



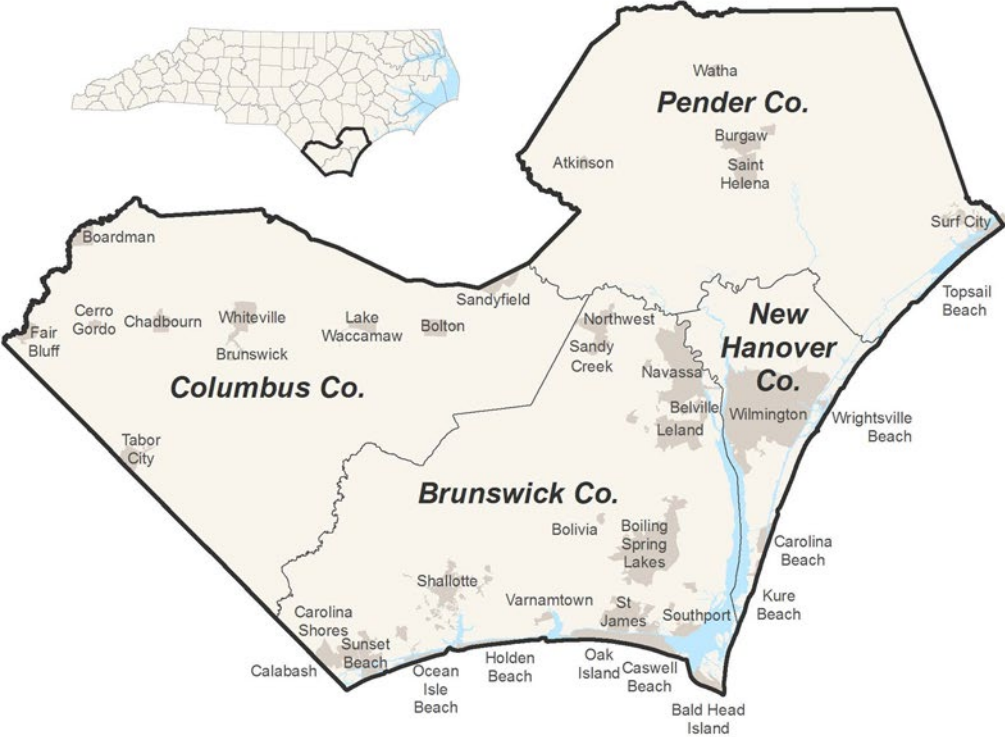
**Area Agency On Aging**

*Cape Fear Council of Governments*

**Regional Four-Year  
Area Plan on Aging  
2024-2028**

# Cape Fear Council of Governments

## Region O



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# Region O Area Plan on Aging



July 1, 2024 - June 30, 2028

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# **I. NARRATIVE**

## **Executive Summary**

The Cape Fear Area Agency on Aging (AAA) is charged by the Older American Act (OAA) of 1965 with creating a four-year regional plan to serve older adults and their families in partnership with Brunswick, Columbus, New Hanover, and Pender Counties' leadership. In reviewing demographics and noting the huge increase in services and wait lists over the past few years the agency is focusing on awareness of needs, providing equitable communication to help people plan for retirement years, and creating programs to meet the needs of our older adult citizens and their caregivers. The AAA staff and service providers are steadfast in managing the Older American Act and other grant funding while thinking of innovative ways to collaborate with the private and public sectors to meet the ever-growing needs. Our region hosts one of the fastest growing counties in the state with retirees moving here daily. They move here without social or family support therefore when a health crisis happens many rely heavily on our senior center staff to help them navigate the sometimes-complicated healthcare and supportive services delivery system. This plan and our work with service providers and partnerships will focus on the goals of this plan. The AAA staff works with a Regional Aging Advisory Council to help gauge and plan for the region's needs.

The Cape Fear Area Agency on Aging 2024-2028 Area Plan contains all the assurances and details of services to be conducted within our region as required by federal and state laws. The AAA is responsible for the coordination of regional activities related to the OAA, including but not limited to the development of a comprehensive and coordinated system for the delivery of supportive services, including multi-purpose senior centers, nutrition services, health-focused programs, caregiver support, and advocacy for persons living in long-term care facilities.

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

**Vision:** To support the autonomy and dignity of older citizens through planning for future needs with regional leaders, stakeholders, and consumers creating a community that embraces and responds to changing needs and opportunities for older adults and their caregivers.

## **Context/Development of the Plan**

The Cape Fear Area Agency on Aging created a detailed survey to gather feedback on the needs of older adults in Region O to help solidify our plan for the next four years. In addition, the AAA had open and engaging conversations with area service providers and discussed how to meet the demands in the region. Region O is in southeast North Carolina, has a mild climate and three of our four counties are coastal destinations. We are a retirement mecca for those who want to leave the hustle and colder climate of the Northeast and Midwest. Many think those who move here are always financially stable and have the means to sustain themselves throughout their golden years. The region has found that many retire here but find that a medical crisis and/or losing a spouse changes those capabilities and they are reliant on public programs to help them age in place, meet friends, and create a support system. The minority and poor older adults in our region are feeling the pinch of rising rent, insurance, food, medications, and healthcare so we also want to make sure we are serving them first and foremost with services, resources, and programming. Our providers are serving more meals than ever before and we have the local support of county funding to cover some of those needs but we are finding it harder to meet all the needs without an increase in Federal/State funding. Our region is planning legislative forums, sharing with our Senior

Tar Heel Legislators about needs, and is always looking to pioneer ways to maintain and increase services. Our survey results are summarized in Exhibit 12 of this document.

**Cape Fear Region Overview**

Ages	2022	2042
60+	150,559	227,414
65+	115,325	181,932
85+	11,114	28,559

**Quality Management**

The Cape Fear Area Agency on Aging has a solid relationship with not only our lead agencies in each county but also the service providers and collaborative community partners. Our monitoring results have been stellar, and we plan provider meetings and technical assistance as often as possible to ensure we stay on track with the rules governing our program, service standards, expenditures, and expectations. The Aging Compliance Specialist keeps our monitoring plan up to date so we are sure to maintain our established record while keeping providers in the loop of any updates from the Division of Aging. The AAA creates monthly expenditure spreadsheet reports ensuring payments are correct and grant funds are being expended as required. The AAA plans to review best practices not only in our region but throughout the state and share them with others so we can replicate them in the next four years while aligning with the goals of the 2023-2027 State Aging Plan Advancing Equity in Aging.

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



**Safety and Protection**

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

**Objective 1.1:** To adopt a multi-faceted approach involving various stakeholders to maximize collaboration for outreach and training to prevent elder abuse, neglect, and exploitation.

**Strategy:** Continue to build and strengthen the grass-roots Cape Fear Elder Abuse Prevention Network focusing on the mission to raise awareness and prevention concentrating on rural communities and underserved populations.

Measure(s):

- Increase the volume and strengthen the voices of the members of the network.
- Outreach to rural and minority community organizations to join the network to reach underserved older adults.
- Establish partnerships with financial institutions, legal professionals, and other relevant service providers to help ensure that older adults have access to the resources and support they need to protect themselves from financial exploitation and other forms of abuse.

**Strategy:** Create and share packaged presentations, webinars, and outreach items with members of the network and community partners

Measure(s):

- Staff will work with professional members of the network to create or identify easy, precise educational material/presentations that can be used for recognition of and information on how to report.
- Staff will incorporate awareness and prevention in all presentations and speaking engagements.
- Utilize Senior Medicare Patrol grant funds to pay for staff time and use their scam/fraud information.
- Research handouts and information sheets from the North Carolina Attorney General's Office and others for distribution at events and to share with providers to ensure clients receive them.

Objective 1.2: Increase the awareness of elder abuse and provide pertinent information for reporting in the community and throughout long-term care facilities.

Strategy: Create an elder abuse awareness and prevention social media and outreach campaign throughout the region.

Measure(s):

- Use the ARPA Ombudsman/Elder Abuse funds to create the message and purchase outreach/educational items.
- Provide an awareness campaign message to providers, partners, and purchase media to spread the message.
- LTC Ombudsmen will utilize campaign messages and information within facilities' education and provide items to residents and staff.

Strategy: Share fraud alerts with professionals, older adults, adults with disabilities, and community members.

Measure(s):

- AAA will post fraud alerts and scam information to virtual platforms as needed.
- AAA will share this information with all email listservs; RAAC, STHL, Cape Fear Elder Abuse Prevention Network, Community Advisory Councils, Housing Coalition, and many others.

Strategy: Annually Recognize World Elder Abuse Awareness Day (June 15)

Measure(s):

- Distribute Elder Abuse Awareness flyers and encourage the community to wear purple to honor World Elder Abuse Awareness Day.
- Present Elder Abuse Education to the community.

Strategy: Continue the 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 training regarding the identification of abuse, neglect, and exploitation/fraud/scams and reporting through Region O Long Term Care Ombudsman Program
- LTC Ombudsman Program Aging Sensitivity will increase presentations to nursing/CNA/PT/OT classes at local community colleges by 2.



- Ombudsmen will provide residents rights training in facilities at least once per year

### Expected Outcomes:

- The AAA will develop and/or identify well-made training modules, webinars, and social media campaigns to increase awareness and knowledge about elder abuse prevention among both older adults and the general public. By working together with partners, we can strengthen the safety net for older adults and create a more coordinated response to elder abuse in our communities. Maximizing collaboration for outreach and training will help prevent elder abuse and it involves engaging a wide range of stakeholders, including older adults themselves, service providers, community leaders, researchers, and policymakers. By working together and pooling our resources and expertise, we can create more effective and sustainable prevention initiatives that ultimately benefit older adults and help ensure their safety and well-being.

## Healthy Aging and Quality of Life



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

Objective 2.1:

Strategy: Increase the variety and availability of evidenced-based health education classes and series.

Measure(s):

- The AAA will continue to encourage service providers to increase the number of classes to meet the

needs of older adults and caregivers.

- The AAA will share information gathered in meetings with state stakeholders with local service providers to ensure they are kept up to speed on emerging issues and new prospects for funding.

Strategy: The AAA will support and encourage additional mental health and emotional well-being education sessions and counseling opportunities for older adults within the region.

Measure(s):

- AAA will partner with community mental health organizations to offer education in the region collaboratively with senior centers, faith organizations, libraries, and other locations.
- AAA will incorporate mental, emotional, and physical well-being into the many caregiver educational events they host and plan throughout the region.

Strategy: The AAA will research available education on planning for retirement years and/or create educational events to help reduce the stress on older adults as they think about all of the components.

Measure(s):



- The AAA will work with community partners (AARP, NC Retirement System, banks, financial planners, and public/non-profit organizations) to plan a series covering multiple topics to encourage citizens to plan well for their retirement years.
- AAA will work with public partners to include the topic of how to proceed after a loved one's death covering probate steps, financial planning, and closing of an estate.

Strategy: Work to increase and strengthen transportation availability in the region.

**Measure(s):**

- The AAA will discuss transportation barriers with service providers and research solutions and best practices to share.
- The AAA will ask the two counties providing volunteer drivers/transportation to present their programs during a provider meeting.
- The AAA will stay abreast of new funding opportunities and encourage innovative thinking to meet the ever-growing transportation needs of our older adults.

Objective 2.2: The AAA will utilize programming to combat social isolation which can cause depression and loneliness in older adults.

Strategy:

- The AAA will promote and encourage programming that can be done at one's home virtually.

Measure(s):

- Staff will send out flyers and information regarding virtual programming via emails, flyers at events, and social media to reach a wide audience.
- Staff will share state-wide virtual programming to local providers for them to share with members of their community.

Strategy:

- The AAA will encourage the expansion of programming that focuses on improving the quality of life of older adults and caregivers.

Measure(s):

- Providers and volunteers will be encouraged to be trained and hold courses such as PEARLS (Program to Encourage Active, Rewarding Lives) and Powerful Tools for Caregivers.
- The AAA will attend educational programming or courses on reducing suicide risk and suicide prevention in older adults and share the opportunity with our service providers.

Objective 2.3: The AAA will support the Fall Prevention initiative in the Cape Fear Region.

Strategy:

- The AAA will participate in the local and statewide fall prevention coalition.

Measure(s):

- A staff member will attend quarterly meetings for both local and statewide fall prevention coalitions.
- The AAA will participate in any local events held by the Cape Fear Fall Prevention Coalition.

Strategy:

- The AAA will encourage EBHP programming and other events and activities that focus on reducing fall risk in older adults.

Measure(s):

- Courses such as Geri-Fit and Tai Chi for Arthritis and Fall preventions will be offered in person or virtually throughout the region.
- The AAA will encourage attendance and participate in local health fairs in all regions.
- The AAA will participate in Fall Prevention Week by sharing information regarding falls via email, flyers, and social media.

Objective 2.4: The AAA will remain compliant and up to date with Evidenced Based Health Promotion Programming

Strategy:

- The AAA will work closely with local and state entities to provide the best EBHP programming.

Measure(s):

- A staff member will attend all quarterly Title III-D meetings held by the NC Division of Aging and Healthy Aging NC.
- A staff member will provide EBHP updates at quarterly RAAC and Provider's meetings to provide the most up to date information.
- The AAA will complete the necessary monitoring for EBHP funding.

Strategy

- The AAA will utilize and work closely with Mon Ami for EBHP reporting.

Measure(s):

- The AAA will attend and invite service providers to Mon Ami Trainings that take place.
- A staff member will provide Mon Ami training in person or virtually to service providers.
- The AAA will record or keep recordings on record of EBHP reporting instructions for service providers and other staff to use.
- AAA will continue to assist providers with accessing and mastering Mon Ami for Healthy Aging reporting.

**Expected Outcomes: The AAA will strive to increase the well-being of older adults through education, informational sessions, increase transportation availability and health focused series. When older adults are prepared it lessens their stress and increases their health outcomes.**



## **Housing and Homelessness**

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

**Objective 3.1:** The AAA will work with DAAS to utilize the Choosing Home SFRF Housing grant funds to help older adults remain in their homes when facing financial obstacles like much-needed home improvements, the inability to catch up on utility/power bills due to increased cost of other life-sustaining

items like food and prescription medications and other needs identified by case managers and social workers.

**Strategy:** The AAA will work with the Departments of Social Services and local service providers to identify those older adults in most need of these grant funds.

**Measure(s):** AAA providers will help these older adults financially via bill payments, home repairs, and other strategies to help them maintain home ownership and not be at risk of homelessness.

**Strategy:** The AAA staff will partner with agencies who already serve/assist with the needs identified by the agencies listed above to be sure we are not re-creating a program or services.

**Measure(s):** The AAA will refer older adults identified to these programs and be sure that the grant funds we have will be used for the DSS and aging service provider referrals.

**Strategy:** The AAA will increase staff, provider and public awareness of the housing crisis and the needs of older adults across the region.

**Measure(s):**

- The AAA will increase involvement with the Homelessness Continuum of Care; housing coalitions in each county and be sure to raise awareness of the 60-plus population's need for safe, affordable housing.
- The AAA will ask their service provider who is in the process of building senior housing and offering a percentage of them as affordable housing for the older adult to share their business model and successes with other providers across the region.
- The AAA will share a list of housing based on income from its online Resource Guide of Senior Services with older adults who inquire and other organizations.

**Objective 3.2:**

**Strategy:** To increase the availability of education on financial stability and methods to maintain home ownership.

Measure(s): The AAA will research the topics and make them available via webinar or in-person to consumers via provider agencies and/or in-person training.

**Expected Outcomes: Older adults in our region will have grant assistance opportunities to help with one-time services so they can maintain their home ownership while having the occasion to learn more about how to sustain themselves. Older adults and community organizations will have more information on available resources for home repair and assistance in our region.**



### **Caregiving and Workforce Development:**

**Goal 4:** The AAA will work collaboratively to advance equity, accessibility, and inclusion through informal and formal caregiving support.

Objective 4.1:

Strategy: To increase the availability and range of services and support to caregivers in the region.

Measure(s):

- Partner with a multitude of agencies/service providers to increase educational events, support groups, and services for caregivers.
- Maintain strong, current partnerships while searching for new ones.
- Continue collaboration with the University of North Carolina Wilmington to provide education on caregiver needs and provide support for the development of a new Caregiver Mentorship Program. The Caregiver Mentorship Program will allow for additional caregiver outreach, targeting caregivers who are unable to utilize traditional support groups and education due to work schedules or financial inability to have care coverage for their loved ones.
- Provide two annual caregiver workshops in the Region through 2028.
- FCSP will continuously inform the community on caregiver events and topics through social media, caregiver email listserv, and service providers.

Strategy: Both the FCSP and Project C.A.R.E. will provide outreach to caregivers and families in communities with limited English proficiency and those underserved, minority, and rural and working caregivers.

Measure(s):

- Participate in multi-cultural events in the region when offered through 2028.
- Reach out to organizations and businesses that offer services and resources to the non-English speaking community through 2028.
- Offer events in rural areas partnering with well-known local organizations, faith communities, and businesses.
- Offer education events to and connect more frequently with the Jewish and LGBTQ communities.

- Offer more presentations/outreach to local employers; hospitals, county, city, Duke Energy, and other large employers to be sure working caregivers are aware of services/resources.

Objective 4.2: Maintain an updated list of available caregiver resources and services to help be the catalyst for information to caregivers and professionals that assist caregivers while investigating ways to fill voids.

Strategy: Partner with local programs and services organizations to create a “Caregiver Academy one-stop website that lists all area programs and links to an updated list of support groups.

Measure(s):

- Continue meeting with 2 current partners (Memory Partners/Alzheimer’s Association to focus on this goal and add additional partners.
- Caregivers/case managers will have one place to find local programs for caregivers of those with memory impairment.

Strategy: FCSP and Project C.A.R.E. will work together to combine all local resources

Measure(s):

- AAA will have a shared folder on the server that is organized and easily accessible with a multitude of services and resources for caregivers.
- The folder will be easily accessible and organized by topic.
- Folder will be reviewed and updated annually.
- The Family Consultant will have her folder with resources from the 2 other regions she covers in partnership with their FCSP programs.

Objective 4.3: The Family Caregiver Resource Specialist will continue to guide service providers in the county encouraging them to think creatively in serving caregivers with the FCSP funds.

Strategy: AAA will have provider meetings to discuss obstacles to serving caregivers and how to maneuver them.

Measure(s):

- AAA/FCSP will have an informative speaker and/or bring pertinent information back to local providers from state-wide meetings.
- The AAA will ask service providers to share successes
- The AAA will share best practices to be replicated in our region

**Expected Outcomes: Caregivers in Region O will be well-informed on available resources/services while having access to educational opportunities because knowledge is so powerful. We will help to sustain caregivers’ abilities to keep their loved ones at home for as long as possible while maintaining their health and well-being.**

## Long-term Preparedness Planning:

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

Objective 5.1: The AAA will encourage the counties and local municipalities to investigate the Age and Dementia Friendly NC initiatives and their capabilities to apply.



Strategy: The AAA will help local service providers with connections to AARP's Age-Friendly Initiative and other communities that have been through the process.

Measure(s):

- AARP will be a guest speaker at a Region O provider meeting.
- AAA will continue to partner with agencies to become Dementia Champions while providing Dementia Friends Informational Sessions throughout the

region.

- AAA will provide Dementia Live to community partners and the general public to raise dementia awareness.

Objective 5.2 Focus on expanding public knowledge of the wealth of benefits when being connected to local senior centers/service providers and their many services/resources.

Strategy: Focal points on aging in each county are the appropriate place for older adults to search for a system that can educate them on resources and be a place for them to share their unmet needs.

Measure(s):

- Older adults and caregivers will recognize how instrumental the focal points on aging/senior centers can be in helping them plan as they age and care for their partners/parents.
- The AAA will share information and resources that would be helpful to older adults so they can have it easily accessible to senior center participants.

Objective 5.3 Partner with the Division of Aging on digital equity initiatives and grants to help incorporate a system that allows older adults to become more connected by using technology.

Strategy: Partner with Queens College's digital navigator program funded by a Division of Aging grant connecting them with our local aging services partners.

Measure(s):

- Older adults in our region will have access to knowledge and the know-how to connect with other people and resources digitally.
- Connect digital navigator with area service providers who offer classes and outreach to help older adults understand how to best use their smartphones and tablets.

Strategy: The AAA will focus on increasing knowledge by providing a wide variety of topics to older adults focusing on reaching the underserved populations.

Measure(s):

- The AAA will host or partner to provide education on topics, finances, healthcare access, health, and well-being at least once per year.
- Plan education in rural and minority locations while also focusing on the professionals who may be offering services to underserved populations.
- 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 healthcare agencies, and other related disciplines to provide at least 4 educational sessions annually on aging sensitivity, elder abuse awareness/prevention, resident rights, and the Ombudsman Program.
- 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.

**Expected Outcomes: By connecting older adults and educating them on digital navigation they will be more independent and increase their abilities to connect with the world which can reduce isolation and depression. Older adults in Region O will have more access to planning tools so they can decide how they would like to age. People will have more awareness of and empathy for persons with dementia and be more attuned to older adult issues in general.**

### Advancing Equity:

**Goal 6:** Advance equity by supporting and encouraging older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

Objective 6.1: The AAA and service providers will be encouraged to expand outreach and service availability to underserved populations using creative solutions.

Strategy: The AAA will research best practices for outreach to underserved populations, including other states' initiatives, partnering with NCDAS for innovative ideas, sharing programs discussed during NC4A meetings, and gathering information from conferences, webinars, and other avenues.



#### Measure(s):

- The AAA will be the medium to share this knowledge throughout the region.
- The AAA will encourage aging service providers to use this information to be proactive in their

communities in creating an equitable environment for older adults of all backgrounds, ethnicities, and socioeconomic status.



Strategy: The AAA will work towards expanding support to the LGBTQ+ older adults in the region.

Measure(s):

- The AAA will maintain SAGE credentials.
- The AAA will work with its service providers to keep an ongoing conversation of LGBTQ+ programs and services being offered in the region and areas to improve upon.

Strategy: Older adults of diverse backgrounds will be aware of available services.

Measure(s):

- AAA will work with service providers to identify gaps in outreach and broaden its partnerships to include more of the underserved and marginalized populations.
- AAA will increase its presence in rural communities, try to identify unmet needs and brainstorm with partners on how we can meet those needs.

Objective 6.2: Increase Emergency Preparedness knowledge and awareness so older adults can plan accordingly.

Strategy: Continue and strengthen partnerships with county Emergency Services and Disaster Coalitions.

Measure(s):

- AAA will increase its presence in regional meetings to gain knowledge to share with older adults, caregivers, service providers, and the general public on available emergency preparedness and where to access real-time information.
- 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.

**Expected Outcomes:** Region O will increase outreach to diverse and under-served populations to help ensure they have access to services and are made aware of options for long-term planning. We will broaden our base of partnerships to include more agencies that can help ensure that older adults of all backgrounds have access to information and needed services. Older adults will have access to emergency preparedness information and planning.

## Conclusion

The Cape Fear Council of Governments Area Agency on Aging strives to bring older adult issues and needs to the forefront of everyone's minds as we have an influx of people growing older in our communities and many more moving to our area for retirement. The AAA is proud to be a pivotal partner in the region encouraging collaborations and partnerships to ensure that we are serving older adults in most needs and creating a comprehensive, coordinated service delivery system with our focal points senior centers being the known place for information and services.

# **ATTACHMENTS**

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# A. Demographics

Like the entire nation, North Carolina’s population is aging quite rapidly. The Cape Fear Region is seeing this firsthand with our counties (Brunswick, Columbus, New Hanover, and Pender) being the #7, #9, #44, and #55 counties ranked regarding population age 60 plus. The region has more individuals over age 60 than individuals under age 18 and this number is predicted to grow tremendously over the next 20 years. Brunswick County has been the epicenter of this “age wave” being the oldest county in the state in terms of median age. It has been one the fastest growing counties in the state and nation, due to the increased migration of older residents looking to retire in the Cape Fear Region. With this expected growth in our state and region, we need to create these Area Plans to prepare and better serve our older adults and their caregivers.

## Cape Fear Region Overview

Ages	2022	2042
60+	150,559	227,414
65+	115,325	181,932
85+	11,114	28,559

## Race/Ethnicity, 65+

County	White	Black or African American	American Indian	Asian	Other race	Two or more races	Hispanic or Latino
Brunswick County	92%	6%	<1%	1%	1%	1%	1%
Columbus County	68%	26%	3%	<1%	0%	2%	1%
New Hanover County	87%	11%	<1%	1%	1%	1%	2%
Pender County	81%	15%	<1%	<1%	1%	3%	1%

## Characteristics of 65+

Characteristic	Brunswick Co	Columbus Co	New Hanover Co	Pender Co
100% Poverty	5%	14%	8%	8%
100%-199% Poverty	11%	30%	15%	17%
Speaks English less than “Very Well”	1%	0%	2%	1%
Veterans	19%	13%	17%	19%
Living Alone	18%	34%	31%	26%
Less than High School	5%	16%	8%	13%
High School Graduate	25%	41%	23%	31%
With a Disability	23%	38%	29%	33%
In Labor Force	14%	14%	20%	16%

**Brunswick County**

Age	2022 County #	2022 County %	2042 County #	2042 County %	% Change from 2022-2024
Total	152,515	-	238,939	-	57%
60+	61,865	41%	107,769	45%	74%
65+	49,542	32%	88,631	37%	83%
85+	3,586	2%	13,504	6%	277%

**Columbus County**

Age	2022 County #	2022 County %	2042 County #	2042 County %	% Change from 2022-2024
Total	50,051	-	49,146	-	-2%
60+	13,641	27%	13,300	27%	-2%
65+	10,302	21%	10,535	21%	2%
85+	1,170	2%	1,438	3%	23%

**New Hanover County**

Age	2022 County #	2022 County %	2042 County #	2042 County %	% Change from 2022-2024
Total	235,502	-	302,313	-	28%
60+	57,765	25%	80,289	27%	39%
65+	43,821	19%	62,491	21%	43%
85+	5,062	2%	10,827	4%	114%

**Pender County**

Age	2022 County #	2022 County %	2042 County #	2042 County %	% Change from 2022-2024
Total	64,971	-	89,456	-	38%
60+	17,288	27%	25,856	29%	50%
65+	12,660	19%	20,275	23%	60%
85+	1,296	2%	2,790	3%	115%

Source: North Carolina Aging Profiles 2022

## **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 hereby submitted for the Region O for the period of July 1, 2024, through June 30, 2028.

It includes all assurances and plans to be followed by the Cape Fear Council of Governments Area Agency on Aging under the provisions of the Older Americans Act, -42 U.S.C. §3001 et. seq, and as amended,; hereafter referred to as the Act. The identified Area Agency on Aging will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as an advocate for older people in the planning and service area.

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

Holly Pelsin 4/1/24  
Area Agency Director Date

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

Tom Jennings 4/30/24  
Tom Jennings, Chairperson of the Regional Advisory Council on Aging Date

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

\_\_\_\_\_  
Mike Forte, Brunswick County Commissioner Date  
& CFCOG Board Chair

## Exhibit 2: Area Plan Assurances

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

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

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

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

**D)** It will report annually to the NC Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals. - 42 U.S.C. §3026(a)(13)(E)

**E)** Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the NC Division of Aging and Adult Services as part of the area plan review process:

Access - 30%

In-Home - 25%

Legal - 2% - 42 U.S.C. §3026(a)(2)F) Designation, where feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—

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

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

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

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

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

- 1) specify how the provider intends to satisfy the service needs of low-income minority elderly, older individuals with limited English proficiency, and older individuals residing in rural areas in the provider's service area;
- 2) to the extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and



- 3) meet specific objectives established by the Area Agency on Aging for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area (referred to in this Section as 'PSA'). -42 U.S.C. §3026(a)(4)

**I)** Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers, with special emphasis on—

- 1) older individuals with greatest economic and social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - 2) older individuals with severe disabilities;
  - 3) older individuals with limited English proficiency;
  - 4) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
  - 5) older individuals at risk for institutional placement; and
  - 6) older individuals who are Indians, also referred to as Native Americans, if there is a significant population in the planning and service area.
- 42 U.S.C. §3026(a)(4)(B), 42 U.S.C. §3026(a)(6)(G)

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

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

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

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

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
- 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act. - 42 U.S.C. §3026(a)(6)(c)

**N)** It will make use of trained volunteers in providing services delivered to older individuals and individuals with disabilities needing such services and, if possible work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out

Federal service programs administered by the Corporation for National and Community Service), in community settings. - 42 U.S.C. §3026(a)(6)(c)

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

**P)** It will establish effective and efficient procedures for coordination of services with entities conducting—

- 1) programs that receive assistance under the Older Americans Act within the PSA; and
- 2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA. - 42 U.S.C. §3026(a)(6)(E), and 42 U.S.C. §3026(a)(12)

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

**R)** It will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by:

- 1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- 2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- 3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- 4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. - 42 U.S.C. §3026(a)(7)

**S)** Case management services provided under Title III of the Act through the Area Agency on Aging will—

- 1) not duplicate case management services provided through other Federal and State programs;
- 2) be coordinated with services described in subparagraph (1); and
- 3) be provided by a public agency or nonprofit private agency that: (i) gives each older individual seeking services under Title III a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging; (ii) gives each individual described in clause (i) a statement specifying

that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii). - 42 U.S.C. §3026(a)(8)(C)

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

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

**V)** It will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), including—

- 1) information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans. 42 U.S.C. §3026(a)(11)

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

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

**Y)** Funds received under Title III will be used-

1) to provide benefits and services to older individuals, giving priority to older individuals identified in assurance G; and

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

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

**BB)** If it desires to provide directly any supportive, nutrition, or in-home services (as defined in Section 342) a waiver shall be requested as part of the Area Plan process and such request(s) will be evaluated based upon the following criteria--

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

- 42 U.S.C. §3027(a)(8)(A)

Exhibit 13 provides information needed to meet this assurance. Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency, no waiver is required because State statute (G.S. 143B-181.-19) places the program in the Area Agency. The NC Division of Aging and Adult Services will not require a waiver request for direct provision of Information and Options Counseling (I&OC) or Outreach. - 42 U.S.C. §3027(a)(8)(C)

**CC)** It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, -including requirements as expressed in 45 C.F.R. §1327.15 which requires that legal representation as well as consultation and advice be provided for the Regional Ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan. -45 C.F.R. §1327.15

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

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

**FF)** There is the provision of the required initial training for new Community Advisory Committee members; ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements G. S. §143B-181.19(b)(8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]

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

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

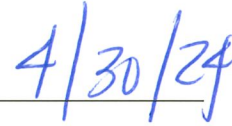
**II)** It will support the mission of the NC Senior Tar Heel Legislature in a manner prescribed by the Division of Aging and Adult Services and endorsed by the NC Association of Area Agencies on Aging. G.S. §143B-181.55

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

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



Area Agency Director's Signature



Date

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

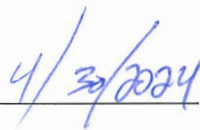
The Area Agency on Aging agrees to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and with the Americans with Disabilities Act of 1990, as amended.

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

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



\_\_\_\_\_  
Signature and Title of Authorized Official



\_\_\_\_\_  
Date

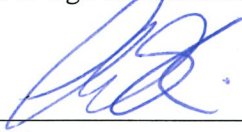


**Exhibit 4: Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of The Civil Rights Act of 1964**

The Area Agency on Aging (herein called the "Applicant") will comply with Title VI of the Civil Rights Act of 1964 -42 U.S.C. §2000d et seq., as amended, and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that in accordance with Title VI of that Act and Regulation, no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

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

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



\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Date



**July 1, 2022 through June 30, 2024**  
**Contract for 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, Attorney

Craige & Fox, PLLC  
701 Market Street  
Wilmington, NC 28401

**Time Period Covered by Contract:** July 1, 2022 through June 30, 2024 for Regional Long-Term Care Ombudsmen, Holli Blackwelder and Jeff Brunsink, serving residents of long-term care facilities in Brunswick, Columbus and Pender Counties.

**Scope of Services:** Pursuant to 42 U.S.C. §3058g(g); 45 CFR §1324.15 (j)

**New Hanover County agrees to provide legal representation on a need basis as follows:**

All legal services shall comply with 42 U.S.C. §3058g(g), to include:

- Representation of “any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties.”
- Legal counsel for “advice and consultation needed to protect the health, safety, welfare, and rights of residents.” In addition, legal counsel is required to be available to “assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives.”
- Representation of the Ombudsman program in response to court orders regarding disclosure of Ombudsman program information.
- Representation of the Ombudsman in his/her role as the Patient Care Ombudsman in federal bankruptcy proceedings.
- Provide legal advice related to developing programmatic policies or legal documents (e.g., program regulations, contracts, policy and procedure manual reviews).
- Provide legal advice related to systems advocacy on behalf of resident interests (e.g., review of legislation, drafting of recommended legislative or regulatory language).
- Provide legal advice regarding complaint resolution for complex cases, including those that involving legal issues.


- Provide legal advice regarding, and/or drafting responses on behalf of the Ombudsman program in response to, formal requests for disclosure of program information (e.g., depositions, subpoenas, interrogatories, public records requests).
- Acknowledge that the communication between the ombudsmen and legal counsel are subject to client privilege.

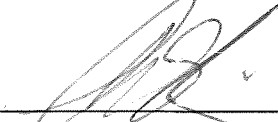
In addition to provide legal services as provided above, Jennifer Marshall Roden agrees to notify the Cape Fear Council of Governments if a change has occurred in its staff designation for legal representation.

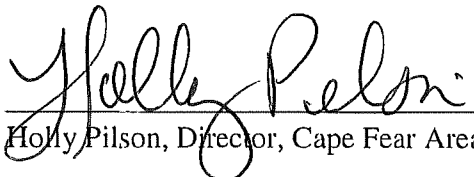
**Terms and Fees:**

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

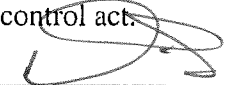
**AGREED UPON BY:**

  
 \_\_\_\_\_ Date: 6/14/2022  
 Jennifer Marshall Roden, Attorney Craige & Fox PLLC

  
 \_\_\_\_\_ Date: 6/27/22  
 Allen Serkin, Executive Director, Cape Fear Council of Governments

  
 \_\_\_\_\_ Date: 6/24/22  
 Holly Pilson, Director, Cape Fear Area Agency on Aging

This instrument has been pre-audited in the manner required by the local government budget and fiscal control act.

  
 \_\_\_\_\_ Date: 7/5/22  
 Dawn Tucker, Finance Director, Cape Fear Council of Governments

**July 1, 2022 through June 30, 2024**  
**Contract for 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 Burpeau, Deputy County Attorney, New Hanover County

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

**Time Period Covered by Contract:** July 1, 2022 through June 30, 2024 for Regional Long-Term Care Ombudsmen, Holli Blackwelder and Jeff Brunsink serving residents of long-term care facilities in New Hanover County.

**Scope of Services:** Pursuant to 42 U.S.C. §3058g(g); 45 CFR §1324.15 (j); 45 CFR §1324.15(j)4

**New Hanover County agrees to provide legal representation on a need basis as follows:**

All legal services shall comply with 42 U.S.C. §3058g(g); 45 CFR §1324.15 (j); 45 CFR §1324.15(j)4, to include:

- Representation of “any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties.” And acknowledge that the communication between the ombudsmen and legal counsel are subject to client privilege.
- Legal counsel for “advice and consultation needed to protect the health, safety, welfare, and rights of residents.” In addition, legal counsel is required to be available to “assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives.”
- Representation of the Ombudsman program in response to court orders regarding disclosure of Ombudsman program information.
- Representation of the Ombudsman in his/her role as the Patient Care Ombudsman in federal bankruptcy proceedings.
- Provide legal advice related to developing programmatic policies or legal documents (e.g., program regulations, contracts, policy and procedure manual reviews).
- Provide legal advice related to systems advocacy on behalf of resident interests (e.g., review of legislation, drafting of recommended legislative or regulatory language).

- Provide legal advice regarding complaint resolution for complex cases, including those that involving legal issues.
- Provide legal advice regarding, and/or drafting responses on behalf of the Ombudsman program in response to, formal requests for disclosure of program information (e.g., depositions, subpoenas, interrogatories, public records requests).

In addition to provide legal services as provided above, New Hanover County agrees to notify the Cape Fear Council of Governments if a change has occurred in its staff designation for legal representation.

**AGREED UPON BY:**

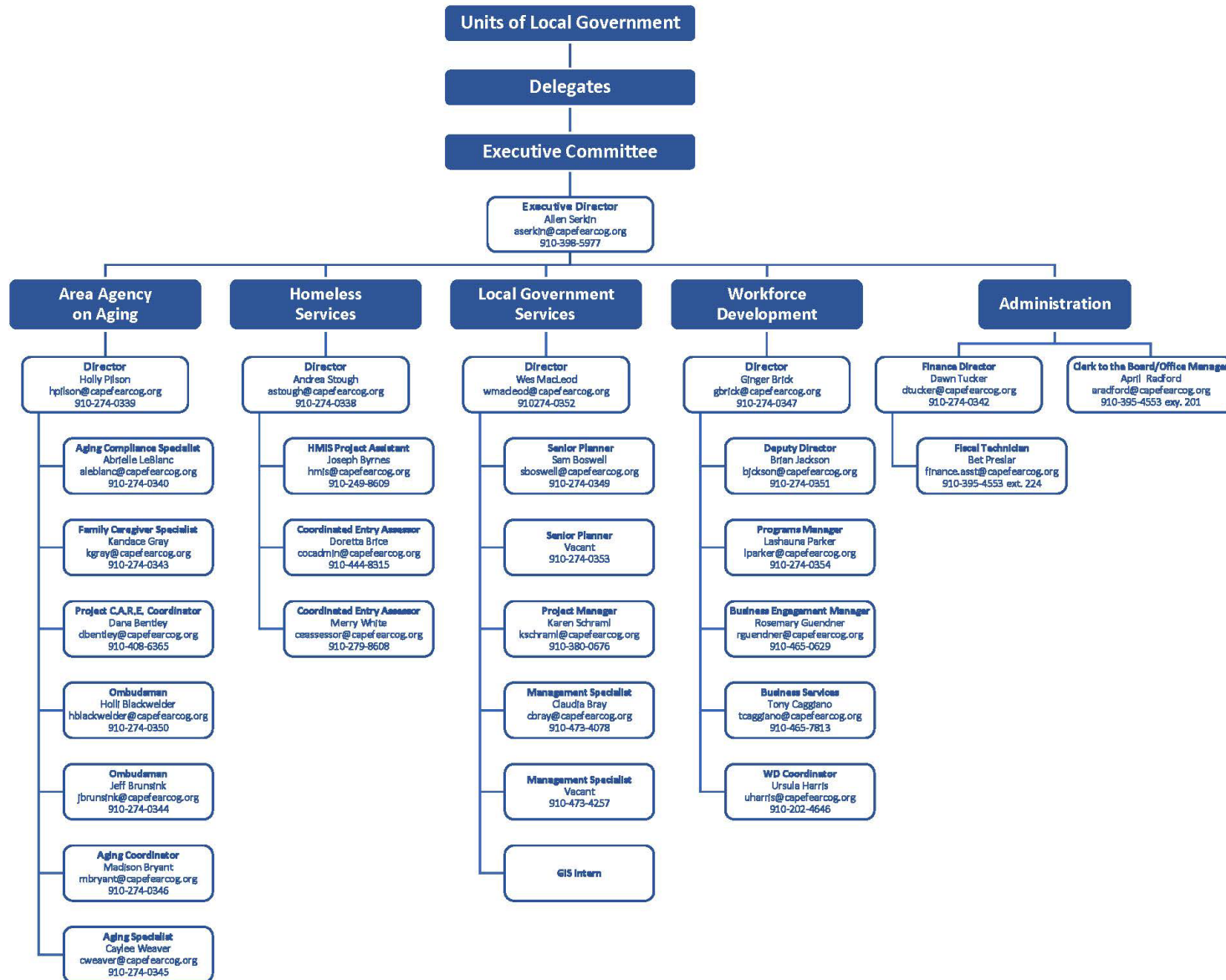
Kemp Burbeau Date: 6/27/2022  
Legal Representative, New Hanover County  
Kemp Burbeau, Deputy County Attorney

Allen Serkin Date: 6/27/22  
Allen Serkin, Executive Director, Cape Fear Council of Governments

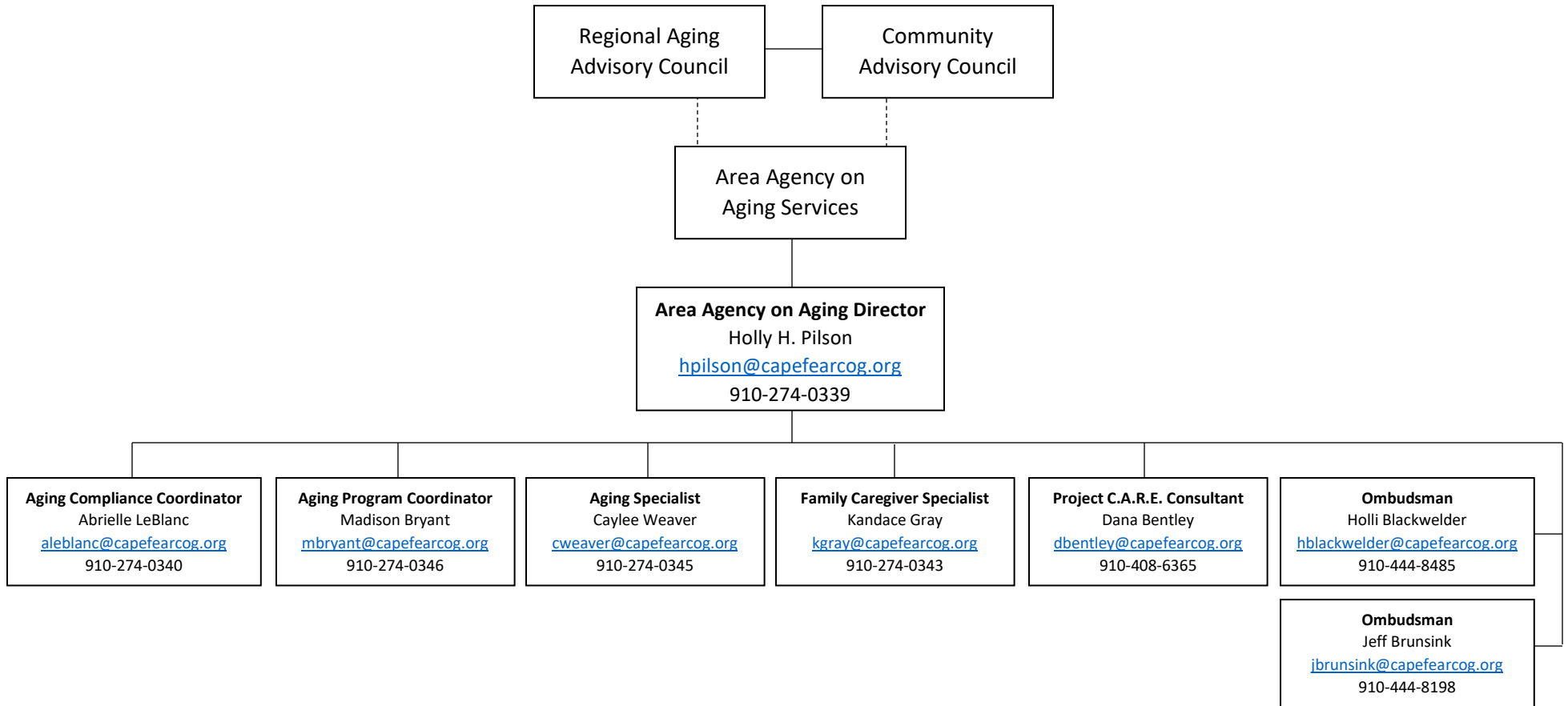
Holly Pilson Date: 6/27/22  
Holly Pilson, Director, Cape Fear Area Agency on Aging

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

# Exhibit 6: Organizational Chart of Single Organizational Unit



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





	Name	Position/Job Title	Race/ Ethnicity <small>(see list below)</small>	FTE/ Temp	List funding source	% of time spent on duties
1	Holly Pilson	AAA Director	5	FTE	P&A	73%
					Ombudsman	5%
					FCSP	9 %
					MIPPA	1%
					SMP	1%
					Project CARE	1%
					ARPA	10%
2	Kandace Gray	Family Caregiver Specialist	5	FTE	FCSP	100%
3	Abrielle LeBlanc	Aging Compliance Specialist	5	FTE	P&A	85%
					ARPA	10%
					FCG	5%
4	Holli Blackwelder	LTC Ombudsman	5	FTE	Ombudsman	100%
5	Jeff Brunsink	LTC Ombudsman	5	FTE	Ombudsman	100%
6	Dana Bentley	Project CARE Family Consultant	5	FTE	Project CARE	100%

7	Caylee Weaver	Aging Specialist	5	FTE	P&A	80%
					Title VII Elder Abuse	5%
					MIPPA	10%
					SMP	5%
8	Madison Bryant	Aging Program Coordinator	8	FTE	ARPA	100%

**Race/Ethnicity Categories**

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

## Exhibit 9: Regional Advisory Council Membership and Participation

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

#	Name		Gender	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
	Lawler	Kathryn	F	Brunswick	1,2	STHL Delegate, retired healthcare worker
	Bruneau	Dan	M	Brunswick	1,2	Brunswick HCCBG committee
	Birdsong	Cris	F	Brunswick	1,2,9	Local Business representative
	Smith	Neill	M	Columbus	1,2,6	Methodist Minister, Columbus CO Senior Center Advisory Council
	Beaver	Veronica	F	Columbus	1,2,3,6	
	Grace	Elizabeth	F	New Hanover	1,2	Elder Abuse Prevention Network, former STHL
	Hur	Robert	M	New Hanover	1,2	Former STHL
	Jennings	Tom	M	New Hanover	1,2,5	Former CAC
	Crumpton	Annette	F	New Hanover	1,2	Former Director of Dept of Aging
	Wall	Jean	F	New Hanover	1,2	Retired DSS and Dept of Aging Social Worker
	Gale	Kathy	F	New Hanover	1,2	Previous Board Member of PAS
	Wright	Yvette	F	New Hanover	1,2,3	CAC Volunteer
	Bost	Bird	F	Pender	1,2,6	PAS Board Member

20 CAC members & 64 CF Elder Abuse Prevention Network 4 STHL

<b>Number of Volunteers</b>	108
<b>Number of Volunteer Hours Provided</b>	1,078

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

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

4

---

**Exhibit 10: Focal Point Organization**

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

## **Section 111**

### **Needs Assessment Overview**

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

Date:

Place:

Summary of Major Comments:



## Exhibit 12: Needs Assessment Regional Summary

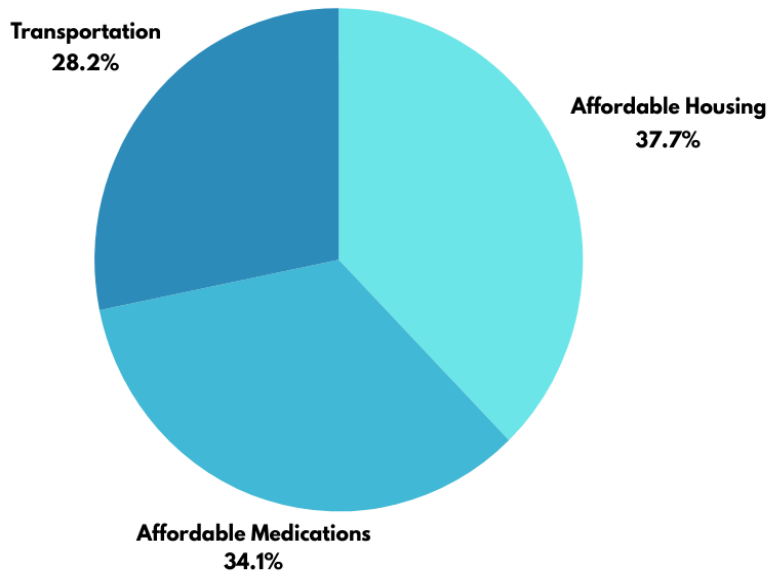
A Needs Assessment survey was created and distributed throughout the region to identify outstanding needs. Surveys were distributed electronically through email, social media, and the Cape Fear Area Agency on Aging website. Surveys were also distributed in paper at local senior centers, congregate nutrition sites, given to home delivered meals clients, and local libraries. In total, we received 236 responses.

### Top 3 Inadequately met needs in the county

County	1	2	3
Brunswick County	Transportation	Affordable Medication	Affordable Housing
Columbus County	Home Repair Needs	Affordable Medication	Caregiver Support and Respite
New Hanover County	Affordable Housing	Transportation	Affordable Medication
Pender County	Affordable Housing	Home Repair Needs	Access to Medical Care

## Regional Data

Based on the Needs Assessment survey mentioned above, the region reported the following top 3 needs: Affordable Housing, Affordable Medications, and Transportation. We believe it is important to also highlight other identified needs in the region that will effect how we plan to serve our older adults the next four years. In this survey, we also asked participants to self-assess their physical and mental health which provided great insight. Our region reported a mental health self-assessment score of 4.2/5 and a physical health score of 3.8/5.

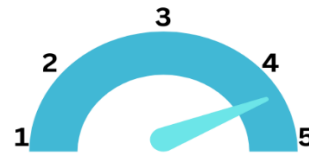


## Other Identified Areas of Need



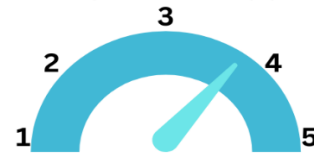
## Mental Health Self Assessment

(1 being poor, 5 being great)



## Physical Health Self Assessment

(1 being poor, 5 being great)



**Section 1V**  
**Monitoring and Direct Services**

## Exhibit 13: Provision of Direct Services Waiver Request

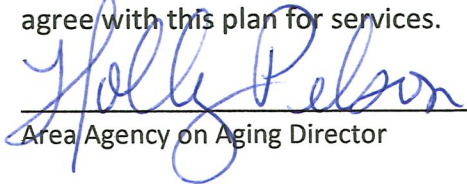
As specified in OAA, 42 U.S.C. §3027(a)(8)(A) and Section 304 of the AAA Policies and Procedures Manual, Area Agencies on Aging shall not provide supportive services, in-home services, or nutrition services directly without state approval. It is the policy of the Division not to approve direct service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

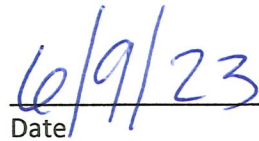
1. Name of the Organization: **Cape Fear Area Agency on Aging** Fiscal Year: 2023/2024

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Family Caregiver Support Program	833,835	All		Continuation

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

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

  
 \_\_\_\_\_  
 Date

## 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 Council of Governments Area Agency on Aging

**Name of Service:** FCSP **Service Code:** 833/835 **FY:** 23/24

1. **Budget:**
  - A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
  - B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
    - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
    - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the 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.
    - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the 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.
2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
3. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year: *Our providers utilize most of their funds for direct service and do not have to staff to manage additional monthly support groups/educational events. 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. FCRS has created a support group in Columbus County and will focus on working with Pender Adult Services and Columbus County Department on Aging to develop support groups in those counties in 23-24.*
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 3 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. FCSP will focus the fiscal year on developing and helping Pender start support groups.

Holly Pelton 6/9/23  
Area Agency on Aging Director Date (circle one)

Approved  Not Approved  
Director, NC DAAS

Hank Bowers 10/13/2023  
Date

### Exhibit 14: Provider Monitoring Plan

A.	B.	D.	E.	F.				G.				H.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency	Schedule for Programmatic Review				Schedule for Unit Verification				Schedule for Fiscal Review			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
<b>041</b>	<b>Brunswick Senior Resources, Inc.</b>											X			
	Congregate	Brunswick	AAA	X				X							
	Home Delivered	Brunswick	AAA		X			X							
	Senior Center Operations	Brunswick	AAA		X										
	Consumer Directed Services	Brunswick	AAA			X									
	Title III-D	Brunswick	AAA	X											
	FCSP	Brunswick	AAA	X				X							
<b>054</b>	<b>Bayada Brunswick</b>														
	IHA Level I	Brunswick	AAA-2	X			X								
	IHA Level II	Brunswick	AAA-2	X			X								
	IHA Level III	Brunswick	AAA-2	X			X								
<b>042</b>	<b>Brunswick Transit System</b>														
	General Transportation	Brunswick	AAA-2	X				X							
<b>055</b>	<b>GT Independence</b>														
	Consumer Directed Services	Brunswick	AAA-2	X				X							
	Consumer Directed Services	Brunswick	AAA-2	X				X							
<b>011</b>	<b>Woodard's Adult Day Health Center</b>														
	Adult Day Care	Brunswick	AAA-3	X				X							
	Adult Day Health	Brunswick	AAA-3	X				X							

### Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	D. Counties Served	E. Monitoring Agency	F. Schedule for Programmatic Review				G. Schedule for Unit Verification				H. Schedule for Fiscal Review													
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28										
<b>046</b>	<b>Columbus County DOA</b>																			X					
	Congregate	Columbus	AAA		X			X																	
	Home Delivered	Columbus	AAA		X			X																	
	Info. & Options Counseling	Columbus	AAA	X																					
	IHA Level II	Columbus	AAA			X		X																	
	IHA Level III	Columbus	AAA			X		X																	
	Housing Home Improvement	Columbus	AAA	X																					
	Senior Center Operations	Columbus	AAA			X																			
	Title III-D	Columbus	AAA	X																					
	FCSP	Columbus	AAA	X				X																	
<b>051</b>	<b>New Hanover County SRC</b>																								
	Congregate	New Hanover	AAA		X					X															
	Congregate NSIP	New Hanover	AAA		X					X															
	Home Delivered	New Hanover	AAA		X					X															
	General Transportation	New Hanover	AAA			X				X															
	Medical Transportation	New Hanover	AAA			X				X															
	Info. & Options Counseling	New Hanover	AAA			X																			
	Senior Center Operations	New Hanover	AAA		X																				
	Title III-D	New Hanover	AAA	X																					
	FCSP	New Hanover	AAA	X				X																	



054	Bayada Wilmington														
	IHA Level I	New Hanover	AAA-2	X				X							
	IHA Level II	New Hanover	AAA-2	X				X							
	IHA Level III	New Hanover	AAA-2	X				X							
056	Elderhaus, Inc.														
	Adult Day Care	New Hanover	AAA-2	X				X							
	Adult Day Health	New Hanover	AAA-2	X				X							
	ADC Transportation	New Hanover	AAA-2	X				X							
	ADH Transportation	New Hanover	AAA-2	X				X							
066	Pender Adult Services										X				
	Congregate		AAA		X			X							
	Home Delivered	Pender	AAA		X			X							
	General Transportation	Pender	AAA	X				X							
	IHA Level II	Pender	AAA		X				X						
	Info. & Options Counseling	Pender	AAA		X										
	Senior Center Operations	Pender	AAA		X										
	Title III-D	Pender	AAA	X											
	FCSP	Pender	AAA	X				X							
026	Legal Aid of NC- Wilmington										X				
	Legal Services	Brunswick, Columbus, New Hanover, 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 2023-2024

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 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.
BAYADA Home Health Care	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	In home Aide	Matt Hannagan, Director, 3205 Randall Parkway, Wilmington NC 28403 0: 910343-8347   Cisco Ext: 74310 bayada.com	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 Bayada. Bayada 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. Bayada reports units to ARMS, participates in monthly collaborative meetings, and reports deviations in care plan.
Brunswick Transit System, BTS	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	General Transportation	Yvonne Hatcher, EO, 5040 Main Street, Shallotte, NC 28470 (910) 253-7800	BTS is a subcontractor providing non-emergency general transportation trips to/from Senior Centers and a shopping trip once week. BTS is responsible for eligibility, completion of forms, reassessments, and compliance requirements. Also maintains adequate levels of insurance coverage and follows emergency policy in the event of incident or accident. Contractor will only transport folks if they are within a 10-mile radius of the center and with 3 or more participants for each route.
Woodard's Adult Day Health Center	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Adult Day Care and Health	Sharon Crawford, Program Manager, 115 Holden Beach Rd SW, Shallotte, NC 28470	Assist individuals who have functional, physical, or mental impairments accomplish their daily activities with personal care while providing respite for caregivers. Woodard's assesses eligibility, performs client intake, registration, and assessment/reassessment. BSRI is contacted when assistance is needed for compliance. Woodard's reports units to ARMS, participates in monthly collaborative meetings, and reports, and wait list.

**Exhibit 14A: List of Subcontractors Region Q FY 2023-2024**

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 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.
Guardiantrac LLC d/b/a/ GT Independence	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	HCI-CDS	Raquel Barbour, M.S., Director of Relationships, 919.631.9735  Amanda Matos, Self Determination Support Specialist,PH 269.503.7408 x889  215 Broadus Street, Sturgis, MI 49091, <a href="http://www.gtindependence.com">www.gtindependence.com</a>	GT Independence will provide financial administration and support services and deliverables for the HCI-CDS program. GT issues payroll payments and serves as the Employer Agent for participants. GT is responsible for data entry and unit reimbursement in ARMS.

**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: CEO Date 9/27/2024

**Exhibit 14A: List of Subcontractors**

Region   O   FY   23/24  

Provider:   Columbus County Department of Aging   Provider Code:   046   County:   Columbus  

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Trio Community Meals	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition Meals (Congregate & Home Delivered Meal)	Trio Community Meals P.O. Box 102289 Atlanta, GA 30368-2289	The subcontractor, Trio Community Meals, 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. Trio 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 appropriate. Cleaning supplies shall not be stored with food or paper products. All areas shall be sanitized before and after each serving.
	<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   Kristie Massey   Title:   Director   Date   09/22/2023

**Exhibit 14A: List of Subcontractors**

Region   0   FY  22-23 

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

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Journey Transportation Services, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general transport services	Ralph Smith 3725 Landshire View Lane Raleigh, NC 27616 910-619-9410	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.
Med Trans of North Carolina LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit services	Eddie Smith 335 Ashworth Manor Court Wilmington, NC 28412 910-431-2996	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.
JSB Transportation, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit services	James Brown 601 Dawson Street Wilmington, NC 28401 910-620-9612	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.



**Exhibit 14A: List of Subcontractors**

Region   0   FY  22-23 

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 <small>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.</small>
Cape Fear Public Transit Authority Db a WAVE Transit	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Non-emergency medical and general para-transit services	Marie Parker 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 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.
Port City Taxi	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general transport services	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 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.
Wilmington Transport LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Non-emergency medical and general para-transit services	Mike Jones 1290 Liberty Landing Rd. SE Winnabow, NC 28479 910-269-6703 910-777-3900	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.

**Exhibit 14A: List of Subcontractors**

Region   O   FY   22-23  

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 <small>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.</small>
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 services	Timothy Corbett 3300 N. Woolwitch Ct. Castle Hayne, NC 28429 910-264-9329 910-520-2440 (Cell) iats@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.
GIBBS MANAGEMENT SERVICES, INC.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition – Home Delivered Meals and Congregate	Ryan Gibbs PO Box 16284 Wilmington, NC 28408 910-352-3581	Contractor shall provide nutrition services to include purchase and preparing food to the HDM and Congregate Nutrition Programs. Contractor will not determine eligibility. Menus 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 4 locations (SRC, Castle Hayne, Katie B. Hines, and Davis Center at Maides Park). Contractor will provide shelf stable meals for emergency/disaster events when the SRC will be closed.
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	Ruth Finch 1380 North College Rd. Wilmington, NC 28405 910-251-0660	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.

**Exhibit 14A: List of Subcontractors**

Region   O   FY  22-23 

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

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Bayada Home Health Care, Inc.	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide (levels I, II, and III)	Matthew Hannagan 3205 Randall Parkway, Suite 205 Wilmington, NC 28403 910-343-8347 (office) 336-413-7265 (cell)	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.

**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 Smith* Amber K. Smith Title: Director Date 09/22/2022