

AREA PLAN ON AGING

Age of Opportunity



July 1, 2020 - June 30, 2024

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I. NARRATIVE

1. Executive Summary

The Cape Fear Area Agency on Aging Area Plan for the period of July 1, 2020 through June 30, 2024 to the North Carolina Department of Health and Human Services Division of Aging and Adult Services. It contains all the assurances and plans to be conducted in the provision of the Older American's Act, as amended, during the period defined. The regional agency named above has been given the authority to develop and administer the regional plan, in accordance with all the requirements of the act, and is primarily responsible for the coordination of regional activities related to the act; developing a comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and act as an advocate for aging adults and their caregivers. The Cape Fear Area Agency on Aging is a service of the Cape Fear Council of Governments, a regional planning organization serving Brunswick, Columbus, New Hanover, and Pender Counties.

Mission

To enhance the quality of life and meet the needs of older adults and their caregivers through a regional system of comprehensive, coordinated and community-based services and advocacy.

Vision

To support the autonomy, independence, and dignity of older citizens through planning for future needs with regional leaders, stakeholders, and consumers for a community that embraces and responds to changing needs and opportunities for older adults. including older adult consumers, families, service providers and community leaders to build communities responsive to our regions.

a. Background

The Cape Fear Area Agency on Aging spent much time analyzing the future needs of our ever-growing older adults, those with disabilities and their caregivers in the region for the Regional Service Plan: "An Age of Opportunity". The AAA looked at best practices within our region's service providers, how their systems are working and how they can be improved to meet our growing older adult populations' needs. Demographics were a significant determinant in the planning. A needs assessment survey was shared throughout the region requesting specific information. The responses included the general public, local senior center participants, stakeholders and provider/human service agencies, and advocates. Multiple discussions were held with Regional Aging Advisory Council Members; advocacy groups; Senior Tar Heel Legislation Delegates/Alternates; COG board; and community collaboratives, in addition to documenting needs from all information/referral calls. Other data considered included the State Plan, existing county data, as well as the survey and demographic data.

b. Context

Much of Region O, covering Brunswick, Columbus, New Hanover, and Pender County, is a retirement destination with more people age 60+ than under the age of 18. Our area attracts many retirees from

other areas of the country seeking relaxing lifestyles, access to beach areas & warm weather recreational activities, a lower cost of living in addition to a less frenetic environment of a larger city.

Region O Demographics

Ages	2014	2018	2038
0-17	87,497	89,827	108,094
60+	115,680	136,487	209,026
85+	8,376	9892	26,442

Source: NC Office of State Budget & Management

c. Overview

Our plan focuses on four major areas:

- Older Adults In North Carolina will be safe from abuse, neglect and exploitation while having their rights protected.
- Opportunities will be created for older adults and their families to lead active and healthy lives.
- Support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.
- AAA will lead efforts to strengthen service delivery and capacity engaging community partners to increase and leverage resources.

2. Goals and Objectives, Strategies and Outcomes



Safety and Protection

Incidents of abuse, neglect and exploitation of older adults continue to rise and create a significant plight for our most vulnerable population. Our area is a greatly desired retirement destination and many move here, develop chronic diseases, do not have social supports which can lead to self-neglect which is the most frequently reported case as

well as other forms of elder abuse such as caretaker neglect, financial exploitation and physical abuse.

Goal 1: Older North Carolinians will be safe from abuse, neglect and exploitation, and have their rights protected.

Objective 1.1: Maximize collaboration, outreach, and training to prevent abuse, neglect, and exploitation of older adults

Strategy: To increase outreach and education to community members and professionals on elder abuse, neglect, and exploitation, including information on the opioid crisis

Measure(s):

- Partner with the members of the Cape Fear Elder Abuse Prevention Network and other community organizations to host events, secure speakers, solicit funds, and help publicize educational events on a multitude of topics to assist older adults in making informed choices and avoid being victimized by scams/frauds. Plan one large event as above by December 2021.

Outcomes:

- Reduce the number of older adult consumers victimized by well-known and newly recognized scams/frauds.
- Professionals working in the aging field will have knowledge to recognize and report abuse/neglect/exploitation.
- Older adults will become aware of the importance of keeping their medications under lock and will report any suspicious activity.
- Older Adults will have more knowledge on addiction and learn where to get help if needed.

Strategy: To increase outreach to caregivers, through hosted events, on opportunities to learn coping skills, other educational events, and available services/resources. Will provide at least 2 events per year.

Measure(s):

- Caregivers will learn about resources, services, respite, and stress relief to help with caregiver burdens and increase their confidence in their caregiver capabilities.

Outcomes:

- Reduce the numbers of caregiver neglect reports.
- Increase time before caregivers decide to place loved ones in facilities.
- Have caregivers report that they feel more confident in their abilities.

Strategy: Continue to utilize Elder Abuse Prevention funds for Elder Abuse Prevention Network and Long-Term Care Ombudsman Program to educate consumers, families, and professionals on awareness/prevention/reporting.

Measure(s):

- Conduct at least 3 long term care staff in-service trainings regarding identification of abuse, neglect, and exploitation/fraud/scams through Region O Long Term Care Ombudsman Program in partnership with Cape Fear Elder Abuse Prevention Network and DSS.
- LTC Ombudsman Program Aging Sensitivity will increase presentations to nursing/CNA/PT/OT classes at local community colleges by 2.
- AAA & Ombudsmen will work collaboratively with local DSS APS & Guardianship workers to provide education to facility staff on guardianship alternatives and information to help prevent financial exploitation as needed
- Ombudsmen will provide residents rights trainings in facilities at least once per year.

Outcomes:

- AAA will increase participation in these events and lessen the numbers of caregiver neglect and other forms of abuse/neglect/exploitation reports.
- More people (professional and lay) will recognize and report anything they see that could potentially be abuse of an older adult.
- More people will reach out to neighbors/friends to offer support to decrease self-neglect & other forms of elder abuse.
- Community College graduates in health fields will have knowledge when they graduate to identify abuse/neglect and know about residents' rights in LTC.

Objective 1.2: Increase emergency preparedness and communication during crisis to arm older adults and their caregivers with knowledge

Strategy: Work with local emergency management, lead agencies, local providers, and community organizations to disseminate disaster preparedness materials, how to vet tradesmen to ensure they are not scammers and who older adults/caregivers need to contact if in need.

Measure(s):

- Will work with all the above to share federal, state, and local public service announcements at least 2 times each year.
- AAA will strengthen their partnerships with Emergency Management in each county regarding older adult consumers with access/functional needs.
- Ombudsmen will encourage Long Term Care Facilities to review and make any needed updates to Disaster Plans and reach out to their local Emergency Management for guidance and review as needed.

- Encourage community dwelling older adult consumers with access or functional needs to reach out to local Emergency Management regarding signing up for the Special Needs Registry in their respective county.

Outcomes:

- Older adults will be more confident in their personal disaster plan preparation, ability to take care of themselves during crisis and know what agencies to contact if they need assistance.



Quality of Life

The increasing number of older North Carolinians, particularly near coastal communities, has placed a large demand on the need for healthcare, affordable housing, long-term care, and other related services. Connecting older adults with available support services, as well as promoting

education and engagement in health and wellness programs in the community will help sustain them living independently at home longer.

Goal 2: Create opportunities for older adults and their families to lead active and healthy lives.

Objective 2.1: Promote awareness, education, & engagement on health & wellness in the community

Strategy: Offer community events focusing on health education and well-being to older adult consumers and include long term care facilities and caregivers of older adults and relative caregivers of children.

Measure(s):

- AAA will partner with local lead agencies, volunteers & AARP to provide at least one community Powerful Tools for Caregivers in a rural community and at least one in the more urban area.
- Establish at least one partnership with a long-term care facility to expand programming by offering Powerful Tools for Caregivers or other caregiver educational program with a goal of at least 8 attendees by 2021.
- Family Caregiver Support Program and Project C.A.R.E will work together to host at least 2 educational opportunities for caregivers in the region per year while increasing their information and referral outreach to them.
- Partner with UNCW School of Gerontology/Nursing/Health Sciences to host outreach health education event in a minority community with emphasis on

health issues & disease prevention affecting African American older persons by 2022.

- Long Term Care Ombudsman Program will present yearly education to UNCW School of Health and Applied Sciences which includes Gerontology/Nursing/Health Services & School of Social Services educating on COVID-19 long term care response and impacts.
- Long Term Care Ombudsman Program will present yearly education to UNCW School of Gerontology/Nursing/ Health Services educating on Long Term Care Ombudsman Program, Resident Rights and Quality of Life for residents in long term care.
- Aging Specialist will continue to engage with other community partners, as a member of the Cape Fear Falls Prevention Coalition, meeting quarterly and bringing falls prevention education to the community at large.
- Partner with local SHIP coordinating sites to provide outreach events to inform consumers who are/will be “New to Medicare” about available benefits such as enrollment information; health & wellness benefits; Part D Rx Drug plans; Medicaid policies; Medicare Advantage Plans.

Outcomes:

- Increase number of older adults, caregivers in making informed decisions to maintain health and increase length of time they will remain independent in their own homes by learning more about available supports & services.
- More long-term care facilities will offer health education and focus on exercise/socialization for their residents.
- More caregivers will have access to resources, services, and educations.
- Regional falls prevention education and community-wide falls prevention classes will be available.
- Increase knowledge level of consumers and/or families (new to Medicare & current consumers) regarding Medicare benefits, options, extra help strategies, Rx Drug Assistance and opportunity for health and wellness benefits in addition to programs in community.
- Expand consumer knowledge of SHIP Counseling Services in each county.
- Present more information on contact to services, housing, food insecurity and other options to expand ability to access services.

Strategy: Offer options, supports, and resources for existing community-based agencies/providers with additional plans for expansion of these options with best practices for diverse populations and in times of emergency with a focus on food insecurities and social isolation

Measure(s):

- AAA will strengthen current partnerships and work on expanding relationships with community partners to increase involvement as far as needs, supports of

older consumers, including information on how community organizations/others can be of help in assisting local providers to better meet the needs of older adults during a global pandemic or other disaster.

- AAA will provide information and service options to local provider agencies and community organizations regarding the need to reach out to Holocaust Survivors by 2022.
- AAA/FCSP/Project C.A.R.E. will encourage providers and partners to increase outreach to those in most need financially, that may be socially isolated, rural residents and caregivers lacking social supports.
- AAA will help foster relationships between health providers and HCCBG providers to try to help increase positive outcomes for older adults and their caregivers in the social determinants of health.
- AAA's FCSP program will continue and strengthen services/education to caregivers, provide more Dementia Friends Informational Sessions, more educations, additional support groups (online and in person).

Outcomes:

- AAA will begin brainstorming/collaborating with community organizations to begin two new partnerships by late 2021 to determine how to best address the needs of older persons & caregivers during pandemic or other disasters.
- More older adults and their caregivers will have increased access to services that support active healthy lives with food, transportation, and caregiver supports.
- Persons with dementia and their caregivers will have increased access to education, outreach, meetings and supports through local partnerships and increased services after diagnosis.
- General public will be more aware of the plight of caregivers of person with memory impairment and their caregiver; become more understanding, patient and helpful.

Objective 2.2: Older adults will have more options available to promote health and prevent disease.

Strategy 1: Continue to support Lead Agencies through Title III-B Evidence-Based Health Promotion and Disease Prevention Programing. Allocate majority of funding to Lead Agencies, to enable them to select programming that best serves their participants' needs.

Strategy 2: Assist providers in partnering with community allies whose common goal is health and wellness (for example hospital wellness classes, faith-based exercise groups) to offer co-locations of evidence-based health promotion programs.

Strategy 3: Collaborate with Healthy Aging NC to launch virtual EBHP programming for providers in broadcasting recorded sessions, purchasing licensed recorded programs, and exploring feasibility of purchasing electronic devices for the socially isolated.

Measure(s):

- EBHP classes will be well-attended (3/4 capacity) and offered at varying levels to accommodate participants ability levels.
- 50% of providers will offer EBHP classes in co-locations, targeting underserved areas of the county.
- 50% of providers will offer EBHP sessions to participants who are socially isolated or unable to congregate during times of crisis.

Outcomes:

- Lead agencies will utilize 100 % of their allocation for Title III-D evidence-based programming, with programming available to participants, even during times of crisis.

Objective 2.3: Senior Centers and community partners will develop ease of access in bringing supplemental nutrition services to the food insecure.

Strategy 1: AAA will provide technical assistance and collaborative sharing of those providers that successfully manage food pantries/banks and those that wish to develop the same.

Strategy 2: AAA will promote the model of senior centers hosting a DSS Supplemental Nutrition Assistance Program (SNAP) worker at the center on a regular schedule to encourage vulnerable adults to apply for SNAP.

Strategy 3: Region O will support county/counties who receive Senior Farmers' Market Nutrition Program (SFMNP) by identifying resource(s) to transport seniors to Farmers' Market or arranging for vendors to display and sell their products at senior center locations.

Strategy 4: AAA will promote and provide technical assistance to senior centers to partner with local faith-based communities and local service organizations to supply food to vulnerable seniors during times of emergencies such as pandemics and hurricanes.

Measure(s):

- Food pantries will be initiated at 2 centers where currently there are none.
- Seniors Centers will engage DSS in discussion to provide outreach for SNAP intake/applications on a regularly scheduled basis.
- SFMNP vouchers will be utilized at a rate of 85 % in Region O.
- Community supports will provide food during times of crisis to ensure seamless supply of nutrition to seniors in need.

Outcomes:

- Seniors will have access to more options for food and nutrition services, even during times of crisis.

Objective 2.4: Promote volunteerism and contribution to the Aging Network

Strategy 1: AAA will ensure all provider volunteer committees, as well as AAA volunteer committees are at capacity. Committees include but are not limited to: Regional Aging Advisory Committee (RAAC), Senior Tar Heel Legislators (STHL), Community Advisory Committees (CAC) and Home and Community Care Block Grant (HCCBG) Advisory Committee.

Strategy 2: AAA will continue to host/facilitate the Cape Fear Elder Abuse Prevention Network, which includes regional professionals & community volunteers, to promote awareness and opportunities for the senior community to engage.

Strategy 3: AAA will promote volunteer opportunities at the provider level such as VITA, SHIP, home-delivered and congregate meals volunteers, EBHP coaches/leaders, ambassadors, etc.

Measure(s):

- AAA and providers will maintain required capacity on volunteer committees and keep them at at least 75%.
- Providers and well-matched older-adult volunteers will enjoy a mutually beneficial relationship with common goals.

Outcomes:

- Older adults will have meaningful opportunities for volunteerism.

Objective 2.5: Sustain livable housing and assist in development of affordable housing

Strategy 1: Support HCCBG Housing and Home Improvement programs to help improve livable, affordable housing, including waiver requests for costly but necessary improvements.

Strategy 2: AAA and providers will collaborate with community partners (FEMA, Long-Term Recovery Group, Endeavors, Baptist Aging Ministry, Wilmington Area Rebuilding Ministry, other organizations) who offer home repairs and improvements to older adults adversely affected by natural disasters such as hurricanes and related flooding.

Strategy 3: AAA and providers will find resources for those homes identified at the In-Home Aide meetings, as substandard; placing residents and aides at risk where on-going service is vital.

Strategy 4: Support provider efforts to develop a planned, affordable, senior, and veteran housing community at their senior center property.

Measure(s):

- Vulnerable adults who are found to have significant structural housing deficits will have resources identified to assist in repair of their home.
- Region O provider, Brunswick Senior Resources, Inc. will fund, develop, and build affordable senior housing in close proximity to their senior center.

Outcomes:

- Older adults will remain safe in their homes for as long as possible. Some will enjoy comfortable, secure affordable housing for the first time ever.



informed decisions about their futures.

Well Informed Communities

Older adults and their families need to be well equipped to make informed decisions about so many aspects of life. Knowledge is power. Region O has many retirees move to the area without family members/social supports and a need to access services. We work closely with our lead agencies in each county and the community to ensure that access to information is easily attained through many different avenues. Everyone needs information to make

Goal 3: Support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

Objective 3.1: Offer options & support for existing community-based resources & establish public/private partnerships and ensure older adults and their caregiver are aware of all opportunities available.

Strategy: Support & provide education to seniors, families, family caregivers, long term care facilities/residents, professionals, and general public on the current regional/state infrastructure of services available that encourage independence and long-term planning needs.

Measure(s):

- Continue collaborations for ongoing services and supports with Project Life Saver; Are You OK; Community Paramedic Program; Project CARE; Dementia Alliance of NC; Disability Resource Center; AARP, Lower Cape Fear Life Care, Cape Fear Elder Abuse Prevention Network; and regional lead agencies.
- AAA will distribute any statewide outreach material regionally and research new innovative ways to assist older adults and their caregivers via providers, the Family Caregiver Support Program and Project C.A.R.E. and community partners.
- AAA will use new social media accounts to promote local partners providing beneficial services and other means to ensure, especially in times of crisis, that

older adults and their caregivers are engaged, receiving pertinent information and not socially isolated.

- Ombudsmen will partner with the Family Caregiver Support Program in community efforts to provide education and information to older adults on long-term care at least twice annually.
- Ombudsman Program partnership with local college healthcare classes, home health care agencies, other related disciplines to provide at least 4 educational sessions annually on aging sensitivity, elder abuse awareness/prevention, resident rights, and the Ombudsman Program.
- Partner with Coastal Horizons Center (continuum of professional services for prevention, crisis intervention, substance abuse services, mental health issues to promote choices for healthier lives and safer communities) & Rx Drug Assistance Programs in the four county area to establish & provide consumer/family education for seniors on medication safety by spring 2021.
- Continue providing services and support through aging network, utilize HCCBG and FCSP funds to offer support services to older adults and their caregivers.

Outcomes:

- Older Adults and their caregivers will continue to receive pertinent information even in times of crisis so they can make informed decisions.
- Increase numbers of older adult with solid knowledge of available resources/services.
- Increase ways we reach out to public by adding social media.

Strategy: Focus on expanding public knowledge on the wealth of benefits from being connected to local senior centers/service providers and their many services/resources.

Measure(s):

- More social media sharing, in local libraries, with Departments of Social Services, Health Departments, with community partners, social workers and faith communities.
- Gather brochures from our local providers so we can share during speaking engagements.
- Partner with service providers in all educational opportunities.

Outcomes:

- General public utilize the senior centers as their primary source for health, services, and information for older adults and their caregivers.

Objective 3.2: Support public and/or private partnerships for expansion of new, alternative, and flexible options for AAA/service providers to meet the needs of older persons and their caregivers

Strategy: Support & build upon the existing relationships to advocate with public/private community service agencies to increase and/or enhance options available in community

Measure(s):

- Ombudsmen will encourage providers to utilize the Money Follows the Person Program and make referrals for eligible long-term care residents.
- AAA will research ability to purchase and incorporate NCCARES 360 software to increase ability to track; refer and respond to aging referrals/calls and connect with local resources.
- Identify organizations who are serving holocaust survivors, partner with them to disseminate information.
- Through training and partnerships increase the awareness of professionals to work with the aging LGBTQ community.

Outcomes:

- More services will be available to a more diverse population of older adults.
- Older adults will have more choices as to to care, services and programming.

Strategy: Encourage volunteerism within community including older adults being active in the community and youth volunteering with older adults.

Measure(s):

- Assist Senior Tar Heel Legislators in region to engage people in senior services.
- Collaborate with community colleges, universities, high schools to engage those in health-related fields and non-traditional fields to become involved with older adult programs.

Outcomes:

- Intergenerational relationships that result in reciprocity.
- More understanding and identification of likeness between the two.
- Mutual understanding and respect.

Strategy: Continue to assist lead aging providers in meeting needs while making sure they maintain their ability to be in compliance.

Measure(s):

- Provide technical assistance to support program development and compliance; monitoring as required.
- Keep open lines of communication with at least quarterly meetings.
- Track expenditures and trends with monthly reports and spreadsheets.
- Sharing of best practices and offering training opportunities.

Outcomes:

- Providers will have current information and access to technical assistance.
- Older adults and their caregivers can be assured that they are getting high level services.

Objective 3.3: AAA will work collaboratively with a variety of community partners to meet the needs of underserved and underrepresented older adults and their caregivers.

Strategy: Increase outreach to underserved and underrepresented populations.

Measure(s):

- AAA will partner with Deaf/Hard of Hearing, LGBTQ, Blind Services, identified Jewish outreach organizations, Vocational Rehab, Coastal Horizons, Trillum Health Services, non-profits, rural/minority organizations to identify needs and brainstorm on solutions and opportunities.
- Increase trainings on sensitivity and cultural competencies for professionals and public, at least one by the end of 2022.

Outcomes:

- Communities/citizens will heighten their awareness and understanding of the challenges of the underserved and unrepresented.
- These populations of older adults will have equal access to information and resources to meet identified needs.



Strong and Seamless Continuum of Services

The AAA goals are to engage community partners, businesses (for-profit and non-profits), governmental agencies, and non-traditional partners to lead our region in

providing a seamless and strong continuum of services for older adults.

Goal 4: AAA will lead efforts to strengthen service delivery and capacity, engaging community partners to increase and leverage resources.

Objective 4.1: Provide platform for collaborative learning, skills sharing, and best practices within the local aging network and general public.

Strategy: AAA will continue to strengthen community partnerships to create more Dementia Friends by training more Champions and hosting more informational sessions.

Measure(s):

- We will have at least 4 informational sessions yearly and increase visibility and understanding of those with dementia and their care partners.

Outcomes:

- Persons with dementia and their care partners will be more accepted and have more assistance in the community due to the awareness.

Strategy: The AAA will host session for sharing via in-person when possible and via virtual platforms as needed for our partners and providers.

Measure(s):

- Plan educational opportunities for providers on pertinent topics such as use of virtual platforms, social media, social distance learning and other create ways to engage our populations at least once per year.

Outcomes:

- More of our older adults will become adept with technology not only to engage with our providers programs but with their own loved ones and peers.
- More older adults will become familiar with technology to assist within their homes and outside of their homes; like Alexa and/or online grocery orders for pickup.

Objective 4.2: The AAA will continue to strengthen and empower the network of aging service providers to be creative in supporting their older adults.

Strategy: AAA will serve as the conduit to identify best practices at the federal, state, and local levels that could be replicated in our region.

Measure(s):

- Gather the information from partners and share with our local providers annually.
- AAA will convene the partners and introduce new ideas while offering support annually.

Outcomes:

- Partners/providers will research feasibility of funding new innovative programs.
- Increase outreach to new consumers.

Strategy: AAA will promote sharing of best practices within Region O Quarterly Provider Meetings and other group sessions; enable them and service delivery partners to emulate the best practices/ successes of others.

Measure(s):

- Providers will meet client & center needs by non-traditional means with the support and partnership adapted from others. These best practices will be documents and disseminated.

Outcomes:

- Network sharing.
- Favorable client outcomes.

Objective 4.3: Manage funding sources to maximize services.

Strategy: Ensure recipients of HCCBG funding are effectively managing resources for maximum service delivery.

Measure(s):

- AAA staff will compile and analyze monthly Services Summary Spreadsheet to assist providers in tracking spending patterns
- Region O will advocate for unspent end-of-year funds to be re-directed to Region O providers who are over-spent.
- AAA will expediently identify through annual risk assessment and monitoring, those providers that are non-compliant, and provide technical assistance/guidance as necessary.

Outcomes:

- Maximum delivery of services relative to dollars spent.

Objective 4.4: AAA will be an instrumental stakeholder in providing Emergency management services to older adults.

Strategy 1: Guide and support providers in expanding their EM plan, to now include pandemic crisis.

Strategy 2: AAA will participate in and ensure representation by each county at long term recovery groups as much as possible for targeting emergency assistance, information/referral to disaster resources for older adults.

Strategy 3: AAA will continue to partner with Federal, State and community resources; both public and private, to maximize all services available during times of crisis.

Measure(s):

- Providers will develop and document more comprehensive Emergency Management Plans (addinf pandemic).

- AAA will encourage region-wide representation at the table of recovery group efforts.
- Increased availability of resources to older adults under emergency circumstances.

Outcomes:

- Less disruption of flow of supports and services during times of crisis.

3. Quality Management

The Cape Fear Area Agency on Aging has a strong relationship with the region's aging providers and maintains a busy yearly monitoring schedule as reflected in Exhibit 14 of this plan. The AAA prides itself in ongoing technical assistance and routine communication within our region to ensure programs run seamlessly. AAA staff consistently review funds administration, analyze expenditures, and provide cost projections for our providers and our waiver programs. The AAA strives for excellence in programmatic and fiscal management and maintain monthly spreadsheets that reflect expenditures which allows the AAA to determine the best use of funds and if budget amendments are necessary.

4. Conclusion

The Cape Fear Area Agency on Aging (AAA) is continuing their commitment to create a plan that will meet the expanding & diverse needs of Region O's growing senior population and their caregivers. Recognizing expanding growth of in-migration into our region continues. The need for more services/supports has been compounded over the past two years by Hurricanes Florence/Dorian which has created economic challenges of funding for older adult services and the aging service provider network. Challenges that hurricanes bring to our region and consumers is now truly amplified by the current pandemic. The number of clients has increased drastically for nutrition, in home and other services. In addition to need for more services delivered in unique ways, the social isolation, lack of engagement, and caregiver stressors being experienced continue to be a challenge for our population and their families. Consequently, innovative approaches to provide the best outcomes possible will require more collaborations with traditional and non-traditional partners to meet the growing needs of our consumers. Region O is addressing the goals set forth in this plan by; (1) nurturing their current partnerships and creating new ones; (2) engaging volunteers and advocates; (3) endeavoring to strengthen fiscal accountability in stewardship of funds and (4) generating collaborative alliances for creative and innovative solutions to existing and newly identified needs of older adult consumers. Through the common goals of our providers and stakeholders, the Cape Fear AAA is optimistically embracing new endeavors that will be essential in the next four years to meet the challenges currently and the new ones that will likely be forecasted for the next four years.

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APPENDIX A:

Demographics

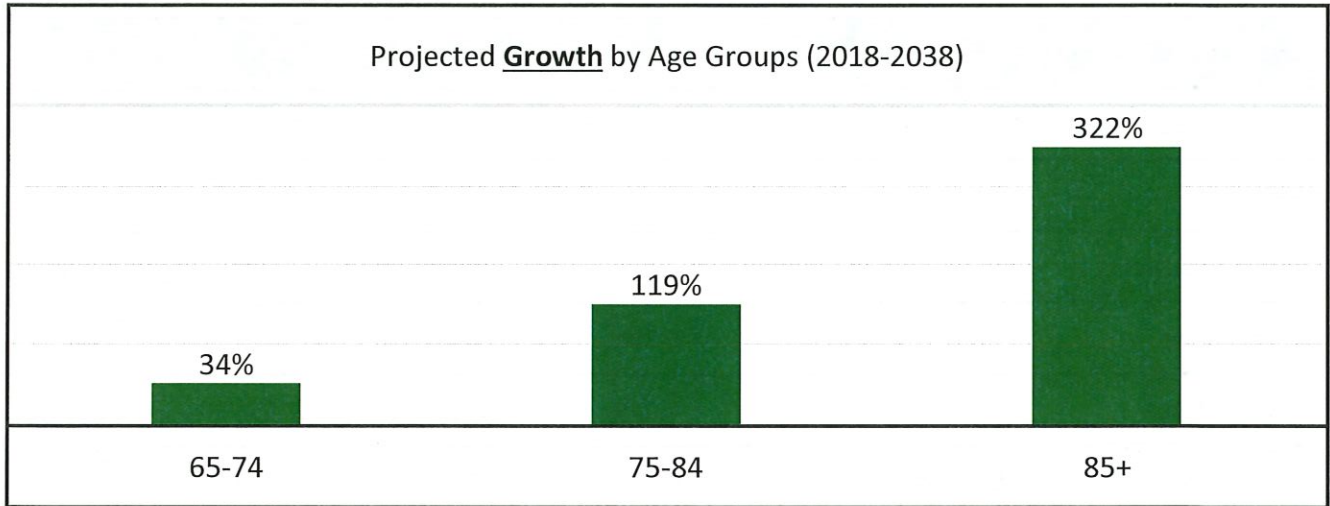
Region O Service Area includes Brunswick, Columbus, New Hanover and Pender counties and is known widely as a retirement destination for many people looking to enjoy the mild winters and coastal shores. We continue to experience growth in retirees leaving cities/towns that have been “home” to them for decades and facing the challenges of connecting to a new community and building social supports in order to live active, fulfilling lifestyles. The well-known Baby Boomer growth continues to be evident within our counties that currently have more people age 60+ than the 0-17 populaton. The continued surveillance of the data revealed burgeoning growth trends of older adults 60+ migrating into our region as well as startling increases of the age 85+ population. This retrospective snapshot of older adult population growth for the Cape Fear area provided a glimpse into the future for the overwhelming necessity of collaborative, deliberate planning and response to the potential gaps, need for supportive services, medical care, housing, transportation, social supports, safety and varied opportunities desired by older individuals in our region.

Brunswick

Aging profile, 2018

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Totals	137,103		206,830		50.9%
0-17	22,492	16%	27,773	13%	23.5%
18-44	36,544	27%	51,959	25%	42.2%
45-59	25,682	19%	38,665	19%	50.6%
60+	52,385	38%	88,433	43%	68.8%
65+	40,747	30%	72,572	35%	78.1%
85+	2,752	2%	11,601	6%	321.5%

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades.



Population 65 and Over

<i>Race/Ethnicity</i>	<i>County</i>	<i>County(%)</i>	<i>NC</i>	<i>NC(%)</i>
White alone	34,300	92.2%	1,257,535	80.0%
Black or African American alone	2,204	5.9%	259,284	16.5%
American Indian and Alaska Native alone	216	0.6%	14,827	0.9%
Asian alone	147	0.4%	20,960	1.3%
Some other race	105	0.3%	7,340	0.5%
Two or more races	210	0.6%	10,694	0.7%
Hispanic or Latino (of any race)	374	1.0%	30,448	1.9%
White alone (Not Hispanic or Latino)	34,009	91.5%	1,236,725	78.7%

Brunswick

Characteristics of people 65 and over	County	County(%)	NC	NC(%)
Speak English less than "very well"	439	1.2%	35,493	2.3%
Veterans	8,627	23.2%	298,320	19.0%
In group quarters	479	1.3%	44,118	2.8%
Living alone	6,392	17.2%	416,121	26.5%
In labor force	4,845	13.0%	257,355	16.4%
High school graduate, GED, or alternative	10,966	29.5%	489,751	31.2%
Less than high school graduate	2,989	8.0%	274,841	17.5%
With one or more disabilities	10,451	28.5%	548,116	35.8%
Below 100% poverty level	2,409	6.6%	141,318	9.2%
In 100%-199% poverty level	5,692	15.5%	336,013	22.0%

Grandparents....

	County	NC
Granparents (age 30+) responsible for grandchildren under 18 years	1,259	94, 631
Granparents (age 60+) responsible for grandchildren under 18 years	709	38,541

Top five leading causes of death, age 65 and over

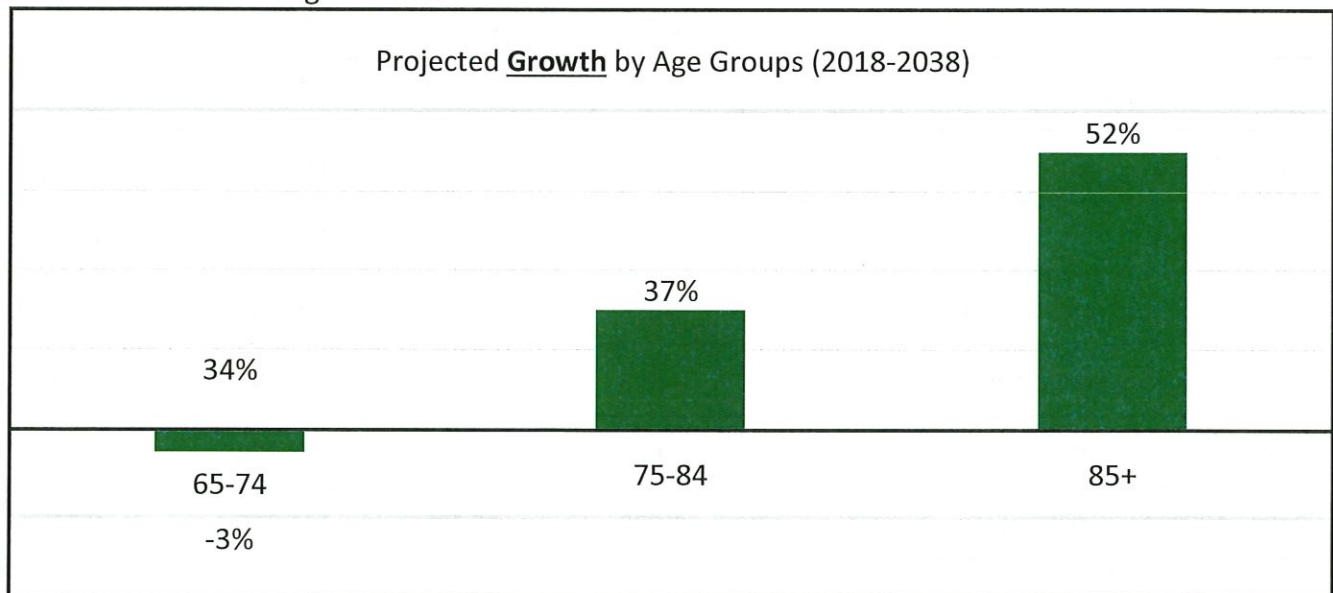
Rank	Cause	# of deaths	% of total deaths
1	Cancer	292	25%
2	Diseases of the heart	273	23%
3	Chronic lower respiratory disease	83	7%
5	Cerebrovascular disease	66	6%
6	Alzheimer's disease	45	4%

Columbus

Aging profile, 2018

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Totals	56,424		56,221		-0.4%
0-17	11,828	21%	11,422	20%	-3.4%
18-44	18,896	33%	18,565	33%	-1.8%
45-59	11,229	20%	10,618	19%	-5.4%
60+	14,471	26%	15,616	28%	7.9%
65+	10,746	19%	12,393	22%	15.3%
85+	1,168	2%	1,770	3%	51.5%

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades.



Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	7,471	69.2%	1,257,535	80.0%
Black or African American alone	2,801	26.0%	259,284	16.5%
American Indian and Alaska Native alone	294	2.7%	14,827	0.9%
Asian alone	167	1.5%	20,960	1.3%
Some other race	18	0.2%	7,340	0.5%
Two or more races	41	0.4%	10,694	0.7%
Hispanic or Latino (of any race)	86	0.8%	30,448	1.9%
White alone (Not Hispanic or Latino)	7,404	68.6%	1,236,725	78.7%

Columbus

Characteristics of people 65 and over	County	County(%)	NC	NC(%)
Speak English less than "very well"	96	0.9%	35,493	2.3%
Veterans	1,907	17.8%	298,320	19.0%
In group quarters	367	3.4%	44,118	2.8%
Living alone	3,379	31.3%	416,121	26.5%
In labor force	1,289	11.9%	257,355	16.4%
High school graduate, GED, or alternative	3,833	35.5%	489,751	31.2%
Less than high school graduate	2,645	24.5%	274,841	17.5%
With one or more disabilities	4,605	44.1%	548,116	35.8%
Below 100% poverty level	1,675	16.1%	141,318	9.2%
In 100%-199% poverty level	2,898	27.8%	336,013	22.0%

Grandparents....**County****NC**

Granparents (age 30+) responsible for grandchildren under 18 years	1,328	94, 631
Granparents (age 60+) responsible for grandchildren under 18 years	414	38,541

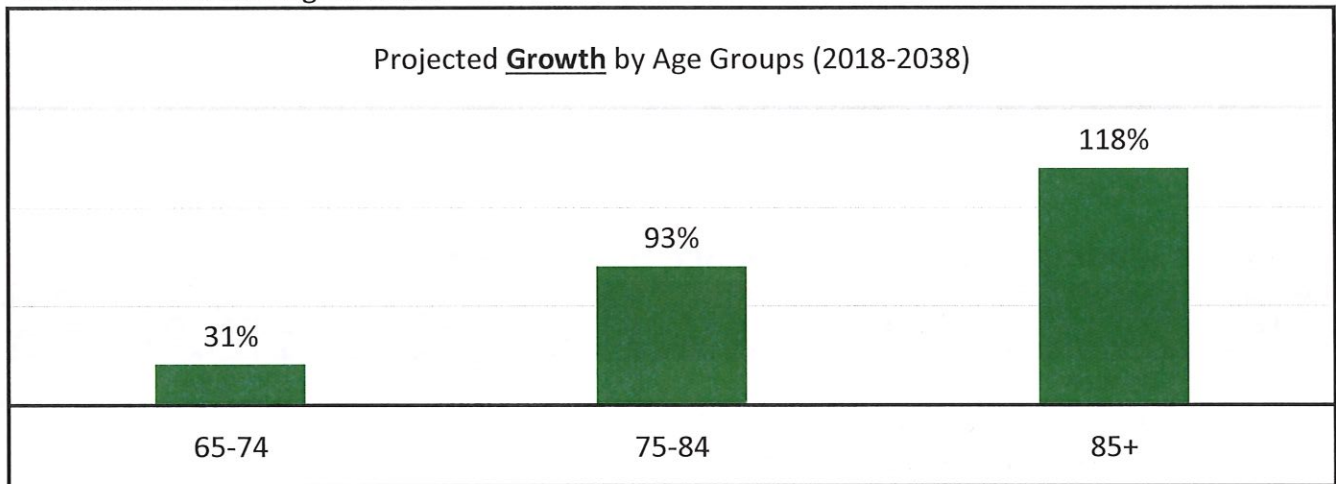
Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	166	34
2	Diseases of the heart	98	20
3	Chronic lower respiratory disease	25	5
5	Cerebrovascular disease	20	4
6	Alzheimer's diesase	20	4

New Hanover**Aging profile, 2018**

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Totals	232,248		306,116		31.8%
0-17	43,021	19%	52,051	17%	21.0%
18-44	91,991	40%	115,595	38%	25.7%
45-59	43,194	19%	57,964	19%	34.2%
60+	54,042	23%	80,506	26%	49.0%
65+	40,041	17%	63,922	21%	59.6%
85+	4,831	2%	10,513	3%	117.6%

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades.



Population 65 and Over

<i>Race/Ethnicity</i>	<i>County</i>	<i>County(%)</i>	<i>NC</i>	<i>NC(%)</i>
White alone	32,719	87.4%	1,257,535	80.0%
Black or African American alone	4,158	11.1%	259,284	16.5%
American Indian and Alaska Native alone	22	0.1%	14,827	0.9%
Asian alone	214	0.6%	20,960	1.3%
Some other race	152	0.4%	7,340	0.5%
Two or more races	162	0.4%	10,694	0.7%
Hispanic or Latino (of any race)	502	1.3%	30,448	1.9%
White alone (Not Hispanic or Latino)	32,378	86.5%	1,236,725	78.7%

New Hanover

Characteristics of people 65 and over	County	County(%)	NC	NC(%)
Speak English less than "very well"	584	1.6%	35,493	2.3%
Veterans	7,968	21.3%	298,320	19.0%
In group quarters	998	2.7%	44,118	2.8%
Living alone	10,518	28.1%	416,121	26.5%
In labor force	6,551	17.5%	257,355	16.4%
High school graduate, GED, or alternative	9,652	25.8%	489,751	31.2%
Less than high school graduate	3,697	9.9%	274,841	17.5%
With one or more disabilities	11,446	31.3%	548,116	35.8%
Below 100% poverty level	3,360	9.2%	141,318	9.2%
In 100%-199% poverty level	5,929	16.2%	336,013	22.0%

Grandparents....

	County	NC
Granparents (age 30+) responsible for grandchildren under 18 years	1,630	94, 631
Granparents (age 60+) responsible for grandchildren under 18 years	762	38,541

Top five leading causes of death, age 65 and over

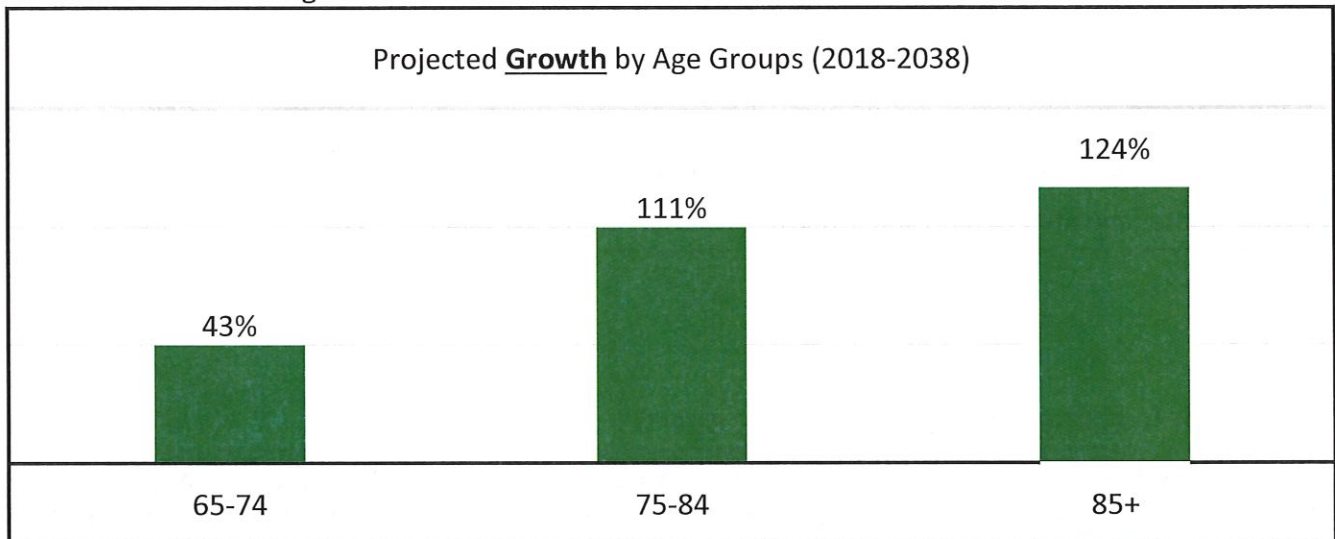
Rank	Cause	# of deaths	% of total deaths
1	Cancer	339	23
2	Diseases of the heart	293	20
3	Chronic lower respiratory disease	130	9
5	Cerebrovascular disease	83	6
6	Alzheimer's disease	50	3

Pender

Aging profile, 2018

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Totals	62,168		85,327		37.3%
0-17	12,786	21%	16,848	20%	31.8%
18-44	20,784	33%	27,164	32%	30.7%
45-59	13,008	21%	16,844	20%	29.5%
60+	15,590	25%	24,471	29%	57.0%
65+	11,272	18%	19,258	23%	70.8%
85+	1,141	2%	2,558	3%	124.2%

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades.



Population 65 and Over

<i>Race/Ethnicity</i>	<i>County</i>	<i>County(%)</i>	<i>NC</i>	<i>NC(%)</i>
White alone	8,358	80.8%	1,257,535	80.0%
Black or African American alone	1,654	16%	259,284	16.5%
American Indian and Alaska Native alone	0	0.0%	14,827	0.9%
Asian alone	69	0.7%	20,960	1.3%
Some other race	111	1.1%	7,340	0.5%
Two or more races	147	1.4%	10,694	0.7%
Hispanic or Latino (of any race)	145	1.4%	30,448	1.9%
White alone (Not Hispanic or Latino)	8,301	80.3%	1,236,725	78.7%

Pender

Characteristics of people 65 and over	County	County(%)	NC	NC(%)
Speak English less than "very well"	282	2.7%	35,493	2.3%
Veterans	2,319	22.4%	298,320	19.0%
In group quarters	303	2.9%	44,118	2.8%
Living alone	2,370	22.9%	416,121	26.5%
In labor force	1,541	14.9%	257,355	16.4%
High school graduate, GED, or alternative	3,406	32.9%	489,751	31.2%
Less than high school graduate	1,689	16.3%	274,841	17.5%
With one or more disabilities	3,636	36.2%	548,116	35.8%
Below 100% poverty level	906	9.0%	141,318	9.2%
In 100%-199% poverty level	1,866	18.6%	336,013	22.0%

Grandparents....**County****NC**

Granparents (age 30+) responsible for grandchildren under 18 years	709	94, 631
Granparents (age 60+) responsible for grandchildren under 18 years	442	38,541

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	112	25
2	Diseases of the heart	100	22
3	Chronic lower respiratory disease	29	6
5	Cerebrovascular disease	27	6
6	Alzheimer's disease	24	5

***%’s are given as a percentage
of age group**

Reference:

NC Office of State Budget and Management, county estimates and projections.

<http://www.osbm.ncgov/facts-figures/demographics>

NC State Center for Health Statistics.
Leading causes of death, 2018

US Census Bureau. American Community Survey, 2014-2018, five year estimate

North Carolina Population Change

Age	2018		2038		% Change
	#	%	#	%	2018-2038
Total	10,389,148		12,799,658		23%
60+	2,312,272	22%	3,396,057	27%	47%
65+	1,676,545	16%	2,696,529	21%	61%
85+	186,059	2%	397,328	3%	114%

NC growth by age groups 2018-2038

65-74(35%) 75-84(94%) 85+(114%)

Source for demographics

APPENDIX B:
Area Plan Assurances and Required Documents

SECTION I:
Verification of Intent and Assurances

Exhibit 1

Verification of Intent

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

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

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

Jane Jones
Area Agency Director

6/26/2020
Date

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

Austin M. Howrmore
Chairperson of the Regional Advisory Council on Aging

June 26 2020
Date

The governing body of the Area Agency on Aging 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 for Community Living, Administration on Aging and the North Carolina Division of Aging and Adult Services.

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

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

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

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

Access - 30%

In-Home - 25%

Legal - 2%

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

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

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

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

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

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

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

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

K) It will serve as an advocate and focal point for the elderly within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals pursuant to OAA, 42 U.S.C. §3026(a)(6)(B).

L) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(C) and where possible, it will enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. Where possible, preference will be given to entering into arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that—

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act.

M) It will make use of trained volunteers in providing services delivered to older individuals and individuals with disabilities needing such services and, if possible work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community settings pursuant to OAA, 42 U.S.C. §3026(a)(6)(C)(iii).

N) It will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of business community, local elected officials, providers of veteran's health care (if a veterans health care facility is located in the Area Agency PSA), and the general public, to advise continuously the Area Agency on Aging on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan pursuant to OAA, 42 U.S.C. §3026(a)(6)(D).

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

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

3)

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

Q) Pursuant to OAA, 42 U.S.C. §3026(a)(7), It will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by:

- 1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- 2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- 3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- 4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

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

- 1) not duplicate case management services provided through other Federal and State programs;
- 2) be coordinated with services described in subparagraph (1); and
- 3) be provided by a public agency or nonprofit private agency that: (i) gives each older individual seeking services under Title III a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging; (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

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

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

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

- 1) information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans.

V) If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging for the planning and service area will (a) utilize in the delivery of outreach services under section 3026(a)(2)(A) of the U.S.C., the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (b) will designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences pursuant to OAA, 42 U.S.C. §3027(a)(15).

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

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

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

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

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

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

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

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

BB) Each Regional Ombudsman reports regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsmen, provides information to the general public, and maintains documentation of the required Program duties pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(C); and N.C.G. S. §143B-181.19(3), (7), and (9).

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

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

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

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

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

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

Jane S. Jones
Area Agency Director's Signature

6/26/2020
Date


Exhibit 3

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

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

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

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

 *Executive Director*

Signature and Title of Authorized Official

6/29/20

Date

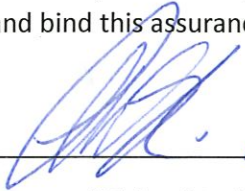
Exhibit 4

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

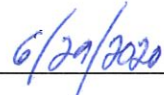
The Area Agency on Aging ("Applicant") will comply with Title VI of the Civil Rights Act of 1964 ("Title VI") (P.L.88-352) and subsequent amendments and all regulations imposed by the United States Department of Health and Human Services ("Department") (45 CFR Part 80) issued to effectuate Title VI.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

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

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



Signature and Title of Authorized Official



Date

ORIGINAL CONTRACT

July 1, 2019 through June 30, 2021

FILE COPY

Assurance of Legal Representation for Region O Long Term Care Ombudsmen
Cape Fear Council of Governments Area Agency on Aging
1480 Harbour Drive, Wilmington, NC 28401

Name and Address of Attorney/Firm:

Jennifer Marshall Roden
Craig & Fox, PLLC
701 Market Street
Wilmington, NC 28401

Period of Time Covered by Contract: July 1, 2019 through June 30, 2021 for Regional Long-Term Care Ombudsmen, Holli Blackwelder & Kandace Lego serving residents of long-term care facilities in Brunswick, Columbus, & Pender Counties

Terms/Fee:

1. Advance payment of three (3) hours of service at \$150.00/hour (\$450.00) non-refundable
2. \$150.00/hour for services after initial three (3) hours as referenced in #1 above

Scope of Services: Pursuant to 2006 Amendments to the Older Americans Act, Section 712(g)45 C.F.R. § 1327(j) (effective July 1, 2016); NC Division of Aging and Adult Services Administrative Letter 89-34

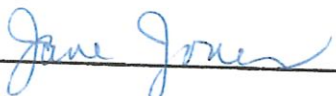
Key Elements of Contractual Agreement:

1. Ensure that adequate legal counsel is available, has competencies relevant to the legal needs of the program and residents, and is without conflict of interest for Regional Long Term Care Ombudsmen serving Brunswick, Columbus, & Pender counties
2. 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;
3. Ensure that the Office of Regional Long Term Care Ombudsman has the ability to assist residents of long term care facilities in seeking administrative, legal and other appropriate remedies.
4. Notify the Cape Fear Council of Governments if a change has occurred in staff designation for legal representation.

AGREED UPON BY:

 Craig & Fox, PLLC 6/28/19
Legal Representative, Jennifer Marshall Roden Name of Firm Date

 7-1-19
Executive Director, Chris May Cape Fear Council of Governments Date

 7-1-19
Area Agency on Aging Director, Jane Jones Cape Fear Council of Governments Date

Signature Page

NEW HANOVER COUNTY



Lincoln C. Brown, Deputy

County Manager

ATTEST:

Dorinda K. Karpman, Deputy Clerk

Clerk to the Board

Approved as to form

Kerry B. Burreau, Deputy

County Attorney

July 1, 2020 through June 30, 2022
Assurance of Legal Representation for Region O Long Term Care Ombudsmen
Cape Fear Council of Governments Area Agency on Aging
1480 Harbour Drive, Wilmington, NC 28401

Name and Address of Attorney/Firm:

Wanda Copley, County Attorney, New Hanover County
Kemp Burbeau, Deputy County Attorney, New Hanover County

New Hanover County
320 Government Center Drive
Wilmington, NC 28403-1732

Time Period Covered by Contract: July 1, 2020 through June 30, 2022 for Regional Long-Term Care Ombudsmen, Holli Blackwelder and Kandace Lego serving residents of long-term care facilities in New Hanover County.

Scope of Services: Pursuant to 2006 Amendments to the Older Americans Act, Section 712(g)
Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement:

1. Ensure that adequate legal counsel is available, has competencies relevant to the legal needs of the program and residents, and is without conflict of interest for Regional Long-Term Care Ombudsmen serving New Hanover County.
2. 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.
3. Ensure that the Office of Regional Long-Term Care Ombudsman has the ability to assist residents of long-term care facilities in seeking administrative, legal and other appropriate remedies.
4. **Notify the Cape Fear Council of Governments if a change has occurred in staff designation for legal representation.**

AGREED UPON BY:

New Hanover County digital signature page attached hereto and incorporated herein by reference.



Date: 6/23/2020

Allen Serkin, Executive Director, Cape Fear Council of Governments



Date: 6/23/2020

Jane Jones, Director, Cape Fear Area Agency on Aging

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Jennifer Marshall Roden
Craig & Fox, PLLC
701 Market Street
Wilmington, NC 28401

Period of Time Covered by Contract: July 1, 2019 through June 30, 2021 for Regional Long-Term Care Ombudsmen, Holli Blackwelder & Kandace Lego serving residents of long-term care facilities in Brunswick, Columbus, & Pender Counties


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

Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:

 6/29/20

Executive Director, Name of Council of Governments, Date

 6/26/2020

Area Agency on Aging Director, Date

Jennifer Roden Marshall, Craig & Fox PLLC; 6/28/19

See attachment

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Wanda Copley, County Attorney, New Hanover County
Kemp Burpeau, Deputy County Attorney, New Hanover County
320 Government Center Drive
Wilmington, NC 28403-1732

Period of Time Covered by Contract:

July 1, 2020 through June 30, 2022 for Regional Long Term Care Ombudsmen, Holli Blackwelder & Kandace Lego serving residents of long term care facilities in New Hanover County

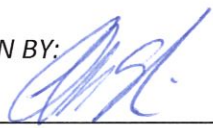
Scope of Services:

Pursuant to 42 U.S.C. §3058g(g)
Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:



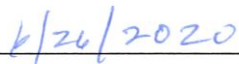
Executive Director, Name of Council of Governments,



Date



Area Agency on Aging Director,



Date

Legal Representative, Name of Firm,

Date

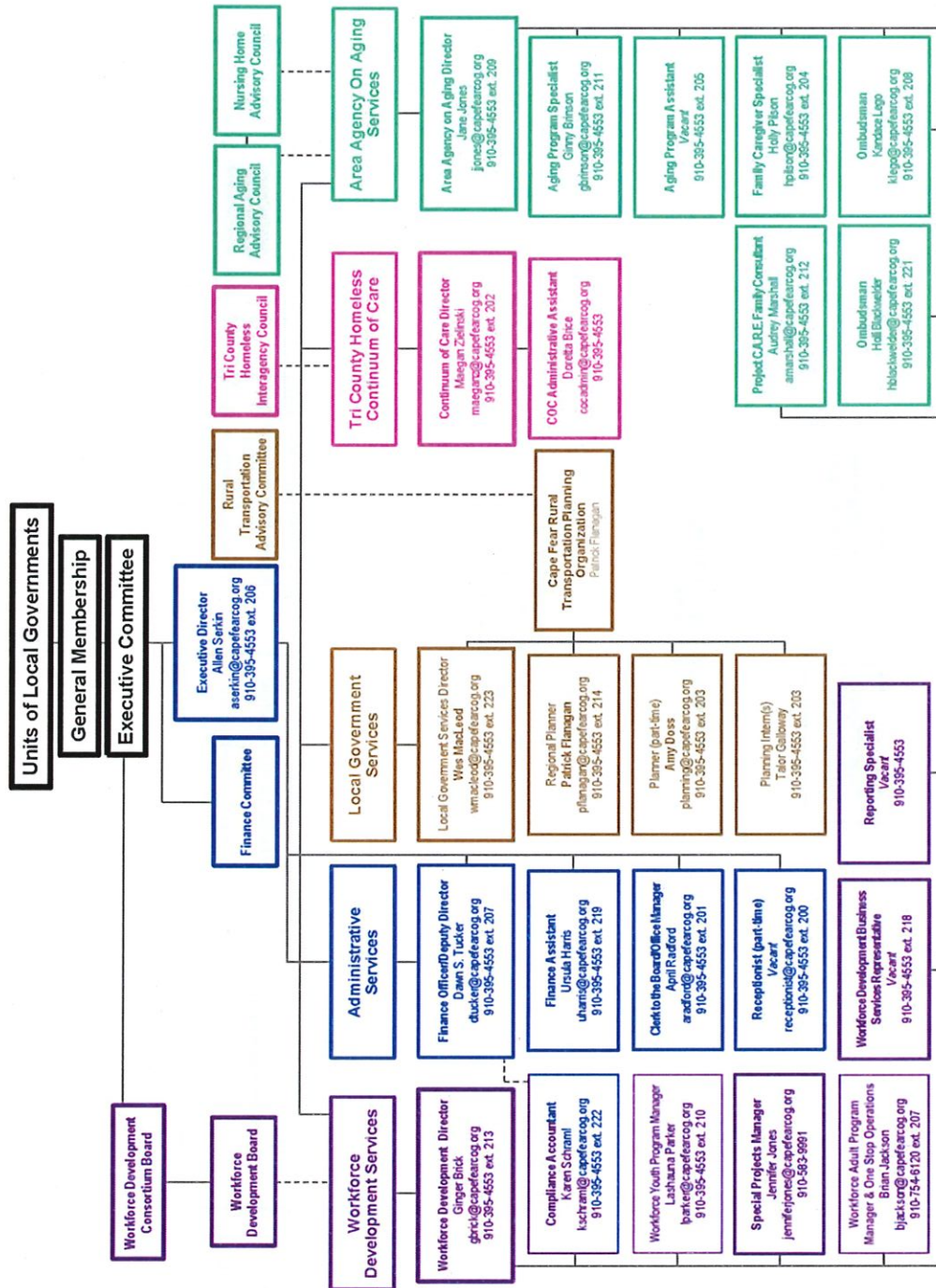
[See attachment](#)

Section II

Administrative Matters

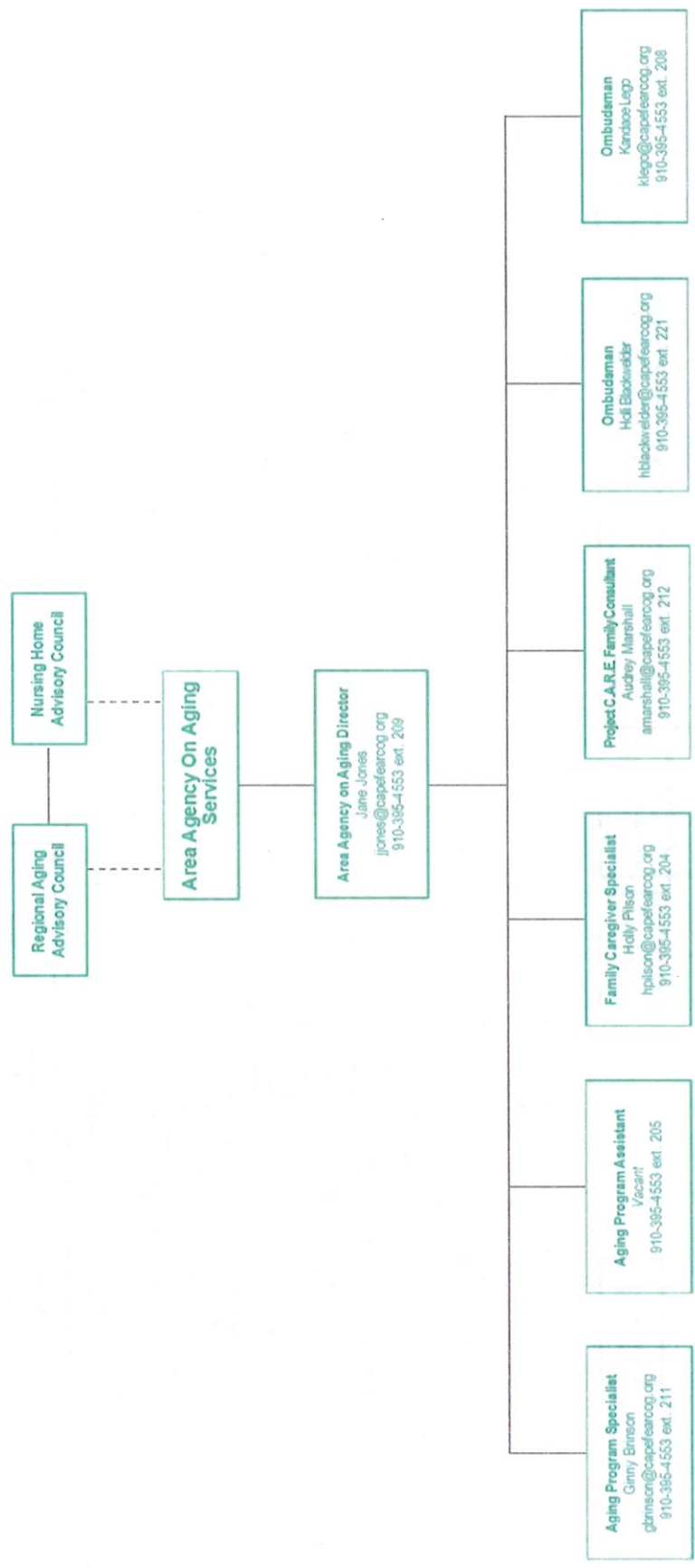
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Exhibit 6: Organizational Chart of Regional Council of Governments



REVISED June 2020

Exhibit 7: Organizational Chart of the Area Agency on Aging



REVISED June 2020

Exhibit 8: Area Agency on Aging Staffing Profile

	Name	Position/Job Title	Race/ Ethnicity (see list below)	FTE/ Temp	Personnel Category (see list below)	List funding source	% of time spent on duties
1	Jane Jones	AAA Director	5	FTE	1	P&A	65%
						Omb	7%
						Title VII Elder Abuse	3%
						FCSP	15%
						MIPPA	5%
						SMP	4%
						EBHP	1%
2	Holly Pilson	Family Caregiver Specialist	5	FTE	6	LCA MFP	10%
						FCSP	90%
3	Ginny Brinson	Aging Specialist	5	FTE	4	P&A	84%
						EBHP	1%
						FCG	15%
4	Holli Blackwelder	LTC Ombudsman	5	FTE	5	Ombudsman	100%
5	Kandace Lego	LTC Ombudsman	5	FTE	5	Ombudsman	100%
6	Audrey Marshall	Project CARE Family Consultant	5	FTE	5	Project CARE	100%
7	Vacant	Aging Prog. Assistant (to be hired in July-Aug)		FTE	7	P&A	80%
						Title VII Elder Abuse	5%
						FCG	15%

(Please submit the mended exhibit annually)

Race/Ethnicity Categories

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

SUA Personnel Categories

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

Exhibit 9: Regional Advisory Council Membership and Participation

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

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

#	Name		Gender M/F	County	Race/ Ethnicity	Position Code(s) (Note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
1	Flanagan	Brian	M	Brunswick	5	1,2,6	Brunswick HCCBG Committee Chair	6/30/21
2	Lowrimore	Audie	M	Brunswick	5	1,2,5,6	STHL Delegate; Brunswick Co. HCCG Committee; Elder Abuse Prevention Network	6/30/21
3	Billings	Marie	F	Brunswick	5	7	MOW volunteer	6/30/22
4	McNeil	Gene	M	Columbus	3	1,2,3,6	STHL	6/30/22
5	Smith	Rev. Neill	M	Columbus	5	1,2,3,6	Methodist Minister; Columbus Co Senior Center Advisory Committee	6/30/20
6	Adams	Robert	M	Columbus	5	1,2,6	Columbus Co. CAC; HCCBG committee member	6/30/22
7	Long	Guy	M	Columbus	5	1,2,6	Columbus Co. Senior Center Advisory Committee	6/30/21
8	McMillian	Jerome	M	Columbus	3	3,6,10	Columbus County Commissioner	6/30/22
9	Ward	Judy	F	Columbus	5	1,2,6	Retired Dept of Aging I/OC; SHIIP Counselor	6/30/22
10	Grace	Elizabeth	F	New Hanover	5	1,2,	New Hanover HCCBG; Elder Abuse Prevention Network; former STHL delegate	6/30/22
11	Hur	Robert	M	New Hanover	5	1,2	Former STHL	6/30/22
12	Jennings	Tom	M	New Hanover	5	1,2	Elder Abuse Prevention Network; Nursing Home CAC; former VA Ombudsman	6/30/22

13	Crumpton	Annette	F	New Hanover	5	1,2	Former Director of Dept. of Aging	6/30/22
14	Wall	Jean	F	New Hanover	5	1,2	Retired DSS & Dept. of Aging Social Worker	6/30/22
15	Gale	Kathleen	F	New Hanover	5	1,2	Previous Board Member of Pender Adult Services, Inc.	6/30/22
16	Basden	Jimmy	M	Pender	5	1,2,6	HCCBG Committee; Board Pender Adult Services; PAS participant	6/30/22
17	Marshburn	Bill	M	Pender	5	1,2,6	STHL Delegate; Pender Adult Services, Inc. Board; HCCBG Committee	6/30/22

Race/Ethnicity Categories

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

Position Code/Description

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

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Brunswick Senior Resources, Inc. 3620 Express Drive P.O. Box 2470 Shallotte, NC 28459	Brunswick	X		
Columbus County Department of Aging 827 Washington St., P.O. Box 1327 Whiteville, NC 28472	Columbus	X		
New Hanover County Senior Resource Center 2222 S. College Road Wilmington, NC 28403	New Hanover	X		
Pender Adult Services, Inc. 901 S. Walker St. P.O. Box 1251 Burgaw, NC 28425	Pender	X		

Section III
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
Brunswick County	Social Isolation/Mental Health	Affordable Housing	Access to Medical Care/ Affordable Medications
Columbus County	Access to Medical Care	Caregiver Support and Respite	Affordable Medications
New Hanover County	Affordable Housing	Transportation	Access to in-home care (personal care/meal preparation)
Pender County	Caregiver Support	Transporation	Access to in-home care (personal care/meal preparation)

Section IV
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

DAAS-733
(Rev. 2020)

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2020 through June 30, 2021

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

Community Service Provider Cape Fear Area Agency on Aging (EBHP)

County Region O, Brunswick, Columbus, New Hanover and Pender

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services.

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

The Cape Fear Area Agency on Aging will continue to share best practices and strategies with provider agencies to reach underserved, low income, minority, and holocaust survivors. We will continue to outreach to not-for-profits, governmental organizations, for-profits and faith-based communities by strengthening partnership and developing news ones including but not limited to: county lead agencies, home care agencies, AARP, dRC, and local colleges. In hopes that they will agree to host, share and sponsor EBHP programs while targeting those in most need.

DAAS-733
(Rev. 2020)

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2020 through June 30, 2021

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

Community Service Provider Cape Fear Area Agency on Aging (FCSP)

County Region O, Brunswick, Columbus, New Hanover and Pender

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services.

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

The AAA will work within the aging network to ensure that all caregiver support groups are shared within their networks which reach out to the lower income, minority and rural residents. The public library helps us share information about our support groups and educational opportunities. We will focus this fiscal year on researching the capabilities of starting more support groups in our 2 rural counties. We will partner with for-profits, not-for-profits, governmental agencies, and faith communities to help identify locations, facilitators and how to outreach to area caregivers. We maintain a list of area support groups. It is updated at least 4 times a year, posted on our website and shared with many community partners/faith communities/home care/LTC facilities for easy caregiver access.

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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: Cape Fear Area Agency on Aging Fiscal Year: 20/21

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
EBHP – Title III-D	401	Brunswick, Columbus, New Hanover Pender		X

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

Jane S. Jirwa
Area Agency on Aging Director

Date 6/22/2020

Exhibit 13: 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: _____ Cape Fear Area Agency on Aging

Name of Service: _____ EBHP -Title IIID _____ Service Code: 401 _____ FY: 20/21 _____

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:
- 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.
 - 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 same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - 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 same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.

- Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
- Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year: *The AAA and providers are committed to research additional locations, reaching new populations and extending offering of EBHP classes in keeping with the funding requirements. Some providers have expanded the EBHP program to new locations in the rural and underserved area of their counties. They are working diligently to offer these classes remotely/virtually and share those via many avenues. This past year every county has offered Geri-Fit training/licensure/equipment/staff and they plan to continue.*
- 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. *The AAA will*

provide technical support and monitoring of EBHP program in the region, encourage innovative ways to reach diverse populations, facilitate the sharing of ideas/outreach and consumer contributions best practices. AAA will continue helping the newest county providing Geri-Fit to reach more of their older adult residents.

June S. Jones
Area Agency on Aging Director

6/22/20
Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

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: _____ Cape Fear Area Agency on Aging Fiscal Year: 20/21 _____

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Support Groups	833	Brunswick, Columbus, New Hanover Pender		X

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

Jane S. Jones
Area Agency on Aging Director

Date 6/22/2020

Exhibit 13: 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: _____ Cape Fear Area Agency on Aging

Name of Service: _____ FCSP Support Groups _____ Service Code: 833 _____ FY: 20/21 _____

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:
- 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.
 - 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 same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - 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 same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.

- Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
- Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year: *Our providers utilize most of their funds for direct service and do not have to staff to manage additional monthly support groups. The AAA assist with other support groups, fills in as facilitator as needed, keep a list on website of area support groups and shares pertinent information with all facilitators. The Family Caregiver Resource Specialist finds that facilitating these groups keeps her on the pulse of caregivers needs and concerns. The FCRS has worked diligently with Brunswick Senior Resource, Inc. and they currently hold a caregiver support groups in each of their senior centers. We are always looking for volunteer facilitators and new places to host caregiver support groups. A new group has started within a not-for-profit and a volunteer has started 2 groups including an evening one to meet the need of working caregivers.*

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. *The Family Caregiver Resource Specialist helps facilitate 2 support groups; one for caregivers of person with dementia and another where the caregiver brings their loved ones with dementia to meet in another room. The first group is hosted by the public library; they advertise it and do not charge for the meeting space. Support groups are vital for caregiver socialization, mental health and sharing tips/best practices with each other. The group where both can attend is amazing, those with dementia benefit greatly from the 1.5 hours of socialization which they rarely get with cohorts. This one is hosted by a local church and one of their members assist the FCRS and local provider with the meetings.*

Dore S. Jones *6/27/20* Approved Not Approved _____ Date
Area Agency on Aging-Director (circle one) Director, NC DAAS

Exhibit 14: Provider Monitoring Plan

6/15/2020

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitorin g Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review*****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
026	Legal Aid of NC- Wilm	Br, Col, NH, Pen	AAA	X		X		X							
041	BSRI														
	Congregate	Brunswick	AAA		X		X	X		X					
	Home Delivered	Brunswick	AAA		X		X	X		X					
	General Transportation	Brunswick	AAA-2	X		X			X		X				
	Senior Center Operations	Brunswick	AAA	X		X									
	Title III-D	Brunswick	AAA	X	X	X	X								
	FCSP	Brunswick	AAA	X	X	X	X								
054	Bayada – Brunswick														
	IHA Level I	Brunswick	AAA-3	X		X		X		X					
	IHA Level II	Brunswick	AAA-3	X		X		X		X					
	IHA Level III	Brunswick	AAA-3	X		X		X		X					

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor. **Scheduled as needed but at least once every three years; *** Scheduled as needed but at least every other year; ***** Scheduled as warranted by annual risk evaluations.

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****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
046	Columbus County DOA														
	Congregate	Columbus	AAA-2		X		X	X			X				
	Home Delivered	Columbus	AAA-2		X		X	X			X				
	Info. & Options Counseling	Columbus	AAA	X		X									
	IHA Level II	Columbus	AAA	X		X		X			X				
	IHA Level III	Columbus	AAA	X		X		X			X				
	Housing Home Improvement	Columbus	AAA	X	X	X	X								
	Senior Center Operations	Columbus	AAA	X		X									
	Title III-D	Columbus	AAA	X	X	X	X								
	FCSP	Columbus	AAA	X	X	X	X								
051	New Hanover County SRC														
	Congregate	New Hanover	AAA-2	X		X		X			X				

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor. **Scheduled as needed but at least once every three years; *** Scheduled as needed but at least every other year; **** Scheduled as warranted by annual risk evaluations.

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitorin g Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
				X		X		X							
	NHCRC, continued Home Delivered	New Hanover	AAA-2	X		X		X							
	General Transportation	New Hanover	AAA-2	X		X		X							
	Medical Transportation	New Hanover	AAA-2	X		X		X							
	Info. & Options Counseling	New Hanover	AAA	X		X									
	Senior Center Operations	New Hanover	AAA	X		X									
	Title III-D	New Hanover	AAA	X	X	X	X								
	FCSP	New Hanover	AAA	X	X	X	X								
054	Bayada - Wilmington														
	IHA Level I	New Hanover	AAA-3	X		X		X		X					
	IHA Level II	New Hanover	AAA-3	X		X		X		X					
	IHA Level III	New Hanover	AAA-3	X		X		X		X					

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor. **Scheduled as needed but at least once every three years; *** Scheduled as needed but at least every other year; **** Scheduled as warranted by annual risk evaluations.

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitorin g Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
056	Elderhaus, Inc.														
	Adult Day Care	New Hanover	AAA-3		X		X	X		X					
	Adult Day Health	New Hanover	AAA-3		X		X	X		X					
	ADC Transportation	New Hanover	AAA-3		X		X	X		X					
	ADH Transportation	New Hanover	AAA-3		X		X	X		X					
066	Pender Adult Services														
	Congregate	Pender	AAA	X		X		X		X					
	Home Delivered	Pender	AAA	X		X		X		X					
	General Transportation	Pender	AAA		X		X		X		X				
	IHA Level II	Pender	AAA		X		X		X		X				
	Info. & Options Counseling	Pender	AAA	X		X									
	Senior Center Operations	Pender	AAA		X		X								

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor. **Scheduled as needed but at least once every three years; *** Scheduled as needed but at least every other year; **** Scheduled as warranted by annual risk evaluations.

Exhibit 14A: List of Subcontractors

Region Q FY 2019 2020

Provider: Brunswick Senior Resources, Inc. (BSRI) Provider Code: 041 County Brunswick

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Brunswick Transit System, Inc. (BTS)	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	General Transportation	Yvonne Hatcher, CEO, 5040 Main St., Shallotte, NC 28470 910-253-7800	<p>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</p> <p>Contractor will provide non-emergency general transportation trips to transport client to/from Senior Centers and a shopping trip once a week. Contractor will maintain records for trip verifications and submits a detailed report to BSRI monthly. Also maintains adequate levels of insurance coverage and follows emergency policy in the event of incident or accident. BTS doesn't determine eligibility or performs assessment. Contractor will only transport folks if they are within a 10 mile radius of center.</p>
BAYADA Home Health Care	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	In home Aide	Bobby Shoemaker, Division Director, 3205 Randall Parkway, Wilmington, NC 28403 O: 910- 343-8347 Cisco Ext: 074310 Bobby's cell: (336) 413-7265, bayada.com	<p>Assist individuals who have functional, physical or mental impairments accomplish their daily activities with personal care and home management. Eligibility is assessed and determined by <i>Bayada</i>. BSRI <i>Bayada</i> is responsible for aide competency testing and supervision. BSRI is contacted when assistance is needed when dealing with difficult situations and clients. Performs IADLs and ADLs, determines eligibility, performs client intake, registration, assessment/reassessment, qt. visits, supervisory visits, care plans. Reports units to ARMS, participates in monthly collaborative meetings, and reports deviations in care plan.</p>
Woodard's Adult Day Health Center	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Adult Day Care/Day Health Services	Sharon Woodard Crawford Woodard's Adult Day Health Center (WADHC) Program Director 910.393.9409	<p>Provide Adult Day Care/Day Health services to clients in accordance with the Division of Aging & Adult Services (DAAS) Standards. There are two levels of care. The Contractor is responsible for performing intake, screening, assessments, reassessments, service plans, authorization of services to be provided, and reports units to ARMS. BSRI is the lead agency in Brunswick County and is contracting with the Contractor to provide a turn-key program.</p>
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Exhibit 14A: List of SubcontractorsRegion Q FY 2019 2020Provider: Brunswick Senior Resources, Inc. (BSRI) Provider Code: 041 County Brunswick

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

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


CEO
8-26-19

Exhibit 14A: List of Subcontractors Region O FY 2019-2020
 Provider: Columbus County Dept. of Aging Provider Code: 046 County Columbus

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Bateman Senior Meals	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition Meals (Congregate & Home Del. Meals)	Bateman Sr. Meals P. O. Box 102289 Atlanta, GA 30368-2289	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. The subcontractor will prepare the food and deliver it to each of our seven Nutrition Sites per guidelines set forth by the N. C. Division of Aging and Adult Services. Bateman shall provide all equipment required for the provision of services and all equipment used to transport the services. Food storage facilities shall maintain a temperature of 140 degrees Fahrenheit or more for hot food and 40 degrees Fahrenheit or less for cold food. Temperatures of meals shall be checked daily and recorded before leaving the kitchen and transported to our locations. All food handlers must wear hair nets, gloves, and aprons where appropriated. Cleaning supplies shall not be stored with food or paper products.
	<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 Amanda Hareboon Title: Director Date August 26, 2019

Exhibit 14A: List of Subcontractors

Region 0 FY:19-20

Provider: Elderhaus, Inc. County: New Hanover

056

Provider Code:

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Gibbs Management	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Meals	Ryan Gibbs 1950 Amphitheater Dr. Wilmington, NC 28401 910-352-3581	<p>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</p> <p>Caterer prepares meals on-site for participants already determined to be eligible HCCBG clients. Each meal meets 1/3 of the elder adult requirements as specified by the Dietary Guidelines for Americans and Older Americans Act.</p> <p>Snacks, paper products and disposables are also provided by caterer. All meals and snacks meet will meet specifications set forth by a representative dietitian acting as agents of Elderhaus. All menus provided for the daily meal will be signed by a registered dietitian.</p>
	<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			

Exhibit 14A: List of Subcontractors

Region 0 FY: 19-20

Provider: Elderhaus, Inc. Provider Code: 056 County: New Hanover

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 Ramona Fox Title: Business Services Coord. Date 8/21/19

Exhibit 14A: List of Subcontractors – Instructions

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

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

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

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

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.

Exhibit 14A: List of Subcontractors

Region O FY 20-21
 Provider: New Hanover County Senior Resource Center Provider Code: 51 County 65

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
GIBBS MANAGEMENT SERVICES, INC.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Home Delivered and Congregate	Ryan Gibbs 1652 Tall Ships Ln. Wilmington, NC 28409 910-352-3581	<p>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</p> <p>Contractor shall provide nutrition services to include purchase and preparing food to the HDM and Congregate Nutrition Programs. Contractor will not determine eligibility. Menu will meet or exceed HCCBG 1/3 RDA dietary allowance (80% of menu has 1000mg of sodium or less) and menus will be on a quarter rotation. Contractor will secure nutrition analysis approvals by a registered dietitian. Congregate meals are provided for 2 locations (SRC and Castle Hayne). Contractor will provide shelf stable meals for emergency/disaster events when the SRC will be closed.</p>
Elderhaus Inc.	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Adult Day Care/Health and ADC/ADH Transportation	Rick Richards 2222 S. 17 th St. Wilmington, NC 28401 910-251-0660	<p>Contractor is to provide Day Care/Health services and ADC/ADH transportation for older adults NHC citizens needing supervision which will ensure they are kept in the community in a safe and secure environment during the daytime hours. Contractor completes and submits HCCBG budget forms, determines client eligibility, maintains records, performs assessment/reassessments, enters units into ARMS, administers medical assistance/treatment for ADH clients, provides activities/programming, provides meals & snacks.</p>

Exhibit 14A: List of Subcontractors

Region O FY 20-21

Provider: New Hanover County Senior Resource Center Provider Code: 51 County 65

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Bayada Home Health Care, Inc.	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level I, II, and III	Bobby Shoemake 3205 Randall Parkway, Suite 205 Wilmington, NC 28403 910-343-8347 (office) 336-413-7265 (cell)	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. Contractor will provide In-Home Aide services through HCCBG for NHC older adults needed assistance with ADLs and/or IADLs in levels I, II, and III. Bayada will carry out the following activities: eligibility determination, client intake/registration, client assessment/reassessment, quarterly visits, determining service hours, and reporting units and contributions. Services will assist impaired older adults with essential home management tasks, personal care, and/or supervision. Contractor will maintain adequate level of insurance coverage per NHC risk management and as identified in the contract. Contractor will notify Andrew Zeldin, NHC SW supervisor in the event of incident or emergency.
Cape Fear Public Transit Authority Dbas WAVE Transit	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Non-emergency medical and general para-transit	Albert Eby 505 Cando Street Wilmington, NC 28405 910-343-0106	Contract will provide non-emergency medical and general transportation trips (pick up, transport, and drop off) for NHC older adults in need of transportation service. Contractor does not determine eligibility. Contractor maintains records for trip verifications and submits with invoice monthly to NHC SRC. Contractor will maintain adequate level of insurance coverage per NHC risk management and as identified in the contract. Contractor will notify Tom Pacelli, NHC Transportation Coordinator in the event of incident or emergency.
Port City Taxi	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit	Ronnie Parker 2027 Carolina Beach Rd. Wilmington, NC 28401 910-762-1165	Contract will provide non-emergency medical and general transportation trips (pick up, transport, and drop off) for NHC older adults in need of transportation service. Contractor does not determine eligibility. Contractor maintains records for trip verifications and submits with invoice monthly to NHC SRC. Contractor will maintain adequate level of insurance coverage per NHC risk management and as identified in the contract. Contractor will notify Tom Pacelli, NHC Transportation Coordinator in the event of incident or emergency.

Exhibit 14A: List of Subcontractors

Region O FY 20-21

Provider: New Hanover County Senior Resource Center Provider Code: 51 County 65

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Freedom Transport Club	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit	Chris Guley 1900 Eastwood Rd. Wilmington, NC 28403 910-777-3900	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. Contract will provide non-emergency medical and general transportation trips (pick up, transport, and drop off) for NHC older adults in need of transportation service. Contractor does not determine eligibility. Contractor maintains records for trip verifications and submits with invoice monthly to NHCSRC. Contractor will maintain adequate level of insurance coverage per NHC risk management and as identified in the contract. Contractor will notify Tom Pacelli, NHC Transportation Coordinator in the event of incident or emergency.
Ivory's Accessible Transport Services, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit	Timothy Corbett 3300 N. Woolwitch Ct. Castle Hayne, NC 28429 910-264-9329 910-520-2440 (Cell) tats@ec.rr.com	Contract will provide non-emergency medical and general transportation trips (pick up, transport, and drop off) for NHC older adults in need of transportation service. Contractor does not determine eligibility. Contractor maintains records for trip verifications and submits with invoice monthly to NHCSRC. Contractor will maintain adequate level of insurance coverage per NHC risk management and as identified in the contract. Contractor will notify Tom Pacelli, NHC Transportation Coordinator in the event of incident or emergency.

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 _____

Amber K. Smith Title: Director

Date 06/18/2020