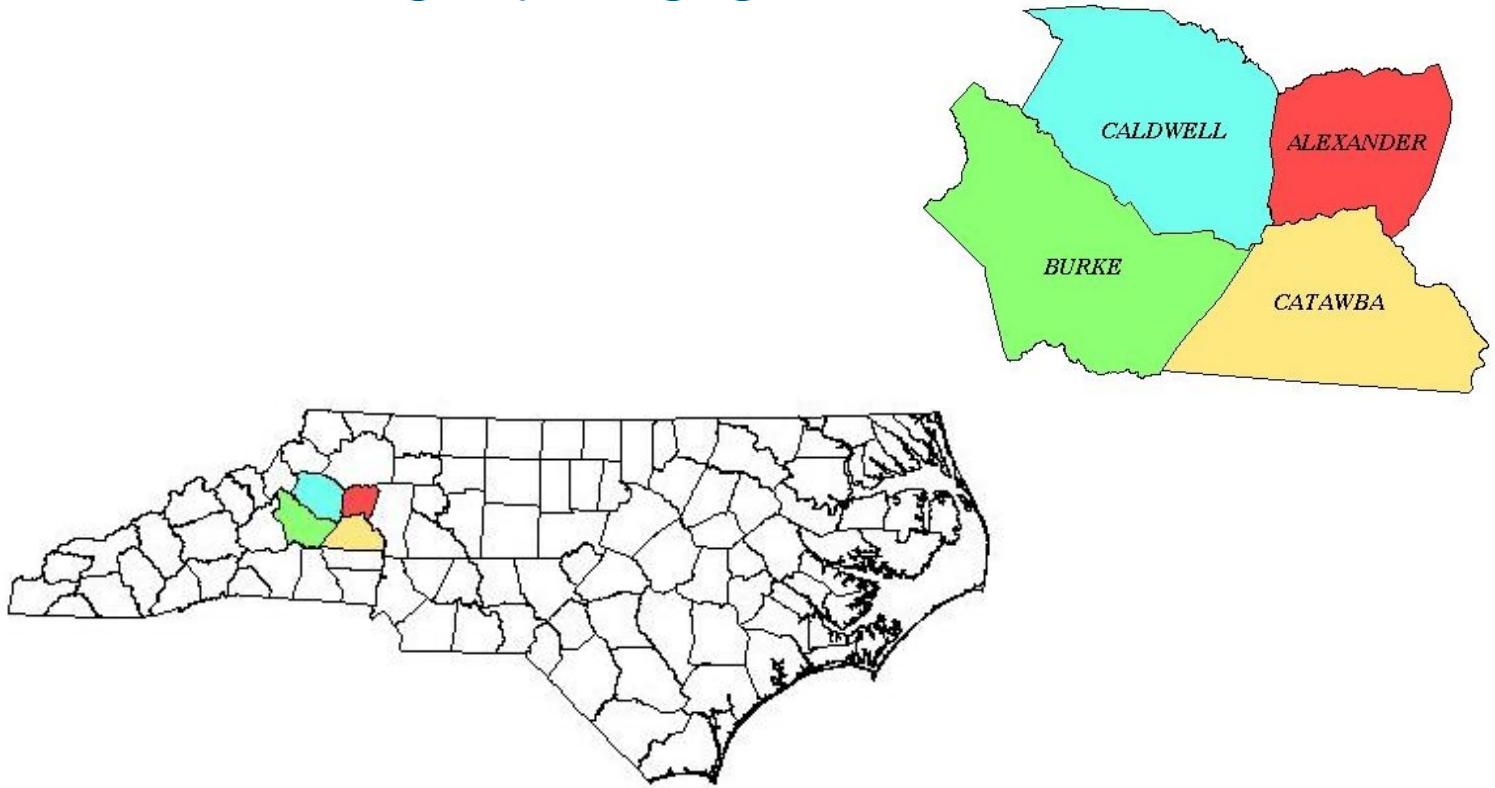
An Age of Opportunity





Western Piedmont Council of Governments

Area Agency on Aging



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Executive Summary

The Area Agency on Aging is an organization working within a federal mandate to inform, advocate, and plan for community services on behalf of older adults. The Area Agency on Aging is part of the National Network set in place by the Older Americans Act of 1965.



The Area Agency on Aging staff works with advisory committees in each county to study the needs of older adults and plan for services to meet those needs. The service goal is to enable older adults age 60 and better to live independently in their own homes.

The Area Agency on Aging is a service of the Western Piedmont Council of Governments, a regional planning organization which serves 28 local governments in a four-county area of western North Carolina. Members include Alexander, Burke, Caldwell and Catawba counties and the 24 cities and towns within those counties.

Our Vision: The Western Piedmont Council of Governments Area Agency on Aging will be Region E's leading source of information, options and services for individuals as they grow older. We will achieve this goal by working with the region's older adults, persons with disabilities, families, service providers and community leaders to build livable and senior friendly communities that are prepared to meet the challenges of a growing aging population.

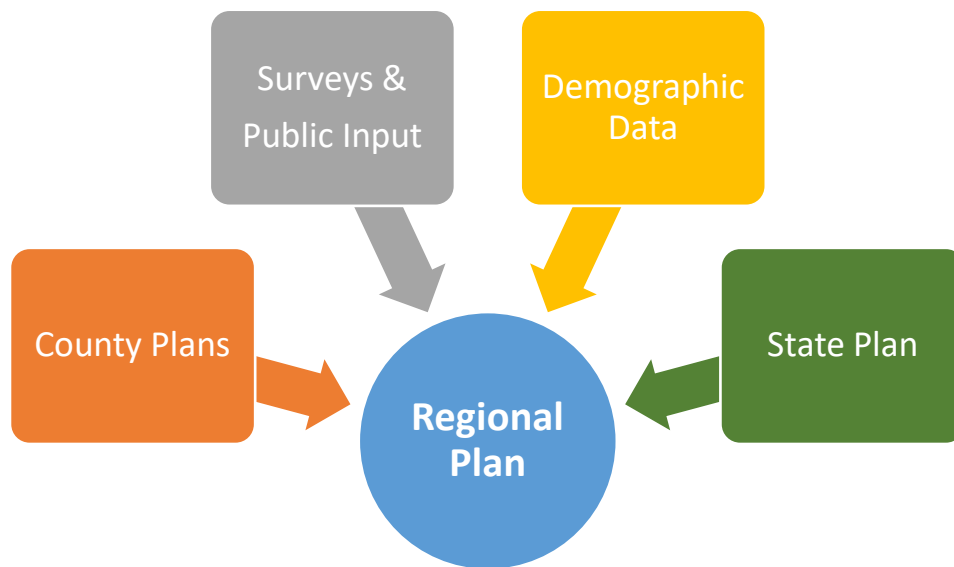
Our Mission: It is the mission of the Western Piedmont Council of Governments Area Agency on Aging to be responsive to the changing needs of older people, persons with disabilities, and their families through a community based system of supports and services. To listen carefully, respect individual choice, promote independence and assist younger citizens in planning for their later years.

The Western Piedmont Council of Governments Area Agency on Aging is required by federal and state law to submit a Regional Area Plan every four years. The Plan provides important input from stakeholders and citizens. The plan establishes goals to be accomplished over the next four years to benefit older adults and their caregivers in our region. Many of these goals will have value to individuals across their lifespan. This plan will serve as a guide and work plan the Western Piedmont Council of Governments Area Agency on Aging will follow for the next four years.

Background



The staff of the Area Agency on Aging underwent an intense process of planning to provide the foundation for developing this Regional Aging Service Plan: “An Age of Opportunity”. A needs assessment survey was developed and distributed throughout the region. Input was received from aging service providers, older adults, caregivers, government officials and many others. Existing County Plans in the region, the State Plan, data from the surveys and demographic data were also used in the development of the plan.



Context



There is a huge demographic shift across the nation. This holds true in Region E, which covers Alexander, Burke, Caldwell and Catawba counties. There are now more people age 60+ than those under the age of 18. This significant increase in growth in the older adult population is caused by the wave of the baby boomers (those born between 1946 and 1964) reaching retirement age. In addition, people are living longer than ever before, and our region continues to attract people from other areas as a great place to spend their retirement years. This continued growth of the aging population in the coming decades will create opportunities and challenges for long-term supports and services.

Ages	2014	2018	2038
0-17	79,494	76,844	81,905
60+	85,763	94,938	124,568
85+	6,670	7,211	13,334

Overview



This plan identifies four focus areas:

Older North Carolinians will be safe from abuse, neglect and exploitation, and have their rights protected.

Create opportunities for older adults and their families to lead active and healthy lives.

Support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

AAA will lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

Goals, Objectives, Strategies and Outcomes



Safety and Protection

GOAL 1: OLDER NORTH CAROLINIANS WILL BE SAFE FROM ABUSE, NEGLECT AND EXPLOITATION, AND HAVE THEIR RIGHTS PROTECTED.

Older adults are significantly vulnerable to abuse, neglect and exploitation such as, financial manipulation, scams, and self-neglect. The Western Piedmont Area Agency on Aging is driven to address these issues and bring awareness to the community. With these efforts, we will collaborate with local, county and state partners to bring awareness and education to the community.

Objective 1.1: Maximize collaboration, outreach, and training to prevent abuse, neglect and exploitation.

Strategy: Educate long-term care facilities and staff on elder abuse awareness.

Measure:

- ❖ Ombudsman will provide handouts and training materials to facilities and staff on elder abuse.

Strategy: Educate the community on elder abuse awareness.

Measure:

- ❖ Ombudsman will provide at least one community presentation on elder abuse annually.

Strategy: Facilitate resident's rights training in long-term care settings.

Measures:

- ❖ Ombudsman will provide training to long-term care staff on Residents Rights.
- ❖ In the month of October, the Ombudsman will provide Residents Rights education to residents of long-term care facilities.

Strategy: Educate older adults on managing finances and avoiding financial exploitation.

Measures:

- ❖ Provide at least one Money Smart for Older Adults program annually within the region.
- ❖ Hold Scam Jam event bi-annually.

Strategy: Educate community on how to recognize Self Neglect and how to properly report it.

Measure:

- ❖ Develop educational handout on Self Neglect and distribute to aging service providers and to the community.

Strategy: Continue to support of the Rethinking Guardianship Initiative.

Measure:

- ❖ Ombudsman program will partner with Family Caregiver Support program to host viewing of *The Guardian* documentary with panel discussion.

Objective 1.2: The AAA will work to provide trainings and outreach to aging service providers and the community regarding exploitation, opioids and the connection between them.

Strategy: AAA staff will become knowledgeable on Opioid Crisis and share information with other aging professionals in the region.

Measures:

- ❖ AAA will attend an annual conference focused on opioid use, misuse, and the exploitation of older adults and people with disabilities by caretakers and others.
- ❖ Present information to other aging service providers such as quarterly provider meetings, Senior Information Resources (SIR), etc.
- ❖ AAA staff will participate with the Catawba Alliance for Recovery.

Strategy: Partner with stakeholders in the development of training and informational materials targeted to older adults and their caregivers in the region.

Measure:

- ❖ Educate the community on opioid usage by older adults, the risks and potential exploitation from family members and caregivers.

Objective 1.3: Strengthen emergency preparedness and response for older adults.

Strategy: Coordinate and participate with regional efforts for Emergency Preparedness for older adults, their caregivers and aging service providers.

Measures:

- ❖ Update Memorandum of Agreement with Emergency Services in each county annually to ensure service provision and provide contact information in the event of an emergency.
- ❖ AAA will participate with Emergency Services and Departments of Social Services regarding emergency preparedness for long-term care facilities annually.
- ❖ AAA will present information on emergency medical packets to community at large.
- ❖ Partner with Emergency Services to offer educational event for older adults on Emergency Preparedness at county senior center.

EXPECTED OUTCOME: *The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to keep older North Carolinians safe from abuse, neglect and exploitation, and have their rights protected.*



Quality of Life

GOAL 2: CREATE OPPORTUNITIES FOR OLDER ADULTS AND THEIR FAMILIES TO LEAD ACTIVE AND HEALTHY LIVES.

The Western Piedmont Area Agency on Aging will strive to serve older adults and their family caregivers in the region through a wide variety of home and community-based services. Through our efforts and partnerships, we plan to increase the availability of services and to promote awareness and understanding of the options and opportunities that enhance the quality of life for all older adults and their family caregivers.

Objective 2.1: Promote expansion of home and community-based services to support older adults aging in the least-restrictive way.

Strategy: Strengthen the capacity of local agencies providing services and explore alternative funding opportunities and business models as a road map to more effective, community-based service delivery.

Measure:

- ❖ Explore grant opportunities to expand service delivery options and to expand funding to be able to serve individuals on the waiting lists.

Strategy: Analyze and assess current Home and Community Care Block Grant wait lists and utilize the Priority Screening Tool as a means of serving the individuals with the greatest needs.

Measure:

- ❖ Train service providers on the Priority Screening Tool and encourage its use as a Best Practice.

Strategy: Partner with community aging service providers on available resources and options.

Measures:

- ❖ Publish and make available the *Resource Directory for Older Adults*.
- ❖ Actively participate with community groups such as Senior Information Resources (SIR), LiveWell Catawba, and Burke Wellness.
- ❖ Participate with NCCARE360.

Objective 2.2: Long-Term Care settings will allow residents to live in minimally restrictive environments while protecting their rights.

Strategy: Implement local and national best practice initiative that empower residents to exercise autonomy over their lives in long-term care settings.

Measures:

- ❖ Ombudsman program will provide Resident's Rights training throughout the year.
- ❖ Share best practices between facilities.

Objective 2.3: Collaborate with community partners to address food insecurities for low-income older adults.

Strategy: Collaborate with aging service providers and other community organizations to address food insecurity for vulnerable older adults.

Measures:

- ❖ Staff will serve on the LiveWell Catawba Food Council.
- ❖ Explore grant opportunities to expand service delivery to individuals on the home delivered meals waiting lists, focusing on those living in extreme rural settings.
- ❖ Continue to offer vouchers through the Family Caregiver Support Program for liquid nutritional supplements.

Objective 2.4: Older Adults will have access to evidence-based health promotion (EBHP), wellness and disease prevention programs.

Strategy: Offer community events that emphasize the health and well-being of older adults.

Measures:

- ❖ Host annual event in minority communities focusing on health issue affecting African American older adults.
- ❖ Partner with aging service providers to offer community events focusing on Dementia and Alzheimer's disease.

Strategy: Increase the number of those who participate in evidence-based health promotion programs.

Measures:

- ❖ Provide two EBHP classes annually in each county such as: Living Healthy, Living Healthy with Diabetes, Living Healthy with Chronic Pain, A Matter of Balance, Tai Chi for Arthritis for Fall Prevention, Walk with Ease and Powerful Tools for Caregivers.
- ❖ Collaborate with Healthy Aging NC on grant opportunities.
- ❖ Continue to recruit leaders and coaches in all programs.

Objective 2.5: Educate the community on aging related topics.

Strategy: Offer, explore, and promote opportunities to educate the community.

Measures:

- ❖ Inform the public through marketing promotions on aging related events and topics, such as newsletter articles, TV/radio interviews, email blasts, podcasts, social media, etc.
- ❖ Organize and/or present at conferences and events on a variety of aging related topics, such as falls prevention, caregiving, brain health, and aging sensitivity.

Objective 2.6: Promote volunteerism and other active engagement.

Strategy: Ensure volunteer committees remain active and maintain capacity.

Measures:

- ❖ Fill vacancies on Regional Aging Advisory Committee (RAAC), Senior Tar Heel Legislators (STHL), Community Advisory Committees (CAC), and Family Caregiver Support Program (FCSP) Regional Alliance with appropriate, actively engaged, and committed volunteers.
- ❖ AAA staff will ensure all new committee volunteers are appropriately oriented.
- ❖ Present to community organizations about volunteer opportunities.
- ❖ Ombudsman will conduct initial and quarterly trainings for all CAC members.

Objective 2.7: Support aging network providers and committees, to better prepare and plan for a growing aging population.

Strategy: Facilitate community groups to better understand the needs, value, and impact of older adults in the region.

Measures:

- ❖ Present Aging Provider Expenditure Reports to Councils on Aging, Home and Community Care Block Grant (HCCBG) Planning Committees, RAAC/STHL, and HCCBG/FCSP Provider meetings to analyze current services, expenditures, and waiting lists.
- ❖ Coordinate STHL participation at quarterly meetings and support STHL efforts.
- ❖ AAA staff will conduct quarterly HCCBG/FCSP Provider meetings and offer relevant training opportunities to provider staff.
- ❖ AAA staff will conduct quarterly RAAC/STHL meetings and update members on pertinent advocacy and legislative information.
- ❖ AAA staff will continue to serve on a variety of boards and committees, such as SIR, LiveWell Catawba, Adult Children of Aging Parents (ACAP), Burke Wellness, High Country Community Health, and Blue Ridge Veterans Community Partnership.

Objective 2.8: Increase employment opportunities for older adults.

Strategy: Connect older adults with available opportunities for employment.

Measure:

- ❖ Collaborate with Workforce Development, NC Works and Senior Community Service Employment Program (SCSEP) to connect older adult with employment opportunities.

EXPECTED OUTCOME: *The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to create opportunities for older adults and their families to lead active and healthy lives.*



Well Informed Communities

GOAL 3: SUPPORT AND ENCOURAGE OLDER ADULTS OF ALL BACKGROUNDS AND THEIR SUPPORT SYSTEMS TO ACCESS INFORMATION THAT HELPS THEM MAKE INFORMED CHOICES ABOUT SUPPORT SERVICES AT HOME OR IN THE COMMUNITY.

The Western Piedmont Area Agency on Aging will continue outreach efforts throughout the region, with special emphasis on reaching the underserved and underrepresented populations. The AAA will provide and promote events and information to increase awareness of services and supports that are available for older adults and their caregivers.

Objective 3.1: Foster equity and inclusion by educating and supporting underserved and underrepresented populations and their community networks.

Strategy: Increase the knowledge and skills of staff in the aging network to cultivate participant diversity.

Measure:

- ❖ Provide training opportunities to aging service providers on inclusion and diversity.

Strategy: Through training, increase the awareness of professionals to work with the aging LGBTQ community in collaboration with Services and Advocacy for Gay Elders (SAGE).

Measures:

- ❖ Promote one Pride in Care NC to skilled nursing facilities in the region in the next three years.
- ❖ Ombudsman will receive training at the NC Regional LTC Ombudsman quarterly meeting in February 2020.
- ❖ Ombudsman will utilize Pride in Care NC training materials (in-service, resident and/or family council, CAC training).

Strategy: Work with the Division of Services for the Deaf and Hard of Hearing, Division of the Blind, and the Division of Vocational and Rehabilitation Services to provide training to aging service providers about the unique needs of the older adults they serve.

Measure:

- ❖ Invite the above mentioned groups to present to aging service providers at HCCBG/FCSP provider meetings, Councils on Aging meetings, and SIR monthly networking meetings.

Strategy: Increase outreach to consumers with limited English proficiency.

Measures:

- ❖ Publish Caregiver Service Lists and various caregiver informational brochures in Spanish and form partnerships with agencies serving the Hispanic population to reach older adults and caregivers in these communities.
- ❖ Participate in multi-cultural events in the region such as health fairs and festivals when offered.
- ❖ Reach out to the Hmong faith-based community to educate about available services for older adults and their caregivers.

Strategy: Increase outreach to the deaf/hard of hearing and blind older adult populations.

Measures:

- ❖ Provide in-service training for Regional NC Division of Deaf and Hard of Hearing staff on available services for older adults and their caregivers.
- ❖ Provide sign language interpreters at events when possible or requested.
- ❖ Provide voice amplifiers to participants at events and meetings if needed.
- ❖ Make effort that all printed materials are in large font and are easily readable.
- ❖ Look for partnership opportunities to provide outreach and events to these specific populations.

Strategy: Collaborate with key agencies and organizations supporting older adults with physical and mental disabilities.

Measure:

- ❖ Partner with Geriatric Specialty Team to raise awareness and educate the public on mental health issues affecting older adults.

Strategy: Provide outreach targeting minority populations.

Measure:

- ❖ Collaborate with organizations across the region and offer annual events in African American Communities in the region to educate older adults and their caregivers on available services.

Objective 3.2: Educate the public on the availability of services to foster independence, self-sufficiency and enhance planning for long-term needs.

Strategy: AAA will provide training and educational resources to caregivers to strengthen a family's capacity to provide care.

Measures:

- ❖ FCSP Specialist will continue to serve on Adult Children of Aging Parents (ACAP) Hickory Leadership Team.
- ❖ FCSP will continue to work with ACAP and Carolina Caring to plan and coordinate the annual Caregiver Conference.
- ❖ FCSP Specialist will continue to support Grandparents Raising Grandchildren through the Parenting the 2nd Time Around program in Catawba County.
- ❖ FCSP Specialist will continue to support grandparents/kinship caregivers support group through Burke County Public Schools with information and community resources available.
- ❖ FCSP program will continue to support Caregiver Support Group in Caldwell County in collaboration with Caldwell Partnership organizations.
- ❖ FCSP Specialist will continue to update and have available Caldwell County Parenting The Second Time Around resource directory.
- ❖ FCSP program will continue to plan and support monthly caregiver support group in Burke County in collaboration with community organizations and Burke Senior Services.
- ❖ FCSP program will offer informative programs and events throughout the region to support the role of family caregivers.

Strategy: Collaborate with community partners to ensure information and resources for older adult services are included in online databases and printed materials.

Measures:

- ❖ Participate with NCCARE360 to increase referrals by the aging network for food, transportation, housing and personal safety resources.
- ❖ Participate with United Way 211 to ensure accurate information about available resources for seniors in the region is included in their database.
- ❖ AAA staff will encourage aging service providers to participate with online databases and keep their information updated.

Strategy: Educate older adults and community networks about information and options counseling service designed to link people with available resources to meet their needs.

Measure:

- ❖ Promote Information and Options counseling services through social media, marketing materials, and WPCOG Newsletter article.

Strategy: Conduct outreach, and inform Medicare Beneficiaries about benefits aimed at preventing disease and promoting wellness, such as the Low-Income Subsidy and Medicare Savings Program.

Measures:

- ❖ Track the number of seniors reached through Medicare Improvement for Patients and Providers Act (MIPPA) outreach events.
- ❖ Assist area senior centers during Medicare Open Enrollment and other Medicare presentations by providing at least 8 hours of counseling services per county. Track the number of seniors assisted through NC Seniors Health Insurance Information Program (SHIIP).

Strategy: Inform older adults, caregivers and professionals in the aging network of available resources.

Measures:

- ❖ Update and publish the *Resource Directory for Older Adults* every two years making copies available at local senior centers and digitally on WPCOG website.
- ❖ Work with Family Caregiver Regional Alliance to update and publish Caregiver Service List in each county. Make lists available to aging network providers and general public. Lists are also available digitally on WPCOG website.
- ❖ Update and publish AAA brochures including: Area Agency on Aging; Family Caregiver Support Program; Long-Term Care Ombudsman Program; Elder Abuse; Long-Term Care Community Advisory Committee; Health Promotion Programs; Finding Balance with Work and Caregiving; and Project C.A.R.E.
- ❖ Inform the public of aging related information by listing all upcoming events, special programs, and recent news articles using the following outlets: WPCOG website, Facebook, Twitter, WPCOG's monthly Newsletter.
- ❖ AAA staff will conduct community presentations as requested on various aging related topics with a goal of 50 annually.
- ❖ AAA staff will respond to request for information about available services and provide support to older adults, caregivers, and professionals as needed.
- ❖ The availability of Options Counseling Services will be expanded to provide assistance to more older adults in the region.
- ❖ AAA staff will offer program: Taking Charge, Knowing Your Long-term Care Options.

Objective 3.3: Honor and recognize the importance and value of older adults and their caregivers in the community.

Strategy: Support public education and awareness of the needs of family caregivers.

Measures:

- ❖ Hold caregiver recognition events throughout the region to celebrate the value of caregivers.
- ❖ Write article for WPCOG Newsletter annually about the needs and importance of family caregivers.
- ❖ Provide community presentations about the needs and importance of family caregivers.

Strategy: Partner with Adult Children of Aging Parents (ACAP) and Carolina Caring (formally Catawba Regional Hospice) to coordinate conference for caregivers in the region.

Measure:

- ❖ Promote conference throughout the region to increase attendance.

Strategy: Annually recognize the Proclamations for National Caregiver month.

Measure:

- ❖ Publicize Proclamations through website, TV, radio, newspaper, social media, etc. to increase awareness of the importance and value of family caregivers during the month of November.
- ❖ Provide radio, TV interviews along with public service announcements to highlight and promote National Caregiver Month each November.

Strategy: Annually recognize National Grandparent's Day.

Measure:

- ❖ Emphasize the importance of Grandparents Raising Grandchildren annually during the month of September.
- ❖ Write article for WPCOG Newsletter annually about the needs and importance of grandparents raising grandchildren.

Strategy: Annually recognize the President's Proclamation of Older American's month.

Measure:

- ❖ Participate in regional events annually during the month of May and emphasize the importance of older adults through media promotion with newspaper articles, radio interviews, and social media outlets.

Strategy: Annually recognize the Governor's Proclamation of Resident's Rights month.

Measure:

- ❖ Educate LTC staff, residents, and the community on the importance of resident's rights in facilities by conducting activities and outreach annually each October.

Strategy: Annually recognize World Elder Abuse Awareness Day.

Measures:

- ❖ Recognize and honor Adult Protective Services (APS) staff at local Departments of Social Services throughout the region by providing breakfast on World Elder Abuse Awareness Day.
- ❖ Distribute purple Elder Abuse Awareness bracelets and encourage the community to wear purple to honor World Elder Abuse Awareness Day.
- ❖ Present Elder Abuse education to the community.

Objective 3.4: Offer options for community-based services and supports.

Strategy: Utilize funds from the FCSP to offer respite options and supplemental services in each county annually.

Measures:

- ❖ Solicit competitive proposals from licensed home care agencies every two years to provide in-home respite services for caregivers in each county.
- ❖ Utilize members of FCSP Regional Caregiver Alliance, Regional Aging Advisory Committee, Senior Tar Heel Legislature representatives, and AAA Staff to review competitive proposals and select FCSP in-home respite providers.
- ❖ Offer supplemental service, such as, home modifications, incontinence supplies, and liquid nutritional supplements as additional assistance to caregivers to help support and maintain their loved one at home.
- ❖ Ensure In-Home Respite and Supplemental Service providers are efficiently utilizing funds to provide services to maximum number of caregivers in each county.
- ❖ FCSP will offer Caregiver Directed Respite Vouchers to caregivers in the community as an alternative option for respite care.

Strategy: Continue to support the Program for All-Inclusive Care for the Elderly (PACE) and support expansion to cover entire region.

Measure:

- ❖ Educate the community about PACE and advocate for expanded service area.

Strategy: Support persons with dementia or Alzheimer's and their caregivers who are living at home.

Measures:

- ❖ Continue to administer Foothills territory Project C.A.R.E (Caregivers Alternatives Running on Empty) program to provide care management, education and respite to caregivers of those with dementia and Alzheimer's.
- ❖ Collaborate and partner with Alzheimer's Association and other community partners to offer special events and educational programming to support caregivers of those with dementia and Alzheimer's.
- ❖ Support Alzheimer's fundraising events such as the annual Walk to End Alzheimer's.
- ❖ Implement Dementia Friendly initiative to increase community awareness and promote inclusion of those with dementia and their caregivers.
- ❖ Provide presentations about dementia and related symptoms to enhance the education and understanding of aging service professionals and the community at large.

EXPECTED OUTCOME: *The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.*



Strong and Seamless Continuum of Service

GOAL 4: AAA WILL LEAD EFFORTS TO STRENGTHEN SERVICE DELIVERY AND CAPACITY BY ENGAGING COMMUNITY PARTNERS TO INCREASE AND LEVERAGE RESOURCES.

The Western Piedmont Area Agency on Aging is committed to meeting the many needs of our region's growing aging population. In doing so, we will promote independence of older adults and enhance the dignity of their lives through community based services and supports. We will continue to educate aging service providers and the community at large, and partner with other agencies engaged with seniors to provide positive outcomes for those programs that are essential to quality of life.

Objective 4.1: Promote community awareness about issues and challenges facing older adults in the region.

Strategy: Advocate for increased awareness of the needs of older adults within the community.

Measures:

- ❖ AAA staff will make community presentations on aging issues and will represent older adult needs on various committees.
- ❖ AAA staff will distribute pertinent advocacy alerts to significant individuals and groups throughout the region.
- ❖ Expand Aging Sensitivity Training throughout the region.

Objective 4.2: Strengthen the capacity of Aging Network Providers to meet the needs of older adults.

Strategy: Educate providers on available community resources.

Measures:

- ❖ Provide technical assistance and resources to service providers and facilities such as: the *Resource Directory for Older Adults*, Family Caregiver Service Lists, and other relevant information.
- ❖ Encourage providers to offer additional alternatives to older adults such as private pay options and to make referrals to other service providers.

Strategy: Ensure HCCBG/FCSP providers are effectively utilizing funds to provide maximum service delivery.

Measures:

- ❖ AAA staff will follow Region E Assessment Policy and monitor providers based on Exhibit 14 and annual risk assessment to ensure compliance of NC Division of Aging and Adult Services program service standards.
- ❖ AAA staff will compile and analyze monthly Provider Expenditure Report and offer technical assistance to providers as needed.
- ❖ AAA Director will oversee provider expenditures and work with Council on Aging committees to reach the goal of 100% expenditure of HCCBG/FCSP funds in each county.
- ❖ Provide training and technical assistance to providers on managing their waiting lists to ensure service delivery to older adults with the greatest needs.

EXPECTED OUTCOME: *The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.*

Quality Management



The Western Piedmont Council of Governments Area Agency on Aging utilizes the “NC Division of Aging and Adult Services (DAAS) Exhibit 14: Provider Monitoring Plan” as a guide to regulate service delivery quality of contracted aging service providers. The Region E Assessment Policy provides the basis for programmatic compliance and unit verification monitoring in response to the state and federal guidelines. AAA staff monitor aging service providers who provide both unit based and non-unit based services.

The AAA lead monitor will coordinate monitoring visits with the oversight of the AAA Director. The lead monitor is responsible for developing and updating the monitoring plan annually and ensuring the Region E Assessment Policy is followed. AAA staff ensure the use of current monitoring tools provided by DAAS to ensure compliance among providers. Staff also ensure monitoring visits and assessment reports are completed in a timely manner. The lead monitor is also responsible for monitoring service providers’ monthly expenditures with the use of monthly Aging Resource Management System (ARMS) reports to ensure providers maintain accurate expenditures.

The lead monitor will work with the AAA Director annually to conduct provider risk assessments to determine each provider’s risk. Results of the risk assessments, previous corrective action findings, along with the Exhibit 14 determines the monitoring schedule each year. AAA staff distributes the monitoring schedule to all services providers each July. The monitoring schedule that includes date and time of visit and type of monitoring that will be conducted.

AAA staff also provide technical assistance to aging service providers throughout the year. Training is available to new staff members. The AAA also offers quarterly meetings to inform providers of changes and new information and to offer training on a variety of topics.

Conclusion

The Western Piedmont Council of Governments Area Agency on Aging is committed to meeting the many needs of our region's growing aging population. The four goals outlined in this Plan provide the vision and guidance for moving our region forward. To reach the goals defined in this Plan, we must work together with regional and local agencies, as well as our volunteers who serve on our various committees and groups. The Area Agency on Aging, our local service providers, and older adults continue to face increasing economic challenges. Continuing to provide programs and services to the growing number of seniors in our region is a challenge with our limited funding sources. Our best outcomes will be achieved when we work together to face these challenges. We will need to improve collaboration, target available resources, and underscore accountability for ourselves and our provider agencies for enhanced results. The Plan's goals can only be achieved with the support and strength of our many and varied stakeholders.



Addendum-Covid-19

The AAA is amending their Area Plan to include this Addendum in response to the Covid-19 virus.

The AAA will provide technical assistance to Aging Service Providers to approve waivers for changes to service delivery in order to meet the changing needs of older adults and comply with new rules and regulations. We will communicate, discuss and make recommendations to providers concerning opening and operation of senior centers and nutrition sites based on the Governor's Executive Orders. We will comply with and follow through with all CDC guidelines as it relates to their recommendations regarding Covid-19.

The AAA will coordinate efforts to purchase and distribute Personal Protective Equipment (PPE) to all providers. We will maintain communication with providers across the region as it relates to the changing times that we have experienced and will continue to see for the conceivable future.

The AAA will adjust their service delivery to older adults and their caregivers and utilize technology to conduct business and provide assistance. The use of electronic documents, electronic signature software, virtual web-based meeting technology, teleworking, etc. will all be utilized in order to continue to do the work of the AAA. Measures and Strategies listed in this Area Plan may have to be modified to comply with Covid-19 regulations in order to protect the safety, health, and well-being of our staff and those we serve.

Proposed funding opportunities with Emergency Federal Funding:

Families First funding was passed 100% to the nutrition providers in each county to enable continued and increased service delivery to older adults who need meals.

Cares Act Title III C Nutrition funds will be distributed to the nutrition providers in each county to again, enable continued and increased service delivery to older adults who need meals.

Cares Act Title III B Supportive Services funds will be provided as direct service by the AAA. Service providers were surveyed about their needs and expenses in relation to Covid-19 and their ability to continue to provide service and meet the needs of their participants. Providers indicated needing assistance securing PPE, cleaning supplies, various equipment, and a variety of other needs. The AAA will coordinate bulk purchase and distribution of items in order to secure items at the lowest cost. AAA also has greater flexibility to meet the variety of needs that older adults and our service providers may have. Providers will request funds or items on a form/process to be developed by AAA. WPCOG Finance Department will reimburse providers for expenses incurred or pay invoices directly. This process will also allow AAA to have greater financial oversight of funds utilization and maintain accurate records/documentation. Older adults will also be able to make direct requests to the AAA for items like groceries, etc.

Cares Act Title III E Family Caregiver Support Programs funds have not been determined yet how they will be utilized. FCSP specialist is in conversation with DAAS and others across the state to generate ideas. We plan to focus on ways to continue to meet the varied needs of caregivers across our region.

Cares Act Title VII Ombudsman funds have not been determined yet how they will be utilized. Region E Ombudsmen are in conversation with State Long Term Care Ombudsman and others across the state to generate ideas. We may use funds to purchase PPE to ensure safety of Ombudsmen when they are allowed to resume visits in facilities. We may also use funds to purchase iPads for long-term care facilities so residents are able to communicate via FaceTime with their family members who are not allowed to visit in person.

Cares Act AAA Planning and Administrative funds will be used to pay portion of Aging Specialist salary for oversight of grant. Funds will also be used by WPCOG Finance Department for additional duties required as part of grant requirements. Aging funds that were originally designated for Aging Specialist salary will be used to hire an Aging Administrative Assistant to provide overall support to the Area Agency on Aging.

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Section IV: Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

Exhibit 14: Provider Monitoring Plan

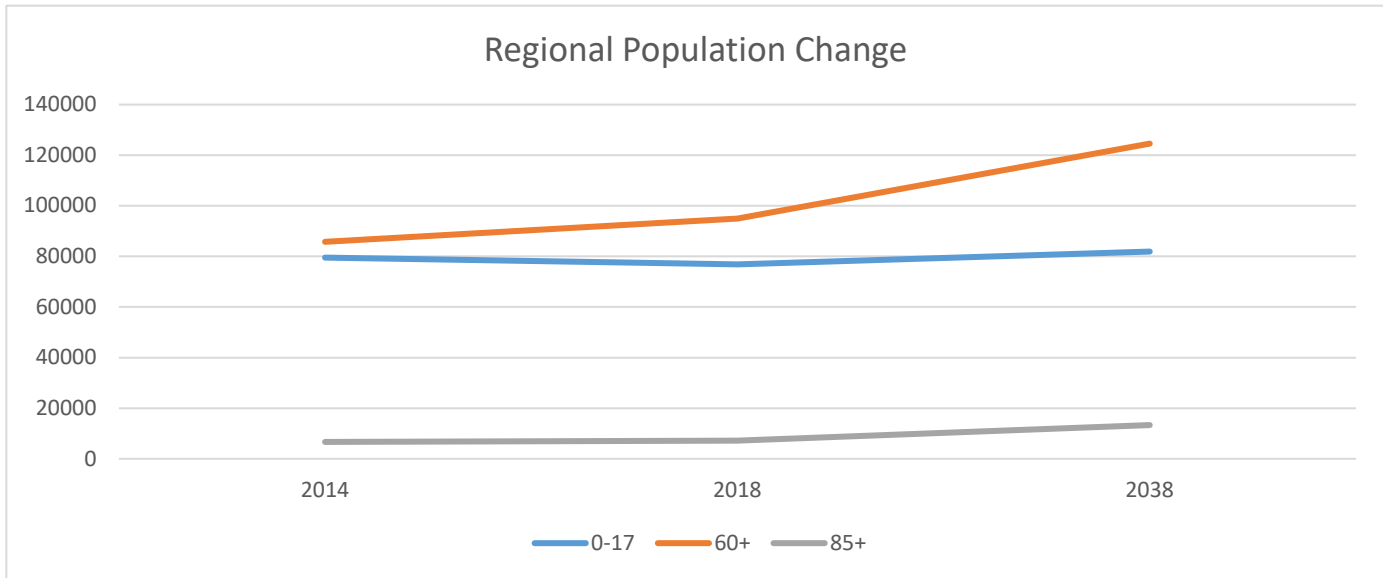
Exhibit 14A: List of Subcontractors

APPENDICES

APPENDIX A: Demographics

Region E

Ages	2014	2018	2038
0-17	79,494	76,844	81,905
60+	85,763	94,938	124,568
85+	6,670	7,211	13,334



Source: NC Office of State Budget and Management, Feb. 2020

County	Grandparents (age 30+) responsible for grandchildren under 18	Grandparents (age 60+) responsible for grandchildren under 18
Alexander	519	178
Burke	1,221	736
Caldwell	1,391	576
Catawba	1,680	743

Source: American Community Survey 2014-18

Alexander

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	38,303		42,835		11.8%
0-17	7,621	20%	8,284	19%	8.7%
18-44	12,145	32%	12,921	30%	6.4%
45-59	8,373	22%	7,644	17%	-8.7%
60+	10,164	27%	13,986	33%	37.6%
65+	7,570	20%	11,370	27%	50.2%
85+	737	2%	1,608	4%	118.2%

Burke

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	91,402		97,925		7.1%
0-17	18,158	20%	19,050	20%	4.9%
18-44	29,223	32%	32,441	33%	11.0%
45-59	19,338	21%	16,303	17%	-15.7%
60+	24,683	27%	30,131	31%	22.1%
65+	18,361	20%	24,795	25%	35.0%
85+	2,155	2%	3,552	4%	64.8%

Caldwell

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	83,291		90,772		9.0%
0-17	16,400	20%	17,566	19%	7.1%
18-44	26,531	32%	29,178	32%	10.0%
45-59	18,506	22%	15,905	18%	-14.1%
60+	21,854	26%	28,123	31%	28.7%
65+	16,132	19%	22,671	25%	40.5%
85+	1,627	2%	2,895	3%	77.9%

Catawba

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	158,483		178,702		12.8%
0-17	34,665	22%	37,005	21%	6.8%
18-44	51,747	33%	58,609	33%	13.3%
45-59	33,834	21%	30,760	17%	-9.1%
60+	38,237	24%	52,328	29%	36.9%
65+	27,824	18%	41,898	23%	50.6%
85+	2,692	2%	5,279	3%	96.1%

Source: NC Office of State Budget and Management, Feb. 2020

Race/Ethnicity, 65+

Counties	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Hispanic or Latino Origin	Two or more races
Alexander	93.9%	5.0%	0.3%	0.3%	0.3%	0.6%
Burke	93.6%	5.0%	0.2%	0.3%	1.0%	0.5%
Caldwell	95.1%	3.7%	0.4%	0.2%	1.4%	0.1%
Catawba	91.0%	6.3%	0.0%	1.1%	1.9%	0.4%

Source: American Community Survey 2014-2018

Of People Aged 65 + in Region E:

- Over 8% live below the poverty level
- Over 20% did not graduate from high school
- Over 24% live alone and are vulnerable to social isolation
- Over 35% have a disability
- Almost 18% are veterans

Other county demographics, 65 +

Characteristics	Alexander	Burke	Caldwell	Catawba
Living alone	24.0%	26.4%	24.6%	25.3%
Veterans	17.2%	21.1%	17.7%	19.4%
Have a disability	37.6%	43.9%	39.5%	35.2%
Have less than a high school diploma	28.3%	21.7%	25.7%	21.2%
Have high school education, GED or alternative	33.7%	33.8%	34.2%	33.6%
Median household income	\$33,614	\$34,955	\$33,165	\$38,060
Income below the poverty level	10.4%	10.3%	11.9%	8.3%
Income is between 100%-199% of the poverty level	31.0%	25.5%	29.2%	24.1%
In labor force	14.4%	13.3%	14.3%	17.1%

APPENDIX B:

Area Plan Assurances and Required Documents

SECTION I:

Verification of Intent and Assurances

Exhibit 1
Verification of Intent

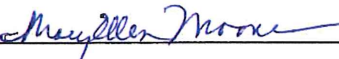
The Area Plan on Aging is submitted for the Region E Planning and Service Area for the period July 1, 2020 through June 30, 2024.

It includes assurances and plans to be followed by the Western Piedmont Council of Governments Area Agency on Aging pursuant to the provisions of the Older Americans Act ("ACT") of 1965, including subsequent amendments. The identified Area Agency on Aging will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency on Aging assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as an advocate for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act and is hereby submitted to the State Unit on Aging for approval.

 6-8-2020
Area Agency Director Date

The Regional Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

 06-13-2020
Chairperson of the Regional Advisory Council on Aging Date

The governing body of the Area Agency on Aging has reviewed and approves the Area Plan

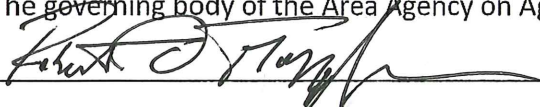
 6-23-2020
Signature/Title – WPCOG Policy Board Chair Date

Exhibit 2

Area Plan Assurances

As part of the Area Plan on Aging, the Area Agency on Aging assures that:

A) It will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration for Community Living, Administration on Aging and the North Carolina Division of Aging and Adult Services.

B) It will cooperate with the North Carolina Department of Health and Human Services and the U.S. Department of Health and Human Services and participate in the implementation of special initiatives that may be developed.

C) Each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, Older individuals with limited English Proficiency, older individuals with greatest economic or social need, those at risk for institutional placement and older individuals residing in rural areas pursuant to Older American Act (OAA), 42 U.S.C. §3026(a)(4)(A).

D) It will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals pursuant to OAA, 42 U.S.C. §3026(a)(3)(E).

E) Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the Division of Aging and Adult Services as a part of the area plan review process pursuant to OAA, 42 U.S.C. §3026(a)(2):

Access - 30%

In-Home - 25%

Legal - 2%

F) Designation, when feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1983 and have maintained that status; or
- 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676B of the Community Services Block Grant Act; and:
- 3) in grants, contracts, and agreements implementing the area plan the identity of each focal point, pursuant to OAA, 42 U.S.C. §3026(a)(3).

G) Each agreement with a service provider funded under Title III of the Act shall require that the provider pursuant to OAA, 42 U.S.C. §3026(a)(4) –

- 1) specify how the provider intends to satisfy the service needs of low-income minority elderly, older individuals with limited English proficiency, and older individuals residing in rural areas in the provider's service area;
- 2) to the extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- 3) meet specific objectives established by the Area Agency on Aging for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area (referred to in this Section as 'PSA').

H) Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers pursuant to OAA, 42 U.S.C. §3026(a)(4)(B) and 42 U.S.C. §3026(a)(6)(G), with special emphasis on–

- 1) older individuals with greatest economic and social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- 2) older individuals with severe disabilities;
- 3) older individuals with limited English proficiency;
- 4) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
- 5) older individuals at risk for institutional placement; and
- 6) older individuals who are Indians if there is a significant population in the planning and service area.

I) Pursuant to OAA, 42 U.S.C. §3026(a)(5),(16) and (17), It 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. It will provide to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. It will include information detailing how it will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and other institutions that have responsibility for disaster relief service delivery.

J) In connection with matters of general policy arising in the development and administration of the Area Plan on Aging, the views of recipients of services under such plan will be taken into account pursuant to OAA, 42 U.S.C. §3026(a)(6)(A).

K) It will serve as an advocate and focal point for the elderly 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 pursuant to OAA, 42 U.S.C. §3026(a)(6)(B).

L) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(C) and where possible, it will 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. Where possible, preference will be given to entering into arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that–

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or came into

existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act.

M) It will make use of trained volunteers in providing 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 settings pursuant to OAA, 42 U.S.C. §3026(a)(6)(C)(iii).

N) It will 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 the Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of business community, local elected officials, providers of veteran's health care (if a veterans health care facility is located in the Area Agency PSA), 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 pursuant to OAA, 42 U.S.C. §3026(a)(6)(D).

O) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(E) and OAA, 42 U.S.C. §3026(a)(12) It will establish effective and efficient procedures for coordination of services with entities conducting–

- 1) programs that receive assistance under the Older Americans Act within the PSA; and
- 2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA.
- 3)

P) In coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public health agencies and nonprofit private organizations pursuant to OAA, 42 U.S.C. §3026(a)(6)(F).

Q) Pursuant to OAA, 42 U.S.C. §3026(a)(7), It will facilitate the area-wide 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:

- 1) 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;
- 2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- 3) 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
- 4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public

and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

R) Pursuant to OAA, 42 U.S.C. §3026(a)(8)(C), case management services provided under Title III of the Act through the Area Agency on Aging will—

- 1) not duplicate case management services provided through other Federal and State programs;
- 2) be coordinated with services described in subparagraph (1); and
- 3) be provided by a public agency or nonprofit private agency that: (i) gives each older individual seeking services under Title III 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).

S) It will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under section 307(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year 2000 in carrying out such a program under Title VII of the Act pursuant to OAA, 42 U.S.C. §3026(a)(9).

T) Pursuant to OAA, 42 U.S.C. §3026(a)(10), it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under Title III of the Act.

U) It will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), pursuant to 42 U.S.C. §3026(a)(11) including—

- 1) information concerning whether there is a significant population of older Native Americans in the PSA 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 Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) 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 PSA, to older Native Americans.

V) If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging for the planning and service area will (a) utilize in the delivery of outreach services under section 3026(a)(2)(A) of the U.S.C., 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) will 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 pursuant to OAA, 42 U.S.C. §3027(a)(15).

W) Pursuant to OAA, 42 U.S.C. §3026(a)(13), It will maintain the integrity and the public purpose of services provided, and service providers, under Title III of the Act in all commercial and contractual relationships. It shall disclose to the Division of Aging and Adult Services and the Federal Assistant Secretary on Aging the identity of each non-governmental entity with which it has a contract or commercial relationship relating to the provision of services to older individuals as specified in the Act and the nature of such contract or relationship. It shall demonstrate the effectiveness and efficiency of services provided through these contract or commercial relationships as required by the Act. On the request of the Federal Assistant Secretary or the Division of Aging and Adult Services, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit).

X) Pursuant to OAA, 42 U.S.C. §3026(a)(15), Funds received under Title III will be used-

- 1) to provide benefits and services to older individuals, giving priority to older individuals identified in assurance C; and
- 2) in compliance with assurance W and the limitations specified in Section 3020c of the U.S.C. in which such section pertains to contracting and grant authority; private pay relationships; and appropriate use of funds.

Y) Preference in receiving services under Title III of the Act will not be given by it to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this Title pursuant to OAA, 42 U.S.C. §3026(a)(14).

Z) Pursuant to OAA, 42 U.S.C. §3027(a)(8), if it desires to provide directly any supportive, nutrition, or in-home services (as defined in Section 342) a waiver shall be requested as part of the Area Plan process and such request(s) will be evaluated based upon the following criteria--

- 1) provision of such services by the agency is necessary to assure an adequate supply of such services;
- 2) such services are directly related to the agency's administrative functions; or
- 3) such services can be provided more economically, and with comparable quality, by the agency.

Exhibit 13 provides information needed to meet this assurance. Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency on Aging, no waiver is required because State statute (G.S. 143B-181.17) places the program in the Area Agency on Aging. The NC Division of Aging and Adult Services will not require a waiver request for direct provision of Information and Options Counseling (I&OC) or Outreach.

AA) It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, Section 712(g)(1)(ii) which requires that legal representation as well as consultation and advice be provided for the Regional Ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan on Aging pursuant to OAA, 42 U.S.C. §3058(g).

BB) Each Regional Ombudsman reports regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsmen, provides information to the general public, and

maintains documentation of the required Program duties pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(C); and N.C.G. S. §143B-181.19(3), (7), and (9).

CC) Each Regional Ombudsman performs mandated duties to identify, investigate, and resolve complaints made by or on behalf of long-term care residents [pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(B)(iii); and N.C. G. S. §143B-181.19-.20].

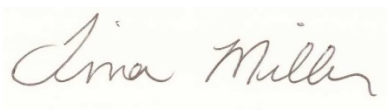
DD) There is the provision of the required initial training for new Community Advisory Committee members, ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements pursuant to N.C. G. S. §143B-181.19 (8), the Long-Term Care Ombudsman Program Policy and Procedures: Section (6)-(B)-(2), Pgs. 47-53 and; 45 CFR §§ 1324.13-(C)-(2).

EE) The Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate pursuant to OAA, 42 U.S.C. §§ 3058 (i).

FF) It will notify the NC Division of Aging and Adult Services within 30 days of any complaints of discrimination or legal actions filed against the Area Agency on Aging or the Council of Governments in its treatment of applicants and employees pursuant to the AAA Policies and Procedures Manual, Section 302.

GG) It will support the mission of the NC Senior Tar Heel Legislature in a manner prescribed by the Division of Aging and Adult Services and endorsed by the NC Association of Area Agencies on Aging pursuant to N.C. G.S. §143B-181.55.

HH) It will submit further assurances to the NC Division of Aging and Adult Services in the event of any change and/or addition to the regulations, policies, and procedures governing the Area Agency on Aging and its Area Plan.



Area Agency Director

6-8-2020

Date

Exhibit 3

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and the Disabilities Act of 1990, including subsequent amendments

The Area Agency on Aging agrees to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and with the Americans with Disabilities Act of 1990.

Though the Area Agency on Aging should not make a survey of identifiable barriers to people with disabilities in the programs listed below, we do promise to follow a policy of "nondiscrimination against the handicapped" in providing or contracting for these services. If we find that present services or facilities provided by this agency or of those with whom we contract do discriminate against the handicapped, we promise to: (1) remedy the situation; (2) contract with another provider that does not discriminate if a resolution is not possible; and/ or (3) lastly, find a comparable service for the handicapped person. If option (3) is chosen, we shall take steps to ensure that no additional costs are incurred by the handicapped person and that the alternative service or facility is equally effective, affords equal opportunity, and does not segregate against handicapped individuals so that they are in a more restrictive setting than non-handicapped persons receiving the same service.

The purpose of this agreement is to ensure that all services and facilities obtained from contracts made through local services agencies are readily accessible to and usable by persons with disabilities.



Signature and Title of Authorized Official
WPCOG Executive Director

6/23/2020

Date

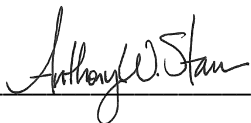
Exhibit 4

Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of The Civil Rights Act of 1964, including subsequent amendments

The Area Agency on Aging ("Applicant") will comply with Title VI of the Civil Rights Act of 1964 ("Title VI") (P.L.88-352) and subsequent amendments and all regulations imposed by the United States Department of Health and Human Services ("Department") (45 CFR Part 80) issued to effectuate Title VI. Therefore, no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and the Applicant gives assurance that it will immediately take any measure necessary to comply with any and all applicable federal rules and regulations.

If any real property or structure is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or its transferee, successor or assignee, for the period during which the real property or structure is used to comply with any all requirements of Title VI and applicable regulations. If any personal property is provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the personal property to comply with any and all requirements of Title VI and applicable regulations. In all other cases, this assurance shall obligate the Applicant for the period it is receiving Federal financial assistance extended to it by the Department to comply with any all requirements of Title VI and applicable regulations.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended including installment payments awarded to the Applicant on or after the signed date of the assurance. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations made in this agreement by the Applicant and the United States or the North Carolina Division of Aging and Adult Services shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees. The person(s) whose signature(s) appear below are authorized to sign and bind this assurance on behalf of the Applicant.



6/23/2020

Signature and Title of Authorized Official
WPCOG Executive Director

Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

David W Hood
Patrick, Harper & Dixon, LLP
34 Second Street NW
Hickory, NC 28601

Period of Time Covered by Contract: July 1, 2020 through June 30, 2024

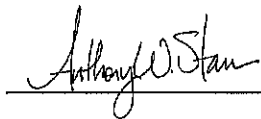
Scope of Services: Pursuant to 42 U.S.C. §3058g(g)

Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

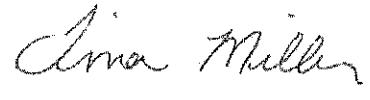
1. Ensure that adequate legal counsel is available to each regional ombudsman for advice and consultation and that legal representation will be provided for the regional ombudsman against whom suit or other legal action is brought in connection with the performance of his/her official duties.
2. Ensure that each Regional Ombudsman as a designated representative of the state office has the ability to pursue administrative, legal and other appropriate remedies on behalf of residents in long-term care facilities (45 CFR §1327.15(j)).
3. Acknowledge that the communications between the ombudsman and legal counsel are subject to the attorney-client privilege (45 CFR §1327.15(j)(4)).

AGREED UPON BY:



6/23/2020

Executive Director, Western Piedmont Council of Governments, Date



6-8-2020

Area Agency Director

Date



6/23/20

David W. Hood, Patrick, Harper & Dixon, LLP, Date

Section II

Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

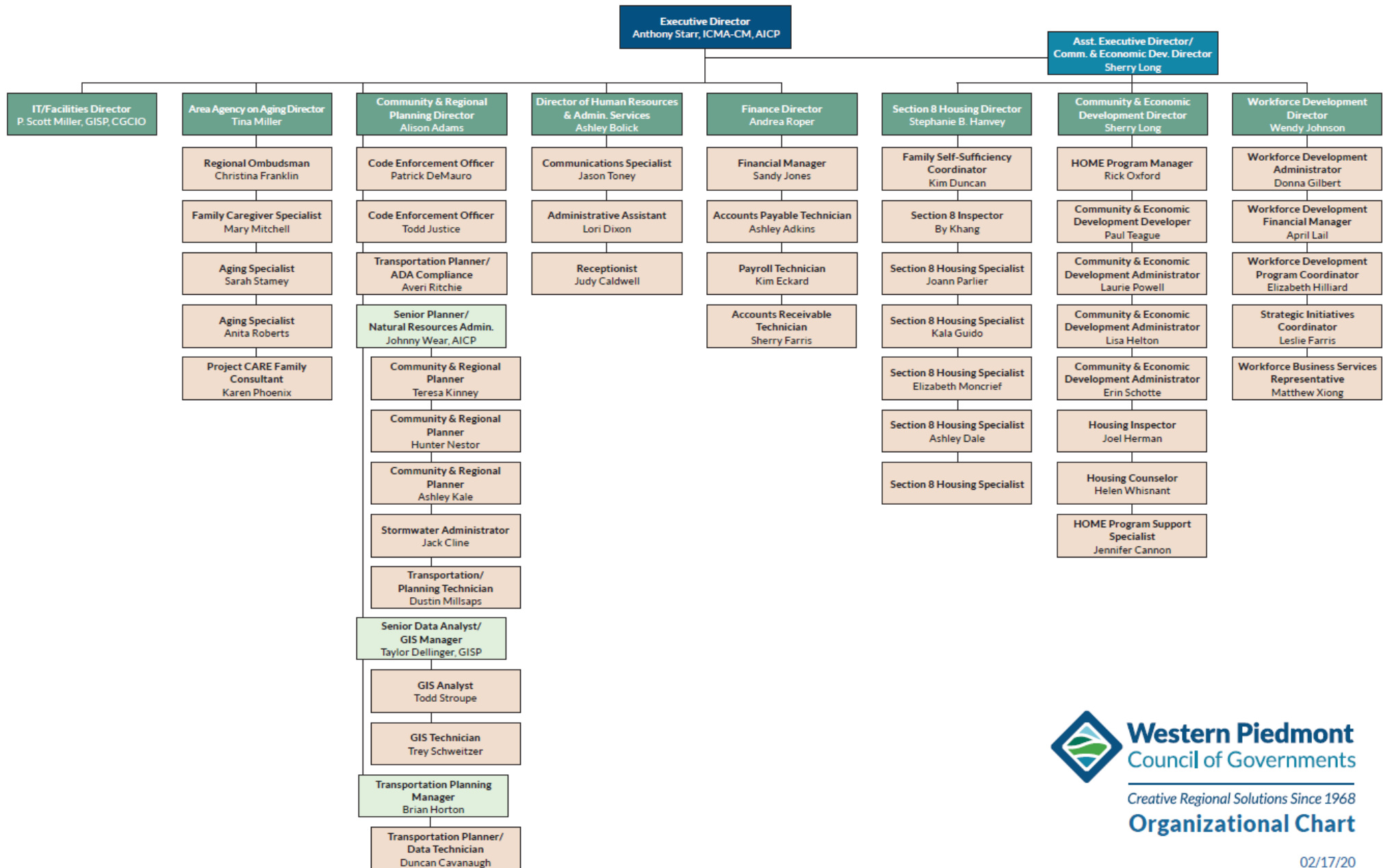


Exhibit 7: Organizational Chart of the Area Agency on Aging

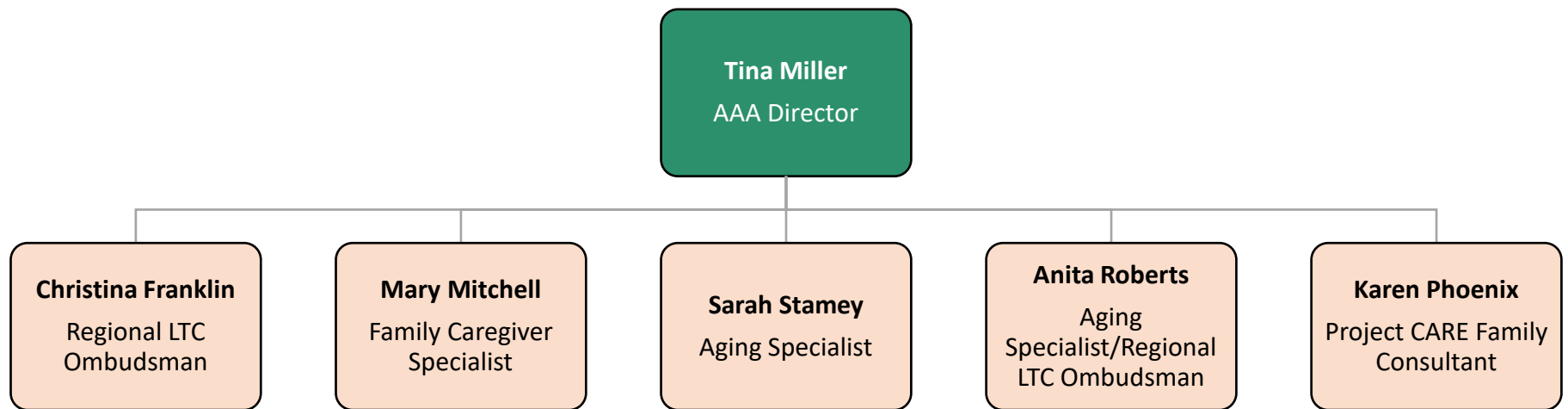


Exhibit 8: Area Agency on Aging Staffing Profile

	Name	Position/Job Title	Race/ Ethnicity (see list below)	FTE/ Temp	Personnel Category (see list below)	List funding source	% of time spent on duties
1	Tina Miller	AAA Director	5	FTE	1	P&A	55%
						FCSP	27%
						AAA Support	15%
						Ombudsman	1.5%
						Project CARE	1.5%
2	Christina Franklin	Regional LTC Ombudsman	5	FTE	5	Ombudsman	95%
						Elder Abuse	5%
3	Mary Mitchell	Family Caregiver Specialist	5	FTE	6	FCSP	100%
4	Sarah Stamey	Aging Specialist	5	FTE	4	Title IIID	35%
						FCSP	20%
						AAA Support	35%
						P&A	10%
5	Anita Roberts	Aging Specialist/Ombudsman	5	FTE	5	P&A	40%
						Ombudsman	50%
						Title III D	3%
						MIPPA	7%
6	Karen Phoenix	Project Care Family Consultant	5	FTE	6	Project CARE	100%

Race/Ethnicity Categories

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. Hispanic
7. Some Other Race
8. Two or More Races

SUA Personnel Categories

1. Agency Executive/Management Staff
2. Planning
3. Development
4. Administration
5. Service Delivery
6. Access/Care Coordination
7. Clerical/Support Staff
8. Other

Exhibit 9: Regional Advisory Council Membership and Participation

Complete the list of current members of the Regional Advisory Council as indicated below.

How many times did the Regional Advisory Council meet during the past full state fiscal year? 4

#	Name		Gender M/F	County	Race/ Ethnicity	Position Code(s) (Note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
1	Huffman	Paulette	F	Alexander	5	2, 6, 7	STHL	6/30/2021
2	Mays	Shirley	F	Alexander	5	2, 6		6/30/2020
3	Rao	Judith	F	Alexander	5	2, 6		1/7/2021
4	Walker	Billie	F	Alexander	5	9	Health Department	6/30/2022
5	Propst	Jerry	M	Burke	5	2, 6, 7	Burke County AARP	6/30/2020
6	Robinson	Karen	F	Burke	5	2, 6, 7	STHL	6/30/2020
7	Summers	Eleanor	F	Burke	5	2, 7		6/30/2021
8	Workman	Stephanie	F	Burke	3	2, 3, 9	NC Works	6/30/2021
9	Bland	Georgianna	F	Caldwell	5	2, 6, 7, 9	US Census	6/30/2020
10	Moore	Mary Ellen	F	Caldwell	5	2, 5, 6, 7, 9	Happy Valley Medical Center	6/30/2020
11	Akins	Cyndi	F	Caldwell	5	9	Caldwell Hospice	9/1/2020
12	Kerley	AJ	F	Catawba	5	6, 7, 9	PACE	10/16/2023
13	Downs	Ron	M	Catawba	5	2, 9		6/30/2022
14	Rights	Debbie	F	Catawba	5	2, 7, 9	First United Methodist Church in Newton	10/16/2023
15	Banner	Cathy	F	Catawba	5	2		10/16/2023

Race/Ethnicity Categories

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. Hispanic
7. Some Other Race
8. Two or More Races

Position Code/Description

1. Older Americans Act Recipient
2. Age 60 or older Representative
3. Minority Individual Representative
4. Veteran's Affairs Representative
5. Chairperson of the Council Representative
6. Rural Area Representative
7. Family Caregiver Representative
8. Service Provider Representative
9. Business Community Representative
10. Local Elected Official

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Alexander County Senior Center 604 7 th St. SW Taylorsville, NC 28681	Alexander	X		
Burke County Senior Services 501 N. Green St. Morganton, NC 28655	Burke	X		
Caldwell Senior Center 650A Pennton Ave. SW Lenoir, NC 28645	Caldwell	X		
Catawba Council on Aging 400 17 th St. SW Hickory, NC 28603	Catawba	X		
Neighbors Network 502 Thornburg Dr. NE Conover, NC 28613	Catawba	X		

Section III

Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing (optional)

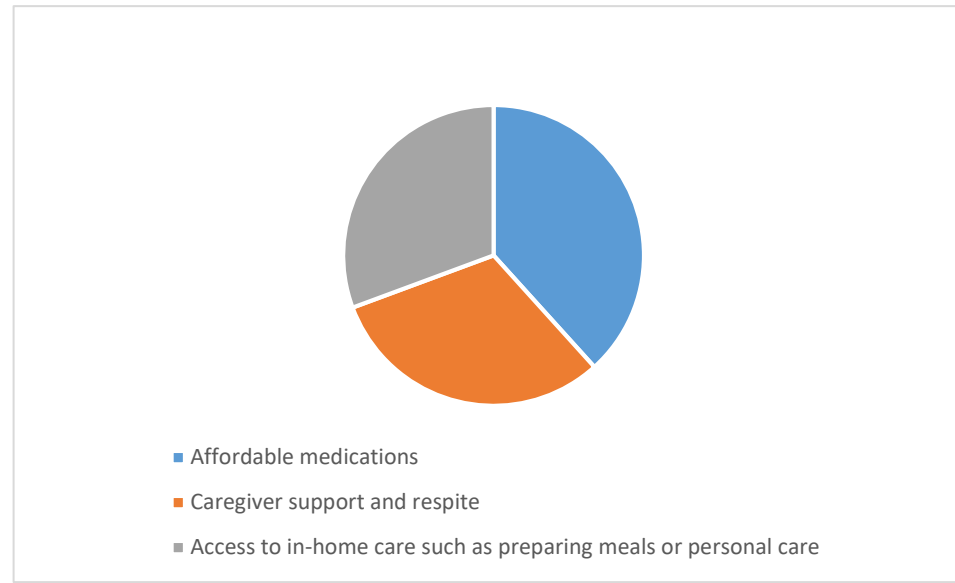
A public hearing was not conducted. The AAA found it more effective to publicize and encourage participation of the Needs Assessment Survey.

Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county

County	1	2	3
Alexander	Caregiver support and respite	Access to in-home care such as preparing meals or personal care	Depression and loneliness
Burke	Affordable medications	Access to in-home care such as preparing meals or personal care	Caregiver support and respite
Caldwell	Caregiver support and respite	Affordable medications	Access to medical care
Catawba	Caregiver support and respite	Affordable medications	Access to in-home care such as preparing meals or personal care

Region E Top 3 Area of Need (Based on total survey responses)



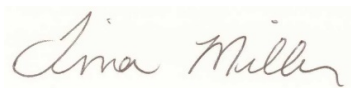
Section IV
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services – Waiver Request

1. Name of the Organization: Western Piedmont COG Area Agency on Aging Fiscal Year: 2021
2. Summary of Service Information: Area Agency on Aging will use Health Promotion/Disease Prevention funds to help support Aging Specialist/Regional Health Promotion Coordinator's salary to teach and offer Living Healthy, Living Healthy with Diabetes, Living Health with Chronic Pain, Matter of Balance, Walk with Ease, Powerful Tools for Caregivers, and Arthritis Foundation's Tai Chi classes and trainings throughout the region. Regional Coordinator is a Master Trainer in 3 of the programs and a trained leader in the other. She helps to support leaders' efforts to coordinate classes, train new leaders, market availability of classes to the community, provide supplies/materials for classes, and coordinate paperwork requirements between local providers/AAA and NC DAAS.

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Health Promotion/Disease Prevention	401	Alexander Burke Caldwell Catawba		X

By signing below the AAA Director is affirming that affected local interests (e.g., Board of County Commissioners, local HCCBG planning committee) agree with this plan for services.



Area Agency on Aging Director

6/8/2020

Date

Provision of Direct Services (Continued)

The information requested below is required for **each service** that the Area Agency on Aging requests approval to provide directly.


Name of the Organization: Western Piedmont Area Agency on Aging

Name of Service: Health Promotion/Disease Prevention

Service Code: 401

FY: 2021

3. Non-HCCBG budget worksheet for direct services – listed on next page.
4. Complete and attach Form DAAS-733 describing the method for targeting low-income minority and rural persons.
Listed on page 50.
5. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
With the limited funds that are available in Region E – WPCOG feels it is in the best interest of older adults in our region to have the AAA use these funds to support the efforts of currently trained leaders, train new leaders, and continue to provide all materials/supplies needed to teach the class. In the past we have split up the funds between our senior centers in each county. Because of the changes/restrictions on the use of the funds and the limited amount, they are no longer interested in contracting to receive and provide Title III D Health Promotion/Disease Prevention. We continue to partner with these agencies to provide classes at their centers.
6. **For non-unit producing activities only** provide a brief narrative of the planned service and activities.
AAA plans to provide at least two evidence-based health promotion classes annually in each county such as: Living Healthy, Living Healthy with Diabetes, Living Healthy with Chronic Pain, Matter of Balance, Walk with Ease, Powerful Tools for Caregivers, and Arthritis Foundation's Tai Chi program. We will continue to partner with Healthy Aging NC and the training institute to train additional leaders/coaches for our region to increase our capacity to teach more classes and reach more individuals.



Area Agency on Aging Director

6/8/2020

Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

Non-HCCBG budget worksheet for Title III D direct services

Select Region Below			
E-Western Piedmont			
Select Program Below		Select Fiscal Year Below	
Title III-D Health Promotion/Disease Prevention		2020-21	
Allocation Details			
Total Allocation Including Match and Other Revenue	\$	36,422.00	
Amount Passed Through to Partner Agencies	\$	-	
Amount for Direct Service Provision	\$	36,422.00	
Budget Overview			
Personnel Salary Cost (Complete Details Below)	\$	18,084.00	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	9,403.68	Specify Rate: 52%
Indirect Cost	\$	8,934.00	Specify Rate: 33%
Direct Program Support (Complete Details Below)	\$	-	
Total Cost	\$	36,421.68	
Category Details			
Personnel (List Staff Titles Below)	Amount	% of Time Worked	
Sarah Stamey	\$ 16,584.00	35%	
Aging Specialist			
Anita Roberts	\$ 1,500.00	3%	
Aging Specialist			
Total Personnel	\$ 18,084.00		
Direct Program Support (Select Applicable Below)	Amount		
Professional Services	\$ 36,422.00		
Total Direct Program Support	\$ 36,422.00		

Exhibit 13: Provision of Direct Services – Waiver Request

1. Name of the Organization: Western Piedmont COG Area Agency on Aging Fiscal Year: 2021
2. Summary of Service Information: Area Agency on Aging will use Family Caregiver Support Program funds to help provide respite vouchers for caregivers who cannot be served with Project Care or Lifespan Respite. We also provide in-home respite grants to a service provider in each county. The Caregiver Directed Vouchers has proven to be a good option for those families who prefer to utilize the funding in their own way to provide the needed respite. We have also had success with offering caregivers limited access to incontinence supplies and liquid nutritional supplements to help with their financial burden of being a caregiver. We wish to continue to offer these services in FY21.

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
FCSP – Incontinence Supplies	857	Alexander Burke Caldwell Catawba		X
FCSP – Liquid Nutritional Supplements	859	Alexander Burke Caldwell Catawba		X
FCSP - Caregiver Directed Respite Vouchers	844	Alexander Burke Caldwell Catawba		X

By signing below the AAA Director is affirming that affected local interests (e.g., Board of County Commissioners, local HCCBG planning committee) agree with this plan for services.



Area Agency on Aging Director

6/8/2020

Date

Provision of Direct Services (Continued)

The information requested below is required for **each service** that the Area Agency on Aging requests approval to provide directly.

Name of the Organization: Western Piedmont Area Agency on Aging

Name of Service: FCSP Incontinence Supplies, Liquid Nutritional Supplements, and Caregiver Directed Respite Vouchers

Service Code: 857, 859, 844. **FY:** 2021

3. Non-HCCBG budget worksheet for direct services – listed on next page.
4. Complete and attach Form DAAS-733 describing the method for targeting low-income minority and rural persons.
Listed on page 50.
5. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
In order to support caregivers in our community, we would like to offer assistance with purchasing incontinence supplies and nutritional supplements to caregivers. We would also like to continue to offer Caregiver Directed Respite Vouchers to give caregivers more choice in who they hire to stay with their loved one so they can get a break. We are still contracting with a licensed home care provider in each county to provide in-home respite as well.
6. **For non-unit producing activities only** provide a brief narrative of the planned service and activities.
Assistance for incontinence supplies and liquid nutritional supplements is limited to \$250 for each service per year per caregiver. Supplies will be ordered online for a month's supply and delivered to the caregiver's residence. Respite vouchers are \$500. They are limited to 1 per year for a caregiver – but we reserve the right to issue another one for extenuating circumstances.



Area Agency on Aging Director Date

6/8/2020

Approved Not Approved
(circle one)

Director, NC DAAS Date

Non-HCCBG budget worksheet for FCSP direct services

Select Region Below			
E-Western Piedmont			
Select Program Below		Select Fiscal Year Below	
Title III-E Family Caregiver Support Program		2020-21	
Allocation Details			
Total Allocation Including Match and Other Revenue	\$	11,000.00	
Amount Passed Through to Partner Agencies	\$	-	
Amount for Direct Service Provision	\$	11,000.00	
Budget Overview			
Personnel Salary Cost (Complete Details Below)	\$	-	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	-	Specify Rate: 0%
Indirect Cost	\$	-	Specify Rate: 0%
Direct Program Support (Complete Details Below)	\$	-	
Total Cost	\$	-	
Category Details			
Personnel (List Staff Titles Below)	Amount	% of Time Worked	
Mary Mitchell	\$ -	100%	
Family Caregiver Support Specialist			
Total Personnel	\$ -		
Direct Program Support (Select Applicable Below)	Amount		
Other (Specify in Cell to Right of Amount)	\$ 7,000.00	Reimbursement to Caregiver	
Supplies	\$ 3,000.00	Incontinence	
Supplies	\$ 1,000.00	Nutritional Supp.	
Total Direct Program Support	\$ 11,000.00		

DAAS-733

(Rev. 2/16)

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2020 through June 30, 2021

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency
(Older Americans Act, Section 305(a)(2)(E))

Community Service Provider: Western Piedmont Council of Governments

Counties: Alexander, Burke, Caldwell, and Catawba

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low income, **low-income (including low income minority elderly), rural elderly and elderly with limited English proficiency** will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

The Western Piedmont Area Agency on Aging will continue outreach efforts throughout the region, with special emphasis on reaching the underserved and underrepresented populations. The AAA will provide and promote events and information to increase awareness of services and supports that are available for older adults and their caregivers.

Exhibit 14: Provider Monitoring Plan

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
005	Adult Life Programs														
	Adult Day Health	Alexander, Caldwell & Catawba	AAA	X			X	X		X	X				
	Adult Day Care	Catawba	AAA	X			X	X		X	X				
002	Alexander County DSS														
	Congregate Nutrition	Alexander	AAA-2		X			X	X		X				
	Home Delivered Meals	Alexander	AAA-2		X			X	X		X				
	Housing & Home Improvement	Alexander	AAA	X	X	X	X								
	In-Home Aide Level I	Alexander	AAA-2			X			X	X					
003	Alexander Senior Center														
	Senior Center Operations	Alexander	AAA	X			X								

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
027	All Ways Caring Homecare														
	In-Home Aide Level II	Alexander Caldwell	AAA	X	X	X	X	X	X	X	X				
	In-Home Aide Level III	Caldwell	AAA	X	X	X	X	X	X	X	X				
006	Blue Ridge Community Action														
	Adult Day Care	Burke	AAA	X			X	X		X	X				
	Congregate Nutrition	Caldwell	AAA-2			X			X	X					
	Home Delivered Meals	Caldwell	AAA-2			X			X	X					
021	Burke County Senior Services														
	Senior Center Operations	Burke	AAA	X			X								
	Congregate Nutrition	Burke	AAA-2	X			X	X		X	X				
	Home Delivered Meals	Burke	AAA-2	X			X	X		X	X				
016	Caldwell Senior Center														
	Senior Center Operations	Caldwell	AAA	X			X								

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
018	Catawba County DSS														
	Congregate Nutrition	Catawba	AAA-2		X			X	X		X				
	Home Delivered Meals	Catawba	AAA-2		X			X	X		X				
	Information & Options Counseling	Catawba	AAA		X										
017	Catawba Council on Aging														
	Senior Center Operations	Catawba	AAA	X			X								
030	Catawba Valley Medical Services														
	In-Home Aide Level III	Burke	AAA	X	X	X	X	X	X	X	X				
028	Comfort Keepers														
	In-Home Aide Level II	Catawba	AAA	X	X	X	X	X	X	X	X				
	In-Home Aide Level III	Catawba	AAA	X	X	X	X	X	X	X	X				
026	Foothills Service Project, Inc.														
	Housing and Home Improvement	Burke, Caldwell & Catawba	AAA	X	X	X	X								

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
036	Greenway Public Trans.														
	General Transportation	Alexander, Burke, Caldwell & Catawba	AAA		X			X	X		X				
	Medical Transportation	Alexander & Caldwell	AAA		X			X	X		X				
020	Handi-Care, Inc.														
	Medical Transportation	Burke	AAA	X	X	X	X	X	X	X	X				
023	Harmony Home Care														
	In-Home Aide Level I	Caldwell	AAA	X	X	X	X	X	X	X	X				
019	Legal Aid of North Carolina														
	Regional Legal Services	Regional	AAA		X Region E			X	X		X				
034	Neighbors Network														
	Senior Center Operations	Catawba	AAA	X			X								

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	Family Caregiver Support Program														
027	All Ways Caring HomeCare	Caldwell	AAA			X			X	X					
031	Bayada Home Health Care	Burke	AAA			X				X					
026	Foothills Service Project, Inc.	Regional	AAA		X										
029	Premier Home Health Care Services, Inc.	Alexander Catawba	AAA			X			X	X					

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

Scheduled as needed but at least once every three years; * Scheduled as needed but at least every other year; **** Scheduled as warranted by annual risk evaluations.

Exhibit 14A: List of Subcontractors - Instructions

List each subcontractor in the chart below. For the purpose of Subcontractor Monitoring, a subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's HCCBG grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services.

Do not list vendors that provide services through a "purchase of service." These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Here are some service-specific examples to illustrate whether or not a subcontractor should be listed on Exhibit 14A.

Service	SUBCONTRACT OR PURCHASE OF SERVICE?
In-Home Aide	If a human service agency (provider) receives the IHA allocation and contracts with a home health or home care agency, it is a subcontract and <u>not</u> a purchase of service. Even if the subcontract only delegates just the tasks on a plan of care for clients, the agency is still a subcontractor because grant requirements (service standards) related to service delivery must be met as part of the scope of work. An example would be the aide competency and supervision requirements in the standards that are often outsourced to the home health or home care agency that employs the aides.
Nutrition	Subcontracts with commercial kitchens or restaurants to prepare meals are never just "purchase of service" arrangements because there are grant requirements that must be met as part of the caterer's scope of work (e.g., approved menus, protocols for menu substitutions, documentation requirements for end of preparation time, documentation of each food item delivered, daily sanitizing of food delivery carriers by the food service provider, etc.). A contract between the HCCBG nutrition provider and a local dairy to deliver pints of milk once a week is just a purchase of goods and services and would not need to be listed because those pints of milk could be bought at any store. A purchase of service is when goods and/or services are sold to all purchasers without special conditions or requirements related to the grant.
Adult Day Services (Adult Day Care, Adult Day Health or ADC/ADH Combination Programs)	A human service agency that receives the allocation and contracts with an ADC/ADH center to provide services has a subcontract, not a purchase of service, because there are grant requirements that must be met as part of the center's scope of work. An ADC/ADH center that provides services directly, but also contracts with another ADC/ADH center to provide adult day services has a subcontract with that center.
Health Promotion	If an agency funded for health promotion hires an exercise instructor, that person is a vendor, not a subcontractor.

Transportation	If a county human service agency receives the grant allocation and contracts with the county transportation system to provide rides, it should be treated as a subcontract* and not a purchase of service because there are grant requirements that the transportation system is responsible for assuring. For example, the HCCBG vehicle and driver documentation requirements should be specified in the written contract/agreement and should match the requirements in the transportation service standard.
Family Caregiver Support Program	If the provider with the FCSP allocation outsources <u>any</u> service requirements, including eligibility determination, then it is a subcontract relationship that should be reported on Ex. 14A. For example, a county department of aging has a contract with the AAA to provide respite services. The county department takes all calls from caregivers regarding respite and routes the callers to the respite providers to determine if they are eligible for the service based on FCSP eligibility. In this case the respite providers would be subcontractors because they are not merely providing the service, but have a role in determining who receives the service. On the other hand, if the FCSP service provider (the one receiving the allocation) determines eligibility, then the respite provider is just a vendor because currently there are no service standard requirements that have to be met for FCSP and no service requirements would be outsourced to the vendor.

* When a county agency with a HCCBG allocation for any service uses another county agency to carry out the grant's requirements, the arrangement should be treated like a subcontract. There should be a written agreement that details what grant requirements have been outsourced to the second county agency and other pertinent details. Written agreements/contracts make it clear to the HCCBG provider, its subcontractor, and the AAA who is responsible for what requirements. The stipulations provide a framework for the monitoring of grant requirements and identify which entity is responsible for the documentation of grant activities.

Exhibit 14A: List of SubcontractorsRegion E FY 2019/2020Provider: Alexander DSS Provider Code: _____ County Alexander

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Mooresridge Catering	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Home Delivered Meals Congregate Meals	Walter Moore Mooresridge Catering 1998 Connelly Springs Rd. Lenoir, NC 28645 828-728-0919	Preparation and delivery of meals to designated congregate nutrition sites and home delivered meal drop off locations
HomeCare Management	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Level I In Home Aide Services	Margaret Mason 315 Wilkesboro Blvd NE Suite 2-A Lenoir, NC 28645 828-754-3665	Provide Level I IHA services: complete tasks identified on IHA plan of care
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

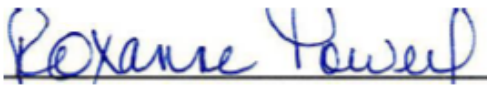
Provider Signature Dawn League BSW Title: Social Worker II Date 8-8-19

Exhibit 14A: List of SubcontractorsRegion E FY2019-20Provider: Burke County Senior ServicesProvider Code: E021County Burke

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
American Food Services LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Home Delivered Meals and Congregate Meals	Charlie Rice, Pres. David Botsko, COO 1053 Summers Road Morganton, NC 28655 828-522-1177	Preparation and Delivery of Meals
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature



Title: Senior Services Director

Date: August 27, 2019

Exhibit 14A: List of Subcontractors

Region E FY 2019-2020

Provider: Blue Ridge Community Action Provider Code: 06 County Burke

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Blue Ridge Healthcare Systems, Inc.	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Prepared food		Preparation, packaging and delivery to drop off sites of meals for the Congregate Nutrition and Home Delivered Meals programs.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			


Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature [Signature] Title: Acting Executive Director Date 8-8-19

Exhibit 14A: List of SubcontractorsRegion E FY 2019-20Provider: Catawba County Social Services Provider Code: 18 County Catawba

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
American Food Services	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Meals on Wheels and Congregate Nutrition	David Botsko 1053 Summers Rd. Morganton, NC 28655 Phone: 828-432-7099	Preparation and delivery of meals
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature  Title: SNS Manager Date 8/27/19