



# Western Piedmont Council of Governments

---

*Area Agency on Aging*

**Western Piedmont Council of Governments**

**Area Agency on Aging**

*Regional Aging Services Plan*

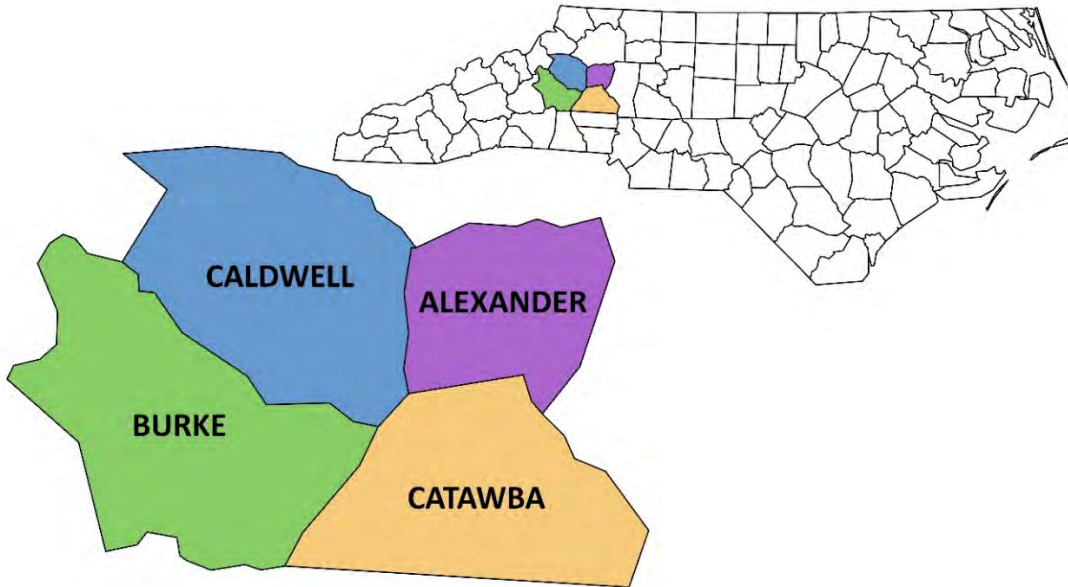
*July 1, 2024 – June 30, 2028*

**Area Plan: Advancing Equity in Aging**





*Creative Regional Solutions Since 1968*



The material in this Plan was prepared by the Western Piedmont Council of Governments Area Agency on Aging. Any portion of this document may be reproduced and used freely, although the Western Piedmont Council of Governments Area Agency on Aging should be recognized in published documents.

Questions or comments regarding the contents of this Plan should be directed to:

Western Piedmont Council of Governments

Area Agency on Aging Director, Tina Miller

PO Box 9026

Hickory, NC 28603

[www.wpcogaaa.org](http://www.wpcogaaa.org)

(828) 322-9191

[tina.miller@wpcog.org](mailto:tina.miller@wpcog.org)



# Table of Contents

<b>Executive Summary.....</b>	<b>4</b>
<b>Developing the plan.....</b>	<b>5</b>
<b>Demographics.....</b>	<b>6</b>
<b>Strategic Goals.....</b>	<b>9</b>
<b>Quality Management .....</b>	<b>23</b>
<b>Conclusion .....</b>	<b>24</b>
<b>Appendices.....</b>	<b>25</b>
<b>Section I: Verification of Intent and Assurances.....</b>	<b>26</b>
Exhibit 1: Verification of Intent	
Exhibit 2: Area Plan Assurances	
Exhibit 3: Assurance of Compliance with Section 504 of Rehabilitation Act and Americans with Disabilities Act	
Exhibit 4: Assurance of Compliance with the Civil Rights Act	
Exhibit 5: Assurance of Legal representation for Regional Ombudsman	
<b>Section II: Administrative Matters.....</b>	<b>37</b>
Exhibit 6: Organization Chart of Western Piedmont Council of Governments	
Exhibit 7: Organization Chart of the Area Agency on Aging	
Exhibit 8: Area Agency on Aging Staffing and Volunteer List	
Exhibit 9: Regional Advisory Council Membership and Participation	
Exhibit 10: Focal Point Organization	
<b>Section III: Needs Assessment Overview .....</b>	<b>45</b>
Exhibit 11: Documentation of Area Agency on Aging Public Hearing	
Exhibit 12: Results of Needs Assessment, Regional Summary	
<b>Section IV: Monitoring and Direct Services .....</b>	<b>48</b>
Exhibit 13: Provision of Direct Services	
Exhibit 14: Provider Monitoring Plan	
Exhibit 14A: List of Subcontractors	

## 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 by providing supportive services for them and their caregivers.

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 the region'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.

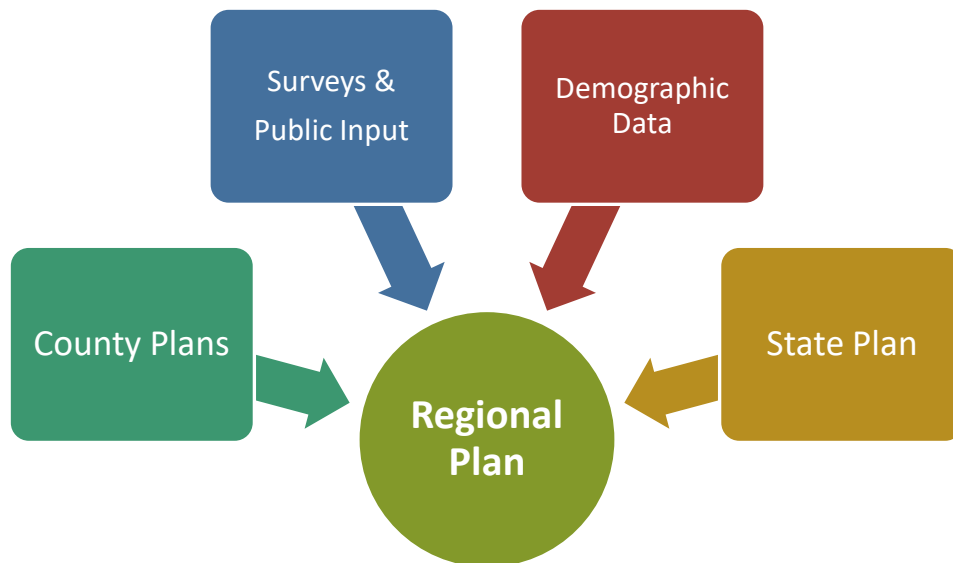
**Our Mission:** It is the mission of the Western Piedmont Council of Governments Area Agency on Aging to be responsive to the changing needs of older people, persons with disabilities, and their families, through a community-based system of supports and services. To listen carefully, respect individual 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.

## Developing The Plan



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: “Advancing Equity in Aging”. 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.





## Demographics

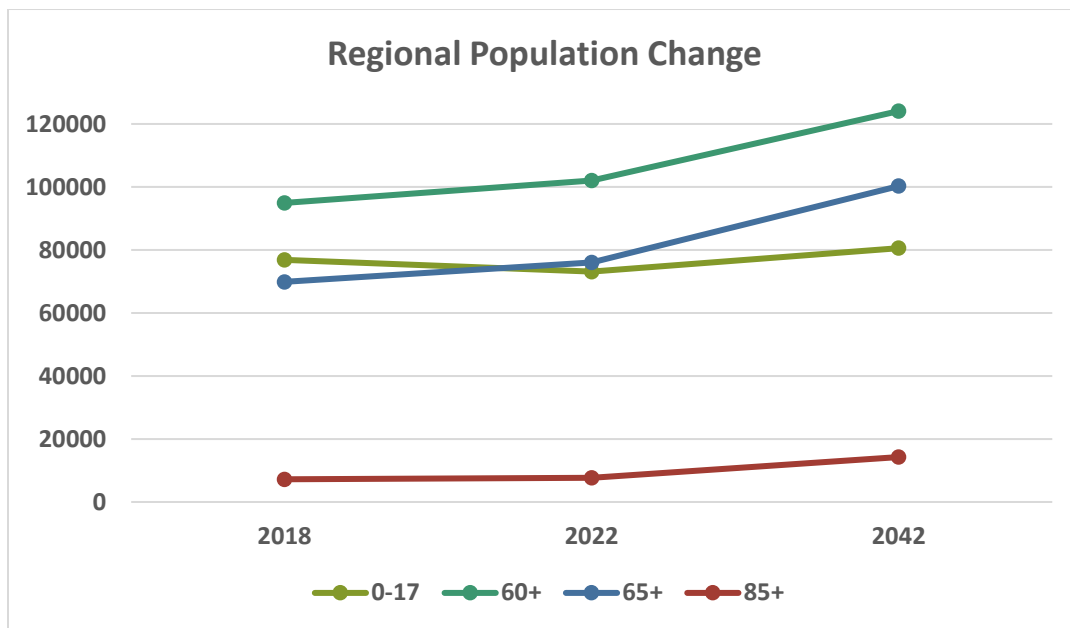
There is a huge demographic shift across the nation. This holds true in the Western Piedmont

Region, 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.

### Western Piedmont Data

Ages	2018	2022	2042
0-17	76,844	73,134	80,565
60+	94,938	102,049	124,084
65+	69,887	76,023	100,272
85+	7,211	7,707	14,260

Source: North Carolina Aging Profiles 2022



Source: North Carolina Aging Profiles 2022

### Alexander County

Age	2022		2042		% Change 2022-2042
	#	%	#	%	
<b>Total</b>	36,230		36,774		2%
<b>0-17</b>	6,792	19%	7,469	20%	10%
<b>18-44</b>	11,778	33%	10,877	30%	-8%
<b>45-59</b>	7,531	21%	6,976	19%	-7%
<b>60+</b>	10,129	28%	11,452	31%	13%
<b>65+</b>	7,651	21%	9,235	25%	21%
<b>85+</b>	776	2%	1,354	4%	74%

### Burke County

Age	2022		2042		% Change 2022-2042
	#	%	#	%	
<b>Total</b>	89,078		90,516		2%
<b>0-17</b>	17,207	19%	18,004	20%	5%
<b>18-44</b>	28,725	32%	29,764	33%	4%
<b>45-59</b>	17,379	20%	15,850	18%	-9%
<b>60+</b>	25,757	29%	26,898	30%	4%
<b>65+</b>	19,362	22%	22,127	24%	14%
<b>85+</b>	2,338	3%	3,629	4%	55%

### Caldwell County

Age	2022		2042		% Change 2022-2042
	#	%	#	%	
<b>Total</b>	81,587		82,190		1%
<b>0-17</b>	15,463	19%	15,858	19%	3%
<b>18-44</b>	26,339	32%	26,159	32%	-1%
<b>45-59</b>	17,087	21%	15,617	19%	-9%
<b>60+</b>	22,698	28%	24,556	30%	8%
<b>65+</b>	16,928	21%	19,948	24%	18%
<b>85+</b>	1,779	2%	2,673	3%	50%

### Catawba County

Age	2022		2042		% Change 2022-2042
	#	%	#	%	
<b>Total</b>	164,642		200,623		22%
<b>0-17</b>	33,672	20%	39,234	20%	17%
<b>18-44</b>	53,654	33%	63,181	31%	18%
<b>45-59</b>	33,861	21%	37,030	18%	9%
<b>60+</b>	43,455	26%	61,178	30%	41%
<b>65+</b>	32,082	19%	48,962	24%	53%
<b>85+</b>	2,814	2%	6,604	3%	135%

Source: North Carolina Aging Profiles 2022

## Race/ethnicity, 65+

Counties	White	American African Black or	Indian American	Asian	Some other race	Two or more races	Hispanic/Latino	White, no Hispanic or Latino
Alexander	92%	5%	<1%	1%	<1%	1%	<1%	92%
Burke	92%	5%	<1%	1%	<1%	1%	2%	92%
Caldwell	93%	3%	<1%	0%	1%	3%	2%	93%
Catawba	89%	6%	0%	1%	1%	2%	3%	89%

Source: North Carolina Aging Profiles 2022

## Characteristics of 65+

- 9.5% live below the poverty level
- 18.25% did not graduate from high school
- 27.5% live alone and are vulnerable to social isolation
- 38% have a disability
- 15.75% are veterans

Characteristics	Alexander	Burke	Caldwell	Catawba
Speaks English Less Than "Very Well"	0%	2%	1%	3%
Veterans	15%	17%	16%	15%
Living Alone	27%	26%	29%	28%
Less Than High School	19%	16%	22%	16%
High School Graduate (Includes Equivalency)	46%	35%	34%	33%
With a Disability	40%	42%	38%	32%
Median Household Income	\$40,737	\$45,489	\$37,500	\$45,601
100% Poverty	11%	10%	9%	8%
100-199% Poverty	27%	23%	32%	23%
In labor force	16%	15%	16%	17%

Source: North Carolina Aging Profiles 2022





## Strategic Goals

### Safety and Protection

**Goal 1: Protect the rights of older adults by preventing abuse, neglect, and exploitation using a multi-disciplinary approach.**



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

**Strategy 1:** 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 2:** Educate older adults on managing finances and avoiding financial exploitation.

Measure: Hold Scam Jam event bi-annually and provide speakers and presentations to educate older adults.

**Strategy 3:** Collaborate with our partners to provide essential services that improve the health, safety, and well-being of all area seniors, as well as advancing innovative solutions that foster independence, improve health, and promote the well-being of its people.

Measure: Ombudsman will participate in each county Multidisciplinary Team to discuss services and effective strategies to prevent elder abuse and promote person-centered care.

**Strategy 4:** Facilitate Resident's Rights training in long-term care settings.

Measures:

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

**Strategy 5:** Annually recognize World Elder Abuse Awareness Day.

Measures:

- 1) 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.
- 2) Distribute purple Elder Abuse Awareness flyers and encourage the community to wear purple to honor World Elder Abuse Awareness Day.
- 3) Present Elder Abuse education to the community.

**Objective 1.2:** Training and outreach regarding the protection of vulnerable older adults and indicators of maltreatment and guardianship resources will be provided to aging service providers and the community.

**Strategy 1:** Continue to support guardianship options, education, and alternatives.

Measure: Hold bi-annual legal decision-maker outreach event to educate the community and service providers.

**Expected Outcomes:** The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to improve safety and protection of older adults.



## ♥ Healthy Aging and Quality of Life

**Goal 2: Support programs and partnerships that improve the health and well-being of older adults.**

**Objective 2.1: Collaborate with community partners to address food and nutritional insecurities of older adults, increase their access to nutritional foods, and promote healthy eating habits.**

**Strategy 1:** Help the community service providers rebuild post-pandemic and strengthen their ability to provide a range of nutrition services using innovative strategies and diverse funding sources.

Measures:

- 1) Explore grant opportunities to expand nutritional services and address high waiting lists.
- 2) Work with nutrition providers to rebuild nutrition programs.

**Strategy 2:** Increase the number of older adults accessing the Senior Farmers' Market Nutrition Program.

Measure: Educate older adults on the availability of the Senior Farmers' Market Nutrition Program.

**Strategy 3:** Educate at risk older adults about food benefit programs by conducting outreach.

Measure: Partner with community health worker to target at risk low-income older adults on available services and resources.

**Objective 2.2: Continue to improve transportation for older adults by supporting a more responsive, coordinated, diverse, and inclusive transportation system.**

**Strategy 1:** Provide education about general and medical transportation options to older adults and people with disabilities through information and assistance and options counseling services.

Measures:

- 1) AAA staff will utilize NCCARE360 to send and receive referrals.
- 2) Staff will provide education about transportation services available throughout the region.
- 3) Certified options counselors will provide information about transportation services.

**Strategy 2:** Advocate for increased access and availability of transportation services for older adults.

Measure: AAA staff will serve on the regional Transportation Advisory Board and advocate for increased resources.

**Objective 2.3: Older adults will have access to evidence-based health promotion, wellness, and disease prevention programs.**

**Strategy 1:** Offer health and well-being events in the community that promote healthy aging of older adults.

Measures:

- 1) Host annual event in minority communities focusing on health issues affecting African American older adults.
- 2) Provide community educational events that focus on dementia and Alzheimer's disease.
- 3) AAA staff will participate in community health fairs throughout the region.

**Strategy 2:** Rebuild and increase the number of those who participate in evidence-based health promotion (EBHP) programs.

Measures:

- 1) Increase number of AAA staff trained to teach EBHP programs.
- 2) Provide one EBHP class 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.
- 3) Collaborate with Healthy Aging NC on grant opportunities.
- 4) Continue to recruit leaders and coaches in all programs.
- 5) Track data in Mon Ami software system.

**Objective 2.4: Increase the capacity of senior centers to serve the community in innovative ways. Expand community awareness regarding the benefits of senior centers and their role in the community.**

**Strategy 1:** Provide support for senior centers in the region for innovative services and programs to increase participation and utilization by historically marginalized and underserved populations.

Measure: AAA staff will provide resources to the senior centers on innovative programming.

**Strategy 2:** Provide support to senior centers in the region for participation in Senior Center Certification.

Measure: AAA staff will assist the senior centers in maintaining and striving for Center of Excellence status.

**Strategy 3:** Provide community education on the programming and benefits of their local senior center.

Measures:

- 1) AAA will share the senior center newsletters and special events on social media platforms.
- 2) AAA staff will provide education to the community on the importance of senior centers.

**Strategy 4:** Encourage senior centers to expand services outside of the traditional center walls.

Measure: AAA staff will encourage partnerships with outside entities to diversify, strengthen, and increase programming opportunities to bring senior center services to other communities.

**Strategy 5:** Provide assistance and support to senior centers who are interested in expanding/relocating their centers.

Measure: AAA staff will work with local elected officials, decision makers, and community development staff at WPCOG to look for innovative ways to build/expand/relocate.

Objective 2.5: Increase public awareness of mental health challenges and disorders and strengthen social connection systems to mitigate the effects of social isolation, loneliness, and elevated suicide risk.

**Strategy 1:** Advocate for increased awareness of mental health needs of older adults within the community.

Measures:

- 1) AAA staff will participate in the development of community health needs assessments.
- 2) Promote Partners Behavioral Health and VAYA Health trainings at senior centers.
- 3) AAA Staff will make community presentations on various challenges facing older adults including mental health.

Objective 2.6: The AAA will continue to serve as regional experts in the field of aging and provide leadership and support for agencies and initiatives serving older adults and caregivers.

**Strategy 1:** Provide oversight of aging programs and services to ensure funds are being utilized appropriately with a person-centered approach focusing on improved health and wellbeing of older adults and caregivers.

Measures:

- 1) AAA will continue to serve as Lead Agency for HCCBG planning and administration in all counties in the region.
- 2) AAA staff will provide technical assistance to aging service providers.
- 3) AAA staff will monitor aging service providers, compile monthly expenditure reports, and keep stakeholders informed about services and budget utilization.
- 4) AAA staff will continue to look for new and innovative approaches to increase service delivery and expand options and programs.
- 5) AAA will continue to sponsor the Unifour Senior Games and promote opportunities to participate within the community.

**Expected outcomes:** The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to create opportunities for older adults to enjoy healthy aging and improve their quality of life.

## Housing and Homelessness

**Goal 3: Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, supports, and housing opportunities.**



**Objective 3.1: Promote the availability and expansion of home and community-based services to support older adults aging in the least restrictive setting.**

**Strategy 1:** Increase awareness of housing and home improvement services and promote mobility and accessibility services as a means of keeping people safe in their home.

Measures:

- 1) AAA staff will continue to spread community awareness about services available through the Home and Community Care Block Grant (HCCBG), Urgent Repair Program, and Choosing Home Program.
- 2) AAA staff will volunteer annually with the regional housing and home improvement provider to build an accessibility ramp.

**Strategy 2:** Advocate for increased funding for HCCBG and seek additional funding opportunities to grow services, reach additional older adults, and sustain programs added on with Covid relief funds.

Measures:

- 1) Work with Senior Tar-Heel Legislature (STHL) to advocate for increased funding.
- 2) AAA staff will advocate with elected officials for increased funding.
- 3) AAA staff will work with NC4A to seek additional funding opportunities.
- 4) AAA staff will seek grant opportunities to increase funding.
- 5) AAA staff will advocate for additional funding and seek grant opportunities to address the large waiting lists for housing and home improvement services.

**Objective 3.2: Advocate for affordable housing options for older adults.**

**Strategy 1:** Partner with the WPCOG Homelessness Outreach Team to connect with homeless older adults.

Measures:

- 1) AAA staff will coordinate with Homelessness Outreach Team to provide resources and referrals to services.
- 2) AAA staff will provide Options Counseling services when appropriate.
- 3) AAA staff will utilize NCCARE360 to track referrals.

**Strategy 2:** Participate in round table discussions to represent the needs of older adults and advocate for increased housing options.

Measures:

- 1) AAA staff will look for opportunities to represent the increased need for affordable housing options for older adults in the region.
- 2) AAA staff will participate in Catawba Interagency Council.

**Strategy 3:** Respond to requests for listing of housing resources for older adults.

Measures:

- 1) AAA staff will provide copies of the Resource Directory for Older Adults which includes a listing of housing options.
- 2) AAA staff will track the number of requests for housing resources.

### Objective 3.3: Increase awareness of community-based services and supports.

**Strategy 1:** Utilize options to increase the awareness of programs and services available in the community to age in place.

Measures:

- 1) AAA staff will participate and encourage service providers to participate in NCCARE360 and keep their information up to date.
- 2) Promote and increase the awareness and availability of options counseling services.
- 3) AAA staff will ensure the Resource Directory for Older Adults is up to date and provide copies to senior centers.
- 4) AAA staff will utilize social media platforms, email distribution lists, newsletters and WPCOG website to promote programs and services.
- 5) AAA staff will convene quarterly Regional Aging Advisory Committee and STHL meetings to keep volunteers updated and informed on programs and services.
- 6) AAA staff will convene quarterly Regional Aging Service Providers meetings to keep staff updated and informed on programs and services.

**Expected outcomes:** The AAA will work diligently to ensure that the community adopts an equity-centered housing lens approach to enable older adults to get the appropriate services and supports to age in place.



## Caregiving and Workforce Development

**Goal 4: Advance equity, accessibility, and inclusion through informal and formal caregiving supports.**

**Objective 4.1: Educate the community on caregiving topics and available services.**

**Strategy 1:** Offer opportunities and events to educate the community and caregivers.

Measures:

- 1) Organize and/or present at caregiver events offering a variety of information for caregiver support.
- 2) Inform the community on caregiver events and topics through social media, podcasts and local television, newspapers, and radio outlets.
- 3) Project CARE Family Consultant will provide presentations to the community and emergency management personnel to raise awareness about dementia.
- 4) Family Caregiver Support Program will partner with Adult Children of Aging Parents (ACAP) and Carolina Caring to coordinate and offer annual caregiver conference.

**Strategy 2:** Provide working caregivers with information and support.

Measures:

- 1) Collaborate with local employer human resource departments to provide information and presentations to support working caregivers.
- 2) Project CARE Family Consultant will complete assessments and programs to provide information to support working caregivers.

**Strategy 3:** Offer support and resources to caregivers to strengthen their capacity to provide care.

Measures:

- 1) Publicize the availability of Caregiver Directed Respite Vouchers, incontinence supplies, liquid nutritional supplements, and home modifications to assist caregivers.
- 2) Family Caregiver Support Program will offer monthly caregiver support groups in the region.
- 3) Family Caregiver Support Program will support grandparents/relatives raising grandchildren in the region with events.
- 4) Family Caregiver Support Program will continue to serve on Leadership Team for Adult Children of Aging Parents (ACAP).

**Objective 4.2: Advance equity, accessibility and inclusion through education and supporting underserved and/or underrepresented populations.**

**Strategy 1:** Provide outreach to caregivers and families in communities with limited English proficiency.



Measures: 1) Participate in multi-cultural events in the region when offered. 2) Reach out to Hispanic communities to offer caregiver information in Spanish.
<b>Strategy 2:</b> Provide outreach/events targeting minority populations.
Measure: Partner with local businesses and organizations to offer events in the African American communities to educate caregivers and older adults about caregiver services.
<b>Strategy 3:</b> Provide caregivers access to dementia specific caregiver information and support.
Measure: Project CARE Family Consultant will complete assessments and community outreach to provide information to support caregivers of those caring for someone with dementia.
<b>Strategy 4:</b> Offer support and resources to caregivers to continue in home care for people with dementia.
Measure: Project CARE Family Consultant will offer support to caregivers to assist with their in-home caregiving journey including respite vouchers, care consultation, and referral to other available services.

**Objective 4.3: Honor and recognize the importance and value of older adults and their caregivers in the community.**

<b>Strategy 1:</b> Support community awareness of the needs of family caregivers.
Measures: 1) Offer caregiver recognition events throughout the region to celebrate the value of caregivers. 2) Write an article for WPCOG Newsletter annually about the needs and importance of family caregivers. 3) Provide community presentations about the needs and importance of family caregivers.
<b>Strategy 2:</b> Annually recognize National Caregiver month.
Measures: 1) Publicize proclamations through social media, TV, website, etc. to increase awareness of the importance and value of family caregivers during the month of November. 2) Provide radio and TV interviews along with public service announcements to highlight and promote National Caregiver Month each November.
<b>Strategy 3:</b> Annually recognize National Grandparent’s Day.
Measures: 1) Emphasize the importance of Grandparents Raising Grandchildren annually during the month of September. 2) Write article for WPCOG Newsletter annually about the needs and importance of grandparents raising grandchildren.

**Expected Outcomes:** The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to advance equity, accessibility, and inclusion through informal and formal caregiving support.

## Long-term Preparedness Planning

**Goal 5: Incorporate innovative practices and create reliable systems and infrastructures that prepare the region, all while recognizing the need for communication equity to help foster involvement from all stakeholders.**



**Objective 5.1:** Expand efforts to assist older adults, people with disabilities, and their caregivers with emergency management and disaster preparedness planning, response, and recovery with communication equity.

**Strategy 1:** Educate caregivers about the need for emergency planning.

Measure: AAA staff will conduct community presentations about the importance of emergency planning for caregivers.

**Strategy 2:** Coordinate and participate with regional efforts for Emergency Preparedness for older adults, their caregivers and aging service providers.

Measures:

- 1) 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.
- 2) AAA will participate with Emergency Services and Departments of Social Services regarding emergency preparedness for long-term care facilities annually.
- 3) AAA will present information on emergency medical packets to the community at large.
- 4) Partner with Emergency Services to offer educational event for older adults on Emergency Preparedness at county senior center.

**Objective 5.2:** Evaluate current systems and infrastructures in response to the evolving needs, services, and communication access for our aging population's well-being.

**Strategy 1:** AAA staff will participate, inform, and represent the evolving needs of older adults in planning opportunities.

Measures:

- 1) AAA staff will serve on sustainability workgroups to continue programs and services created with Covid relief funds.
- 2) AAA will serve as Lead Agency for HCCBG planning annually.
- 3) AAA staff will attend local aging meetings such as Council on Aging, Senior Information Resources, etc.

**Strategy 2:** Promote the expansion of home and community-based services to support older adults aging in the least-restrictive setting through increasing services.

Measure: Encourage the STHL to advocate for more funding for the HCCBG.

**Strategy 3:** Promote opportunities to increase funding streams to expand services for older adults.

Measure: AAA staff will support the creation of a state-wide Community Care Hub as a tool to expand funding opportunities.

**Objective 5.3:** Strengthen planning efforts by encouraging local communities to incorporate the needs of older adults and their caregivers in the development of their long-range plans.

**Strategy 1:** Advocate for the recognition of older adults as important stakeholders in their communities.

Measure: Encourage local community participation in AARP Age Friendly Communities.

**Expected Outcomes:** Using innovative practices that encourage communication equity, the AAA will involve all stakeholders to prepare for the future of older adults in our community.



## Advancing Equity

**Goal 6: Advancing equity by supporting and encouraging 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.**

**Objective 6.1:** Continue to expand equity-centered communications to older adults, people with disabilities, caregivers, and families of all backgrounds to recognize their importance and value.

**Strategy 1:** Facilitate Resident’s Rights training in long-term care settings.

Measures:

- 1) The Ombudsman will provide training to long-term care staff on Residents Rights.
- 2) In the month of October, the ombudsman will provide Residents Rights education to residents of long-term care facilities.

**Strategy 2:** Offer webinars and training opportunities to aging service providers, long-term care staff, and the community that focus on equity and inclusion.

Measures:

- 1) AAA staff will offer trainings focusing on LGBTQ+, hearing and vision impairments and ageism awareness, etc.
- 2) AAA staff will share important information and conduct outreach focusing on equality and inclusion via COG Newsletter, social media platforms, website, etc.

**Strategy 3:** Advocate for increased awareness of the needs of older adults and their caregivers within the community.

Measures:

- 1) AAA staff will make community presentations on aging issues and will represent older adult needs on various committees.
- 2) AAA staff will write article for WPCOG newsletter annually about the needs and importance of older adults and family caregivers.

**Strategy 4:** Educate older adults, caregivers, and the community about available resources and support services at home or in the community.

Measures:

- 1) AAA staff will make community presentations about available services and programs to support older adults.
- 2) AAA staff will update and publish the Resource Directory for Older Adults and make it available to older adults and their caregivers, digitally and in print.
- 3) AAA staff will serve as information and assistance experts and offer options counseling services to those seeking help.
- 4) AAA staff will attend community health fairs and events to distribute information and resources.
- 5) AAA will sponsor community events such as Unifour Senior Games, Walk to End Alzheimer's, etc.

**Strategy 5:** Annually recognize the Presidents Proclamation Older Americans 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 6:** Increase outreach to consumers with limited English proficiency.

Measures:

- 1) 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.
- 2) Participate in multi-cultural events in the region such as health fairs and festivals when offered.
- 3) Reach out to the Hmong faith-based community to educate about available services for older adults and their caregivers.

**Strategy 7:** Increase outreach to the deaf/hard of hearing and blind older adult populations.

Measures:

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

**Objective 6.2:** Advance digital equity and connectivity literacy by supporting a comprehensive person-centered, community-involved approach.

**Strategy 1:** Improve digital literacy for older adults and caregivers.

Measures:

- 1) Partner with senior centers to teach Senior Planet courses.
- 2) Advocate for the creation of a Digital Navigator position for the region to assist older adults.
- 3) Seek grant opportunities to fund Get Set Up – a live virtual training platform which offers courses to older adults on using technology, promoting mental and physical health, retirement planning, career development, etc.
- 4) Partner with NC DOA/Trualta to provide information and education for caregivers through the North Carolina Caregiver Portal.

**Expected Outcomes:** The AAA will work diligently to achieve the objectives listed through the strategies and measures outlined to advance equity among all older adults and caregivers in the community.

## Quality Management



The Western Piedmont Council of Governments Area Agency on Aging utilizes the “NC Division of Aging (DOA) Exhibit 14: Provider Monitoring Plan” as a guide to regulate service delivery

quality of contracted aging service providers. The Western Piedmont 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 DOA 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 determine the monitoring schedule each year. AAA staff distributes the monitoring schedule to all service providers each July. The monitoring schedule includes the 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 six 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.



# APPENDICES



## **Section I: Verification of Intent and Assurances**

- Exhibit 1: Verification of Intent
- Exhibit 2: Area Plan Assurances
- Exhibit 3: Assurance of Compliance with Section 504 of Rehabilitation Act and Americans with Disabilities Act
- Exhibit 4: Assurance of Compliance with the Civil Rights Act
- Exhibit 5: Assurance of Legal representation for Regional Ombudsman

## **Section II: Administrative Matters**

- Exhibit 6: Organization Chart of Single Organizational Unit
- Exhibit 7: Organization Chart of the Area Agency on Aging
- Exhibit 8: Area Agency on Aging Staffing and Volunteer List
- Exhibit 9: Regional Advisory Council Membership and Participation
- Exhibit 10: Focal Point Organization

## **Section III: Needs Assessment Overview**

- Exhibit 11: Documentation of Area Agency on Aging Public Hearing
- Exhibit 12: Results of Needs Assessment, Regional Summary

## **Section IV: Monitoring and Direct Services**

- Exhibit 13: Provision of Direct Services
- Exhibit 14: Provider Monitoring Plan
- Exhibit 14A: List of Subcontractors

**SECTION I:**  
**Verification of Intent and Assurances**

## Exhibit 1: Verification of Intent

The Area Plan on Aging is hereby submitted for the Region E Planning and Service for the period of July 1, 2024, through June 30, 2028.

It includes all assurances and plans to be followed by the Western Piedmont Council of Governments Area Agency on Aging under the provisions of the Older Americans Act, -42 U.S.C. §3001 et. seq, and as amended; hereafter referred to as the Act. 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 assumes major responsibility to develop and administer the Area Plan 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.

Jana Miller

Area Agency Director

2-12-24

Date

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

AG Kuley

Chairperson of the Regional Advisory Council on Aging

2-12-2024

Date

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

Joseph Paul - BOARD CHAIR

Signature/Title – WPCOG Policy Board Chair

3/26/2024

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 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 agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. - 42 U.S.C. §3026(a)(4)(C)

**D)** It will report annually to the NC Division of Aging in detail the amount of funds it receives or expends to provide services to older individuals. - 42 U.S.C. §3026(a)(13)(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 NC Division of Aging as part of the area plan review process:

Access - 30%

In-Home - 25%

Legal - 2%

- 42 U.S.C. §3026(a)(2)F) Designation, where 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 1981 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.

It will specify in grants, contracts, and agreements implementing the area plan the identity of each focal point.

42 U.S.C. §3026(a)(3), 42 U.S.C. §(6)(C)

**G)** It will set specific objectives for providing services to older individuals with the greatest economic or social needs and those at risk for institutional placement, to include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. - 42 U.S.C. §3026(a)(4)

**H)** Each agreement with a service provider funded under – the Act shall require that the provider—

- 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'). -42 U.S.C. §3026(a)(4)

**I)** Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers, 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, also referred to as Native Americans, if there is a significant population in the planning and service area.

- 42 U.S.C. §3026(a)(4)(B), 42 U.S.C. §3026(a)(6)(G)

**J)** 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.

- 42 U.S.C. §3026(a)(5), (16), and (17)

**K)** In connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under such plan will be taken into account. - 42 U.S.C. §3026(a)(6)

**L)** 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. - 42 U.S.C. §3026(a)(6)

**M)** 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
- 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 676 B of the Community Services Block Grant Act. - 42 U.S.C. §3026(a)(6)(c)

**N)** 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. - 42 U.S.C. §3026(a)(6)(c)

**O)** 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. - 42 U.S.C. §3026(a)(6)(D)

**P)** 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. - 42 U.S.C. §3026(a)(6)(E), and 42 U.S.C. §3026(a)(12)

**Q)** 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. - 42 U.S.C. §3026(a)(6)(F)

**R)** 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. - 42 U.S.C. §3026(a)(7)

**S)** 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). - 42 U.S.C. §3026(a)(8)(C)

**T)** It will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under 42 U.S.C. §3027(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year-2019 in carrying out such a program under Title VII of the Act- 42 U.S.C. §3026(a)(9)

**U)** It will provide a grievance procedure for older individuals who are dissatisfied with or denied services under Title III of the Act. - 42 U.S.C. §3026(a)(10)

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

**W)** 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 -42 U.S.C. §3026(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (b) 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. - 42 U.S.C. §3027(a)(15)

**X)** 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 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). - 42 U.S.C. §3026(a)(13)

**Y)** 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 G; and

2) in compliance with assurance X and the limitations specified in Section 212 of the Act, pertaining to contracting and grant authority; private pay relationships; and appropriate use of funds (see Appendix C for details on Section 212) -42 U.S.C. §3026(a)(15)

**AA)** 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. - 42 U.S.C. §3026(a)(14)

**BB)** 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.

- 42 U.S.C. §3027(a)(8)(A)

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, no waiver is required because State statute (G.S. 143B-181.-19) places the program in the Area Agency. The NC Division of Aging will not require a waiver request for direct provision of Information and Options Counseling (I&OC) or Outreach. - 42 U.S.C. §3027(a)(8)(C)

**CC)** It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, -including requirements as expressed in 45 C.F.R. §1327.15 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. -45 C.F.R. §1327.15

**DD)** 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. 42 U.S.C. § 3058g(5)(C); G. S. §143B-181.19(3), (7),and(9)

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



**FF)** 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 G. S. §143B-181.19(b)(8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]

**GG)** 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. 42 U.S.C. § 3058 (i)

**HH)** It will notify the Division of Aging within 30 calendar days of any complaints of discrimination or legal actions filed against the Area Agency or the Council of Governments in its treatment of applicants and employees. AAA Policies and Procedures Manual, Section 302.

**II)** It will support the mission of the NC Senior Tar Heel Legislature in a manner prescribed by the Division of Aging and endorsed by the NC Association of Area Agencies on Aging. G.S. §143B-181.55

**JJ)** It will be in compliance with all other requirements stated -in 42 U.S.C. §3026 and as applicable to the Older Americans Act.

**KK)** It will submit further assurances to the NC Division of Aging 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.



4/18/24

---

Area Agency Director's Signature

Date

**Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 (also known as 29 U.S.C. 794), as amended, and the American Disabilities Act of 1990, as amended**

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, as amended.

Though the Area Agency on Aging will 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, (1) first, to try to remedy the situation; (2) second, to contract with another provider that does not discriminate; or (3) third, if an alternative is not available or feasible, to find a comparable service for the handicapped person. If the last course (3) is chosen, we shall take steps to ensure that no additional costs are incurred by the handicapped person and that the service is both equally effective, affords equal opportunity, and does not segregate handicapped individuals such 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.



4/18/24

---

Signature and Title of Authorized Official  
WPCOG Executive Director

---

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

The Area Agency on Aging (herein called the "Applicant") will comply with Title VI of the Civil Rights Act of 1964 -42 U.S.C. §2000d et seq., as amended, and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that in accordance with Title VI of that Act and Regulation, 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 be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon 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 in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

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 after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.



4/18/24

Signature and Title of Authorized Official  
WPCOG Executive Director

Date

## Exhibit 5: Assurance of Legal Representation of 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: Ongoing – no contract

Scope of Services: -45 C.F.R. §1327.15

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 C.F.R. 1327.15(j)).

AGREED UPON BY:



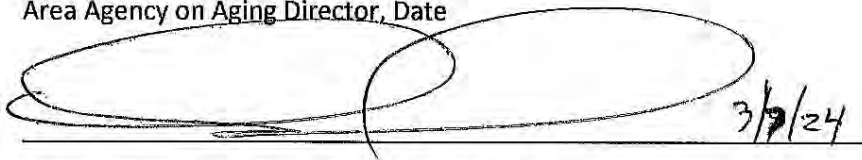
4/18/24

Executive Director, Western Piedmont Council of Governments, Date



4/18/24

Area Agency on Aging Director, Date



3/7/24

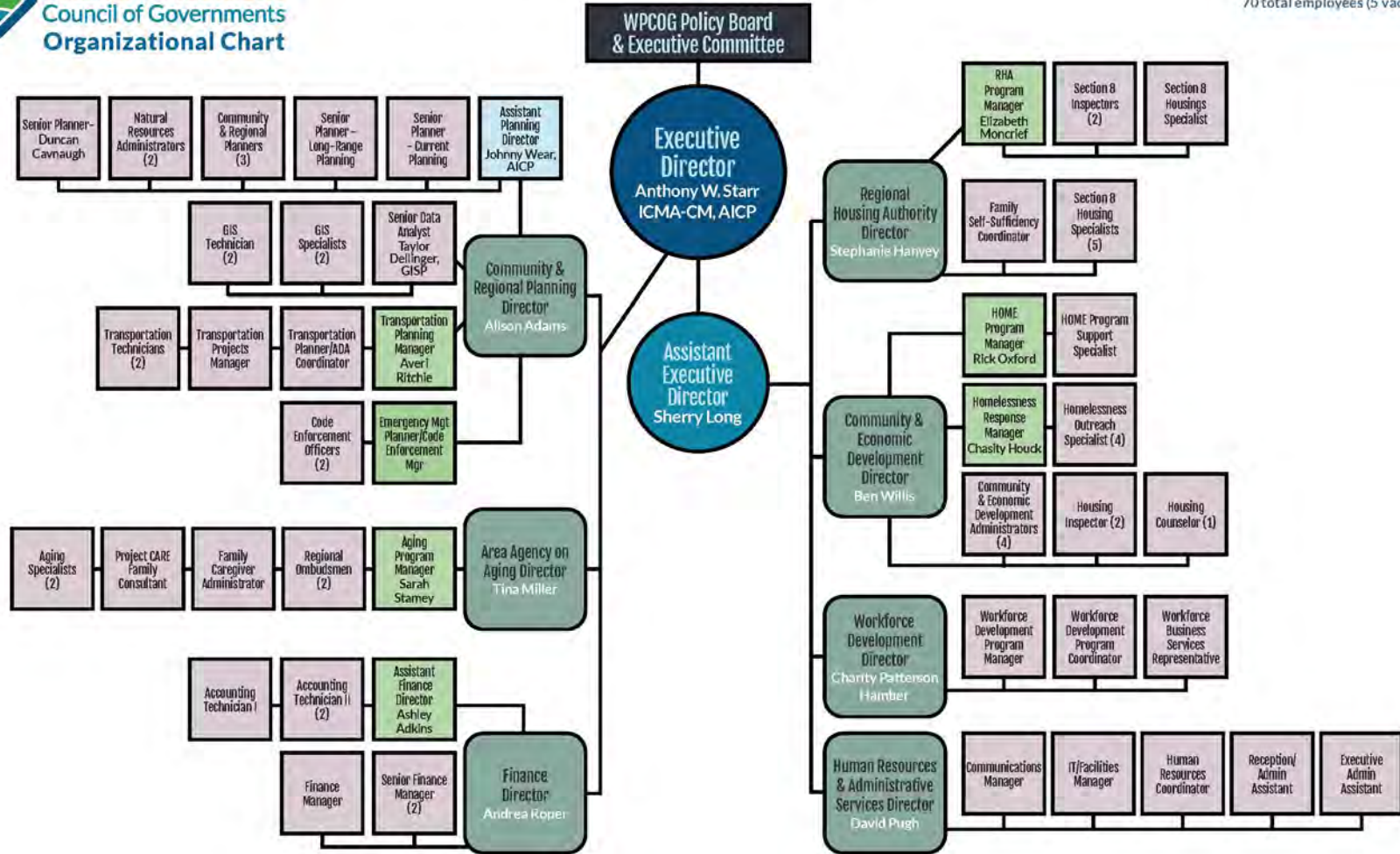
David W. Hood, Patrick, Harper & Dixon, LLP, Date

**Section II**  
**Administrative Matters**

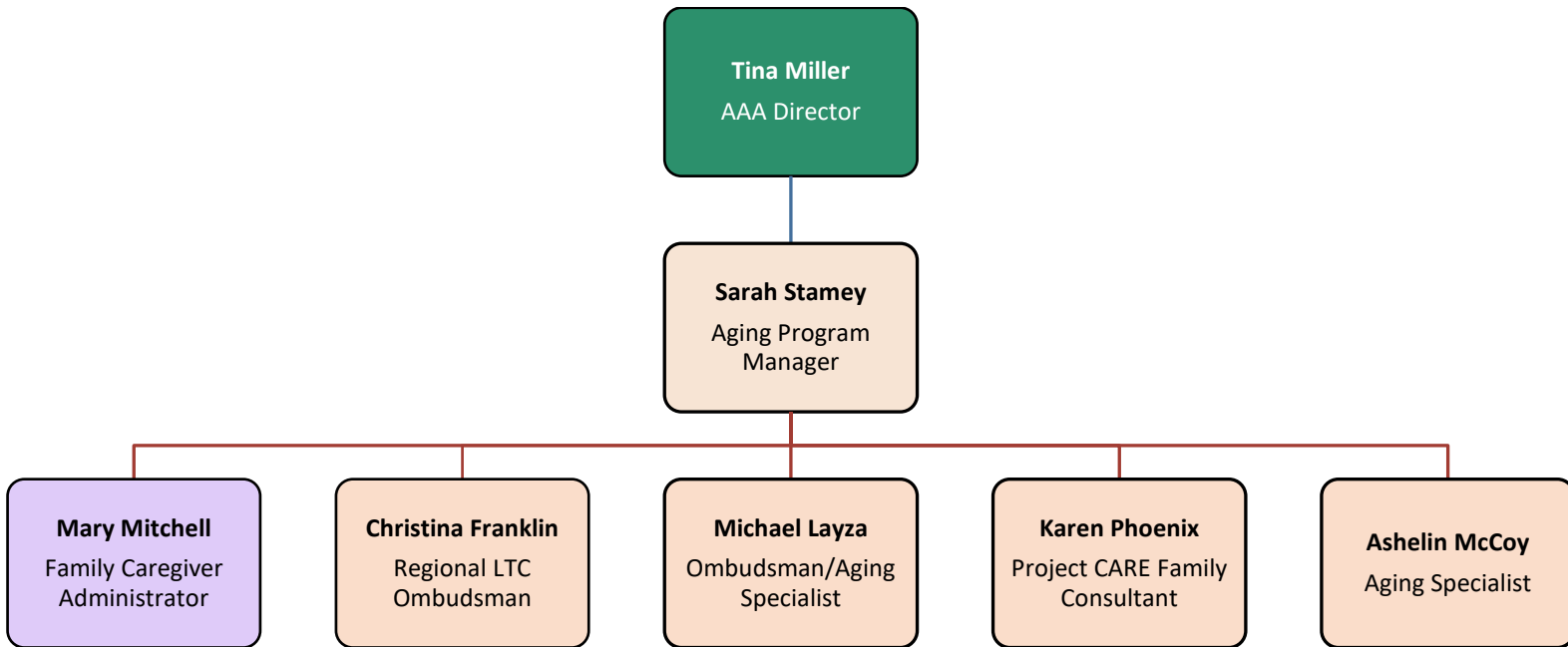
# Exhibit 6: Organizational Chart of Single Organizational Unit



Updated - 11/13/2023  
75 total positions  
70 total employees (5 vacancies)



## Exhibit 7: Organizations Chart of Area Agency on Aging



### Exhibit 8: Area Agency on Aging Staffing and Volunteer List

	Staff Name	Staff Position	Race/Ethnicity	FTE/PTE	List funding source	% of time spent on duties
1	Tina Miller	AAA Director	5	FTE	P&A	60%
					FCSP	10%
					Ombudsman	3%
					ARPA	24%
					Project CARE	3%
2	Christian Franklin	Regional LTC Ombudsman	5	FTE	Ombudsman	90%
					Elder Abuse	5%
					ARPA	5%
3	Michael Layza	LTC Ombudsman/ Aging Specialist	6	FTE	P&A	15%
					Ombudsman	50%
					AAA Support	13%
					ARPA	20%
					Health Promotion	2%
4	Mary Mitchell	Family Caregiver Program Administrator	5	FTE	FCSP	75%
					ARPA	25%
5	Ashelin McCoy	Aging Specialist	5	FTE	AAA Support	50%



					MIPPA	10%
					Health Promotion	25%
					ARPA	15%
6	Karen Phoenix	Project CARE Family Consultant	5	FTE	Project CARE	100%
7	Sarah Stamey	Aging Program Manager	5	FTE	P&A	50%
					FCSP	10%
					ARPA	30%
					Health Promotion	10%

**Race/Ethnicity Categories**

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

<b>Number of Volunteers</b>	45
<b>Number of Volunteer Hours Provided</b>	806

## Exhibit 9: Regional Advisory Council Membership and Participation

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

#	Name		Gender	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
1	Angela	Johnson	F	Alexander	2, 6	
2	Paulette	Huffman	F	Alexander	2, 6, 7	
3	Crystal	Adams	F	Alexander	6, 9	NC Oral Foundation
4	Billie	Walker	F	Alexander	6, 9	Alexander Co. Health Department
5	Rosie	O'Hearn	F	Burke	2, 6	
6	Mary	Wright	F	Burke	2, 3, 6	
7	Paige	Pitts	F	Burke	6, 9	Foster Grandparent Program
8	Stephanie	Berry	F	Burke	2, 3, 6	
9	Mary Alice	Norwood	F	Caldwell	2, 3, 6	
10	Felicia	Wood	F	Caldwell	6, 9	VAYA Mental Health
11	Jennifer	Robson	F	Caldwell	2, 6, 9	Lenoir Housing Authority
12	Cyndi	Akins	F	Caldwell	6, 9	Amorem Hospice
13	AJ	Kerley	F	Catawba	5, 6, 9	PACE@Home
14	Ron	Downs	M	Catawba	2	
15	Mark	Bumgarner	M	Catawba	9	Catawba County United Way
16	David	Stikeleather	M	Catawba	2, 6	Christ United Baptist Church

<u>Position Code#</u>	<u>Description</u>
#1	Recipient of Older Americans Act service
#2	Person age 60 or older
#3	Non-white person
#4	Person representing Veteran's Affairs
#5	Chairperson of the Council
#6	Resident of rural area
#7	Family caregiver of older person
#8	Service provider
#9	Representative of business community
#10	Local elected official

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

4

---

## Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Check if		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Alexander County Senior Center 604 7 <sup>th</sup> St. SW Taylorsville, NC 28681	Alexander	X		
Burke County Senior Services 501 N. Green St. Morganton, NC 28655	Burke	X		
East Burke Senior Center 101 Main Ave W. Hildebran, NC 28637	Burke	X		
Caldwell Senior Center 650A Pennton Ave. SW Lenoir, NC 28645	Caldwell	X		
Catawba Council on Aging 400 17 <sup>th</sup> 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 (if applicable)

NA

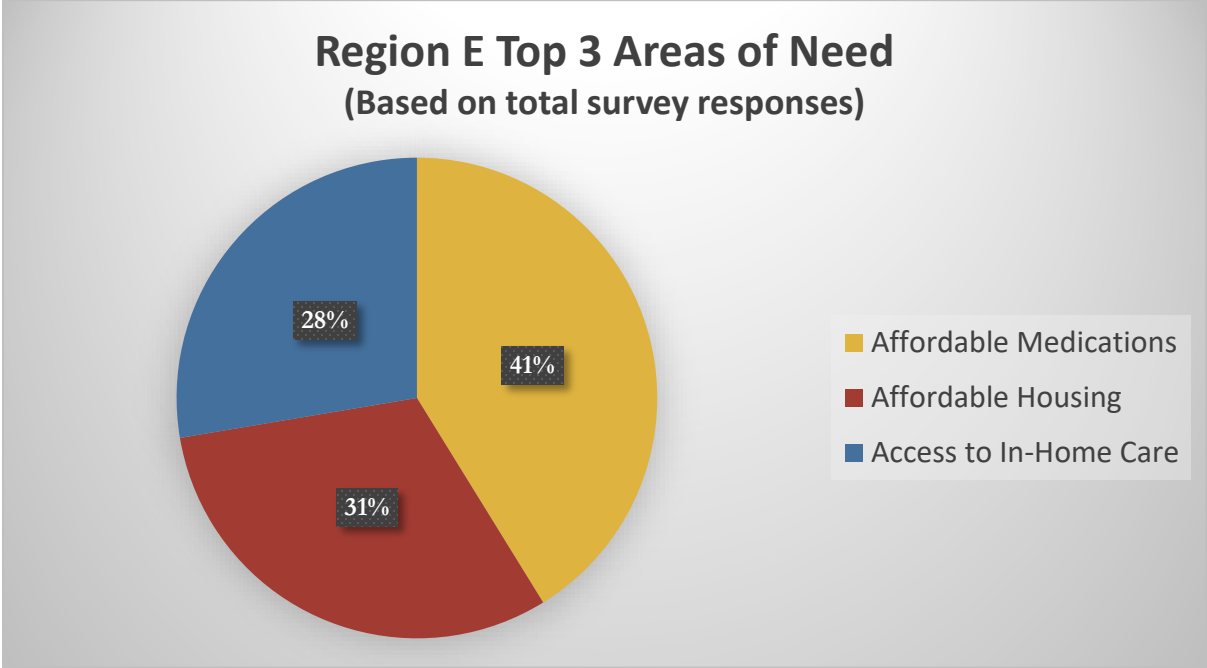
### Exhibit 12: Needs Assessment Regional Summary

Needs Assessment surveys were conducted throughout the region to identify outstanding needs. Surveys were distributed electronically through email, social media, and the Western Piedmont Council of Governments website. Surveys were also distributed in paper at local senior centers, congregate nutrition sites, and to home delivered meals clients. In total, we received 476 responses.

#### Top 3 inadequately met needs in the county

County	1	2	3
Alexander	Affordable Medications	Access to In-Home Care	Affordable Housing & Home Repair/Safety Improvements
Burke	Affordable Housing	Affordable Medications	Depression and Loneliness
Caldwell	Access to In-Home Care	Affordable Medications	Affordable Housing
Catawba	Affordable Medications	Affordable Housing	Access to In-Home Care

# Regional Needs



**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: 2025
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 and also to purchase supplies for Living Healthy, Living Healthy with Diabetes, Matter of Balance and Arthritis Foundation’s Tai Chi classes and trainings throughout the region. Regional Coordinator 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 DOA.

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.



\_\_\_\_\_ 2/9/24  
Area Agency on Aging Director 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:** 2025

**1. Budget:**

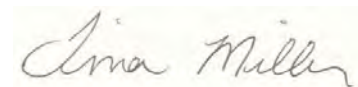
- A. For non-unit activities (including health promotion, medication management, senior center general purpose, Housing and Home Improvement, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.
- B. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary **(DOA-732)** and the Service Cost Computation Worksheet **(DOA-732A)** and the Labor Distribution Worksheet **(DOA-732A1).**

2. Complete and attach Form DOA-733 describing the method for targeting low-income minority and rural persons. Attached

3. 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.

4. **For non-unit producing activities only** (*item #1A above*) 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, Matter of Balance, and Arthritis Foundation’s Tai Chi program. We also hope to offer one leader/coach training to increase the capacity of available classes.



\_\_\_\_\_ 2/9/24  
Area Agency on Aging Director      Date

Approved   Not Approved  
(circle one)

\_\_\_\_\_      \_\_\_\_\_  
Director, NC DOA      Date

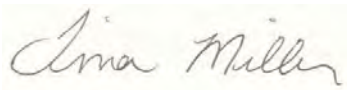
## Exhibit 13: Provision of Direct Services – Waiver Request

1. Name of the Organization: Western Piedmont COG Area Agency on Aging      Fiscal Year: 2025
2. Summary of Service Information: Area Agency on Aging will use Family Caregiver Support Program funds directly to administer the program in all four counties. We will coordinate services and direct referrals to contracted in-home respite providers and home modification provider. Will develop programs, events, support groups, and trainings for family caregivers, including grandparents raising grandchildren. Will provide outreach to promote services. Will conduct information and referral and provide supportive services to caregivers. Other funds will also be used to purchase needed supplies for caregivers/GRG such as medical supplies, consumable supplies, DME, etc. as approved by DOA on a case by case basis.

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
FCSP – Community/Program Planning Development	811	Alexander Burke Caldwell Catawba		X
FCSP – Community/Program Planning	821	Alexander Burke Caldwell Catawba		X
FCSP – Community/Program Planning	831	Alexander Burke Caldwell Catawba		X

FCSP – Community/Program Admin	841	Alexander Burke Caldwell Catawba		X
FCSP – Respite	844	Alexander Burke Caldwell Catawba		X
FCSP – Community/Program Admin	851	Alexander Burke Caldwell Catawba		X
FCSP – Other	862	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.



\_\_\_\_\_ 2/9/24  
Area Agency on Aging Director                      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.

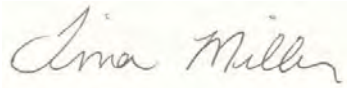
**Name of the Organization:** Western Piedmont Area Agency on Aging

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

**Service Code:** 811, 821, 831, 841, 844, 851, 862.      **FY:** 2025

**3. Budget:**

- C. For non-unit activities (including health promotion, medication management, senior center general purpose, Housing and Home Improvement, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.
  - D. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (**DOA-732**) and the Service Cost Computation Worksheet (**DOA-732A**) and the Labor Distribution Worksheet (**DOA-732A1**).
4. Complete and attach Form DOA-733 describing the method for targeting low-income minority and rural persons. Attached
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: AAA will be utilizing ARPA funds to offer assistance with purchasing incontinence supplies; nutritional supplements. We are not going to be contracting with a licensed home care provider in each county to provide in-home respite for FY24 – we are going to be expanding our offering of Caregiver Directed Respite Vouchers; and we will continue to contract with an organization to provide home-modification services regional.
6. **For non-unit producing activities only** (*item #1A above*) provide a brief narrative of the planned service and activities. Activities under 811, 821, 831, 841 and 851 are explained under #2 Summary of Service Information.

	<u>2/9/24</u>	Approved   Not Approved	_____	_____
Area Agency on Aging Director	Date	(circle one)	Director, NC DOA	Date

DOA-733

(Rev. 2/15)

**Home and Community Care Block Grant for Older Adults**

**County Funding Plan**

**July 1, 2023 through June 30, 2024**

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 COG Area Agency on Aging

County 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 (DOA-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.

Our Aging Specialist serves as the Regional Coordinator for all Evidence-based Health Promotion programs in Region E. She will ensure all programs are marketed and targeted to low income minority individuals. Classes are being offered at area senior centers, health departments, cooperative extension offices, health outreach centers, local churches, adult day care/health centers, and housing community centers. Special outreach contacts have been made with all county Access Care workers who work directly with Medicaid clients. All classes are promoted to these contacts and many more to make sure all older adults in Region E are aware and encouraged to participate

## Provision of Direct Services (Continued)

<b>Select Region Below</b>		
E-Western Piedmont		
<b>Select Program Below</b>		<b>Select Fiscal Year Below</b>
Title III-D Health Promotion/Disease Prevention		2024-25
<b>Allocation Details</b>		
Total Allocation Including Match and Other Revenue	\$	35,188.00
Amount Passed Through to Partner Agencies	\$	-
<b>Amount for Direct Service Provision</b>	<b>\$</b>	<b>35,188.00</b>
<b>Budget Overview</b>		
Personnel Salary Cost (Complete Details Below)	\$	17,707.00
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	8,942.04
Indirect Cost	\$	7,861.00
Direct Program Support (Complete Details Below)	\$	678.00
<b>Total Cost</b>	<b>\$</b>	<b>35,188.04</b>
<b>Category Details</b>		
<b>Personnel (List Staff Titles Below)</b>	<b>Amount</b>	<b>% of Time Worked</b>
Sarah Stamey	\$ 16,132.00	31%
Aging Program Manager		
Ashelin McCoy	\$ 1,575.00	7%
Aging Specialist		
<b>Total Personnel</b>	<b>\$ 17,707.00</b>	
<b>Direct Program Support (Select Applicable Below)</b>	<b>Amount</b>	
Outreach/Promotions	\$ 678.00	
<b>Total Direct Program Support</b>	<b>\$ 678.00</b>	

<b>Select Region Below</b>		
E-Western Piedmont		
<b>Select Program Below</b>		<b>Select Fiscal Year Below</b>
Title III-E Family Caregiver Support Program		2024-25
<b>Allocation Details</b>		
Total Allocation Including Match and Other Revenue	\$ 219,716.00	
Amount Passed Through to Partner Agencies	\$ 12,000.00	
<b>Amount for Direct Service Provision</b>	<b>\$ 207,716.00</b>	
<b>Budget Overview</b>		
Personnel Salary Cost (Complete Details Below)	\$ 82,979.00	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$ 41,904.40	<b>Specify Rate: 51%</b>
Indirect Cost	\$ 36,840.00	<b>Specify Rate: 30%</b>
Direct Program Support (Complete Details Below)	\$ 45,993.00	
<b>Total Cost</b>	<b>\$ 207,716.40</b>	
<b>Category Details</b>		
<b>Personnel (List Staff Titles Below)</b>	<b>Amount</b>	<b>% of Time Worked</b>
Finance Staff (Finance Mgr, Accts Payable, Accts Receivable)	\$ 15,527.00	5%
Family Caregiver Support Administrator	\$ 35,097.00	100%
Aging Program Manager	\$ 2,058.00	5%
AAA Director	\$ 22,168.00	20%
Aging Specialist	\$ 8,129.00	10%
<b>Total Personnel</b>	<b>\$ 82,979.00</b>	
<b>Direct Program Support (Select Applicable Below)</b>	<b>Amount</b>	
Other (Specify in Cell to Right of Amount)	\$ 2,000.00	862 Other (DAAS appr)
Other (Specify in Cell to Right of Amount)	\$ 4,250.00	Travel & Registrations
Telephone	\$ 1,224.00	
Printing	\$ 200.00	
Supplies	\$ 8,319.00	
Other (Specify in Cell to Right of Amount)	\$ 30,000.00	Respite Vouchers
<b>Total Direct Program Support</b>	<b>\$ 45,993.00</b>	

**Note:** Use this Direct Service Non-HCCBG Budget Worksheet for non-HCCBG direct service waivers as noted on the Exhibit 13: Provision of Direct Services Waiver Request form



**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****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
<b>005</b>	<b>Adult Life Programs</b>														
	Adult Day Health	Alexander, Caldwell & Catawba	AAA	X			X	X		X	X				
	Adult Day Care	Catawba	AAA	X			X	X		X	X				
<b>002</b>	<b>Alexander County DSS</b>														
	Congregate Nutrition	Alexander	AAA-2	X			X	X		X					
	Home Delivered Meals	Alexander	AAA-2	X			X	X		X					
	In-Home Aide Level I	Alexander	AAA-2		X			X	X		X				
<b>003</b>	<b>Alexander Senior Center</b>														
	Senior Center Operations	Alexander	AAA	X			X								
<b>027</b>	<b>All Ways Caring HomeCare</b>														
	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				

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****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
<b>006</b>	<b>Blue Ridge Community Action</b>														
	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				
<b>021</b>	<b>Burke County Senior Services</b>														
	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				
<b>016</b>	<b>Caldwell Senior Center</b>														
	Senior Center Operations	Caldwell	AAA	X			X								
<b>018</b>	<b>Catawba County DSS</b>														
	Congregate Nutrition	Catawba	AAA-2	X			X	X		X	X				
	Home Delivered Meals	Catawba	AAA-2	X			X	X		X	X				
	Information & Options Counseling	Catawba	AAA	X			X								
<b>017</b>	<b>Catawba Council on Aging</b>														
	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****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
<b>030</b>	<b>Catawba Valley Medical Services</b>														
	In-Home Aide Level II	Burke	AAA	X	X	X	X	X	X	X	X				
	In-Home Aide Level III	Burke	AAA	X	X	X	X	X	X	X	X				
<b>028</b>	<b>Comfort Keepers</b>														
	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				
<b>036</b>	<b>Greenway Public Transportation</b>														
	General Transportation	Alexander, Burke, Caldwell & Catawba	AAA	X			X	X		X	X				
	Medical Transportation	Alexander & Caldwell	AAA	X			X	X		X	X				
<b>020</b>	<b>Handi-Care, Inc.</b>														
	Medical Transportation	Burke	AAA	X	X	X	X	X	X	X	X				
<b>023</b>	<b>Harmony Home Care</b>														
	In-Home Aide Level I	Caldwell	AAA	X	X	X	X	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****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
<b>019</b>	<b>Legal Aid of North Carolina</b>														
	Regional Legal Services	Regional	AAA		X Region E				X		X				
<b>034</b>	<b>Neighbors Network</b>														
	Senior Center Operations	Catawba	AAA	X			X								

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging. 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 evaluation.

# Exhibit 14A: List of Subcontractors

Exhibit 14A: List of Subcontractors  
 Provider: Alexander County DSS  
 County Alexander

Region E FY 2023-2024  
 Provider Code: EOA

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Alexander County DSS Nutrition Site Program	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government			<p>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.</p> <p>This service provides free meals for the elderly population for Alexander County. The clients that are signed up for this program are updated/assessed every year with assessment paperwork for Nutrition Site Program, can provide Greenway services for this as well upon request; however, some do not request this &amp; in turn drive themselves to the Nutrition Site(s). Preparation of Meals is done by Mooresridge Catering Services. Once Signed up, they are receiving four hot meals per week from Mooresridge Catering Services &amp; upon request can receive one shelf stable meal per week. Eligibility is being 60 or above. There is no aide supervision, just supervised by Site Coordinator or other DSS employees.</p>
Alexander County DSS HDM Program	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government			<p>This service provides free meals for the elderly population for Alexander county for signed up individuals. They are signed up from a Waiting List that are referred to the program and are listed on the Waiting List on P-drive at DSS. Once Signed up, they are receiving four hot meals per week from Mooresridge Catering Services &amp; upon request can receive one shelf stable meal per week. HDM are delivered by Volunteers set for each route &amp; or DSS employees. Competency testing &amp; JHA services can be listed in the paperwork that are uploaded to P-drive so it will be in their files; however, it is not on this program. Eligibility is age 60 or above.</p>

**Exhibit 14A: List of Subcontractors**

**Exhibit 14A: List of Subcontractors**

Provider: Alexander County DSS  
 County: Alexander

Region E FY 2023-2024  
 Provider Code: EO2

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			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.
	<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: *Angela S. Eckard* Date: 2/7/24  
 Title: Nutrition Site Coordinator

# Exhibit 14A: List of Subcontractors

## NC DIVISION OF AGING AND ADULT SERVICES AND NC AREA AGENCIES ON AGING NUTRITION SERVICES ASSESSMENT TOOL

### Attachment A: Congregate Nutrition Site Review

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

Name of Nutrition Site: New Salem Presbyterian Church

		Yes	No
1	The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.	/	
2	The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.	/	
3	The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.	/	
4	The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.	/	
5	The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.	/	
6	The site has at least 2 exits which are unlocked during hours of operation.	/	
7	Emergency and evacuation plans are posted.	/	
8	Visible, usable fire extinguishers are in place, and instructions for use are posted.	/	
9	The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.	/	
10	The approved menus are posted in both the congregate serving area and the meal preparation area of the site.	/	
11	A calendar of activities and programs is posted at the beginning of each month.	/	
12	A current permit from the Health Department is posted.	/	
13	The site has a system for voluntary, confidential donations by participants.	/	
14	Parking is available.	/	
15	The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.	/	

Name of provider staff who completed form: Randi Eckard

Title: Nutrition Site Coordinator-SP Date form completed: 11/29/24

Signature: Randi Eckard

**Exhibit 14A: List of Subcontractors**

Exhibit 14A: List of Subcontractors  
 Provider: Alexander County DSS Provider Code: E02 Region E FY 2023-2024  
 County Alexander

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
<u>Quality Home Staffing</u>	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	<u>Level I In Home Aide Services</u>	<u>Amy Ford</u> <u>315 Wilkesboro Blvd. NE Suite 218</u> <u>Lenoir, NC 28645</u>	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.  <u>Provide Level I Services to Alexander County residents. Assign IHA based on the participants care plan. Ensure that aides are properly trained and meet competency requirements required based on level of care. Ongoing communication with the Alexander County Department of Social Services</u>
	<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 Julie Stratton Title: SWS Date 2/7/24  
 Version 2016 Page \_\_\_\_\_ of \_\_\_\_\_



# Exhibit 14A: List of Subcontractors

## Exhibit 14A: List of Subcontractors

Region: E FY 7/1/23

6/30/24

Provider: Blue Ridge Community Action, Inc. Provider Code: 06 County: Caldwell

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Blue Ridge Health Care Systems, Inc.	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Food Preparation	Kathy C. Bailey President 2001 S. Sterling St. Morganton, NC 828-580-5000	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.  Preparation, packaging, and delivering to drop off sites of meals for Congregate Nutrition, Adult Day, and HDM 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			

**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: *Shawna Davis* Title: COO Date: 02-06-24

**Exhibit 14A: List of Subcontractors**

Region **E**

FY: 2023-24

Provider: Burke County Senior Services

Provider Code: E021

County: Burke

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Moorestidge Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit Government	Home Delivered Meals and Congregate Meals	Walter Moore, Pres. 1998 Connolly Springs Road Lenoir, NC 28645	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.  Preparation and Delivery of Meals to Burke County Senior Services
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit 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 *Seyanna Powell* Title: Senior Services Director Date: 02/06/2024

**Exhibit 14A: List of Subcontractors**

**Exhibit 14A: List of Subcontractors**

Region E FY 2023-24

Provider: 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
On Time Catering	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Meals on Wheels and Congregate Nutrition	Ron & Wesley Seafood 403 W 5 <sup>th</sup> Ave. Lexington, NC 27292 Phone: 336-249-8621	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.  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			

**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 Michelle Stewart Title: Senior Nutrition Services Program Manager Date 10/3/23






# Region E Regional Aging Service Plan 2024 - 2028

Final Audit Report

2024-04-18

Created:	2024-04-18
By:	Tina Miller (tina.miller@wpcog.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAle3RSTygqLudaL28ZMY-KFWBn7wQgAH

## "Region E Regional Aging Service Plan 2024 - 2028" History

-  Document created by Tina Miller (tina.miller@wpcog.org)  
2024-04-18 - 3:07:18 PM GMT- IP address: 74.254.113.126
-  Document emailed to Anthony Starr (anthony.starr@wpcog.org) for signature  
2024-04-18 - 3:07:28 PM GMT
-  Email viewed by Anthony Starr (anthony.starr@wpcog.org)  
2024-04-18 - 3:09:50 PM GMT- IP address: 74.254.113.126
-  Document e-signed by Anthony Starr (anthony.starr@wpcog.org)  
Signature Date: 2024-04-18 - 3:10:33 PM GMT - Time Source: server- IP address: 74.254.113.126
-  Agreement completed.  
2024-04-18 - 3:10:33 PM GMT