

***July 1, 2024 – June 30, 2028***  
***Area Plan: Advancing Equity in Aging***



The material in this Plan was prepared by the Upper Coastal Plain Council of Governments Area Agency on Aging. Any portion of this document may be reproduced and used freely, although the Upper Coastal Plain 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:

Upper Coastal Plain Council of Governments  
Area Agency on Aging Director, Mary Marlin

PO Box 9

Wilson, NC 27894

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

(252) 234-5956

[mmarlin@ucpcog.org](mailto:mmarlin@ucpcog.org)

## **Table of Contents**

### **I. NARRATIVE**

**Executive Summary**

**Context**

**Quality Management**

**Goals, Objectives, Strategies, Measures, and Expected Outcomes**

**Conclusion**

### **II. ATTACHMENTS**

#### **A: Demographics**

#### **B: Area Plan Assurances and Required Documents**

##### **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 the Rehabilitation Act of 1973, as Amended, and Americans with Disabilities Act of 1990, including subsequent amendments

Exhibit 4: Assurance of Compliance with the DHHS Regulation under Title VI of The Civil Rights Act of 1964, including subsequent amendments

Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

##### **Section II: Administrative Matters**

Exhibit 6: Organizational Chart of Regional Council of Governments

Exhibit 7: Organizational Chart of the Area Agency on Aging

Exhibit 8: Area Agency on Aging Staffing 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 Waiver Request

Exhibit 14: Provider Monitoring Plan

Exhibit 14A: List of Subcontractors

## **I. NARRATIVE**

### **Executive Summary**

The Upper Coastal Plain Council of Governments Area Agency on Aging (UCPCOGAAA) is eager to present the 2024-2028 Area Plan on Aging. This plan identifies our strategic objectives for the next four years, with a core focus on filling service gaps and meeting identified needs within the region. The UCPCOGAAA is required by federal and state law to submit a Regional Area Plan every four years. The Plan provides important information regarding stakeholders and citizens as well as sets goals to benefit older adults and their caregivers in our region. Many of these goals will have value for individuals across their lifespan.

The UCPCOGAAA 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 and is one of sixteen Area Agencies on Aging in the state.

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 goal is to enable older adults aged 60 and older to live independently in their own homes.

The Area Agency on Aging is a service of the Upper Coastal Plain Council of Governments, a regional planning organization which serves 41 municipal governments and five county governments. Members include Edgecombe, Halifax, Nash, Northampton, and Wilson counties and many municipalities within those counties.

The Upper Coastal Plain Council of Governments region is largely rural and spans 2,707 square miles within the five counties. We have a large aging services network that consists of approximately 30 funded partners. There are currently eight state recognized senior centers in the region that average anywhere from 300 to over 1000 unduplicated participants per year.

**AAA Vision:** Our vision is to be the compass for aging services throughout Region L by providing advocacy, training, and leadership on aging issues.

**AAA Mission:** The mission of the Area Agency on Aging is to empower senior adults, family caregivers, and individuals with disabilities residing in Edgecombe, Halifax, Nash, Northampton, and Wilson Counties to live independent, meaningful, healthy, and dignified lives through a comprehensive plan of services and linkages with community-based programs.

### **Context**

In compliance with the federal Older Americans Act, the Area Agency on Aging designed the Area Plan to direct our initiatives from July 1, 2024, through June 30, 2028. To develop the Upper Coastal Plain Council of Governments Area Agency on Aging Regional Aging Plan, the AAA has examined services and the delivery systems in place within the five-county region to determine ways in which improvements can be made to meet the needs of our stakeholders more effectively and efficiently.

The objectives within this Area Plan were developed to support the goals set forth within the 2023-2027 North Carolina State Plan on Aging. This alignment not only strengthens efficiency and effectiveness by promoting consistency across government levels but also enables each region within the state to benchmark strategies and interventions to recognize the effectiveness of various services and supports. This plan, and other aging plans across the state, are guided by the following six goals:

- Goal 1: *Protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation using a multi-disciplinary approach.*
- Goal 2: *Support programs and partnerships that improve the health and well-being of Older North Carolinians.*
- Goal 3: *Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, support, and housing opportunities.*
- Goal 4: *Advance equity, accessibility, and inclusion through informal and formal caregiving support.*
- Goal 5: *Incorporate innovative practices and create reliable systems and infrastructures that prepare us for the future of NC, all while recognizing the need for communication equity to help foster involvement from all stakeholders.*
- Goal 6: *Advance 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.*

Even though the goals are the same across the state, each region has unique needs, obstacles, and resources. The Upper Coastal Plain Area Agency on Aging spent considerable time developing our Regional Aging Service Plan. A needs assessment survey was developed, distributed throughout the region, and input from over 650 respondents was carefully analyzed. Feedback was received from aging service providers, older adults, caregivers, government officials and many others. The NC State Aging Plan, existing County Plans in the region, data from the surveys and demographic data were used in the development of the plan.

The Area Agency on Aging gathered firsthand feedback from regional stakeholders through digital and print community needs assessment survey responses. Survey respondents were asked to identify the top three needs facing older adults, caregivers, and people with disabilities in their community. As seen in the table below, of the 26 possible needs from which respondents could choose, the most selected need was “Prevention of Depression and Loneliness.”

Top 10 Identified Needs	% of Respondents
<i>Prevention of Depression and Loneliness</i>	32.42%
<i>Access to Transportation</i>	29.07%
<i>Access to Affordable Housing</i>	26.18%
<i>Assistance with Home Repair and Safety Improvements</i>	23.29%
<i>Prevention of Exploitation or Scams</i>	18.87%
<i>Access to Nutritious Foods</i>	17.50%
<i>Access to Affordable Medications</i>	16.74%
<i>Prevention of Caregiver Stress and Burnout</i>	16.29%
<i>Prevention of Falling or Balance Issues</i>	16.13%
<i>Access to Medical Care</i>	12.63%

## Quality Management

The Area Agency on Aging assesses community providers in accordance with Section 308 of the NC AAA Policies and Procedures Manual and uses this process to ensure compliant and quality services are provided to older adults and their families within the region. The AAA monitors HCCBG and non-HCCBG services.

The Aging Program Director is primarily responsible for monitoring all but Family Caregiver Services. However, additional team members are being cross trained to assist with monitoring. Additionally, the Aging Program Director and the finance department are responsible for audit reviews, audit-finding resolutions, and financial monitoring. The Family Caregiver Program Specialist is responsible for monitoring Family Caregiver providers.

A Risk Based Monitoring approach is used to determine the intensity and frequency of Programmatic and Fiscal reviews. The risk assessment team members meet on an annual basis prior to September 1st of each year to determine the level of risk for each service provider. The DHHS Internal Control Questionnaire, risk evaluation matrix, and risk assessment forms are used to assist in determining the level of risk as high, moderate, or low and the assessment plan is completed accordingly.

In addition, the Aging Program Director compiles and analyzes monthly Provider Expenditure Analysis reports and offers technical assistance to providers as needed. The AAA Director oversees provider expenditures and works with HCCBG committees to reach the goal of 100% expenditure of HCCBG/FCSP funds in the most efficient and effective way.

## Goals, Objectives, Strategies, Measures and Expected Outcomes

### Safety and Protection

**Older adults are often subjected to abuse, neglect, and exploitation. Elder Abuse continues to be a significant issue for older adults in Region L, just as it is in NC and across the nation. As over 90% of older adults reside in the community, most elder abuse is occurring among older adults living in the**

**community. Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million older adults are abused each year. One study estimates that only 1 in 14 cases of elder abuse are reported to authorities and cases are less likely to be reported in rural areas.**

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

**Objective 1.1:** Increased Awareness: Educate the community on signs of abuse, neglect, and exploitation to promote early intervention and prevention.

Strategy:

Increase advocacy in long-term care facilities.

Measure(s):

Ombudsman will provide informational handouts to long-term care facility staff, residents, and families. Conduct staff education and training on abuse.

The Family Caregiver Program can provide informational handouts to participants' families.

Strategy:

Provide community education to faith-based organizations, civic groups, retirees, etc. on recognizing, reporting, and preventing elder abuse.

Measure(s):

Host Scam Jams, participate in community events, and interweave Elder Abuse Awareness in all Aging conferences and outreach events.

Provide aging sensitivity training in the community.

SMP staff will participate in outreach events and provide education materials and education sessions on health care fraud and abuse throughout the region.

Strategy:

Develop social and print media campaigns to celebrate WEAAD and events to promote it.

Measure(s):

Host a World Elder Abuse Awareness Day (WEAAD) event at a senior center.

Work with counties to issue a proclamation acknowledging WEAAD.

Launch a virtual #IWearPurple campaign.

Strategy:

Continue to support the efforts of the North Carolina Partnership to Address Adult Abuse

Measure(s):

Maintain an annual membership with voting privileges to the North Carolina Partnership to Address Adult Abuse.

Participate in the Partnership to Address Adult Abuse meetings and conferences.

Strategy:

Increase awareness of exploitation, substance use and misuse (with a focus on opioids), and the connection between them through training and outreach.

Measure(s):

Participate in regional initiatives to address substance use and misuse.

Invite speakers to the regional aging conference who can bring awareness to substance misuse and Adverse Childhood Experiences (ACEs) and the impact ACEs have on the mental health of older adults and caregivers.

Strategy:

Encourage communities to participate in programs related to Dementia care; to include Dementia Capable NC initiatives.

Measure(s):

FCSP Specialist will provide Dementia Friends education to interested stakeholders.

FCSP Specialist will continue to follow and report on communities participating in Dementia Capable initiatives.

**Objective 1.2: Enhanced Support Services: Provide a range of resources, including counseling, legal assistance, and financial planning, to address the unique needs of older adults.**

Strategy:

Provide Medicare Counseling regarding health care options for beneficiaries and enroll them in Medicare Prescriptions/Advantage Plans.

Measure(s):

Identify Medicare Beneficiaries eligible for the Low-Income Subsidy and Medicare Savings Programs, enroll them or refer them to the local SHIP Office and DSS for the Medicare Savings.

Strategy:

Connect seniors and others to resources designed to promote empowerment and prevent abuse, neglect, and exploitation.

Measure(s):

Partner with county entities and organizations to participate in/host Senior Awareness Day events.

Make referrals to NC 211 for quick references to Legal Aid, DSS, etc.

Strategy:

Support public policies that fund the Older Americans Act (OAA), strengthen elder abuse laws, and provide services to older adults.

Measure(s):

Host and/or participate in sessions with government representatives to present societal challenges for older adults.

Advocate for increased funding sources on State and Federal Level.

Educate the STHL representatives in our region and support the efforts of the STHL to advocate on behalf of older adults.

### **Objective 1.3: Collaborative Efforts: Foster partnerships between law enforcement, healthcare professionals, and social workers to ensure a coordinated response to cases of elder abuse.**

Strategy:

Aging team members will participate in Multi-Disciplinary Teams (MDTs) to address abuse.

Measure(s):

Collaborate with Beyond 21 MDT in Wilson, Halifax DSS MDT, NC Partnership to Address Adult Abuse or similar organizations to promote elder abuse awareness.

Refer suspected cases of Medicare fraud and abuse to NC Dept. Senior Patrol Office and SHIP Office.

Provide education to case managers in hospital settings, hospice and home health providers about making appropriate referrals to agencies that combat abuse and/or participate in MDTs.

Strategy:

Facilitate resident's rights training in community forums and long-term care settings.

Measure(s):

Regional Ombudsman will continue to facilitate resident's rights training in LTC facilities for staff, residents, and families.

RLTCO will expand training to educate the general population through collaborations with the faith-based community, civic organizations, non-profits, etc.

Expected Outcomes:

- The Area Agency on Aging will increase knowledge and awareness related to upholding the rights of residents in long-term care facilities in the region.
- The AAA will increase knowledge and awareness of organizations and the community in the region concerning reporting of abuse, neglect, and exploitation of older adults.

## **Healthy Aging and Quality of Life**



**As our region's population ages, it is critical to develop specialized programs and partnerships that improve the quality of life for our seniors. These initiatives provide vital healthcare services and help foster social connections, support mental health, and promote active, fulfilling lifestyles. By investing in these programs, we are ensuring that every older adult, regardless of age or disability, has access to the resources and care they need to thrive.**

**Goal 2:** Support programs and partnerships that improve the health and well-being of Older North Carolinians.

**Objective 2.1: Work with community partners in the region to address nutritional food insecurities, provide access to nutritious foods and promote healthy eating habits.**

Strategy:

Connecting senior nutrition providers with essential support like Food & Nutrition Services, NC Medicaid, and Healthy Opportunities Pilot is vital for comprehensive care. Collaboration with stake holders, NCCARE 360 can amplify the impact of these efforts.

Measure(s):

Work with nutrition providers to encourage them to assist their seniors to apply for all available food and nutrition programs.

Strategy:

Boost participation in the Senior Farmers Market Nutrition Program among senior individuals.

Measure(s):

Inform senior adults about the Senior Farmers Market Nutrition Program, locations, and times of operation.

Encourage providers to assist seniors in using the vouchers for the Senior Farmers Market Program.

Advocate for the expansion of the Senior Farmers Market Nutrition Program.

Strategy:

Conduct outreach to inform at-risk adults about food benefits programs.

Measure(s):

Collaborate with community health workers to reach vulnerable, low-income older adults about available services and resources.

Educate family caregivers, evidence-based health promotion program participants, and other AAA participants regarding available food and nutrition programs and assist them with completing necessary applications when possible.

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

Strategy:

Offer information and assistance and options counseling on transportation options, including medical transportation, to older adults and individuals with disabilities.

Measure(s):

AAA team members will use NCCARE360 for sending and receiving referrals.

AAA team members will offer information on available transportation services across the region.

Certified options counselor will offer details on transportation services.

Strategy:

Advocate for enhanced access and availability of transportation services for senior adults.

Measure(s):

AAA staff will participate in the regional Transportation Advisory Committees to advocate for transportation resources.

AAA will participate in the Aging Policy Briefing and Advocacy Day hosted by USAging each year.

AAA team will attend HCCBG planning meetings to ensure transportation needs are being addressed.

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

Strategy:

Offer health and wellness events in the community that promote healthy aging for older adults.

Measure(s):

AAA staff will host and participate in community events focusing on health issues affecting senior adults.

Provide educational events throughout the community that focus on dementia and Alzheimer's disease.

Identify a mental health program to add to our evidence-based health promotions workshops.

SMP Coordinator will provide educational materials regarding aging services and Medicare to participants.

Strategy:

AAA will continue working with senior centers and other community partners in expanding, offering, and promoting Evidence Based Health Promotion/Disease Prevention (EBHP/DP) programs.

Measure(s):

Program specialists will continue outreach to promote additional locations for training/classes in more rural areas to serve the most in need of health education.

Provide two workshops annually in each county such as: Living Healthy with Chronic Disease, Diabetes and Chronic Pain, A Matter of Balance, Walk with Ease and Powerful Tools for Caregivers.

**Objective 2.4: Collaborate with the Division of Aging to assist in maintaining a statewide structure to coordinate falls prevention efforts.**

Strategy:

Promote yearly comprehensive hearing evaluations to detect hearing loss and its links to various issues that are falls related such as: dementia, depression and isolation, diabetes, cardiovascular disease, and kidney disease among older adults.

Measure(s):

Suggest to senior adults attending the falls prevention classes to get a hearing test yearly to possibly prevent falls and other health issues.

Expand A Matter of Balance to more locations within the 5-county region to share more about preventing falls and doing the home safety checklist for preventing falls within the home.

**Objective 2.5: Expand public awareness regarding the benefits of senior centers and their role in the community.**

Strategy:

Provide support for senior centers in the region for creative services and training to increase participation to underserved communities.

Measure(s):

AAA staff will provide resources to the senior centers on services and training.

AAA staff will work with senior centers to provide support to assist them in becoming a senior center of excellence.

**Objective 2.6: 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:

Advocate for increased resources to address the mental health needs of older adults within the region.

Measure(s):

Provide education to the STHL regarding mental health so that they can advocate for increased resources.

Advocate at the local, state, and federal levels for increased funding to provide mental health services.

Strategy:

Provide education regarding the mental health needs of older adults within the region.

Measure(s):

AAA staff will make community presentations on various challenges for seniors such as mental health, isolation, and loneliness.

Work with the Geriatric Adult Specialty Team (GAST) concerning mental health issues within the region to provide information on these issues.

By including them in the annual aging conference, we will work with the Division of Deaf and Hard of Hearing, Lions Club and CapTel in providing hearing screenings for seniors to check for hearing loss, as hearing loss can cause loneliness, depression, and isolation.

Strategy:

Provide Information, Assistance and Options Counseling regarding the mental health needs of older adults within the region.

Measure(s):

AAA team members will become familiar with virtual resources available to address the mental health needs of older adults and make appropriate referrals.

**Objective 2.7: Expand public awareness regarding the benefits of the Area Agency on Aging and our role in the community.**

Strategy:

Educate the community on AAA services and our funded partners.

Measure(s):

AAA will host an AAA Awareness event that will include funded partner agencies.

We will participate in Senior Awareness Day activities in the region to ensure that communities are aware of the AAA, our relationship to funded partners, and our services.

Participate in aging related events to conduct outreach within the region.

Make county and municipal partners aware of the AAAs ability to present on aging topics during meetings/sessions/conferences.

Expected Outcomes:

- Awareness, knowledge, and utilization of community-based services and support for older adults within the region will increase because of these strategies.
- There will be increased utilization of local senior centers as well as an increased knowledge of what resources are available at senior centers throughout the region and the state.
- There will be an increase in participation in evidence-based health promotion and disease prevention programs within the region resulting in less social isolation and better health outcomes for older adults.
- An increase in resources to address the mental health needs of older adults.

## Housing and Homelessness

**Adopting an equity-centered approach to housing is crucial for meeting the diverse needs of older adults and allowing them to age in their preferred setting. This perspective views housing as more than just buildings; it includes the services, supports, and opportunities that enable individuals to live with dignity and independence. It also addresses the inequalities in housing access and quality that can vary based on income, race, and health status. By prioritizing equity, we ensure that all older adults can age comfortably and securely in their chosen environment. This approach not only improves their quality of life but also helps build healthier, more inclusive communities.**

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

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

Strategy:

Bring awareness to the HCCBG committees of the need for housing and home improvement services and assist in capacity building.

Measure(s):

AAA will attend HCCBG committee meetings in the five-county region to share data of those who have received and those needing housing and home improvement.

Provide educational presentations specifically tailored to the HCCBG committees, emphasizing the benefits of housing and home improvements in their communities.

Research to locate and educate community agencies who might provide housing and home improvement services.

Advocate at the local, state, and federal levels for additional funding for housing and home improvement programs.

AAA will seek grant and contracting opportunities to increase Housing and home improvement funding.

Strategy:

Work with housing and home improvement providers to use a prioritization tool as best practice in the management of HHI waitlist. AAA will also utilize prioritization tools.

Measure(s):

Provide technical assistance to HHI providers on how to use tools effectively and consistently.

Develop and implement prioritization tools in collaboration with other housing and home improvement providers in the region.

**Objective 3.2: The AAA will support a coordinated, comprehensive system of services to address, prevent, reduce, and end chronic homelessness among older adults.**

Strategy:

Collaborate with other housing stakeholders in the region to prevent homelessness of older adults.

Measure(s):

AAA team member(s) will participate in the Wilson-Greene housing meetings.

AAA team member(s) will seek out housing stakeholders in each of the other four counties to collaborate with. If no other stakeholder group can be identified, an Aging Program Specialist will work to convene a group that has representatives from each county.

Strategy:

Make appropriate referrals to those providers of Rapid Rehousing funds to help support eviction prevention.

Measure(s):

AAA staff, following the eligibility criteria of the individuals or families at risk for eviction, will make referrals.

Ensure that effective communication is maintained between AAA, other referring agencies, and rapid rehousing providers.

Strategy:

AAA will gain a better understanding of targeted housing programs to promote aging populations successfully moving into affordable housing or remaining safely in current housing.

Measure(s):

Partner with DSS in each county in Region L, The Hope Station, and Cardinal Innovations to identify those who need housing and the greatest area of repairs.

Promote and increase awareness and availability of housing through options counseling services.

### **Objective 3.3: Increase awareness of community-based programs and housing support available in the communities of Region L**

Strategy:

Utilize options counseling to increase the awareness of programs and services to combat homelessness and/or housing repairs.

Measure(s):

AAA staff will participate and encourage service providers to participate in NCCARE 360 and keep their information up to date.

AAA staff will utilize social media, email distribution lists and UCPCOG website to promote programs and services.

AAA staff will utilize outreach opportunities in the region to educate the community and promote programs and service.

Strategy:

Continue to Educate providers, older adults, and their caregivers on the benefits of consumer-directed options.

Measure(s):

Continue to educate HCCBG committees on HCCBG consumer-directed options during HCCBG committee planning meetings.

Continue to educate HCCBG Providers on HCCBG consumer-directed options during provider training meetings.

Continue to educate the Regional Aging Advisory Committee (RAAC) during regular meetings.

Continue to provide technical assistance to the three counties currently providing Consumer Directed services and seek to expand into the last two counties.

Expected Outcomes:

- There will be an increased awareness and access to resources for underserved and underrepresented populations within the older adult community within the region.
- Older adults and agencies will be more knowledgeable about home repair and modification resources in our region.
- Home repair and modifications resource availability will be improved.

## **Caregiving and Workforce Development**

Upper Coastal Plain Area Agency on Aging is dedicated to empowering caregivers and older adults by improving the accessibility and quality of our services. We recognize the vital role caregivers play in the well-being of older adults and are committed to helping them navigate the care continuum effectively. Our goal is to equip caregivers with the necessary knowledge and resources to make well-informed decisions and provide optimal care for themselves and their loved ones.

To achieve this, we are engaging external stakeholders and fostering collaboration with regional providers to expand the range of services available to both caregivers and older adults. Through strategic resource allocation and ongoing networking efforts, we are enhancing our organizational capacity to meet the evolving needs of caregivers and older adults.

By working together with our community partners, we ensure that caregivers receive the robust support they need, leading to improved health outcomes for older adults.

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

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

Strategy:

Provide opportunities and events to educate the community and caregivers.

Measure(s):

Family Caregiver Support Program will partner with Dementia Alliance of North Carolina and Barton College Gerontology Program to offer an annual Caregiver Education Conference.

Family Caregiver Support Program will partner with the Geriatric Adult Specialty Team and Dementia Alliance of North Carolina to offer workshops in the region to ensure caregiver success throughout their caregiving journey.

SMP Coordinator will meet with each FCSP Support group to provide materials and education.

Inform the community on caregiver events and workshops through various outlets, i.e. social media, caregiver email list serves, postal mail, promotional handouts at other related businesses/partner sites.

Information and Options Counselor will provide information on caregiving services and programs.

Strategy:

Offer support and resources to caregivers to strengthen their success at caregiving.

Measure(s):

Publicize to eligible caregivers the availability of Caregiver Directed Respite Vouchers, incontinence supply vouchers, and liquid nutritional supplement vouchers to assist them.



The Family Caregiver Support Program Support Group Facilitators will continue to offer monthly caregiver support groups in the region.

The Family Caregiver Support Program will support Older Relatives as Caregivers by providing applicable financial assistance (when funding permits), publicizing events they can attend in the Aging Network, and finding ways to expand on services through grant writing.

The Family Caregiver Support Program will continue to serve on and attend FCSP Association Meetings to enhance skills, knowledge, and resources to provide to caregivers.

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

Strategy:

Provide outreach to caregivers and families in communities with limited English proficiency.

Measure(s):

Participate in multi-cultural events in the region when offered.

Reach out to Hispanic communities to offer caregiver information in Spanish.

Partner with AMEXCAN and other agencies to reach caregivers and families in communities with limited English proficiency.

Strategy: Provide outreach/events targeting minority population

Measure(s):

Partner with local businesses and organizations to offer events in the African American communities to educate caregivers and older adults about caregiver services.

Strategy: Increase outreach efforts to people who are deaf and blind

Measure(s):

Reestablish/strengthen a relationship/partnership with the Eastern North Carolina School for the Deaf and partner to develop an outreach program for older adults with hearing difficulties and deafness.

Reestablish/strengthen a relationship/partnership with the Services for the Blind to develop an outreach program for older adults with vision impairment.

Strategy: Offer support and resources to caregivers to continue in-home care for people with dementia

Measure(s):

The Family Caregiver Resource Specialist will offer eligible caregivers the availability of Caregiver Directed Respite Vouchers, incontinence supply vouchers, and liquid nutritional supplement vouchers to assist them in their caregiving journey.

The Family Caregiver Support Program will provide literature, workshops, and other material educating caregivers on dementia and its effects.

The Family Caregiver Support Program will work with partners to create and roll out an innovative AI tool to assist caregivers with dementia related scenarios/issues.

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

Strategy:

Annually recognize National Caregiver month

Measure(s):

Publicize proclamations through various outlets, i.e. social media, caregiver email list servs, COG website, etc. to increase awareness of the importance and value of family caregivers in November.

The Family Caregiver Support Program will partner with Nash County Senior Services and Recreation Department to coordinate and offer an annual Caregiver Retreat Day in November providing caregivers with a day of educational material and a day of relaxation.

Strategy: Annually recognize National Grandparents' Day

Measure(s):

Emphasize the importance of grandparents raising grandchildren and older adults as parents annually during the month of September.

The Family Caregiver Resource Specialist will send out personalized cards to grandparents raising grandchildren and older adults as parents clients on the respective holiday for Grandmother's and Grandfather's Day.

### **Objective 4.4: Family Caregiver Support Program will continue assisting Grandparents Raising Grandchildren and other older adults acting as kinship caregivers.**

Strategy:

Provide helpful information and resources for grandparents raising grandchildren and older adults as parents.

Measure(s):

Have literature in place that can be provided as needed/requested.

Provide Rural Opportunity Institute Resiliency kits, educational material, etc. to provide information to the grandparents raising grandchildren and older parents as parents and their children.

Strategy:

Utilize funding to provide useful direct services to grandparents raising grandchildren and older adults as parents based on the unique needs of the family.

Measure(s):

The Family Caregiver Support Program offers respite care to grandparents raising grandchildren and older adults acting as parents. This service enables these caregivers to meet their own needs while their grandchildren or other minor relatives participate in extracurricular activities.

The Family Caregiver Support Program will continue to aid grandparents raising grandchildren and older adults serving as parents. This support covers various expenses such as clothing, accessories, shoes, and gifts for occasions like birthdays and Christmas, depending on available funding.

Will provide a parenting program, Parenting a second time around (PASTA).

Strategy:

Partner with organizations to reach additional grandparents raising grandchildren that qualify for services.

Measure(s):

The Family Caregiver Support Program will connect with social workers in the school system to educate them on the program availability for grandparents raising grandchildren and older adults as parents for referrals.

Family Caregiver Resource Specialist will actively work to find grants to expand funding for grandparents raising grandchildren and older adults as parents to serve more clients.

Expected Outcomes:

- Caregivers will have increased utilization and awareness of community resources for respite, education, and support.
- With increased funding, there will be more resources available to caregivers in the region.
- Caregivers who engage in programs will experience better health and well-being, and less negative impacts.

## Long-term Preparedness Planning

**The Upper Coastal Plain Area Agency on Aging aims to foster innovation, enhance service efficiency, and improve emergency preparedness, all while maintaining a focus on communication equity to ensure inclusive stakeholder involvement. The success of our long-term preparedness planning initiatives really depends on getting everyone involved, and that is where communication equity comes in. Communication**

equity means making sure that everyone, no matter their background or situation, gets a fair shot at joining in the discussions, sharing their concerns, and offering their ideas. This inclusive approach helps everyone feel like they are part of the team and share in the responsibility. By doing this, we boost the effectiveness of our strategies and make sure that our future decisions are guided by the collective wisdom of our diverse community.

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

**Objective 5.1: Evaluate current systems and infrastructure in response to the evolving needs, services, and communication access for our aging population's well-being.**

Strategy:

The AAA will partner with The Division of Aging, local service providers, advocates, and other key stakeholders, to develop an American Rescue Plan Act (ARP or ARPA) sustainability plan through in-depth ARPA program evaluation and advocacy efforts.

Measure(s):

The AAA will report on ARPA funding initiatives and advocate for the continued support of innovative initiatives supported by ARPA.

Strategy:

The AAA will promote increased home and community-based services to support older adults aging in the least-restrictive setting.

Measure(s):

Encourage the Senior Tar Heel Legislature to advocate for additional funding to support more flexible services for older adults across the state.

Provide ongoing technical assistance to and monitoring of HCCBG providers to ensure the most effective and efficient use of funding.

Strategy:

The Upper Coastal Plain Council of Governments supports the AAA efforts to establish a community care hub in NC.

Measure(s):

The AAA will continue to participate in the process to establish and operate a community care hub in NC.

**Objective 5.2: Implement operational improvements and managerial efficiencies for critical services and supports.**

Strategy:

Support the DOA effort to convene a workgroup of AAAs, providers, and DOA staff to effectively monitor a waiting list policy for services provided by HCCBG.

Measure(s):

The AAA will collaborate as needed/requested.

Strategy:

The AAA will embrace the use of artificial intelligence (AI) in a strategic and ethical way to increase efficiency and expand our ability to provide services to an ever-growing caregiver and older adult population. It is our desire to foster the trust of those we serve, honor public trust and prove our commitment to excellence.

Measure(s):

Family Caregiver Support Program will work with partners to create and roll out an innovative AI tool to assist caregivers with dementia related scenarios/issues.

The AAA will continue to review processes and implement the use of tested AI tools that can increase efficiency and expand service delivery.

**Objective 5.3: 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:

Educate stakeholders about the need for emergency planning.

Measure(s):

AAA staff will partner with LTC facilities to educate staff and caregivers about long term emergency planning.

The Family Caregiver Support Program Resource Specialist will continue to provide resources for caregivers to develop an emergency plan when they register for the program.

The AAA team will incorporate emergency planning education and resources into hosted events.

The AAA will use social media to share emergency planning information.

Strategy:

The AAA will coordinate and participate in regional efforts for emergency preparedness for older adults, their caregivers and aging service providers.

Measure(s):

AAA team member(s) will attend LTC emergency training to educate staff and caregivers for disaster preparedness and planning response.

The AAA will continue to work with funded partners to report needs to the DOA during and after emergencies impacting those we serve.

**Objective 5.4: Support the DOA to develop a cross-sector, state-led multi-sector plan to transform the infrastructure and coordination of services for our rapidly aging population.**

Strategy:

Continue collaborating with DOA on All Ages, All Stages development and implementation.

Measure(s):

Continue to support development of the plan at each stage.

Support implementation of recommendations as the All Ages, All Stages plan is implemented.

**Objective 5.5: Support the implementation of the Medicare-Medicaid integration strategy to better meet the diverse needs of the aging population.**

Strategy:

Older adults and the community aging and disability providers who serve them will be educated on the availability of services that foster independence, self-sufficiency, enhance planning, and communication access.

Measure(s):

Participate in the educational opportunities provided by the DOA regarding the availability of services that foster independence, self-sufficiency, enhance planning, and communication access.

Work with the DOA to host additional educational opportunities and distribute information within the region regarding the availability of services.

Expected Outcomes:

- Older adults and caregivers will be better prepared and resilient in emergency situations.
- Our internal resources and readiness at the AAA will be increased to better assist older adults in emergencies.
- The community's ability to prepare for emergencies, specifically for older adults and caregivers, will be enhanced.
- Our network of partnerships will be strengthened to improve emergency preparedness and resource availability for older adults and caregivers in our region.

**Advancing Equity:**

**The Upper Coastal Plain Area Agency on Aging is committed to strengthening support for an increasingly diverse aging population throughout our region and across the state. It is our desire to empower all older adults and those who support them to find services that most closely align with their unique needs and situations. Everyone, regardless of age or background, deserves to be treated with dignity and respect and should have the opportunity to live their most healthy and fulfilling life!**

**Goal 6:** Advance 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:

The AAA will partner with The Division of Aging and other community organizations to design and implement an outreach and training plan with communication access to support OAA funded programs throughout NC.

Measure(s):

Participate in the design and implementation of an outreach and training plan as requested by the DOA.

Strategy:

Educate staff & residents on Residents' Rights.

Measure(s):

Facilitate Residents' rights training for staff and residents in long-term care settings.

Strategy:

In cooperation with the DOA, review, evaluate, and revise all DOA and AAA internal policies, procedures, and outreach materials to focus on using person-centered language and promote equity and inclusion.

Measure(s):

AAA team member(s) will participate in DOA workgroups related to this strategy as requested.

AAA team member(s) will review, evaluate, and revise AAA internal policies, procedures, and outreach materials to focus on using person-centered language and promote equity and inclusion.

**Objective 6.2: Foster equity and inclusion across multiple structurally excluded and inadequately represented populations of greatest social and economic need and their community networks.**

Strategy:

The AAA will foster equity and inclusion training based on the region's populations' needs.

Measure(s):

Provide or facilitate inclusion training/education to provider agencies.

Strategy:

Make long-term investments in native community-based infrastructure with grants, contract services, technical assistance, and other targeted resources to support social and healthcare needs.

Measure(s):

Provide technical assistance and information regarding grant writing and resources to the Haliwa-Saponi tribe as needed/requested.

Strategy:

In partnership with the DOA disseminate educational resources about available services and resources for people living with HIV through partnerships with HIV service providers and for LGBTQ+ older adults with LGBTQ+ organizations.

Measure(s):

Partner with local health departments and other identified organizations to provide educational resources.

Include educational information about available services and resources for people living with HIV on social media.

Strategy:

Increase outreach to consumers with limited English proficiency.

Measure(s):

When distributing program information, request materials in Spanish and ensure that they are distributed to the Spanish speaking communities in our region.

Partner with AMEXCAN to ensure appropriate materials are distributed as widely as possible to the Spanish speaking communities in the region.

Participate in the Annual International Festival of Cultures and provide outreach materials.

Strategy:

Through community inclusion and strengthened collaboration with public-private partnerships, such as businesses, and training institutions, help to increase awareness of and participation in the Senior Community Service Employment Program (SCSEP) to reach the capacity of the program.

Measure(s):

Make appropriate referrals to AARP regarding SCSEP in the region.

Include information regarding SCSEP when presenting to aging stakeholders.

Expected Outcomes:

- AAA staff, stakeholders, and the public will have expanded access to resources and training regarding inclusivity to older adults and caregivers.
- Older adults and caregivers will feel more included and welcome when accessing support services.



## Conclusion

The Upper Coastal Plain Council of Governments Area Agency on Aging is dedicated to meeting the diverse and continuously multiplying needs of our region's growing and diverse aging population. The goals outlined in this plan provide the vision and guidance for moving our region forward. To reach the goals outlined in this plan, we must work cohesively with regional and local agencies, our state and federal funders, as well as the volunteers who serve on our various committees and groups. The Area Agency on Aging, 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 the region is a challenge with the limited funding and resources available. Our best results will be achieved when we work together, creatively and with determination to face these challenges. We will need to constantly improve collaboration, more effectively target, and secure available resources, and emphasize accountability for ourselves and provider agencies for greater results. The goals can only be achieved with the support and strength of the many and varied stakeholders of the entire region.

DRAFT

# Appendix A - Region L Aging Demographics: 2022 NC Aging Profiles

As presented by NC Division of Aging and Adult Services in January 2024

## EDGECOMBE COUNTY

### NORTH CAROLINA AGING PROFILE 2022



### Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
<b>Total</b>	48,246		41,999		-13%
0-17	11,127	23%	11,037	26%	-1%
18-44	13,272	28%	12,976	31%	-2%
45-59	8,921	18%	5,703	14%	-36%
60+	14,926	31%	12,283	29%	-18%
65+	11,240	23%	9,845	23%	-12%
85+	1,206	2%	1,809	4%	50%

### Race and Ethnicity, Age 65 and Older, 2022

Race/Ethnicity	County %	NC %
White	46%	78%
Black or African American	52%	17%
American Indian	<1%	1%
Asian	<1%	2%
Some other race	<1%	1%
Two or more races	1%	2%
Hispanic/Latino	1%	3%
White, no-hispanic or latino	46%	77%

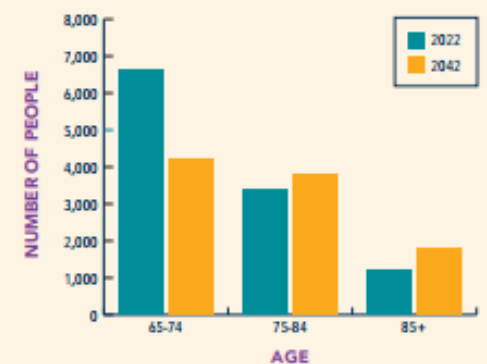
### Social and Economic Characteristics of Population, Age 65 and Older, 2022

Characteristics	County %	NC %
100% Poverty	13%	10%
100%-199% Poverty	26%	20%
Speak English Less Than "Very Well"	0%	3%
Veterans	15%	16%
Living Alone	32%	27%
Less Than High School	22%	13%
High School Graduate (Includes Equivalency)	37%	30%
With a Disability	35%	34%
Median Household Income of Householder 65 years and Over	\$39,104	\$49,781
In Labor Force	17%	17%

### COUNTY RANKINGS

TOTAL POPULATION	OVER 65+ YEARS OLD	MEDIAN AGE
<b>#53</b> (48,246)	<b>#51</b> (11,240)	<b>45</b>

### Projected Growth, 2022-2042



### In-migration & Kinship Care, 2022



**60**  
Total people 60+ who moved from other states and abroad



**364**  
Age 60+ Grandparents responsible for Grandchildren

# HALIFAX COUNTY

NORTH CAROLINA AGING PROFILE 2022



## Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	47,251		39,587		-16%
0-17	9,862	21%	9,155	23%	-7%
18-44	13,480	29%	11,725	30%	-13%
45-59	9,096	19%	6,798	17%	-25%
60+	14,813	31%	11,909	30%	-20%
65+	11,051	23%	9,964	25%	-10%
85+	1,274	3%	1,700	4%	33%

## Race and Ethnicity, Age 65 and Older, 2022

Race/Ethnicity	County %	NC %
White	47%	78%
Black or African American	47%	17%
American Indian	3%	1%
Asian	1%	2%
Some other race	<1%	1%
Two or more races	2%	2%
Hispanic/Latino	1%	3%
White, no-hispanic or latino	47%	77%

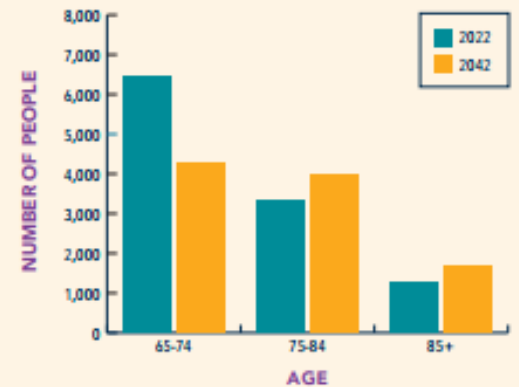
## Social and Economic Characteristics of Population, Age 65 and Older, 2022

Characteristics	County %	NC %
100% Poverty	18%	10%
100%-199% Poverty	26%	20%
Speak English Less Than "Very Well"	1%	3%
Veterans	12%	16%
Living Alone	33%	27%
Less Than High School	28%	13%
High School Graduate (Includes Equivalency)	36%	30%
With a Disability	40%	34%
Median Household Income of Householder 65 years and Over	\$33,381	\$49,781
In Labor Force	15%	17%

## COUNTY RANKINGS

TOTAL POPULATION **#54** (47,251) | OVER 65+ YEARS OLD **#52** (11,051) | MEDIAN AGE **46**

## Projected Growth, 2022-2042



## In-migration & Kinship Care, 2022



**185**

Total people 60+ who moved from other states and abroad



**256**

Age 60+ Grandparents responsible for Grandchildren

# NASH COUNTY

NORTH CAROLINA AGING PROFILE 2022



## Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	96,726		100,234		4%
0-17	19,750	20%	21,815	22%	10%
18-44	31,071	32%	30,913	31%	-1%
45-59	19,173	20%	18,464	18%	-4%
60+	26,732	28%	29,042	29%	9%
65+	19,843	21%	23,531	23%	19%
85+	1,966	2%	3,826	4%	95%

## Race and Ethnicity, Age 65 and Older, 2022

Race/Ethnicity	County %	NC %
White	64%	78%
Black or African American	33%	17%
American Indian	<1%	1%
Asian	<1%	2%
Some other race	1%	1%
Two or more races	2%	2%
Hispanic/Latino	1%	3%
White, no-hispanic or latino	64%	77%

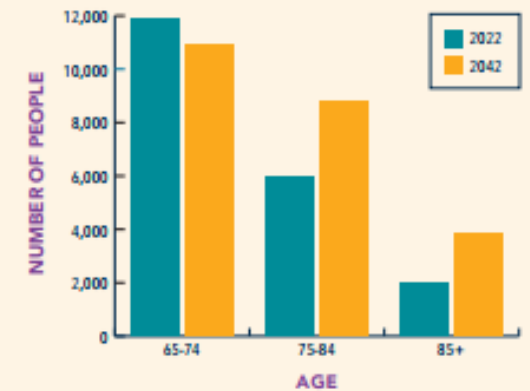
## Social and Economic Characteristics of Population, Age 65 and Older, 2022

Characteristics	County %	NC %
100% Poverty	13%	10%
100%–199% Poverty	20%	20%
Speak English Less Than "Very Well"	1%	3%
Veterans	17%	16%
Living Alone	32%	27%
Less Than High School	17%	13%
High School Graduate (Includes Equivalency)	32%	30%
With a Disability	34%	34%
Median Household Income of Householder 65 years and Over	\$45,823	\$49,781
In Labor Force	18%	17%

## COUNTY RANKINGS

TOTAL POPULATION **#30** (96,726) | OVER 65+ YEARS OLD **#29** (19,843) | MEDIAN AGE **43**

## Projected Growth, 2022-2042



## In-migration & Kinship Care, 2022



**264**

Total people 60+ who moved from other states and abroad



**510**

Age 60+ Grandparents responsible for Grandchildren

# NORTHAMPTON COUNTY

NORTH CAROLINA AGING PROFILE 2022



## Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	16,612		12,085		-27%
0-17	3,227	19%	2,415	20%	-25%
18-44	6,356	38%	4,063	34%	-36%
45-59	2,697	16%	3,361	28%	25%
60+	4,332	26%	2,246	19%	-48%
65+	3,449	21%	1,803	15%	-48%
85+	762	5%	517	4%	-32%

## Race and Ethnicity, Age 65 and Older, 2022

Race/Ethnicity	County %	NC %
White	48%	78%
Black or African American	50%	17%
American Indian	0%	1%
Asian	<1%	2%
Some other race	<1%	1%
Two or more races	2%	2%
Hispanic/Latino	1%	3%
White, no-hispanic or latino	48%	77%

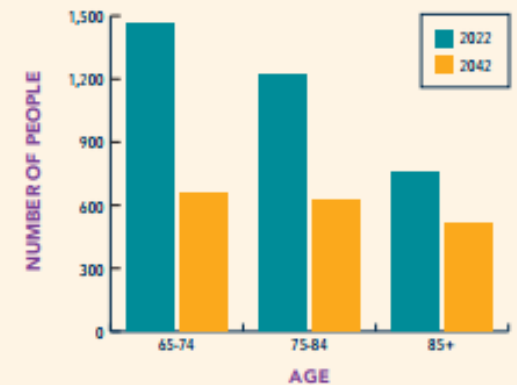
## Social and Economic Characteristics of Population, Age 65 and Older, 2022

Characteristics	County %	NC %
100% Poverty	16%	10%
100%-199% Poverty	31%	20%
Speak English Less Than "Very Well"	0%	3%
Veterans	11%	16%
Living Alone	33%	27%
Less Than High School	29%	13%
High School Graduate (Includes Equivalency)	32%	30%
With a Disability	40%	34%
Median Household Income of Householder 65 years and Over	\$36,437	\$49,781
In Labor Force	19%	17%

## COUNTY RANKINGS

TOTAL POPULATION **#86** (16,612) | OVER 65+ YEARS OLD **#91** (3,449) | MEDIAN AGE **39**

## Projected Growth, 2022-2042



## In-migration & Kinship Care, 2022



**27**  
Total people 60+ who moved from other states and abroad



**96**  
Age 60+ Grandparents responsible for Grandchildren

# WILSON COUNTY

## NORTH CAROLINA AGING PROFILE 2022



### Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	78,636		82,309		5%
0-17	17,624	22%	18,491	22%	5%
18-44	27,114	34%	26,934	33%	-1%
45-59	14,446	18%	15,916	19%	10%
60+	19,452	25%	20,968	25%	8%
65+	14,575	19%	16,478	20%	13%
85+	1,586	2%	2,561	3%	61%

### Race and Ethnicity, Age 65 and Older, 2022

Race/Ethnicity	County %	NC %
White	61%	78%
Black or African American	34%	17%
American Indian	<1%	1%
Asian	<1%	2%
Some other race	2%	1%
Two or more races	2%	2%
Hispanic/Latino	3%	3%
White, no-hispanic or latino	61%	77%

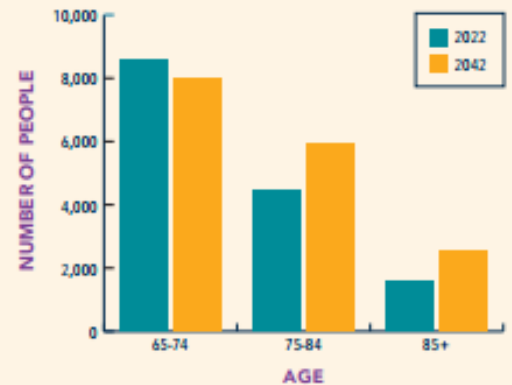
### Social and Economic Characteristics of Population, Age 65 and Older, 2022

Characteristics	County %	NC %
100% Poverty	17%	10%
100%-199% Poverty	25%	20%
Speak English Less Than "Very Well"	2%	3%
Veterans	13%	16%
Living Alone	32%	27%
Less Than High School	23%	13%
High School Graduate (Includes Equivalency)	35%	30%
With a Disability	36%	34%
Median Household Income of Householder 65 years and Over	\$36,866	\$49,781
In Labor Force	16%	17%

### COUNTY RANKINGS

TOTAL POPULATION	OVER 65+ YEARS OLD	MEDIAN AGE
<b>#36</b> (78,636)	<b>#39</b> (14,575)	<b>39</b>

### Projected Growth, 2022-2042



### In-migration & Kinship Care, 2022



**58**  
Total people 60+ who moved from other states and abroad



**310**  
Age 60+ Grandparents responsible for Grandchildren

## **B. Area Plan Assurances and Required Documents**

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

**DRAFT**

## Exhibit 1: Verification of Intent

The Area Plan on Aging is hereby submitted for the Upper Coastal Plain Council of Governments for the period of July 1, 2024, through June 30, 2028.

It includes all assurances and plans to be followed by the Upper Coastal Plain 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.

---

Area Agency Director

Date

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

---

Chairperson of the Regional Advisory Council on Aging

Date

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

---

Signature/Title

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 and Adult Services 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 and Adult Services 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 Adult Services and the Federal Assistant Secretary on Aging the identity of each non-governmental entity with which it has a contract or commercial relationship relating to the provision of services to older individuals as specified in the Act and the nature of such contract or relationship. It shall demonstrate the effectiveness and efficiency of services provided through these contract or commercial relationships as required by the Act. On the request of the Federal Assistant Secretary or the Division of Aging and Adult Services, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit). - 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 and Adult Services 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 and Adult Services 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 Adult Services 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 and Adult Services in the event of any change and/or addition to the regulations, policies, and procedures governing the Area Agency on Aging and its Area Plan.

*Mary M Martin, CFE*

4/14/24

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.

*Mary M Martin, CFE*

4/14/2024

---

Signature and Title of Authorized Official

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.

Mary M Martin, CFE

4/14/2024

Signature and Title of Authorized Official

Date



## Exhibit 5: Assurance of Legal Representation of Regional Ombudsman

Name and Address of Attorney/Firm:

Cauley Pridgen, P.A.  
2500 Nash Street N, Ste C  
Wilson, NC 27894-2367

Period of Time Covered by Contract:

Ongoing contract since 1993

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:

---

Executive Director, Name of Council of Governments, Date

---

Area Agency on Aging Director, Date

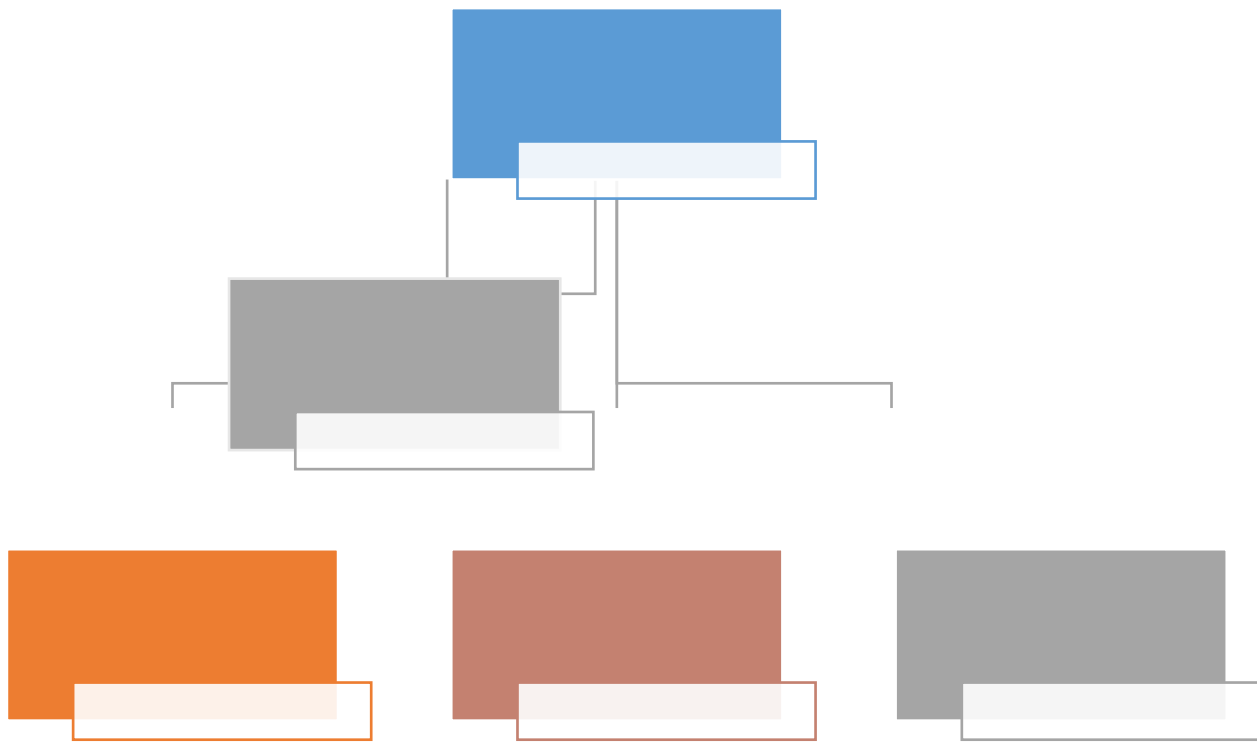
---

Legal Representative, Name of Firm, Date

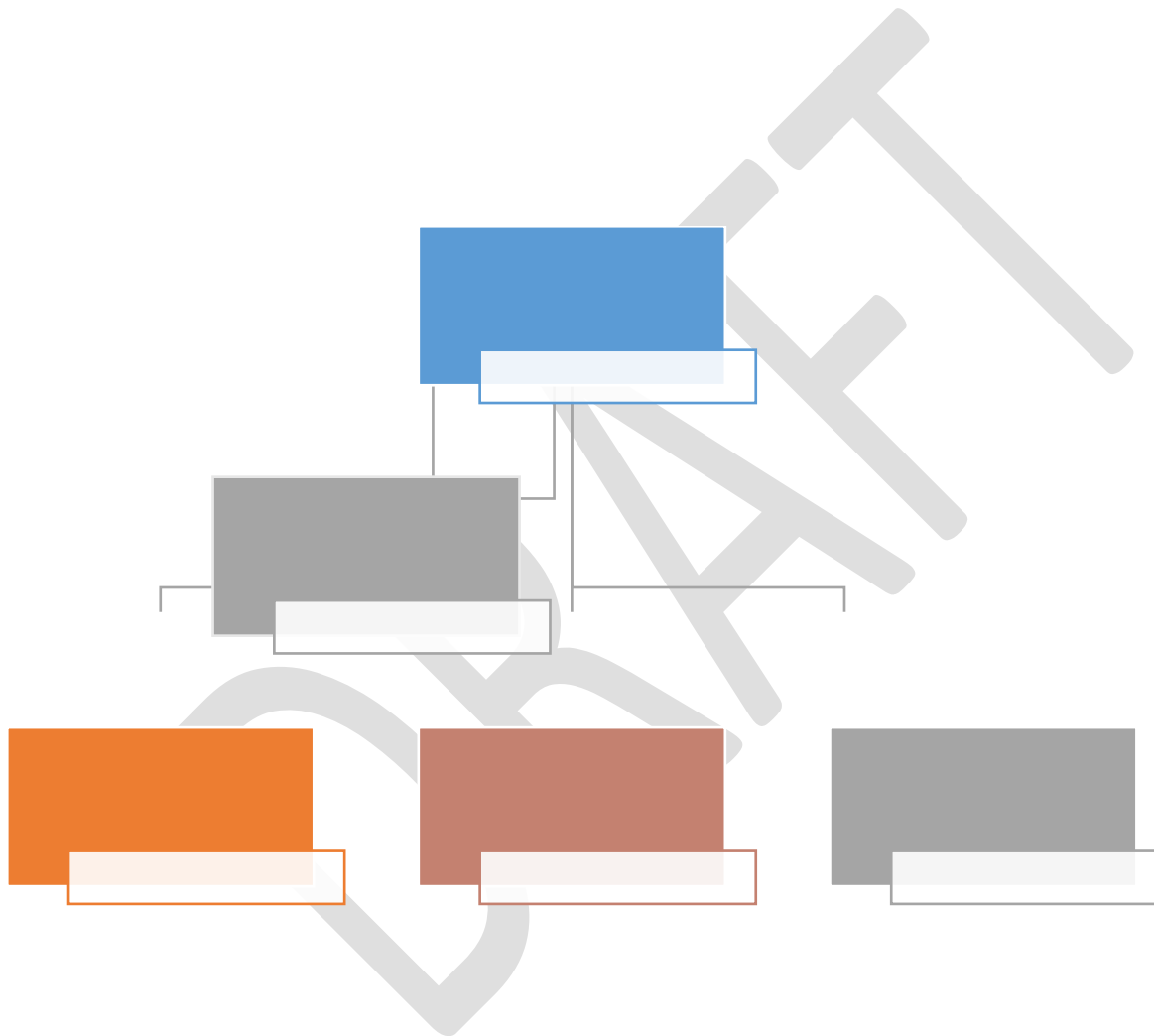
**Section 11**  
**Administrative Matters**

DRAFT

## Exhibit 6: Organizational Chart of Single Organizational Unit



## 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	Mary Marlin	Director	5	FTE	P&A	100%
2	Ashleigh Glover	FCSP Specialist	5	FTE	FCSP	100%
3	Lynn Bulluck	EBHP/DP Coordinator	5	FTE	Title IIID	40%
4	Armeta Coley	SMP Coordinator	3	Temp	SMP/MIPPA	100%
5	Annetta Brown	Ombudsman	3	FTE	Ombudsman	100%
6	Tyronda Whitaker	Ombudsman	3	FTE	Ombudsman	100%
7	Michael Stanford	Aging Program Specialist	5	FTE	ARPA/Title IIIB	100%
8	Dawn Tillery	Aging Program Specialist	3	FTE	ARPA/Title IIIB	100%
9	Sarah Medlin	FCSP Assistant	5	Temp	FCSP ARPA	100%
10	Demetria Ellis	Aging Program Specialist	3	Temp	ARPA/Title IIIB	100%

**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>	
<b>Number of Volunteer Hours Provided</b>	



<u>Position</u>	
<u>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?

---

**Exhibit 10: Focal Point Organization**

Designated Focal Point Agency		Check if		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other



## **Section 111**

### **Needs Assessment Overview**

**Exhibit 11: Documentation of Area Agency on Aging Public Hearing (if applicable)**

Date:

Place:

Summary of Major Comments:

**Exhibit 12: Needs Assessment Regional Summary**

Top 3 inadequately met needs in the county

County	1	2	3

**Section IV**  
**Monitoring and Direct Services**

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

As specified in OAA, 42 U.S.C. §3027(a)(8)(A) and Section 304 of the AAA Policies and Procedures Manual, Area Agencies on Aging shall not provide supportive services, in-home services, or nutrition services directly without state approval. It is the policy of the Division not to approve direct service provisions by AAAs except when no other qualified entity is available or willing to provide services. The following form must be submitted to the Division of Aging and Adult Services by May 1st.

1. Name of the Organization: \_\_\_\_\_ Area Agency on Aging      Fiscal Year: \_\_\_\_\_

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation

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

\_\_\_\_\_  
Area Agency on Aging Director

\_\_\_\_\_  
Date

## Provision of Direct Services Waiver Request (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:** \_\_\_\_\_ **Area Agency on Aging**

**Name of Service:** \_\_\_\_\_ **Service Code:** \_\_\_\_\_ **FY:** \_\_\_\_\_

### 1. Budget:

- A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
  - B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
    - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
    - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the Excel spreadsheet for non-HCCBG direct service waiver requests. AAAs may include indirect as a line-item expense.
    - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the Excel spreadsheet for non-HCCBG direct service waiver requests. AAAs may include indirect as a line-item expense.
2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
  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:
  4. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

\_\_\_\_\_ Approved    Not Approved  
 Area Agency on Aging Director    Date    (circle one)    \_\_\_\_\_ Director, NC DAAS    \_\_\_\_\_ Date

## Provision of Direct Services (Continued)

**Template for providing budget for non-unit activities**

<b>Select Region Below</b>		
<b>Select Program Below</b>		<b>Select Fiscal Year Below</b>
<b>Allocation Details</b>		
Total Allocation Including Match and Other Revenue		
Amount Passed Through to Partner Agencies		
Amount for Direct Service Provision		
	\$	-
<b>Budget Overview</b>		
Personnel Salary Cost (Complete Details Below)	\$	-
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	-
Indirect Cost	\$	-
Direct Program Support (Complete Details Below)	\$	-
<b>Total Cost</b>	\$	-
<b>Category Details</b>		
<b>Personnel (List Staff Titles Below)</b>	<b>Amount</b>	<b>% of Time Worked</b>
<b>Total Personnel</b>	\$	-
<b>Direct Program Support (Select Applicable Below)</b>	<b>Amount</b>	
<b>Total Direct Program Support</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. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. 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	

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

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



### Exhibit 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

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

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

## Exhibit 14A: List of Subcontractors – Instructions

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

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

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

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

## Exhibit 14A: List of Subcontractors – Instructions

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

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

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

**Provider Signature** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date** \_\_\_\_\_