

Region B
Area Plan on Aging
July 1, 2012 - June 30, 2016

OVERVIEW

The 2012-2016 Area Plan on Aging (referred to in this document as 'the Area Plan') is a four-year plan that covers the planning cycle from July 1, 2012 to June 30, 2016. The four-year planning period, with the opportunity for submitting annual amendments to the Area Plan, will allow the Area Agencies on Aging (referred to in this document as 'Area Agencies') to focus their time and resources in the performance areas. It also affords Area Agencies the opportunity to build on the initiatives outlined in the *2011-2015 State Aging Services Plan*, prepared by the Division of Aging and Adult Services (referred to in this document as 'the Division').

The Area Plan focuses on the work of an Area Agency that is mandated by requirements under the Older Americans Act as amended in 2006 (referred to in this document as 'the Act'). A series of assurances are listed in the Area Plan to ensure that federal requirements outlined in the Act and Title III regulations are being carried out at the state, regional, and local levels. These assurances along with the Verification of Intent of the Area Plan must be signed by the Area Agency and other listed bodies indicating their knowledge of, and willingness to meet the intent and letter of the Act.

The Area Plan incorporates the six performance areas that comprise the Performance Standards for Area Agencies in North Carolina these include: Management and Staffing; Planning; Funds Administration and Quality Assurance; Information Brokerage; Program, Resource and Systems Development; and Advocacy.

The Area Plan will guide the work of Area Agencies for the next four years. Each Area Agency will provide to the Division an annual update. Revisions are to be filed as a part of the Area Plan at both the Area Agency and the Division.

Area Plan Checklist

The checklist below identifies the items that must be completed for approval of the 2012-2016 Area Plan on Aging. Please check off each item to ensure that the Area Plan is complete and include a copy of the completed checklist in submitting the Area Plan. Put NA for 'not applicable' if the exhibits are not completed. The Plan is due by **May 20, 2012**.

I have checked the Area Plan to ensure that it includes:

- Area Plan Checklist
- Verification of Intent
- Area Plan Assurances with required signatures
- Additional Assurances with required signature)
- Provision of direct services, if applicable
- Provider Monitoring Plan
- Organizational Charts
- Area Agency Staff List
- Regional Advisory Council Membership and Participation
- Documentation of Area Agency on Aging Public Hearing, if applicable
- Mission and Vision Statements
- Completed assessment tools to aid AAA planning
- Performance Standards Work Plan (including Family Caregiver Support and Ombudsman Programs)
- Additional Regional and County Initiatives, if applicable



Area Agency on Aging Director

5/18/12

Date

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INSTRUCTIONS

Section I: Assurances and Verification of Intent

Each assurance listed is a requirement based upon the Act, supporting regulations, or state policy. All assurances must be signed by the Area Agency Director and/or other appropriate parties, indicating their knowledge of and willingness to meet the intent and letter of the assurances. The use of electronic signatures is permitted. The Division of Aging and Adult Services is responsible for assuring Area Agency on Aging compliance with the Act. If the Division finds that an Area Agency on Aging has failed to comply with Federal or State laws including the Area Plan requirements, regulations or policies, the Division may withhold a portion of the funds to the Area Agency on Aging available under the Act, after providing the Area Agency on Aging due process in accordance with procedures established by the Division. [OAA 306(f)(1-2)]

SECTION II: Administrative Matters

The Area Agency is to use this exhibit to state succinctly its *Mission and Vision*. These statements should form the basis for the work plan. The *mission statement* should provide a brief description of how the Area Agency defines its overall purpose. The *vision statement* should communicate the Area Agency's hope for the future of aging in the region that includes a comprehensive and coordinated system of home and community-based services and supports and strong local and regional planning to support livable and senior-friendly communities.

Exhibits 6 through 12 are self-explanatory and necessary for compliance with the Act and for use by the Division in its work with Area Agencies.

SECTION III: Assessment Overview

Assessment for Developing Comprehensive and Coordinated Service System (Exhibits 13a and 13b), are designed to assist the Area Agency in meeting one of the most significant expectations of the Act—namely, the Area Agency's role in helping create a comprehensive and coordinated service system [OAA 306(a)(7)]. The Act requires an assessment of the unmet needs of older adults and a process for input from both consumers and providers of services related to gaps in services. There is special emphasis on older adults with the greatest social and economic needs, with particular attention to older individuals with low-income, including minority individuals with low-income and, older individuals with limited English proficiency, and older adults residing in rural areas. The Area Agency is encouraged to use a wide variety of information in completing the county exhibit (Exhibit 13a). Examples of such information include: past service data available from ARMS; waiting list information for services; records of public inquiries and requests for assistance maintained at Area Agency and Information & Assistance programs; demographic trend information available from the Division and other sources; and formal and informal input from clients and their families, senior advocates, locally-based consumer planning committees, service providers, and other public and private stakeholders in the Region. In completing the Regional Summary (Exhibit 13b), the Area Agency should involve its Regional Advisory Council with a record of their involvement clearly documented in the council's meeting minutes.

SECTION IV: Monitoring and Direct Services

PROVIDER MONITORING PLAN

The Provider Monitoring Plan, which lists the Area Agency's schedule for monitoring local service providers, should cover the four-year period from FY 2012/2013 through 2015/2016. Guidance for the development of Exhibit 14 may be found in the Division's instructions on completing this exhibit, Section 308 of the Area Agency on Aging Policy Manual, Administrative Letters No. 98-6 and 98-18, and the Area Agency's own written procedures on assessing community service providers. Senior Centers of Merit or Excellence do not require monitoring for Senior Center Operations funding during the period of certification.

WAIVER FOR DIRECT SERVICES

The Area Agencies who desire to provide services directly during the four-year Area Plan period must do so in accordance with the requirements specified in the Act and Title III regulations as follows:

- Submit a written request and justification (Exhibit 15) to the Division Director seeking approval to provide a service(s) directly. This request must be sent to the Division no later than June 1st of the year preceding the fiscal year for which the Area Agency seeks approval, and must include the following information:
 1. Name of service with service code;
 2. Name of the counties in which service will be provided;
 3. Non-unit activities require a line item budget identifying all personnel involved, salaries, fringes, travel, equipment, indirect cost rate, etc.;
 4. Unit producing activities, require the number of units to be provided; unit rate (federal and state share, with local match); and estimated number of well, at-risk, and high risk older adults to be served;
 5. Detailed justification regarding why no other suitable provider is available in the identified counties to provide the service; and
 6. Description of the efforts made by the Area Agency to cultivate new or existing contractors to provide this service and the results to date.

Area Agencies that provide or administer ELDERCARE services on the basis of a contractual agreement(s) will be considered to be providing direct services. Therefore, a request is required, and the request should include items 1, 2, and 6 noted above and a response to all Policy Provisions stated in Section 304(B) of the Division's Area Agency on Aging Policies and Procedures Manual.

During the Area Plan period, the Area Agency will submit a new request to provide services directly for each applicable state fiscal year.

Upon receipt of the request, a review will be conducted to ensure that each critical area previously identified has been adequately addressed. The request will then be evaluated based upon the requirements within the Act and supporting regulations. The Division Director will respond in writing, whether approved or denied.

The Area Agencies approved to provide services directly will place a copy of the letter of request, with supporting documentation, and the letter of approval within the Area Plan.

As specified in Section 306(20)(2)(A) of the Older Americans Act and Section 304 of the AAA Policies and Procedures Manual, Area Agencies 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.

SECTION V: Area Agency on Aging Work Plan

WORK PLAN EXHIBITS

Overview: Exhibits 16-22 serve as the “*work plan*” of the Area Agency and reflects the full range of activities that the Area Agency plans to undertake during the four-year period. This includes the administration of Family Caregiver Support Program and Ombudsman Program. They are an essential component of the overall Area Plan and are to be viewed as such by the Division and Area Agencies.

As a *work plan*, Exhibits 16-22 are a principal means for the Area Agency to identify, prioritize, and organize how it will realistically use its staff and material resources over the next four years to achieve maximum effect within the region for the well-being of older adults and their families. The work plan exhibits serves as an internal tool to help develop individual employee work and staff development plans. It will also provide the Area Agency’s Regional Advisory Council, Council of Governments director and board, and others with an easy means to understand and track the work of the Area Agency. Further, it serves as a primary vehicle that links activities related to the Division’s *State Aging Services Plan* and its statewide initiatives. It should also build upon and reflect the work of the Area Agency in support of local planning and the building of livable and senior-friendly communities. The *2012-2016 Area Plan* is an important component of North Carolina’s efforts toward comprehensive and coordinated planning for an aging population. The Area Agencies should also be able to use the work plan exhibits as a useful reference in communicating expectations, sharing ideas, and seeking collaboration with other Area Agencies and among the many stakeholders within their regions.

Exhibits 16-22 mirror the six Performance Standards developed by and for North Carolina’s Area Agencies, with input from the Division. They also take into account the eight goals presented in the *2011-2015 State Aging Services Plan*, and the general goals of the U. S. Administration on Aging’s *2007-2012 Strategic Action Plan*.

The Division elected continued use of the Area Agency on Aging Performance Standards, as updated with the Area Agencies, as the principal framework for developing this part of the Area Plan to reinforce the value of these standards as they describe and guide the overall performance of North Carolina’s Area Agencies. These standards were developed to:

1. enable each Area Agency to measure its achievements against a set of clear, consistent, and challenging goals;
2. encourage consistency in direction, goals, and capacities among the Area Agencies; and

3. provide a basis and framework for communicating individual and collective Area Agency achievements to various stakeholders, including government officials and the general public.

As broad goal statements around which the Area Agencies can organize their work, these performance standards are meant to facilitate, not limit, the Area Agency's aspirations. The Area Agencies are encouraged to identify additional initiatives that cannot be easily related to any of the existing performance standards in Exhibit 22 of this section (which is optional). These additional initiatives can help expand and strengthen the goals and work of all Area Agencies.

Development of Work Plan: Work plan Exhibits 16-21 should be developed with input from the Area Agency's Regional Advisory Council and other relevant partners. It should definitely take into account how the Area Agency is working in support of local aging planning leadership teams. The specific activities that the Area Agency chooses to address are left to its discretion but are subject to review and negotiation with the Division. The Division respects that the level and nature of involvement will be based on each region's priorities and interests, the Area Agency's capacity, and other factors.

In summary, then, in developing its work plan, the Area Agency should consider at least the following documents and activities:

1. the views and interests of local aging planning leadership teams;
2. the views and interests of the Regional Advisory Council;
3. input from other local constituents and advisory bodies, including consumers of Older Americans Act services, members of the Senior Tar Heel Legislature, members of Adult Care Home and Nursing Home Community Advisory Committees, and local service providers;
4. results of required and optional assessment tools, and any other regional and local needs assessments;
5. the *Area Agency Performance Standards*, especially in terms of best practices;
6. the *2004-2008 Area Plan* as amended, because there should be continuity of activity where appropriate;
7. the *2011-2015 State Aging Services Plan and the Administration on Aging's 2007-2012 Strategic Action Plan*; and
8. the enabling charge for planning from the 2006 Amendments to the Older Americans Act.

Because it is impossible to develop a work plan that can last unchanged for a four-year period, it will be necessary for the Area Agencies to make periodic updates. The Division will require an annual update of these exhibits.

1. **Criteria for Review of Work Plan Exhibits:** While the Division encourages each Area Agency to develop the work plan exhibits 16-22 in a way that is responsive to the particular circumstances of its region and the strengths of its personnel, the Division reserves the right to negotiate changes to enhance the effect of the work plan for the counties, region, and the state. The Division's program staff members will work together to review each work plan and offer timely and specific feedback to the Area Agencies.

While the work plan is to be comprehensive, its length will likely be less important than the clarity, organization and substance of the work described. *The Area Agency is encouraged to avoid duplication within the work plan*, that is, if an activity is adequately described in one exhibit area there is no

need to repeat the information elsewhere. A note to cross-reference information may be necessary in instances involving the Ombudsman Program and Family Caregiver Support Program.

Explanation of Exhibits and Instructions:

Exhibits 16-22: These seven exhibits correspond to the six topic areas composing the Area Agency *Performance Standards* and an exhibit for any additional region-and county-specific initiatives:

- Exhibit 16: Area Agency Management & Staffing
- Exhibit 17: Planning
- Exhibit 18: Funds Administration & Quality Assurance
- Exhibit 19: Information Brokerage
- Exhibit 20: Program, Resource, and Systems Development
- Exhibit 21: Advocacy
- Exhibit 22: Additional Regional and County Initiatives

Exhibits 16-22 list the standards pertaining to the respective performance area. Additional rows may be inserted as needed in each exhibit.

SECTION I:
Verification of Intent and Assurances

VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Land-of-Sky Regional Council Area Agency on Aging for the period July 1, 2012 through June 30, 2016.

It includes all assurances and plans to be followed by the Land-of-Sky Regional Council Area Agency on Aging under the provisions of the Older Americans Act, as amended in 2006 (Public Law 109-365); 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 are hereby submitted to the State Unit on Aging for approval.

LeeAnne Fucker

Area Agency Director

5/18/12

Date

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

Charles H. Dickens

Chairperson of the Regional Advisory Council on Aging

7/12/12

Date

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

Mdy

Signature/Title

6/27/12

Date

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. OAA 306(a)(4)(C)

D) It will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals. OAA 306(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 Division of Aging and Adult Services as a part of the area plan review process:

Access - 30%

In-Home - 25%

Legal - 2%

OAA 306(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.
OAA 306(a)(3) and (6)(C)

Exhibit 11 provides information needed to meet this assurance.

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. OAA 306(a)(4)

H) Each agreement with a service provider funded under Title III of the Older Americans Act (referred to in this section as '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'). OAA 306(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 if there is a significant population in the planning and service area.

OAA 306(a)(4)(B)and (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.

OAA 306(a)(5) (16)(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. OAA 306(a)(6)

Exhibit 13 provides information to meet this assurance.

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. OAA 306(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. OAA 306(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. OAA 306(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. OAA 306(a)(6)(D)

Exhibit 10 provides information to meet this assurance.

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. OAA 306(a)(6)(E) and (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.

OAA 306(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. OAA 306(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). OAA 306(a)(8)(C)

T) It will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under section 307(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year 2000 in carrying out such a program under Title VII of the Act. OAA 306(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. OAA 306(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. OAA 306(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 306(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 will (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. OAA 307(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). OAA 306(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) OAA 306(a)15

Z) Funds received under this Title will not be used to pay any part or a cost (including an administrative cost) incurred by it to carry out a contract or commercial relationship that is not carried out to implement Title III of the Act. OAA 306(a)(14)

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. OAA 306(a)(15)

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.

OAA 307(a)(8)(A)

Exhibit 15 provides information needed to meet this assurance. The Division of Aging and Adult Services will not require a waiver request for direct provision of Information and Assistance (I&A) or Outreach. OAA 307(a)(8)(C)

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-181.17) places the program in the Area Agency.

CC) It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, Section 712(g)(1)(ii) which requires that legal representation as well as consultation and advice be provided for the regional ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan. OAA 712(g)(1)(ii)

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) (9)] Exhibit 5 provides information needed to meet this assurance.

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]. Exhibit 5 provides information needed to meet this assurance.

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 (8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]. Exhibit 5 provides information needed to meet this assurance.

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)] Exhibits 16 - 22 provide information needed to meet this assurance.

HH) It will notify the Division of Aging and Adult Services within 30 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 Section 306 of the 2006 Amendments 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

5/18/12

Date

ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, AND THE DISABILITES ACT OF 1990

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

Though the Area Agency on Aging 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.



AAA Director

5/18/12

Signature and Title of Authorized Official

Date

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 (P.L.88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 CFR 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.



AAA Director

5/18/12

Signature and Title of Authorized Official

Date

ASSURANCE OF LEGAL REPRESENTATION OF REGIONAL OMBUDSMAN

Name and Address of Attorney/Firm: Wendy A Craig, PA
207 East State Street
Black Mountain, NC 28711


Period of Time Covered by Contract: May 1, 2012 – May 1, 2016

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

Key Elements of Contractual Agreement

1. Ensure that adequate legal counsel is available to the regional ombudsman for advice and consultation and that legal representation will be provided for the regional ombudsman against whom suit or other legal action is brought in connection with the performance of his/her official duties.
2. Ensure that the office has the ability to pursue administrative, legal and other appropriate remedies on behalf of residents in long-term care facilities.

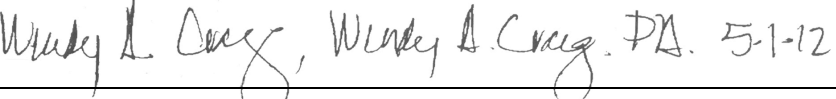
AGREED UPON BY:



Land-of-Sky Regional Council 5/18/12
Executive Director, Name of Council of Governments, Date



5/18/12
Area Agency on Aging Director, Date



Legal Representative, Name of Firm, Date

**SECTION II:
AAA Administrative Matters**

MISSION AND VISION STATEMENTS

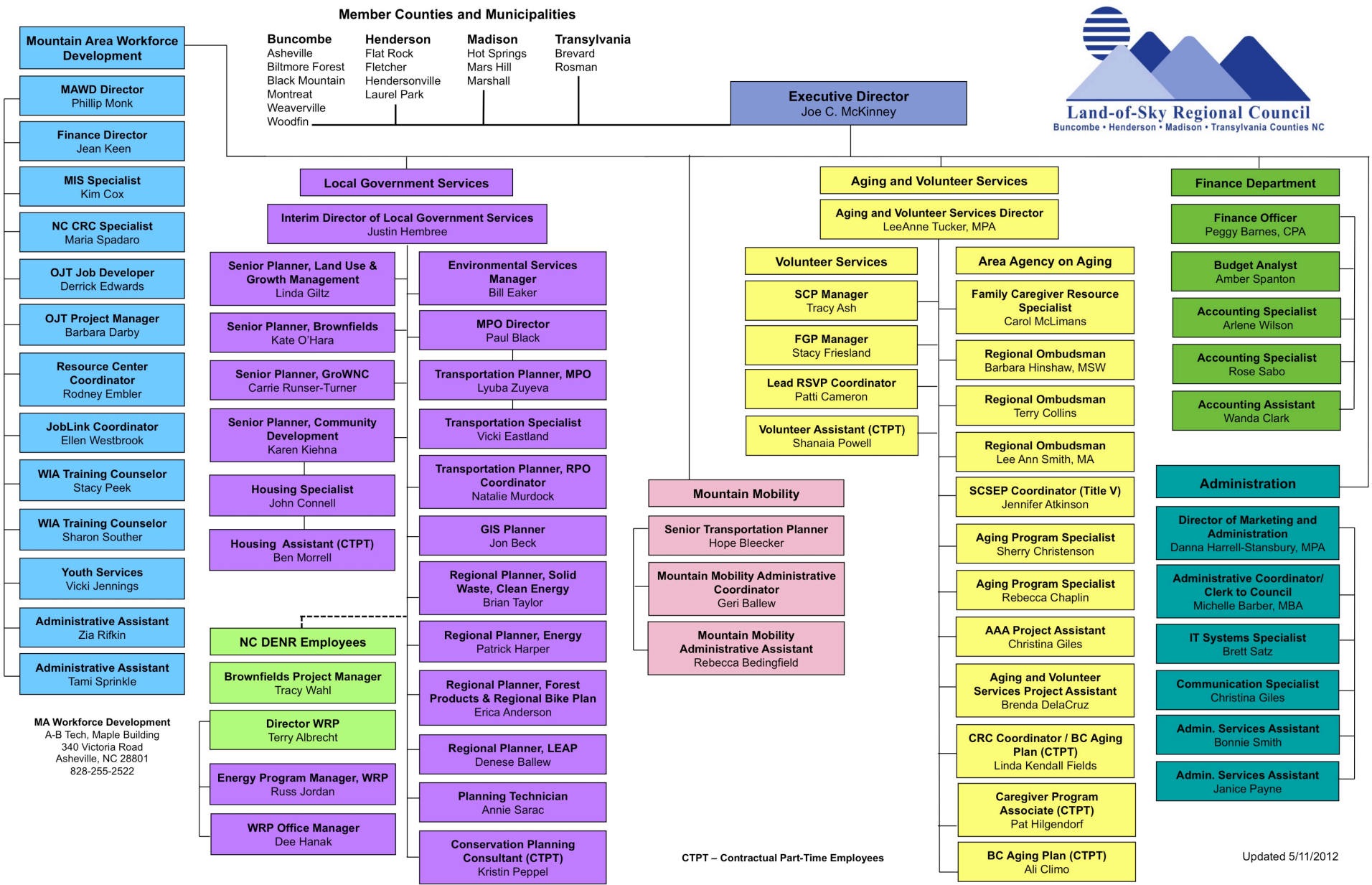
Mission

Work with local governments, the Region's leadership, state and federal agencies, service providers, and volunteers to foster desirable social, economic, cultural and ecological conditions in Buncombe, Henderson, Madison and Transylvania Counties.

Vision

The Area Agency on Aging is a leader and catalyst in helping our four county Region (Buncombe, Henderson, Madison and Transylvania) develop a comprehensive system of programs and opportunities that provide older adults the information and support needed to age optimally in the setting of their choice.

ORGANIZATIONAL CHART OF SINGLE ORGANIZATIONAL UNIT

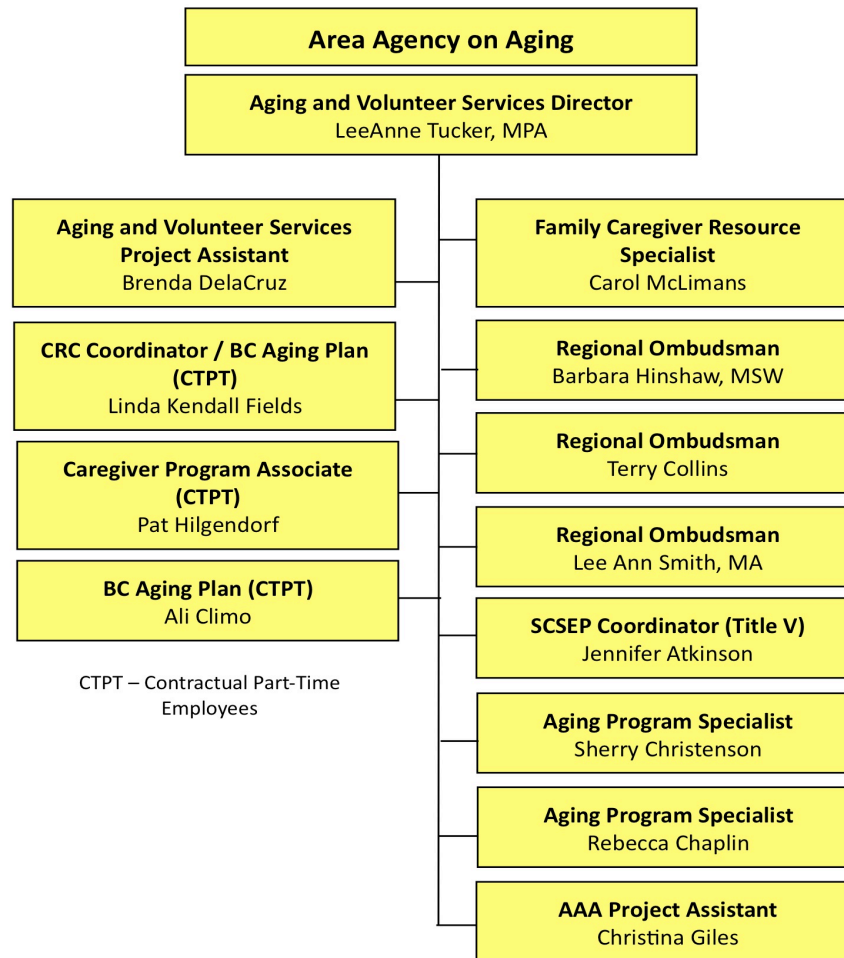


MA Workforce Development
A-B Tech, Maple Building
340 Victoria Road
Asheville, NC 28801
828-255-2522

CTPT – Contractual Part-Time Employees

Updated 5/11/2012

ORGANIZATIONAL CHART OF THE AREA AGENCY ON AGING



AREA AGENCY ON AGING STAFF LIST (for preceding state fiscal year)

| | Name | | | Gender M/F | Age Group | | | Race | Position | FTE | Temporary Position* | Dates | | |
|----|----------------|-----------|----|---------------|-----------|-------|-----|------|--|------|------------------------|--------|---------|-------|
| | Last | First | MI | | <40 | 40-59 | 60+ | | | | | Hire | Current | Leave |
| 1 | Atkinson | Jennifer | | F | | | X | 5 | SCSEP Coordinator | .70 | | May06 | X | |
| 2 | Chaplin | Rebecca | G | F | X | | | 5 | Aging Programs Specialist | 1.00 | | Dec06 | X | |
| 3 | Christenson | Sherry | J | F | X | | | 5 | Aging Programs Specialist | 1.00 | | Oct11 | X | |
| 4 | Climo | Ali | | F | | X | | | Buncombe County Aging Plan Coordinator | CPTP | | May12 | X | |
| 5 | Collins | Terry | | F | | X | | 5 | Ombudsman | 1.00 | | Jan03 | X | |
| 6 | DelaCruz | Brenda | D | F | | | X | 5 | Aging and Volunteer Services Project Assistant | 1.00 | | Nov06 | X | |
| 7 | Giles | Christina | M | F | X | | | 5 | Area Agency on Aging Project Assistant | .50 | | Jul05 | X | |
| 8 | Hilgendorf | Pat | | F | | X | | 5 | Caregiver Program Associate | CTPT | | Mar09 | X | |
| 9 | Hinshaw | Barbara | | F | | X | | 5 | Ombudsman | 1.00 | | Jun05 | X | |
| 10 | Kendall Fields | Linda | | F | | X | | 5 | CRC Coordinator | CTPT | | Apr09 | X | |
| 11 | McKinney | Joe | C | M | | X | | 5 | Executive Director | 1.00 | | Jan03 | X | |
| 12 | McLimans | Carol | | F | | | X | 5 | Family Caregiver Specialist | 1.00 | | Oct97 | X | |
| 13 | Smith | Lee Ann | | F | | X | | 5 | Ombudsman | 1.00 | | Oct06 | X | |
| 14 | Stanley | Margaret | | F | | | X | 5 | Aging Programs Specialist | .80 | | Dec05 | | Aug11 |
| 15 | Tucker | LeeAnne | | F | | X | | 5 | Aging and Volunteer Services Director | 1.00 | | Sept11 | X | |

| Race/Ethnicity Categories | |
|----------------------------------|---|
| 1 | American Indian or Alaskan Native (Alone) |
| 2 | Asian (Alone) |
| 3 | Black/African American (Alone) |
| 4 | Native Hawaiian or Pacific Islander (Alone) |
| 5 | Non-Hispanic White (Alone) |
| 6 | White-Hispanic (Alone) |
| 7 | Persons Reporting Some Other Race |
| 8 | Persons Reporting 2 or More Races |

CTPT – Contractual Part-Time

REGIONAL ADVISORY COUNCIL MEMBERSHIP

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

| Code# | Name | | Gender M/F | County | Position Code(s) (Note all that apply) | Organizational Affiliation(s) |
|-------|-----------|----------|------------|--------------|---|---|
| | Last | First | | | | |
| | Buckner | Penny | F | Madison | 6,8 | Madison County Department of Community Services |
| | Dickens | Charles | M | Buncombe | 2,5 | Senior Tar Heel Legislature |
| | Koontz | Louise | F | Transylvania | 2,8 | Transylvania County DSS |
| | Lee | Page | M | Madison | 2,6 | Senior Tar Heel Legislature |
| | Lilenfeld | Don | M | Buncombe | 2 | Senior Tar Heel Legislature |
| | Roberts | Jack | M | Madison | 2,6 | Senior Tar Heel Legislature |
| | Roberts | Kem | F | All | 8 | DAAS Representative |
| | Stanley | Patricia | F | Henderson | 7 | Henderson County CAC Member |
| | Stephens | Deana | F | Madison | 6,8 | Madison County Health Department |
| | Stewart | Emily | F | Transylvania | 2 | Transylvania County Resident |
| | Stroup | Delores | F | Transylvania | 2 | Senior Tar Heel Legislature, Transylvania County CAC Member |
| | Threlkeld | Vivian | F | Buncombe | 1,2,3 | Foster Grandparent Volunteer |
| | Titus | Calvin | M | Henderson | 2 | Senior Tar Heel Legislature, Henderson County CAC Member |
| | Tomasulo | Bob | M | Buncombe | 2 | Buncombe County Adult Care Home CAC Member |
| | | | | | | |

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

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

4

FOCAL POINT DESIGNATION

| Designated Focal Point Agency Name/Address | County | Check if | |
|--|---|----------------------------|---------------------------|
| | | Multipurpose Senior Center | Community Action Program* |
| Community Action Opportunities 25 Gaston Street, Asheville, NC 28801 | Buncombe, Madison | | √ |
| Council on Aging of Buncombe County 46 Sheffield Circle, Asheville, NC 28801 | Buncombe | | |
| Council on Aging for Henderson County 105 King Creek Road, Hendersonville, NC 28792 | Henderson | | |
| Madison County Department of Community Services 462 Long Branch Road, Marshall, NC 28753 | Madison | | |
| Madison County Department of Social Services PO Box 219, Marshall, NC 28753 | Madison | | |
| Marshall Senior Center 462 Long Branch Road, Marshall, NC 28753 | Madison | | |
| Silvermont Opportunity Center 364 East Main Street, Brevard, NC 28712 | Transylvania | √ | |
| Transylvania County Department of Social Services 21 East Main Street, Brevard, NC 28712 | Transylvania | | |
| Transylvania Regional Hospital PO Box 1116, Brevard, NC 28712 | Transylvania | | |
| United Way's 2-1-1 50 South French Broad Avenue, Asheville, NC 28801 | Buncombe, Henderson, Madison, Transylvania | | |
| Western Carolina Community Action (WCCA) 220 King Creek Boulevard, Hendersonville, NC 28792 | Henderson | | √ |
| Western Carolina Community Action (WCCA) 181 Hillview Extension , Brevard, NC 28712 | Transylvania | | √ |

DOCUMENTATION OF AREA AGENCY ON AGIING PUBLIC HEARING (if applicable)

Date:

Place:

Summary of Major Comments:

SECTION III:
Needs Assessment Overview

Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County:

Buncombe

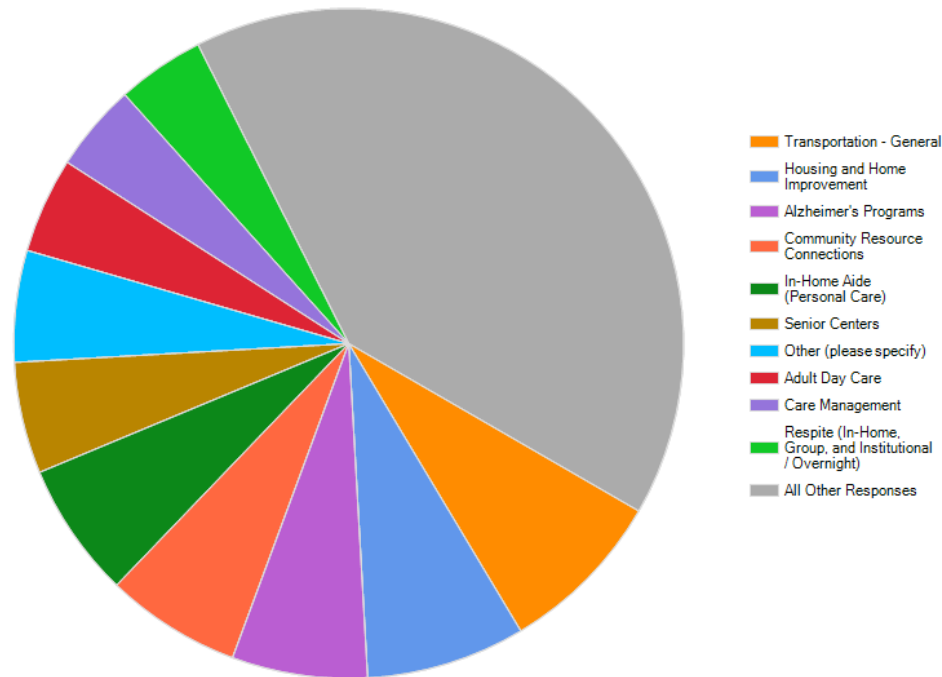
| Supportive Services | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|--------------------------------|--------------------------------------|--|
| Adult day care | (13.3%) | <ul style="list-style-type: none"> Adult Day Care and Adult Day Health remain a little known option for caregivers of folks with Alzheimer's. An essential element of ADC and ADH is to allow a loved one to remain in the home and out of an institution for as long as possible. Awareness of these services and how they work is my concern. |
| Adult day health care | (3.3%) | |
| Adult placement services | (8.9%) | |
| Alzheimer's Programs | 3 rd - Tie (18.9%) | <ul style="list-style-type: none"> There are not enough programs for persons WITH dementia. There is focus for caregivers, but those with the diagnosis are generally overlooked. Looking at the next decade the need for care for Alzheimer's patients and their families will increase exponentially. |
| Benefits/Options counseling | (10%) | |
| Care management | (12.2%) | |
| Community Resource Connections | 3 rd - Tie (18.9%) | <ul style="list-style-type: none"> Knowing what types of services can be confusing - having to navigate through the maze of agencies is cumbersome and not always helpful, especially if you're being bounced from agency to agency. |
| Consumer Directed Care | (4.4%) | |
| Emergency preparedness plans | (5.6%) | |
| Energy assistance | (7.8%) | |
| Family caregiver counseling | (4.4%) | <ul style="list-style-type: none"> It seems that so many folks become overwhelmed with caregiving. More 1:1 counseling opportunities to help folks face the reality of their loved one's care and quality of life. People tend to respond well to trainings. Understanding the needs that their loved one may face, or ways to lift correctly would all be greatly appreciated in the caregiving community. |
| Family caregiver training | (10%) | |
| Financial counseling | (7.8%) | <ul style="list-style-type: none"> Care Management, Financial Counseling, Job Training & Placement for Older Workers - For those receiving taxpayer assistance, participation in these three services should be mandatory in order to continue receiving assistance |
| Guardianship | (3.3%) | |

| | | |
|---|----------------------------------|--|
| Housing and home improvement | 2 nd (22.2%) | <ul style="list-style-type: none"> • Most people prefer to stay in their homes or apartments; there are concerns about whether the infrastructure for this exists at an affordable level. |
| In-home aide (homemaker) | (8.9%) | |
| In-home aide (personal care) | 3 rd – Tie (18.9%) | <ul style="list-style-type: none"> • In home care and senior centers are very valuable, but they are difficult to access, especially the in home care for those that cannot afford it. • Wait list for IHA services is high; barriers include 'fractured' service provision, lack of creative or flexible service provision (cannot do income - based fee for service on sliding scale), ineffective state oversight (two manuals both from 1992, inability of state to answer service questions with any clarity or immediacy). Senior Farmers Market Nutrition Program is woefully underfunded in NC, and full of institutionalized barriers to service (training only in Raleigh, must be congregate dining participant to receive, etc.) |
| Information & assistance | (3.3%) | <ul style="list-style-type: none"> • Reaching those in need. • Seniors need a personal advocate to help direct them & their family to available services. Seniors aren't aware that they have reached the age where they need assistance & families many times don't take the initiative to prevent problems or to improve the seniors quality of life. I work at a senior center and see a need for all the areas that I have checked. • I am trying to locate housing, transportation and activity for my sister who has many problems. • I think people need help with sorting out all the resources/programs available to them. Services that help keep people in their own homes as long as possible are key. |
| Job training & placement for older workers | (4.4%) | |
| Legal assistance | (6.7%) | |
| Personal & family counseling | (5.6%) | <ul style="list-style-type: none"> • Our community can always use more family counseling, especially regarding couple and parental relationships. And I mean OUTSIDE OF SOCIAL SERVICES! • Depression is high among the elderly so I feel available counseling is important, even if it's just someone who will listen. Many elderly are concerned about their finances, even if they are well to do. And, unfortunately, those afflicted with Alzheimer's seems to be on the rise. |
| Respite (in-home, group, and institutional/overnight) | (12.2%) | <ul style="list-style-type: none"> • Not enough of any of these three to support the need. Especially overnight respite - huge need, but except for the Greenwood Inn, which is only six beds, nothing is available that is affordable. Soon CarePartners Adult Day will offer one, but again, only 4 beds. |
| Senior companion | (2.2%) | |
| Senior Centers | (15.6%) | |

| | | |
|--|----------------------------|---|
| Transition Support Services | (6.7%) | <ul style="list-style-type: none"> • Poor care transitions from inpatient services to home. Caregivers and patients feeling overwhelmed or lost once discharged back home. Often ending up back in hospital because they don't understand discharge instructions or don't have resources to purchase medications. Also not having proper home services set up before discharge. Before patient is discharged, family caregiver training would be helpful. |
| Transportation-general | 1 st (23.3%) | <ul style="list-style-type: none"> • Of all the supportive services, Public Transportation is vital to an aging population to let the stay in their homes as long as they are emotionally and physically able. • People are interested in additional transportation services, including transportation (such as expanded Mountain Mobility) for after-hours and life-enriching activities, wellness, exercise, meetings, etc. • Transportation seems to be a great need for those who are homebound or for caregivers who need to get ready for work without making extra stops. Though it can be rather expensive. What about vouchers for transportation or scholarships. |
| Transportation-medical | (11.1%) | |
| Volunteer program | (3.3%) | |
| Other: LGBT Support Fall Prevention Meals on Wheels Education Spanish Speaking Seniors Substance Abuse Personal Emergency Response Systems | (15.6%) | <ul style="list-style-type: none"> • State, IOLTA, UW, and county funding have been cut for legal services. Federal funding has been cut for energy assistance. State funding has been cut for housing development. • As one of the top retirement areas in the state, we should be focused on helping people remain in their homes longer • Picking just three is virtually impossible as these are all important services. • Substance abuse is one of the largest health problems affecting NC residents. We are one of the largest consumers in America of Vicadin and America is the largest consumer in the world of prescriptions drugs. Seniors have the largest access to prescriptions. Add it up. What does that make NC seniors? • More will need and wish to age in place, this means homes will need to be built for this or be modified as needed. Elders will rely more and more on family's caregiver, whose health is put at risk without reliable, good respite services. And everyone is living longer but not planning financially or otherwise for the long haul...people need to know what their options are and are not and what will be realistic excitations for themselves as they get into late late life and end of life. • Keeping people in their own homes as long as possible. • Too many seniors spend too much time alone and at risk of falling, not getting their nutritional needs met, needing guidance & direction; many are in need of social interaction. • As NC comed under the radar for PCS services in ACH/FCH, what services are going to be in place to help those in need if care due to new requirements? • Our transportation system is not adequate for the number of older people we have in our |

| | | |
|--|--|--|
| | | <p>area. Care management needs to be improved to help families who don't know where to turn or even get started. We need more money for in-home aides to give respite.</p> <ul style="list-style-type: none"> • Continuation of living in ACH with after the Medicaid changes. • Finding physicians for dual eligible beneficiaries. • Opportunity for people in residential facilities to take trips off-site for social, recreational, life-enriching activities. • Where is senior nutrition on this list? In addition to congregate and HDM, Senior Farmers' Market Nutrition Program is missing here from what I can see. |
|--|--|--|

Choose 3 Supportive Services Concerns :

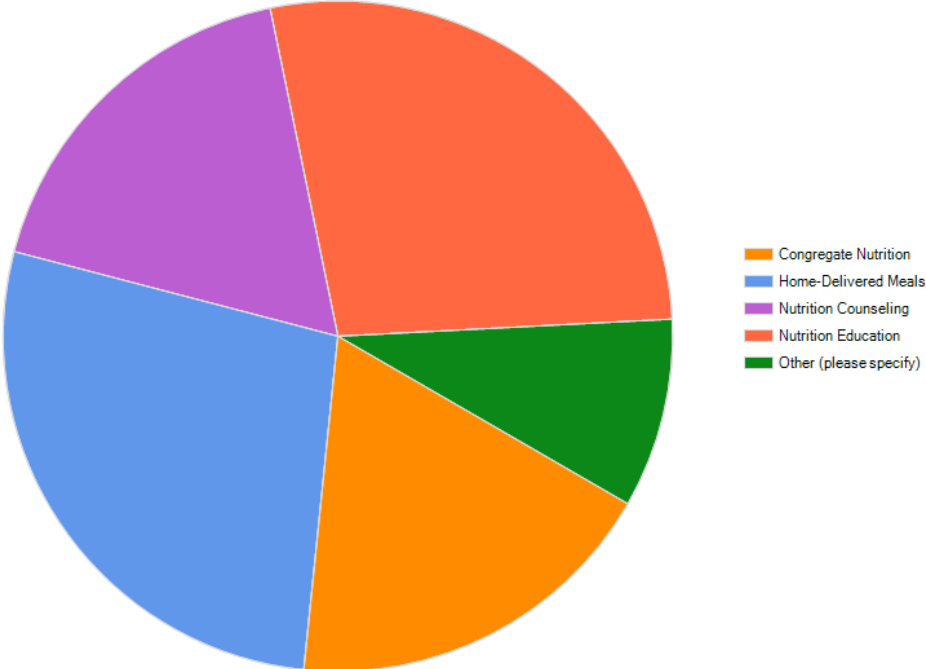


| Nutrition | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------|----------------------------------|---|
| Congregate nutrition | 2 nd (40.5%) | <ul style="list-style-type: none"> • Congregate dining is hugely important though financial support for it seems to be dwindling. • Congregate nutrition is valuable because of the socialization. There is also a network of friends that check on each other and hold each other accountable for attending. This is also an opportunity to reach several people with information at one time. • More congregate sites would help to reach more seniors; increases in home deliveries would benefit more shut-ins; and education would help those still caring for themselves. • Senior congregate dining programs keep people healthy and living at home with independence. More creative funding could help these programs expand and bring relevant programs to areas. There does not seem to be a lot of creativity associated with service standards, or support for development. |
| Home-delivered meals | 1 st – Tie (60.8%) | <ul style="list-style-type: none"> • Not enough volunteers to deliver home-delivered meals • Home-delivered meals programs help seniors remain independent and provide a great help to family members who can't always be there. • Homebound individuals need their care delivered because they no longer drive. • Not enough money for home-delivered meal program. Congregate nutrition is costly. • No waiting list for meals on wheels |
| Nutrition counseling | 3 rd (39.2%) | <ul style="list-style-type: none"> • Counseling and education especially for those suffering from chronic disease who often survive on limited incomes or food stamps. |
| Nutrition education | 1 st – Tie (60.8%) | <ul style="list-style-type: none"> • Both areas that could be addressed. Most folks' diets could use a few pointers and less calories, but what if you aren't eating enough of the good foods? Home delivered meals ensure those who have difficulty in the kitchen are eating nutritious and we are decreasing risks associated with cooking hazards. • General education can only help. • It would be helpful to have assistance for older adults who have nutritional and physical problems and low income know what to eat and how to eat well on limited funds. • These are important programs, not only for the food provided but also for the socialization. Nutrition education should be simple and realistic, focusing on how to make it easy for people to eat a nutritious diet. • Nutrition is the first thing that we all let slide. Especially if living on a fixed income. Education & knowledge of services & support is HUGE. • All nutrition topics should include access to local foods and opportunities for local gardens. • Education given to small groups; lasting several weeks--not just a one-time mini-presentation. • Creating an environment where families may best learn and understand the issues |

| | | |
|---|----------------|---|
| | | <p>associated with nutrition.</p> <ul style="list-style-type: none"> • We could all use a review on nutrition, since as we age our taste changes; appetites decrease making it hard to eat out due to increased portions which increase entree pricing. • Many seniors need gentle reminders to drink fluids; dehydration is a growing problem with the senior population |
| <p>Other: Adequate Funds Access to local foods Food Pantrys for Seniors More Individual Preferences</p> | <p>(20.3%)</p> | <ul style="list-style-type: none"> • Senior Farmers Market Nutrition Program is woefully underfunded in NC, and full of institutionalized barriers to service (training only in Raleigh, must be congregate dining participant to receive, etc.) • Ability to take a trip to a grocery store more than once a week to pick up fresh produce, milk, etc. • We just need more money to make sure the people in our community have enough food to eat. I help out at a meal site that uses food as bingo prizes and the people are so grateful! • I would choose "home-delivered meals," but I think this is part of the problem, i.e., providing nutritious food choices. • Meals prepared in their homes so they have companionship at the same time biggest concern-older people have had no emphasis placed on nutrition-this is the basis of life. Good wholesome organic nutrition • Restaurants need to offer half portions for half the price. Need recipes for 2 servings instead of 12. • Low cost programs such as farm fresh produce need better marketing to reach qualified individuals. • Interactions and effects of drugs and illicit drugs as the boomers age...and how that changes with an aging body. • The meal we serve at our senior center, for many, is the only nutritional meal our seniors have for the day. It is a constant challenge raising money to keep our doors open for this valuable service as well as letting the community know this service is available. • I have found that most seniors don't cook, even if they can shop, or have enough money to buy food. Convenience foods are a problem because of the high sodium content. Also hydration is a huge concern. • Determining those in need, getting to those in need and assistance with shopping (transportation & physical assistance) • Huge need in area with not enough affordable support. • Older people live alone - its difficult to prepare nutritious meals for one person. • The current programs reach only a small portion of those who need the services. • Keep people in their homes and improve health. • Currently, Mountain Mobility users are limited to one grocery store trip/week. |

| | | |
|--|--|---|
| | | • Inability to afford nutritious foods, wait list and lack of funding |
|--|--|---|

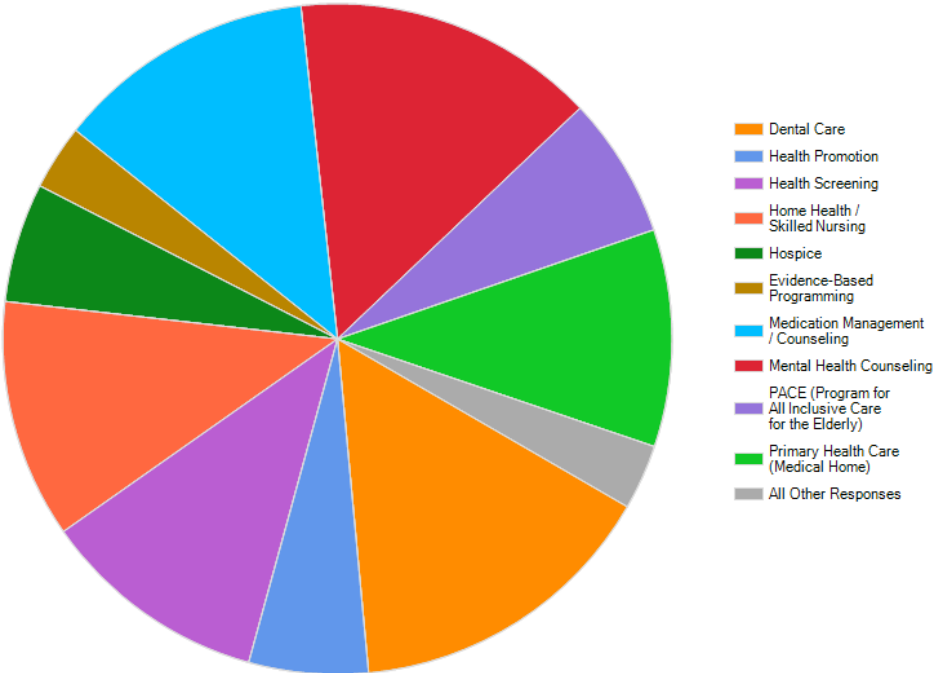
Choose 3 Nutrition Concerns:



| Health Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|-----------------------------|-------------------------------|---|
| Dental care | 1 st (40.3%) | <ul style="list-style-type: none"> • The cost of dental care is prohibitive for many seniors and has a direct impact on their ability to eat a healthy diet. I don't know the restrictions on the PACE program but many programs are for Medicaid and so many seniors on Medicare don't have available services. • So many physical illnesses can be tied to poor dental hygiene and there are way not enough dentists who treat elders or accept their insurance or travel to nursing homes or other home visits. • Dental and mental health are particularly difficult due to the cuts in Medicaid. Dental issues lead to poor nutrition that compounds issues with health concerns. • More seniors need good dental care supported by programs that will help pay for that care; health screening is needed for preventive care; PACE should be supported and education about it should be given to seniors. • We need dental care as much as we need health care--both are essential, esp. as we age. • It's all about the cost. Dental, prescriptions and preventive screenings are expensive, and Medicare/Medicaid does not always cover what is needed. |
| Health promotion | (15.3%) | <ul style="list-style-type: none"> • Focus on identifying health issues early, before they become critical |
| Health screening | (29.2%) | |
| Home health/Skilled nursing | (30.6%) | <ul style="list-style-type: none"> • Studies evolving ADC and ADH have been studied, tested and proved to be a cost effective service for caregivers and for their loved ones. |
| Hospice | (15.3%) | <ul style="list-style-type: none"> • I just think that Hospice is such a wonderful program that needs more funding; and that we need much more Mental Health screening, counseling, and of course funding as well. • Investments in home health, in-home meals and hospice programs result in better use of tax dollars and more choices for seniors and their families. Nursing homes are not always necessary, but often used because home services not available. • Hospice services are widely misunderstood. • Community and provider education regarding the benefits of palliative care services for those who suffer from life-limiting illness (keeping patients at home and out of the hospital by managing their symptoms and increasing their quality of life). |
| Evidence-based Programming | (8.3%) | <ul style="list-style-type: none"> • A focus on the prevention of health concerns is a must! For example, how does falls prevention impact fitness and physical activity? • Health care provided through WNCCHS for some disabled persons is inadequate and in some instances this lack of preventative care and chronic disease management has been detrimental to the health of disabled individuals receiving services (or attempting to receive services) through the center. |

| | | |
|--|----------------------------|---|
| Medication management/counseling | 3 rd (33.3%) | <ul style="list-style-type: none"> • Need for nurse care managers to work with the elderly regardless of pay source. Medications are a big issue with the elderly related to receiving large quantities through mail order to save money. Why can't local pharmacists serve the elderly with personal interaction like they used too. |
| Mental health counseling | 2 nd (38.9%) | <ul style="list-style-type: none"> • I hear complaints each day about public health care & mental health care in Buncombe County. If consumers are not complaining about waiting 3 months for an appt & having to use the ER for basic medical care, then we at our office hear about consumers having to BEG for their medications. We often have to call and advocate for our consumers so their prescription will be filled in a timely manner. • Our limited mental health counseling is a real problem for individuals needing it as well as how to manage their medications when they forget what they have taken. • Seems like mental health care for seniors is a chronic need, often untreated. |
| PACE (Program for All Inclusive Care for the Elderly) | (18.1%) | <ul style="list-style-type: none"> • Don't know the PACE program, but it sounds interesting. I like the idea of focusing on disease prevention services as well as meeting direct care needs. |
| Primary Health Care (Medical Home) | (27.8%) | <ul style="list-style-type: none"> • We are fortunate to have primary health care providers...but many are not. In the future, the nursing and hospice care is likely. |
| Other: In home meals Vision Fall Screening & Prevention Palliative Care Services | (8.3%) | <ul style="list-style-type: none"> • Inability of the current healthcare system with regards to Medicaid recipients to change health care providers when services received are inadequate/non-accessible. • Transportation to appointments is often a problem for anyone who is low income, especially elderly without supportive family. • Enough funding for needed care. • Preventative care is a MUST. It is cost saving and critical to good quality of life. • Waiting lists are so long that it is very discouraging to those in need. • Concerns about how are decisions made. • Health care must be affordable - do not want to see cuts in Medicare. • Cuts to mental health, cost of home health/ skilled nursing, lack of dental care for Medicare and Medicaid. • People have problems finding a doctor that will take Medicaid or even a new Medicare patient. Mental health services are inadequate, and good, affordable dental care is mostly non-existent. |

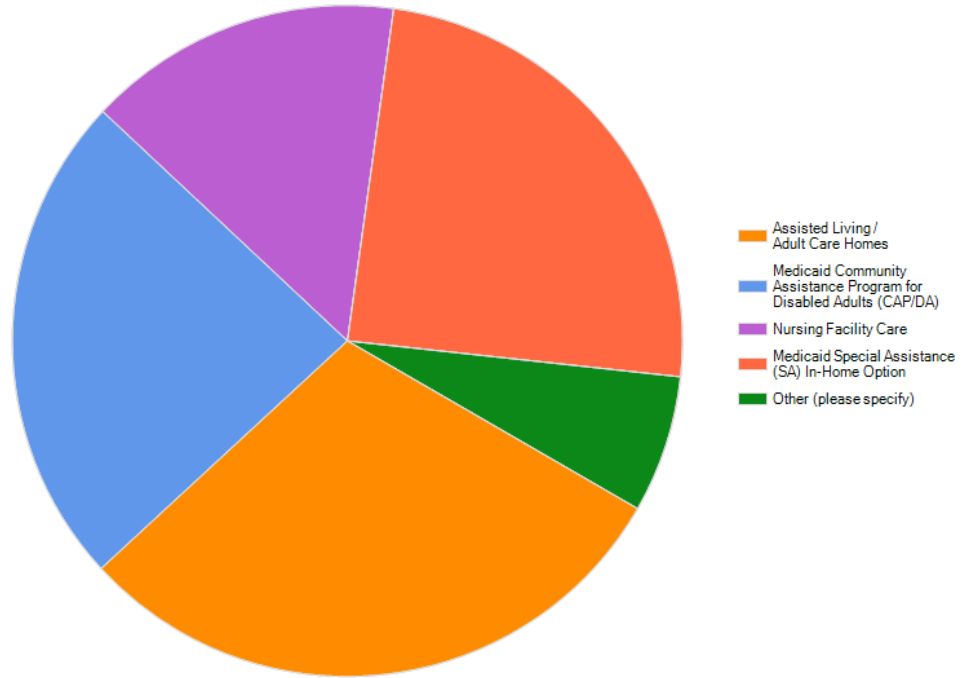
Choose 3 Health Care Concerns:



| Residential Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|--|-------------------------------|---|
| Assisted Living/Adult Care Homes | 1 st (65.2%) | <ul style="list-style-type: none"> • Adult Care homes should focus on senior citizens, with care for the younger disabled given separate attention. SA In-Home Option should be made more available for seniors. • Adult Care homes need a complete overhaul as several Task Force studies have recommended. • One-on-one companionship is lacking in even the best AL & SN facilities. • Adult Care homes are not too often poorly managed and not appropriate for safe aging placement. Needed reforms are apparently difficult to implement due to a strong lobby with state legislature. There is very little affordable assisted living available and little SA funding. If you are wealthy, you get choice and if you are not, you get what is left. |
| Community Assistance Program/Disabled Adults (CAP) | 3 rd (52.2%) | <ul style="list-style-type: none"> • Waiting list for CAP/DA and SA takes to long. • CAP/DA is wonderful for those that qualify, but when it is necessary to spend down, it seems to help very few. • Wait lists for CAP/DA and SA, assisted living: cost-prohibited |
| Nursing facility care | (33.3%) | <ul style="list-style-type: none"> • In my opinion, nursing homes are understaffed and CNAs are underpaid. Those two factors directly affect many of our elderly. • I've just heard horror stories about nursing facility care. Apparently more safeguards are needed. • Concern is mostly for Nursing Facility Care for those with dementia. VERY few truly decent places exist in this area for that need with caring staff that have been trained specifically in dementia care - it makes a HUGE difference. Also, funding cuts for the CAP/DA and In-Home Options is alarming. • Ageing in place is going to grow and grow in popularity and boomers are going to demand alternatives to traditional nursing facilities...let's be on the cutting edge, explore options like norcs and green houses! • Work with CMS to decrease the number of regulations in skilled nursing facilities so the attention can be turned to individuals in lieu of trying to meet regulation. • We need to provide quality housing and assistance to ALL seniors--nursing homes are not "holding pens" for unuseful community members who no longer serve a purpose because of their age--these folks should be treated with dignity, should not be treated with the assumption that they're unable, unwise, incompetent. |
| Special Assistance (SA) In-Home Option | 2 nd (53.6%) | <ul style="list-style-type: none"> • People with families need assistance to remain in their homes if possible. • It seems that the State is wrong in cutting services that would keep people in their homes longer. • There is never enough money to provide help in the home. |

| | | |
|--------|---------|---|
| | | <ul style="list-style-type: none"> • SA needs to be able to follow individuals outside of ACHs. Should be available for in-home or group home. |
| Other: | (14.5%) | <ul style="list-style-type: none"> • Independent housing at a low cost for those on ssi and ssd. • Affordable programs that help keep the in-home option. • Insufficient affordable housing available for seniors only. Section 8 housing projects mix seniors and the poor together and creates atmosphere of crime and fear. • Not enough educational programming. • Substance abuse supportive recovery housing. • Other alternatives for low to mid income folks to live where they can age in place. • More single family homes with master on the main bedrooms for those who do not live in the projects. • What is going to happen when the Medicaid cuts are approved???? • Very few senior residences have person centered care. CNA's and nurses attend to the physical and medical needs, but rarely any emotional needs. It is a huge gap in quality care across the area. Program directors are limited because the culture of the residences do not require more attention be given to the residents. A major culture shift is needed - required every person on staff to be trained and perform more personalized care. • Major concerns are cost and care worker shortage • Worried about funds being CONTINUALLY cut Federally and by NC state. Worried that people will be forced to live in warehouses (nursing homes) till they die. • There is not enough available. • Has been much improved due to implementation of programs such as walk to dine, having a cna do all mouth care to reduce pneumonia infection |

Choose 3 Residential Care Concerns:



Additional Concerns in Buncombe County

- Removing the stigma from Physio/Neurological impairments (aka Picks, FTLD, Alzheimer's et al)
- Concern for funding sources to support all avenues of aging. Very worried about the next few years.
- It's cheaper and more efficient to support people remaining in their own homes than to support them in a residential group home.
- Concern for lack of home-care options that are affordable and meaningful. Need more programs like meals on wheels that provide practical support to families.
- It has been noted that when a need to change health care providers in order to receive better and more adequate care has been made to Ombudsman that the only resource provided to date has been a list of providers that accept Medicaid. This is of course, an inadequate response, as health care providers will not accept a new patient if that individual already has a health care provider noted on their Medicaid card. Explanation should be provided to those individuals requesting to change health care providers on how this may be accomplished by providing specific instructions on how to secure a new provider when a different provider is noted on the Medicaid card.
- Keep, elders and boomers involved in decision making, informed about policy issues and personal choices!
- Those clients that are not dual eligible but are still "low income" continue to struggle finding resources for their living expenses; food, health care, medication, household expenses, etc.
- More restaurants should offer sugar-free desserts, in addition to smaller portion servings at a slightly reduced price.
- Make sure there are no limitations on how much a senior citizen can earn, with no penalties or extra taxation. We have paid our dues.
- Yes, I am a nurse liaison and the readmission rate to the hospital is phenomenal. i am pleased with the programs being put in place in wnc to promote continuity plus pt. education
- Medicaid, Medicaid, Medicaid and a place to live. Do not want to live on the streets.
- I am concerned about a high percentage of OAA funds going to Regional Council as oversight, etc. when there is so much need and waiting lists for services. I do not feel it is efficient. I am concerned about HCCBG funds being spent for administrative planning when there is so much need for services. Planning is good, but i feel it can be and should be supported from the OAA funds that go to the Regional Council.

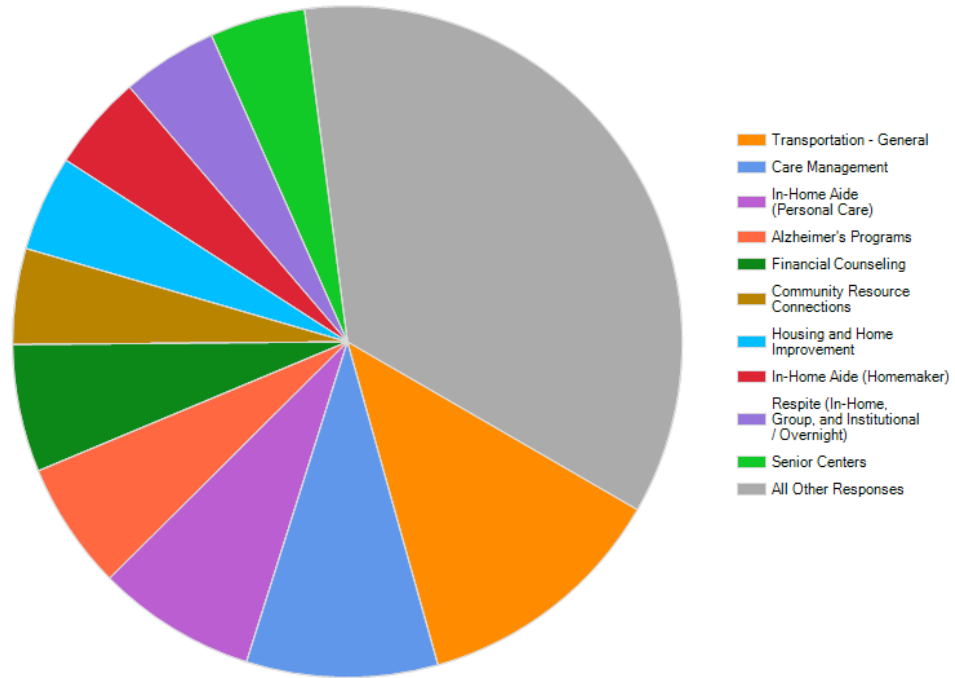
Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County:

Henderson

| Supportive Services | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|--------------------------------|--------------------------------------|--|
| Adult day care | (9.5%) | <ul style="list-style-type: none"> They are threatening to close the adult day health center. I believe there is an obvious need but the advertising is not working and the cost can be prohibitive. Aging Projects is filling a gap with access to information and resources but they need more Providers on their site. A Senior Center is up and running in Black Mountain. Why can't we seem to get a really good one going here? Sammy Williams seems to be just for people in poor condition. General transportation, door-to-door, is needed in our county for our aging population. How can this be funded? |
| Adult day health care | (4.8%) | |
| Adult placement services | | |
| Alzheimer's Programs | (19%) | |
| Benefits/Options counseling | (4.8%) | |
| Care management | 2 nd (28.6%) | <ul style="list-style-type: none"> I assume care management focuses on developing a plan to find assistance that is customized to the individual's needs. |
| Community Resource Connections | (14.3%) | <ul style="list-style-type: none"> Community Resource Connections - all financial demographics continue to struggle to understand the needs and resources needed to stay safely in the home setting. Financial Counseling - what resources are there and to also explain the significance of Medicare replacement programs and the lack of 100% coverage in home health, short term care coverage, ect In-Home Aide - many need this to stay in the home setting safely but the cost is great. Need more resources to help supplement. |
| Consumer Directed Care | (9.5%) | |
| Emergency preparedness plans | (4.8%) | |
| Energy assistance | | |
| Family caregiver counseling | (4.8%) | <ul style="list-style-type: none"> Assistance for family caregivers and transportation - specifically to VAMC Asheville NC |
| Family caregiver training | | |
| Financial counseling | (19%) | |
| Guardianship | | |
| Housing and home improvement | (14.3%) | |

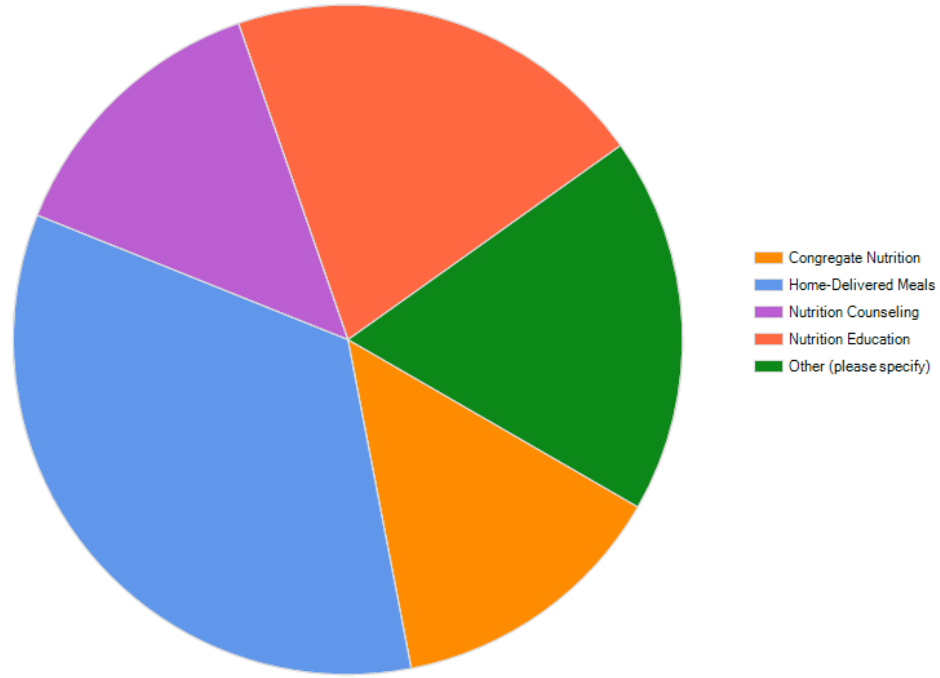
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| In-home aide (homemaker) | (14.3%) | |
| In-home aide (personal care) | 3 rd (23.8%) | |
| Information & assistance | (9.5%) | <ul style="list-style-type: none"> • Many seniors need education on what services are available to them. |
| Job training & placement for older workers | (4.8%) | |
| Legal assistance | (4.8%) | |
| Personal & family counseling | (4.8%) | |
| Respite (in-home, group, and institutional/overnight) | (14.3%) | |
| Senior companion | (4.8%) | |
| Senior Centers | (14.3%) | |
| Transition Support Services | (14.3%) | |
| Transportation-general | 1 st (38.1%) | <ul style="list-style-type: none"> • Transportation for homebound seniors is a real problem in Henderson County, as WCCA is not always able to transport folks, whether it be medical or otherwise. • The adults that do not live in town do not have transportation for grocery shopping or other errands that they need to run. There is a need for more transportation for a wider range of areas and needs. |
| Transportation-medical | (14.3%) | |
| Volunteer program | | |
| Other: Meals on Wheels Congregate Meals Repayee Home Delivered Meals | (14.3%) | <ul style="list-style-type: none"> • Need for information on options available following surgery • Caregivers use 'day care' for their own respite. Case managers can access available resources. Sr. Ctrs. and food improve quality of life. • My mother is 83 and her doctor has advised that she enter an assisted living facility. She can't get help from Medicaid as she exceeds the financial limit by 40 dollars. I am looking for alternative help as I do not live in the same area. |

Choose 3 Supportive Services Concerns :



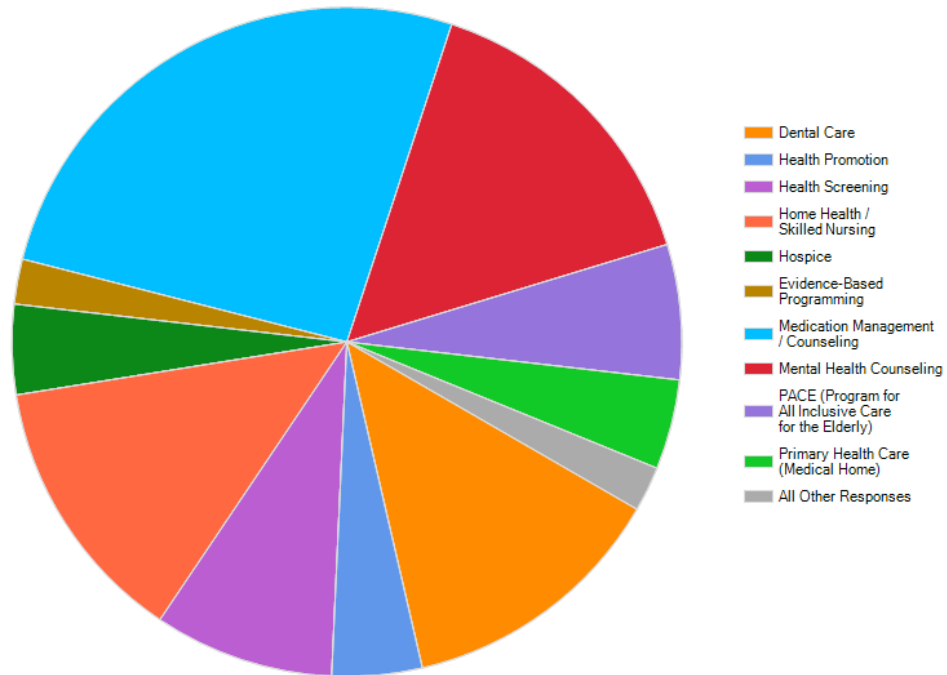
| Nutrition | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------|-------------------------------|---|
| Congregate nutrition | (33.3%) | |
| Home-delivered meals | 1 st (83.3%) | <ul style="list-style-type: none"> • Council on Aging is just hanging in there with home-delivered meals. Sammy Williams does congregate nutrition but more needs to be done. • The meals that are delivered are not tasteful and many will not eat them. |
| Nutrition counseling | (33.3%) | |
| Nutrition education | 2 nd (50%) | <ul style="list-style-type: none"> • Need means to reach elderly to feed them, either at a central place or in their home. Counseling & education can be offered by volunteers. |
| Other: Volunteers | 3 rd (44.4%) | <ul style="list-style-type: none"> • Is there a way to have volunteers not only deliver meals, but then sit down and eat with the client? Home-delivered, "congregate" meals might be really helpful, both to the person delivering the meal and the person receiving the meal! • Coordination of meals with medication • Weekend and holiday meals • Assistance shopping for healthy food choices • Resources for food • EFNEP program was helpful when I was younger • Lack of funding • Many seniors have needs to supplement what foods they can afford or to get in the home if going to the grocery store is not an option. • There is so many changes; I really think they have overdone it |

Choose 3 Nutrition Concerns:



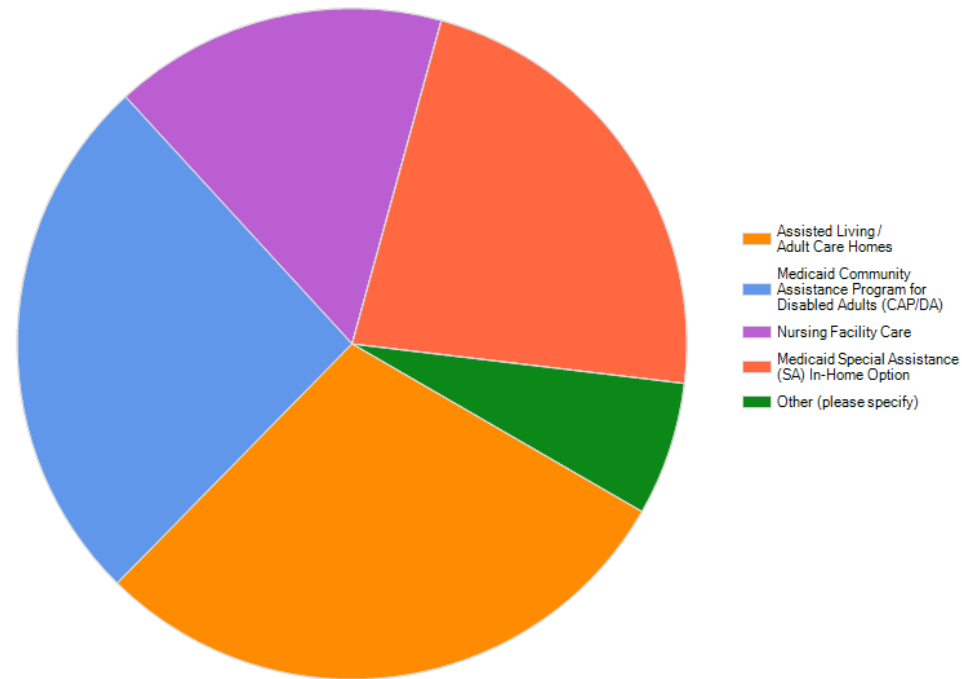
| Health Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|---|----------------------------------|--|
| Dental care | 3 rd - Tie (37.5%) | <ul style="list-style-type: none"> Dental care is unaffordable. Dental is too often a low priority. It is hard to find dental care for those on Medicaid. It is also too expensive for those without insurance. |
| Health promotion | (12.5%) | |
| Health screening | (25%) | <ul style="list-style-type: none"> Dementia may go unrecognized. |
| Home health/Skilled nursing | 3 rd - Tie (37.5%) | |
| Hospice | (12.5%) | |
| Evidence-based Programming | (6.3%) | |
| Medication management/counseling | 1 st (75%) | <ul style="list-style-type: none"> Overmedication needs to be avoided. Some could live in the home if someone will fill their pill box each week, check their medications, order meds when needed, and pick up medication for them. There is also a need for medication reviews because doctors seem to be prescribing a lot of medication for these adults. Medication management of elderly, unable to understand meds, read containers, follow directions. |
| Mental health counseling | 2 nd (43.8%) | |
| PACE (Program for All Inclusive Care for the Elderly) | (18.8%) | <ul style="list-style-type: none"> A PACE program, along with an adult day health program, might be very beneficial. The PACE program could cover the Medicaid-eligible population and the adult day health program might be partially funded by client payments and grant sources. The PACE program's transportation might also be used for the adult day health program? |
| Primary Health Care (Medical Home) | (12.5%) | <ul style="list-style-type: none"> There are not enough geriatricians in Henderson County. |
| Other: Preventative Health Care | (6.3%) | <ul style="list-style-type: none"> The primary problem is the need for services is much larger than the ability to provide - educating family members to supplement the services provided by volunteers and paid service providers could help some. Lack of education of these services and how they are paid. Also how these services can keep them in their homes while reducing the burden on the medical system. |

Choose 3 Health Care Concerns:



| Residential Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------------------|-------------------------------|---|
| Assisted Living/Adult Care Homes | 1 st (69.2%) | <ul style="list-style-type: none"> • Having quality facilities for adults to go to. |
| CAP/DA | 2 nd (61.5%) | <ul style="list-style-type: none"> • There need to be more CAP/DA spots for the adults to be able to stay in their homes longer. |
| Nursing facility care | (38.5%) | |
| SA In-Home Option | 3 rd (53.8%) | |
| Other: | (15.4%) | <ul style="list-style-type: none"> • Information regarding "aging in place" • Reaching those isolated in rural areas. They may be too proud to seek help or too frail to ask. • Managing the costs of these services is key. • Apparently the funding has been cut for a number of programs. What is more costly -- keeping someone in their home or putting them into a facility? This is short-sighted allocation of scarce resources! • Keeping people in their homes as long as possible is cost effective. • Not all fit in the Medicaid requirements but still need care. There needs to be some assistance to those who fall in the gap. |

Choose 3 Residential Care Concerns:



Additional Concerns in Henderson County

- What percentage of the allocated money goes to direct client services and what percentage is for administration? Can this ratio be improved?
- Mental Health needs are not being met and it is very complicated to access the mental health resources. Our older adults are showing more and more signs of mental health issues.

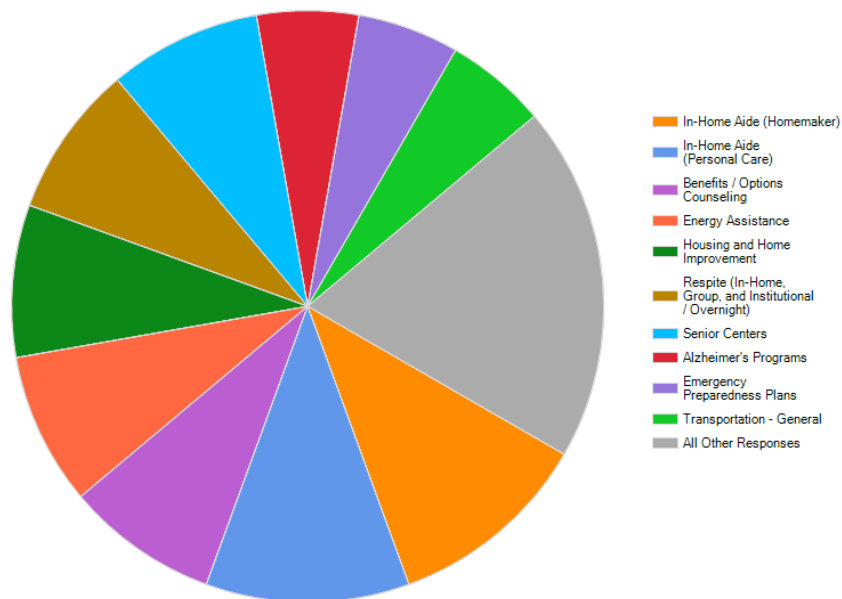
Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County:

Madison

| Supportive Services | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|--------------------------------|--------------------------------------|--|
| Adult day care | (8.3%) | <ul style="list-style-type: none"> • Adult Day Care??? What a dream that would be! |
| Adult day health care | | |
| Adult placement services | | |
| Alzheimer’s Programs | 3 rd - Tie (16.7%) | |
| Benefits/Options counseling | 2 nd - Tie (25%) | |
| Care management | | |
| Community Resource Connections | | |
| Consumer Directed Care | | |
| Emergency preparedness plans | 3 rd - Tie (16.7%) | |
| Energy assistance | 2 nd - Tie (25%) | |
| Family caregiver counseling | | |
| Family caregiver training | | |
| Financial counseling | | |
| Guardianship | | |
| Housing and home improvement | 2 nd - Tie (25%) | |
| In-home aide (homemaker) | 1 st - Tie (33.3%) | |
| In-home aide (personal care) | 1 st - Tie (33.3%) | <ul style="list-style-type: none"> • In-home services have been cut and often there are no family members to offer needed assistance. |
| Information & assistance | (8.3%) | |

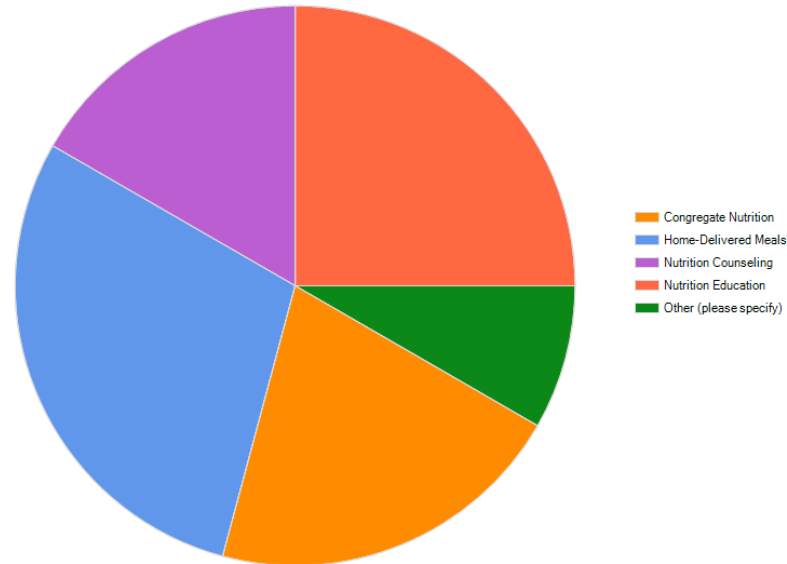
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| Job training & placement for older workers | | |
| Legal assistance | (8.3%) | |
| Personal & family counseling | | |
| Respite (in-home, group, and institutional/overnight) | 2 nd - Tie (25%) | |
| Senior companion | | <ul style="list-style-type: none"> Senior companions would fill a vital role in keeping in touch with our vulnerable adults and meeting their needs for one to one contact. |
| Senior Centers | 2 nd - Tie (25%) | |
| Transition Support Services | (8.3%) | |
| Transportation-general | 3 rd - Tie (16.7%) | <ul style="list-style-type: none"> It was difficult to choose just 3 - the needs are great. Transportation is problematic in this rural community as folks live in remote areas, which are often difficult to access. |
| Transportation-medical | 3 rd - Tie (16.7%) | |
| Volunteer program | (8.3%) | |
| Other: | | <ul style="list-style-type: none"> It boils down to financial matters. Elderly and young alike cannot afford to do any of the above. All concerns are critical and needed. Low income for senior is a major problem. |

Choose 3 Supportive Services Concerns :



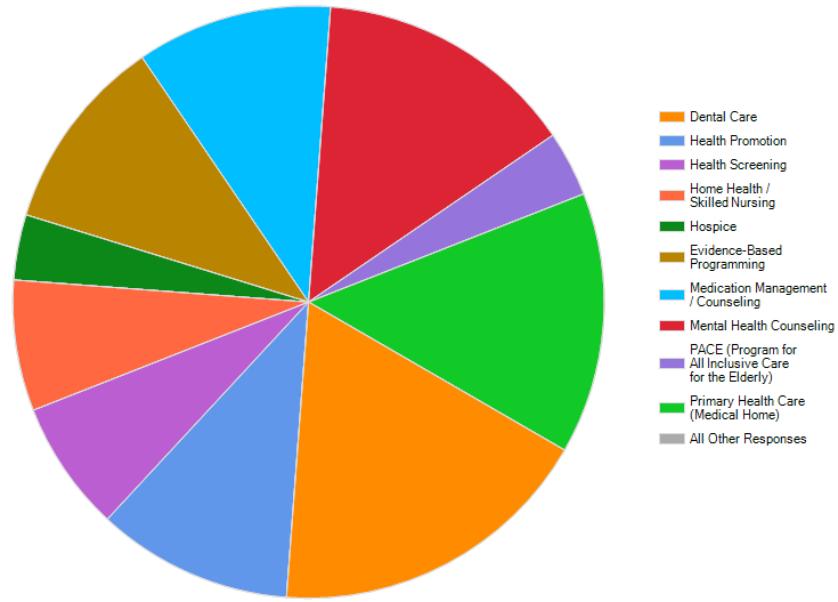
| Nutrition | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------|-------------------------------|--|
| Congregate nutrition | 3 rd (45.5%) | |
| Home-delivered meals | 1 st (63.6%) | |
| Nutrition counseling | (36.4%) | |
| Nutrition education | 2 nd (54.5%) | |
| Other: | (18.2%) | <ul style="list-style-type: none"> • Adequate food supply within the home • Opportunities for community meals • Lack of volunteers to deliver and again money shortage. • Our population is aging and many are no longer able to garden or freeze/can their produce as they have in past years. • Social, nutrition and support |

Choose 3 Nutrition Concerns:



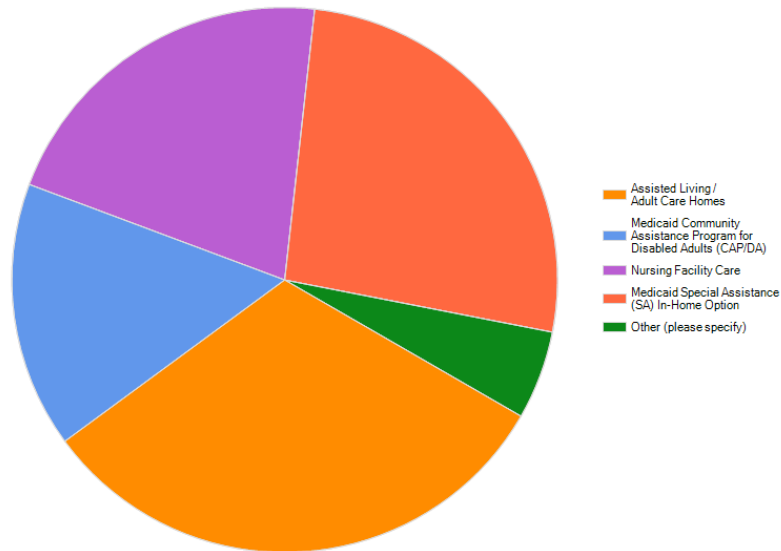
| Health Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|---|----------------------------------|---|
| Dental care | 1 st (55.6%) | <ul style="list-style-type: none"> Dental care is beyond the reach of most of our adults - especially if they do not have Medicaid coverage. |
| Health promotion | 3 rd - Tie (33.3%) | |
| Health screening | (22.2%) | |
| Home health/Skilled nursing | (22.2%) | <ul style="list-style-type: none"> The home health services in our area are valued but they can just do so much and there aren't enough hours in the day or manpower to meet the needs. Keeping folks at home is a priority! |
| Hospice | (11.1%) | |
| Evidence-based Programming | 3 rd - Tie (33.3%) | |
| Medication management/counseling | 3 rd - Tie (33.3%) | <ul style="list-style-type: none"> Ability to provide in home services limited by insurance/resources, Medicare mental health services limited, medication management difficult for families |
| Mental health counseling | 2 nd - Tie (44.4%) | |
| PACE (Program for All Inclusive Care for the Elderly) | (11.1%) | |
| Primary Health Care (Medical Home) | 2 nd - Tie (44.4%) | |
| Other: | | |

Choose 3 Health Care Concerns:



| Residential Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------------------|-------------------------------|---|
| Assisted Living/Adult Care Homes | 1 st (85.7%) | |
| CAP/DA | (42.9%) | |
| Nursing facility care | 3 rd (57.1%) | |
| SA In-Home Option | 2 nd (71.4%) | |
| Other: | (14.3%) | <ul style="list-style-type: none"> • Whatever it takes to allow adults to remain in their own homes. • Repair and/or weatherization programs needed; more low cost/affordable housing |

Choose 3 Residential Care Concerns:



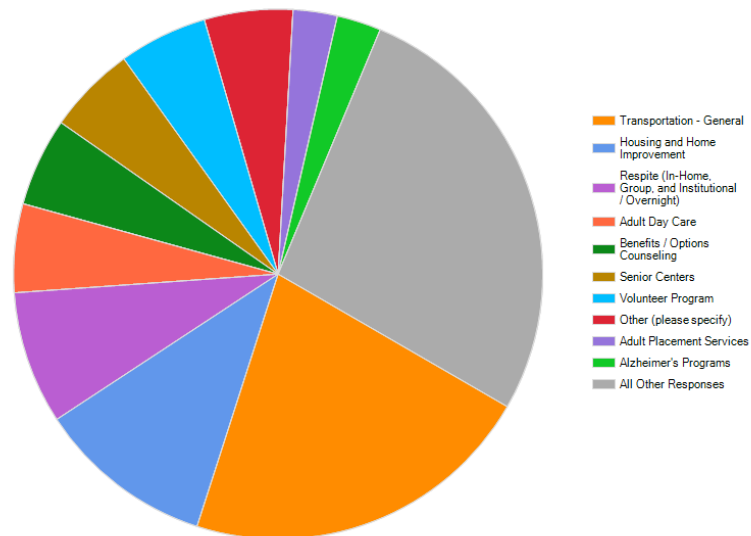
Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County:

Transylvania

| Supportive Services | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|--|--------------------------------------|--|
| Adult day care | (15.4%) | |
| Adult day health care | | |
| Adult placement services | (7.7%) | |
| Alzheimer's Programs | (7.7%) | |
| Benefits/Options counseling | (15.4%) | |
| Care management | | |
| Community Resource Connections | | |
| Consumer Directed Care | | |
| Emergency preparedness plans | (7.7%) | |
| Energy assistance | (7.7%) | |
| Family caregiver counseling | (7.7%) | |
| Family caregiver training | (7.7%) | |
| Financial counseling | | |
| Guardianship | (7.7%) | <ul style="list-style-type: none"> • Very concerned that Guardianship services are going to be DSS's total responsibility without additional funds to pay for these services. |
| Housing and home improvement | 2 nd (30.8%) | <ul style="list-style-type: none"> • Would like to see more Senior Housing neighborhoods....not apartment buildings. • Funds for energy and housing assistance are extremely limited in Transylvania County; much of the lower-income elderly population struggles to heat their homes in the winter time and they are unable to fix even the smallest and basic home repairs. |
| In-home aide (homemaker) | | |
| In-home aide (personal care) | (7.7%) | <ul style="list-style-type: none"> • Personal Care services keep people in their homes much longer, I am concerned with Medicaid's stance that there will be less and less of this services. |
| Information & assistance | (7.7%) | |
| Job training & placement for older workers | (7.7%) | |
| Legal assistance | (7.7%) | |
| Personal & family counseling | | |

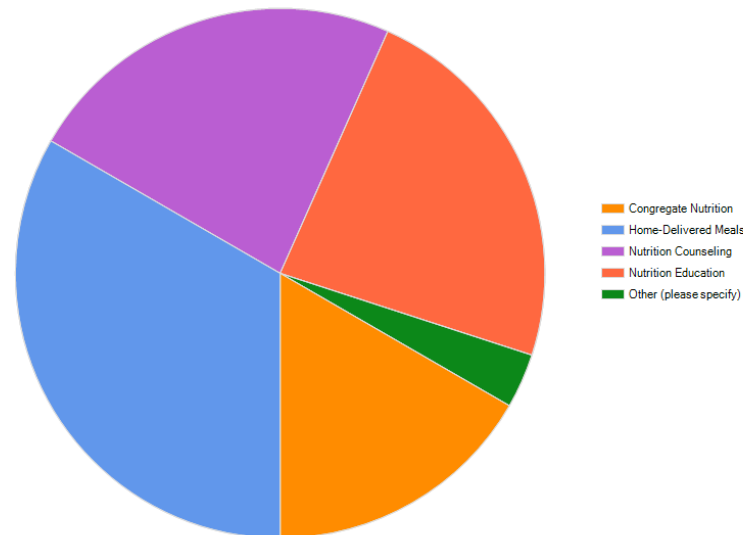
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| Respite (in-home, group, and institutional/overnight) | 3 rd 23.1% | <ul style="list-style-type: none"> • Many c/g's need relief from 24/7 demands. They can't afford to pay for respite services. More grant opportunities would be beneficial. |
| Senior companion | | |
| Senior Centers | (15.4%) | <ul style="list-style-type: none"> • lack of sufficient funding for Senior Center Programs--necessity for focusing constantly on fund-raising. |
| Transition Support Services | | |
| Transportation-general | 1 st (61.5%) | <ul style="list-style-type: none"> • Transportation des not cover the entire county...not enough money. Also, cannot provide transportation for all the services that need it. • We have very little transportation in our county--basically it is a Brevard transportation system. People in the county have a very difficult time getting to town, to appointments, etc. • Transportation to Adult Day, or to the grocery store remains a huge issue in the county. • Transportation has been as issue in this county for years. |
| Transportation-medical | (7.7%) | |
| Volunteer program | (15.4%) | |
| Other: | (15.4%) | <ul style="list-style-type: none"> • Quality long-term care options - They are extremely limited and not affordable for most folks. • Senior Support Services |

Choose 3 Supportive Services Concerns :



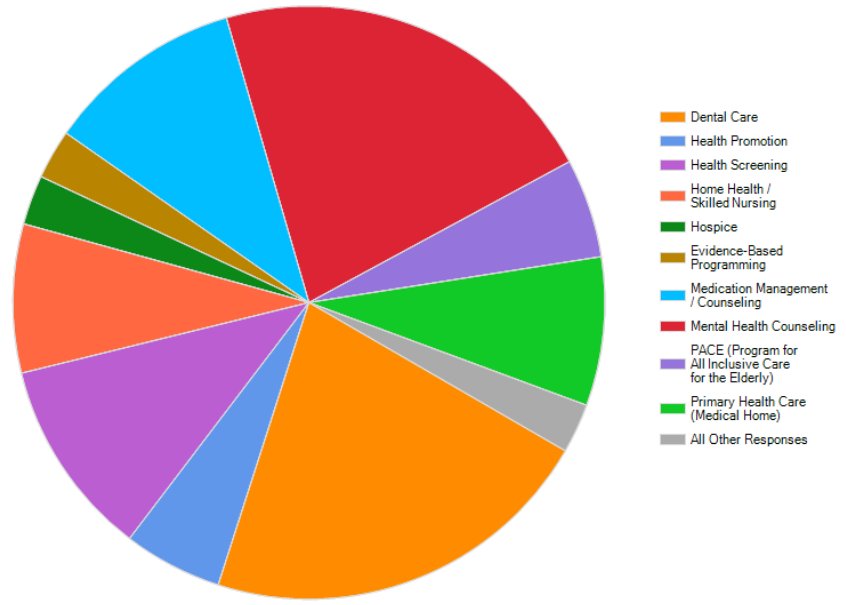
| Nutrition | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------|----------------------------------|---|
| Congregate nutrition | 3 rd (38.5%) | <ul style="list-style-type: none"> Letting folks know about the program. There are plenty of eligible elders, but they resist using the program. |
| Home-delivered meals | 1 st (76.9%) | <ul style="list-style-type: none"> Home delivered meals to ALL areas of the county, not just those limited to people who live in town. Comment from son of HDM clients - "the HDM program has been a godsend for my parents. they would never have been able to stay in their home as long as they did. Our family appreciates this service so much." Difficult for those who live outside city limits |
| Nutrition counseling | 2 nd - Tie (53.8%) | <ul style="list-style-type: none"> More and more seniors are needing assistance with their meals and meal preparation. Nutrition counseling would be so helpful to people on limited income and especially with medical needs. |
| Nutrition education | 2 nd - Tie (53.8%) | <ul style="list-style-type: none"> Education on nutrition to seniors; balanced diet and how to achieve |
| Other: | (7.7%) | <ul style="list-style-type: none"> It is impossible to have a first rate comprehensive program with funding flat for several years and prices on everything from food to fuel rising annually. Gas prices are barriers for volunteers who are mostly retired and do not have extra money for gas. Being a rural community, many of our HD folks live in remote areas and volunteers are not inclined to drive the extra miles. |

Choose 3 Nutrition Concerns:



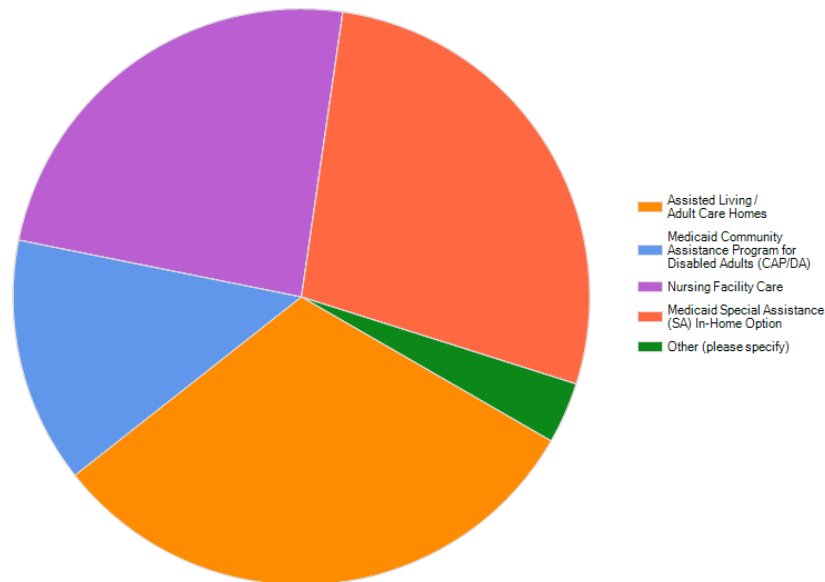
| Health Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|---|----------------------------------|---|
| Dental care | 1 st - Tie (61.5%) | <ul style="list-style-type: none"> • We really need more dental care for seniors and especially in facilities where they are not able to go to dentists 4 counties from here! • Mental health and dentists who accept Medicaid patients are a HUGE concern right now. |
| Health promotion | (15.4%) | |
| Health screening | 2 nd - Tie (30.8%) | |
| Home health/Skilled nursing | 3 rd - Tie (23.1%) | |
| Hospice | (7.7%) | |
| Evidence-based Programming | (7.7%) | |
| Medication management/counseling | 2 nd - Tie (30.8%) | <ul style="list-style-type: none"> • Mental Health Clients need Medication management to help them maintain in the community. A lot of seniors also need medication management assistance in order to stay in their homes---this is such an important piece in maintaining seniors and MH clients in their homes and in the community. |
| Mental health counseling | 1 st - Tie (61.5%) | <ul style="list-style-type: none"> • Regionalization of Mental Health Care has led to exclusion of services for some. • Mental health counseling is terribly inadequate. |
| PACE (Program for All Inclusive Care for the Elderly) | (15.4%) | <ul style="list-style-type: none"> • PACE-or any program that strives to keep persons in their own homes is #1 in my book. |
| Primary Health Care (Medical Home) | 3 rd - Tie (23.1%) | <ul style="list-style-type: none"> • Need local gerontologists or elder care physicians. |
| Other: | (7.7%) | <ul style="list-style-type: none"> • Hearing screenings and hearing aides. • Direct care worker shortage; especially in skilled nursing |

Choose 3 Health Care Concerns:



| Residential Care | Top 3 Ranked Areas of Concern | Comments (especially barriers to service provision, e.g., volunteers, reaching those most in need, wait list, direct care worker shortage) |
|----------------------------------|-------------------------------|--|
| Assisted Living/Adult Care Homes | 1 st (75%) | <ul style="list-style-type: none"> Limited choices of assisted living. Lack of communication between family members and adult care facilities |
| CAP/DA | (33.3%) | <ul style="list-style-type: none"> Families refuse CAP often due to fear of required pay back after their loved one dies. Both the CAP/DA program and the SA program only have a certain number of slots and it is impossible to reach everyone who needs these services due to this limitation. It is difficult to get anyone certified for CAP services |
| Nursing facility care | 3 rd (58.3%) | <ul style="list-style-type: none"> Poor quality for skilled nursing long-term care. Direct care nursing shortage Poor quality options except for short term skilled care. This is hospital funded. Excellent quality but only offers short term care. |
| SA In-Home Option | 2 nd (66.7%) | <ul style="list-style-type: none"> Medicaid will probably stop allowing DSS's to bill for At-Risk Case Management---which may impact the # of SA In-Home cases a county can support. |
| Other: | (8.3%) | <ul style="list-style-type: none"> Options to help people stay in their homes are a great concern. |

Choose 3 Residential Care Concerns:



Additional Concerns in Transylvania County

- The large population of people 60+ in Transylvania County makes me very concerned that we as a county are not prepared to deal/handle all the issues of this senior population and provide the care that this increasing number will need. COA as a volunteer group can only do so much---I think it does all it can do the way it is set up. But there needs to be much more done and planned for so we are providing the services that people need/will need. That takes money and I don't see that money coming down the pike---what do we do????
- With the dramatic increase in the over 60 population, programs to assist people to remain in their homes as long as possible are vital.

Describe the process used to complete this exhibit (noting any major documents or methods uniquely used to assess particular services):

Region B's Need Assessment was completed by a survey through Survey Monkey. The survey link was sent to 581 contacts through Constant Contact. A total of 179 seniors, caregivers and professionals completed the survey in our region.

Regional Summary of Priority Concerns: Assessment for Developing Comprehensive and Coordinated System

| Category | Priority Concerns |
|--------------------|---|
| Support Services | <ul style="list-style-type: none"> • Transportation is the #1 concern in 3 of the counties. Our region has many rural areas and transportation options are not available outside most city limits. • Keeping seniors in their homes for as long as possible (age in place) is an important to all people in our 4 counties. This leads to concern about Medicaid cuts which could result in less available services. • Madison County does not have any adult day care services. Henderson Counties Adult Day Health Center is being threatened to close. • Information and assistance is difficult in our rural counties such as Madison and Transylvania. • Funds are a major concern on all topics in the Support Services Category |
| Nutrition Services | <ul style="list-style-type: none"> • Home Delivered Meals is the largest concern in all four counties. Lack of volunteers, flavor, small delivery area. • Offering Nutrition Education presentations to small groups, several different times in several locations. |
| Senior Center | <ul style="list-style-type: none"> • Henderson County does not have a Senior Center. Sammy Williams seems to be just for people in poor condition. • Lack of sufficient funding for Senior Center Program...necessity for focusing constantly on fund-raising. |
| Health Care | <ul style="list-style-type: none"> • Dental Care is a major concern especially to those in rural areas. Offering dental services in nursing homes, unaffordable, Medicaid options, etc. • As our region strives to age in place, medication management to seniors and caregivers is a must! • Mental Health Care for seniors is a chronic need, often untreated. |
| Residential Care | <ul style="list-style-type: none"> • The concerns regarding Assisted Living / Adult Care Homes tops the list in all four counties. They are poorly managed, mixed with younger disabled people, and limited choices in our smaller counties. • Affordable programs that help keep the In-Home option. • Funding cuts! • Waiting lists for CAP/DA and SA takes to long. |

SECTION IV:
Monitoring Plan and Provision of Direct Service

Exhibit 14: Provider Monitoring Plan

| A. Prov. Code | B. Community Service Providers & Funded Services | C. Counties Served | D. Monitoring Agency* | E. Schedule for Programmatic Review** | | | | F. Schedule for Unit Verification*** | | | | G. Schedule for Fiscal Review**** | | | | | |
|---------------------|--|--------------------------|-----------------------------|---|-------|-------|-------|--|-------|-------|-------|---|-------|-------|-------|--|--|
| | | | | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | | |
| 005 | Land-of-Sky Regional Council | Regional | NC DAAS | | | | | | | | | | | | | | |
| | ➤ Title V – SCSEP | | | | | | | | | | | | | | | | |
| | ➤ FCSP/SCP - Respite | | | | | | | | | | | | | | | | |
| 008 | Transylvania Regional Hospital - KOALA | Transylvania | AAA | | | | | | | | | | | | | | |
| | ➤ Adult Day Care | | | X | | X | | X | | X | | | | | | | |
| | ➤ Adult Day Health | | | X | | X | | X | | X | | | | | | | |
| 013 | Advantage Home & Community Care | Buncombe | AAA | | | | | | | | | | | | | | |
| | ➤ In-Home Aide Level II | | | | X | | X | | X | | X | | | | | | |
| 014 | Advantage Home & Community Care | Henderson | AAA | | | | | | | | | | | | | | |
| | ➤ In-Home Aide Level II | | | | X | | X | | X | | X | | | | | | |
| 019 | Project CARE at Park Ridge Health | Regional | AAA | | | | | | | | | | | | | | |
| | ➤ FCSP Respite | | | X | | X | | X | | X | | | | | | | |
| 020 | Housing Assistance Corporation | Henderson | AAA | | | | | | | | | | | | | | |
| | ➤ Housing & Home Improvement | | | X | | X | | X | | X | | | | | | | |
| 021 | Pardee Pavilion Adult Day Services | Henderson | AAA | | | | | | | | | | | | | | |
| | ➤ Adult Day Care | | | X | | X | | X | | X | | | | | | | |
| | ➤ Adult Day Health | | | X | | X | | X | | X | | | | | | | |
| 023 | Henderson County D.S.S. | Henderson | AAA | | | | | | | | | | | | | | |
| | ➤ In Home Aide Level I | | | | | X | | X | | X | | | | | | | |
| 025 | Henderson County Council on Aging | Henderson | AAA | | | | | | | | | | | | | | |
| | ➤ Home Delivered Meals | | | | X | | X | | X | | X | | | | | | |
| | ➤ Congregate Nutrition | | | | X | | X | | X | | X | | | | | | |
| | ➤ Info & Assist | | | X | | X | | X | | X | | | | | | | |
| | ➤ FCSP Case Assist | | | X | | X | | X | | X | | | | | | | |
| | ➤ FCSP Respite | | | | X | | X | | X | | X | | | | | | |
| 026 | Henderson County Parks and Recreation | | | | | | | | | | | | | | | | |
| | ➤ Health Promotion Disease Prevention | | | | X | | X | | | | | | | | | | |

| A. Prov. Code | B. Community Service Providers & Funded Services | C. Counties Served | D. Monitoring Agency* | E. Schedule for Programmatic Review** | | | | F. Schedule for Unit Verification*** | | | | G. Schedule for Fiscal Review**** | | | | |
|---------------------|--|--------------------------|-----------------------------|---|-------|-------|-------|--|-------|-------|-------|---|-------|-------|-------|--|
| | | | | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | |
| 027 | Madison County Health Department | | | | | | | | | | | | | | | |
| | ➤ Health Promotion Disease Prevention | | | | X | | X | | | | | | | | | |
| 030 | Council on Aging of Buncombe County | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ Congregate Nutrition | | | X | | X | | X | | X | | | | | | |
| | ➤ Info & Assist | | | X | | X | | X | | X | | | | | | |
| | ➤ FCSP Case Assist | | | X | | X | | X | | X | | | | | | |
| | ➤ FCSP Respite | | | | X | | X | | X | | X | | | | | |
| | ➤ In-Home Aide Level I | | | | X | | X | | X | | X | | | | | |
| | ➤ Health Promotion & Disease Prevention | | | | X | | X | | | | | | | | | |
| 031 | Buncombe County Meals on Wheels | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ Home Delivered Meals | | | | X | | X | | X | | X | | | | | |
| 036 | Mountain Housing Opportunities | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ Housing&HomeImprove | | | X | | X | | X | | X | | | | | | |
| 060 | Transylvania Regional Hospital - Home Care | Transylvania | AAA | | | | | | | | | | | | | |
| | ➤ In-Home Aide Level I | | | X | | X | | X | | X | | | | | | |
| | ➤ In-Home Aide Level II | | | X | | X | | X | | X | | | | | | |
| | ➤ FCSP Respite | | | | X | | X | | X | | X | | | | | |
| 061 | Transylvania County Transportation | Transylvania | AAA | | | | | | | | | | | | | |
| | ➤ General Transportation | | | X | | X | | X | | X | | | | | | |
| | ➤ Medical Transportation | | | X | | X | | X | | X | | | | | | |
| 062 | Transylvania County D.S.S. | Transylvania | AAA | | | | | | | | | | | | | |
| | ➤ Info & Assist (no HCCBG after FY2012) | | | X | | | | | | | | | | | | |
| 064 | Western Carolina Community Action | Henderson | AAA | | | | | | | | | | | | | |
| | ➤ Liquid Nutrition | | | X | | X | | X | | X | | | | | | |
| | ➤ General Transportation | | | | X | | X | | X | | X | | | | | |
| | ➤ Medical Transportation | | | | X | | X | | X | | X | | | | | |
| 065 | Western Carolina Community Action | Transylvania | AAA | | | | | | | | | | | | | |
| | ➤ Home Delivered Meals | | | X | | X | | X | | X | | | | | | |
| | ➤ Congregate Nutrition | | | X | | X | | X | | X | | | | | | |
| | ➤ Health Promotion Disease Prevention | | | | X | | X | | | | | | | | | |

| A. Prov. Code | B. Community Service Providers & Funded Services | C. Counties Served | D. Monitoring Agency* | E. Schedule for Programmatic Review** | | | | F. Schedule for Unit Verification*** | | | | G. Schedule for Fiscal Review**** | | | | |
|---------------------|--|--------------------------|-----------------------------|---|-------|-------|-------|--|-------|-------|-------|---|-------|-------|-------|--|
| | | | | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | 11/12 | 12/13 | 13/14 | 14/15 | |
| 066 | Pisgah Legal Services | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ Legal Assistance | | | | X | | X | | X | | X | | | | | |
| 067 | Pisgah Legal Services | Henderson | AAA | | | | | | | | | | | | | |
| | ➤ Legal Assistance | | | | X | | X | | X | | X | | | | | |
| 068 | Pisgah Legal Services | Transylvania | AAA | | | | | | | | | | | | | |
| | ➤ Legal Assistance | | | | X | | X | | X | | X | | | | | |
| 070 | Care Partners Private Duty Services | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ In Home Aide Level II | | | | X | | X | | X | | X | | | | | |
| 071 | Care Partners Private Duty Services | Henderson | AAA | | | | | | | | | | | | | |
| | ➤ In Home Aide Level II | | | | X | | X | | X | | X | | | | | |
| 076 | Mountain Mobility Buncombe County | Buncombe | NC DAAS | | | | | | | | | | | | | |
| | ➤ General Transportation | | | | | | | | | | | | | | | |
| | ➤ Medical Transportation | | | | | | | | | | | | | | | |
| 077 | Care Partners Adult Day Services | Buncombe | AAA | | | | | | | | | | | | | |
| | ➤ Adult Day Care | | | X | | X | | X | | X | | | | | | |
| | ➤ Adult Day Health | | | X | | X | | X | | X | | | | | | |
| | ➤ Transportation | | | | X | | X | | X | | X | | | | | |
| 080 | Land-of-Sky Regional Council | Regional | NC DAAS | | | | | | | | | | | | | |
| | ➤ Health Promotion Disease Prevention | | | | | | | | | | | | | | | |
| | ➤ Senior Companion | | | | | | | | | | | | | | | |
| 095 | Madison County Dept of Community Services | Madison | AAA | | | | | | | | | | | | | |
| | ➤ In-Home Aide Level I | | | X | | X | | X | | X | | | | | | |
| | ➤ In-Home Aide Level II | | | X | | X | | X | | X | | | | | | |
| | ➤ Congregate Nutrition | | | | X | | X | | X | | X | | | | | |
| | ➤ Home Delivered Meals | | | | X | | X | | X | | X | | | | | |
| | ➤ General Transportation | | | | X | | X | | X | | X | | | | | |
| | ➤ Medical Transportation | | | | X | | X | | X | | X | | | | | |
| | ➤ FCSP Respite | | | | X | | X | | X | | X | | | | | |

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services (including PCR monitoring of DSSs and DAAS monitoring of direct services).

**Scheduled as needed but at least once every three years;

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


PROVISION OF DIRECT SERVICES – Family Caregiver Support Program

1. Name of the Organization: [Land-of-Sky Regional Council Area Agency on Aging](#) Fiscal Year: [2012 to 2013](#)

2. Summary of Service Information:

| Name of Service | Service Code | Affected Counties | Nature of Request | |
|-----------------|--------------|-------------------|-------------------|--------------|
| | | | New | Continuation |
| In-home respite | 842 | Buncombe | | X |
| In-home respite | 842 | Henderson | | X |
| In-home respite | 842 | Madison | | X |
| In-home respite | 842 | Transylvania | | X |

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



 Area Agency on Aging Director

5/18/12
 Date

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

Name of the Organization: [Land-of-Sky Regional Council Area Agency on Aging](#)

Name of Service: [In-home respite](#) **Service Code:** [842](#) **FY:** [2012 to 2013](#)

1. Budget:

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

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

3. Discuss why this service is needed in the region:

The need for in home services to provide caregiver respite increases each year respite and our waiting lists continue to grow.

4. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:

Land-of-Sky Regional Council provides Family Caregiver Support Program funding for respite through contracts with other agencies/organizations including but not limited to Land-of-Sky Regional Council's Senior Companion Program (SCP). There are no other providers in the region that will provide respite for \$7.00 per hour. The average hourly rate for respite provided by an agency is \$20.00 and individuals hired privately charge at least \$10.00 per hour.

5. **For non-unit producing activities only** (item #1A above) provide a brief narrative of the planned service and activities.

Land-of-Sky Regional Council's Family Caregiver Support Program (FCSP) administered by the Area Agency on Aging will refer caregivers in need of respite to Land-of-Sky Regional Council's Senior Companion Program (SCP) which is administered under their Dept of Volunteer Services. The SCP will provide Senior Companion volunteers who will provide respite for at least ten family caregivers that are eligible for FCSP respite services.

The days and hours of the volunteers will vary according to the needs of the family receiving respite. Each caregiver will receive no more than 143 hours of FCSP funded respite during the fiscal year. The SCP manager will recruit the volunteers, provide orientation training, placement of the volunteers with the families, and provide on-going supervision of the volunteers. The cost of the Senior Companion volunteer to the FCSP will be \$7.00 per hour which includes the \$2.65 per hour volunteer stipend and up to 140 miles per week of mileage reimbursement @ 33 cents per mile. The SCP will not receive additional compensation for the time and mileage accrued by the Senior Companion Program Manager who will make a home visit to complete the original caregiver assessment and develop the caregiver care plan. The SCP manager will also perform quarterly re-assessments and supervise the volunteer at no additional charge. Cost to the FCSP will not exceed \$10,000.

This is spelled out in a memorandum of agreement.



Area Agency on Aging Director

5/18/12
Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2012 through June 30, 2013

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

Community Service Provider: [Land-of-Sky Regional Council Area Agency on Aging, Family Caregiver Support program](#)

County: [Buncombe, Henderson, Madison, and Transylvania](#)

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

The Family Caregiver Resource Specialist (FCRS) and all contracted caregiver service providers will include information about the Family Caregiver Support Program(FCSP) when they participate in health fairs, informational programs and other events for seniors. Programs and events are held at congregate meal sites and community centers in rural areas. Information about the FCSP and other services provided by the Area Agency on Aging is published in the Urban News (a multicultural newspaper) and distributed to churches that serve predominately minority populations. The FCRS will provide information and presentations for Land-of-Sky Regional Council's Senior Companion and Foster Grandparent programs which employ low income individuals several of whom are African American. Service providers that receive funding from the Family Caregiver Support Program are required to have a written priority population outreach plan and documentation of their efforts is reviewed when monitoring.

- B. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DOA-732) and the Service Cost Computation Worksheet (DOA-732A).
2. Complete and attach Form DOA-733 describing the method for targeting low-income minority and rural persons.
 3. Discuss why this service is needed in the region:

Region B Area Agency on Aging needs support for staffing costs related to the (1) coordination of existing evidenced based health promotion (such as CDSMP, DSMP, Tomando, Positive Self Management and Tai Chi for Arthritis, Walk With Ease and Matter of Balance and Building Better Balance Screenings; (2) Development of new evidence-based health promotion programs such as Tai Chi Moving For Better Balance and Healthy IDEAS; (3) The development of strategic sustainability plan; (4) Development of a delivery model that address health equity and equal access.

4. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:

Specific efforts are being applied to cultivate new and existing contractors to provide this service in the upcoming year.

- A. *Regional partnering organizations have been trained in the delivery of evidence-based programs such as CDSMP, DSMP, Tomando, Positive Self Management, Tai Chi for Arthritis, Matter of Balance and Building Better Balance Screenings. These organizations have experience in delivering the model and working with each other. Examples of partner organizations include (but not limited to): MAHEC, CCNWN, Mission Hospital, Transylvania Regional Hospital, VA Hospital, Home Instead, Council on Agings and Health Consortium Members. This has been effective in offering 12 CDSMP/ DSMP; 3 MOB classes, 12 Building Better Balance Screenings, 4 Tai Chi for Arthritis and 1 Tomando class in FY 2011*
 - B. *The WNC Fall Prevention Coalition works to develop regional fall prevention infrastructure through sub-committee work in community awareness and education; provider education; and developing a community based screening and referral process. This infrastructure allows for effective dissemination of Tai Chi for Arthritis, Matter of Balance and Building Better Balance Screenings. This infrastructure also helps us to develop relationships with new providers*
 - C. *Plans for this year are to extend program reach to those who experience increased health disparities such as those who do not speak English, rural and low-income older adults and those who identify as lesbian, gay, bisexual or transgendered. In addition this year we intend to create a strategic business plan for continued development, success and community buy-in.*
5. **For non-unit producing activities only** (item #1A above) provide a brief narrative of the planned service and activities.

The AAA will provide central leadership and coordination through staff time that will be dedicated to regional evidence based planning and facilitation of advisory team. We will develop a strategic plan with community partners.

In addition, we will continue to train leaders in CDSMP, DSMP and Matter of Balance and begin to train leaders in the positive self-management in FY 2012. Community Partners will provide leader trainings in Tomando and Tai Chi for Arthritis.

Through the development and facilitation of the WNC Fall Prevention Coalition we will work together to effectively disseminate evidence-based fall prevention programs.



Area Agency on Aging Director

5/18/12
Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2012 through June 30, 2013

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

Community Service Provider: [Region B, Land-of-Sky Regional Council, Area Agency on Aging](#)

County [Buncombe, Madison, Henderson and Transylvania Counties](#)

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

The Land-of-Sky Regional Council, Area Agency on Aging will continue to extend health promotion services to the unserved and underserved elderly, including those who are low-income and rural through developing and sustained collaborative efforts. We will build on earlier collaborations with the NC Division of Services for the Blind, Mission Health Education Center, Park Ridge Health, Project Access, CCNWC, Madison County Community Health Consortium and others. The next stage of development will include expansion to rural Madison County residents, low-income housing units in Buncombe County, those who speak Spanish and traditionally marginalized populations such as those who identify as lesbian, gay, bisexual or transgendered and older adults who are HIV positive.

Evidence- based programs with a suggested consumer contribution AND will always be accessible to everyone regardless of ability to pay. Programs will also be offered in community centers, senior centers and other locations in rural parts of each county. This will make programs more accessible to low-income elderly who receive community-based services.

PROVISION OF DIRECT SERVICES – Senior Companion Program


1. Name of the Organization: Land-of-Sky Regional Council Fiscal Year: 2012 to 2013

2. Summary of Service Information:

The Senior Companion Program is building on its success in our four county region from FY12. The service provides one-on-one service in people’s homes, respite to family caregivers, and assistance in adult day care centers. The FY 12 total funding for this service was \$330,028; HCCBG funding was \$55,744 within this total. The HCCBG is used for eleven of the sixty-nine Senior Companion volunteers.

| Name of Service | Service Code | Affected Counties | Nature of Request | |
|--------------------------|--------------|--|-------------------|-------------------------|
| | | | New | Continuation |
| Senior Companion Program | 260 | Buncombe, Henderson, Madison, and Transylvania | | This is a 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

5/18/12
 Date

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

Name of the Organization: Land-of-Sky Regional Council - Region B

Name of Service: Senior Companion Program **Service Code:** 260 **FY:** 2012 to 2013

2. **Budget:**

C. For non-unit activities (including health promotion, medication management, senior center outreach, senior center general purpose, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses. **N/A**

D. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DOA-732) and the Service Cost Computation Worksheet (DOA-732A). **(Only forms available are last years – no allocation amount given for FY 2013 at this time)**

- 6. Complete and attach Form DOA-733 describing the method for targeting low-income minority and rural persons.
- 7. Discuss why this service is needed in the region: **Senior Companion volunteers are the most cost effective program for unit cost (less than \$5/hour) in the HCCBG program for the participant and for the ones being served. The people, agencies, and governments of the region have come to rely on these services for their excellence, community service, and savings.**
- 8. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year: **There are 20 agencies in the four county region that know about the needs within the community. In FY 13 we welcome our newest station Home Instead Senior Care. We will recruit 2-3 volunteers for Home Instead.**
- 9. **For non-unit producing activities only** (*item #1A above*) provide a brief narrative of the planned service and activities.

N/A



Area Agency on Aging Director

5/18/12
Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2012 through June 30, 2013

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

Community Service Provider: [Senior Companion Program](#)

County: [Buncombe, Henderson, Madison and Transylvania Counties](#)

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

The Senior Companion Program provides no-cost respite and in-home services to low-income, minority and rural elderly at less than \$5/hour. This is one of the few free options available for people who need a break from being a caregiver or who need help with home management and non-personal care assistance, Senior Companions cannot provide personal care. This service helps those who cannot otherwise afford to pay out-of-pocket for the service. The Senior Companion Program also creatively addresses the service needs of low-income minority and rural elderly by engaging them in voluntary service to meet critical community needs. Low-income persons, 55 years and older, are recruited to provide one-on-one service to the frail, elderly. They are provided a stipend and other benefits in return for their service. The program fulfills other non-monetary needs for these seniors, such as companionship, sense of purpose, recognition, and self worth. They are also provided with an annual physical exam and educational opportunities. On-going efforts to target clients as well as volunteers include contacts with other social service agencies, the Department of Social Services, the Council on Aging, Job Link, and the public housing authority. Flyers and brochures are placed at accessible locations in various locations including shopping malls, libraries, doctor's offices, pharmacies, post offices, and senior housing developments. The media, particularly radio and newspapers are used frequently to promote community awareness of the program.

PROVISION OF DIRECT SERVICES – Transportation

1. Name of the Organization: Land-of-Sky Regional Council Fiscal Year: 2012 to 2013

2. Summary of Service Information:

| Name of Service | Service Code | Affected Counties | Nature of Request | |
|------------------------|--------------|-------------------|-------------------|--------------|
| | | | New | Continuation |
| General Transportation | 250 | Buncombe | | √ |
| Medical Transportation | 033 | Buncombe | | √ |

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

5/18/12

Date

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

Name of the Organization: Land-of-Sky Regional Council Area Agency on Aging

Name of Service: Health Promotion Disease Prevention **Service Code:** 250, 033 **FY:** 2012/2013

1. **Budget:**

For non-unit activities (including health promotion, medication management, senior center outreach, senior center general purpose, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.

For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DOA-732) and the Service Cost Computation Worksheet (DOA-732A).

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

3. Discuss why this service is needed in the region:

Mountain Mobility was established by Buncombe County Government in 1989 to provide transportation services for residents of Buncombe County; originally intended to serve the transportation needs of a few core human service agencies. The system has grown to serve a wide variety of organizations, as well as provide general public transportation services outside of the City of Asheville. Mountain Mobility operates 37 vans and five small buses. About 500 passenger trips are provided throughout Buncombe County on a typical weekday.

4. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:

This transportation program has been operated since 1989 through Buncombe County Government Planning and Developments' Transportation Division. In 2011, administrative functions were changed over to Land-of-Sky Regional Council while McDonald Transit coordinates the operations. The goal is to provide transportation services responsive to the needs of the Buncombe County residents.

5. **For non-unit producing activities only** (item #1A above) provide a brief narrative of the planned service and activities.
N/A



Area Agency on Aging Director

5/18/12
Date

Approved Not Approved
(circle one)

Director, NC DAAS

Date

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2012 through June 30, 2013

Methodology to Address Service Needs of Low-Income Minority Elderly
(Older Americans Act, Section 305(a)(4)(A)(ii))

Community Service Provider: [Land of Sky Regional Council – Transportation](#)

Counties: [Buncombe](#)

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

Our intention is to provide a seamless transition for the client rider. The experience in the past is as follows:

Priority for transportation services available under HCCBG and supplemental funds shall be given to older adults age 60 and older who are in need of transportation services. Approximately 18% of persons provided general and medical trips will be minority individuals. Approximately 54% of individuals served will be economically needy. Approximately 40% of total trips will be provided to elderly persons who live in rural areas.

The methodology for outreach includes media contacts, paid advertisements, public service announcements, flyers, newsletters, and website information. In addition, Mountain Mobility staff works with a community of service providers to maintain or increase older adults; access to programs offered by the agencies and/or who are identified as having transportation needs through assessment and other processes.

SECTION V:
Area Agency on Aging Work Plan

Exhibit 16: Management and Staffing

| Objectives & Strategies | County(ies) | Progress/Updates |
|--|-------------------|---|
| <p>AAA Director and staff members work together to fulfill AAA mission and vision.</p> <ul style="list-style-type: none"> a. Staff will have accurate job descriptions that are updated based on significant changes b. Staff will be given training opportunities, which enhance ability to do their job within time and financial resources available. c. Staff will meet monthly or as needed to communicate about section activities and benefit from each person’s talents. d. AAA Director will meet periodically with the Ombudsmen, Senior Community Service Employment Coordinator, Caregiver Specialist, CRC Coordinator, and Aging Specialists to support their ongoing work efforts and the Area Plan’s implementation. e. AAA Director will conduct staff evaluations annually. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Staff members are regarded by stakeholders as knowledgeable in their respective areas.</p> <ul style="list-style-type: none"> a. Staff will participate in community based-committees, events, programs, and networks and will partner with traditional and non-traditional stakeholders to promote AAA goals and that relate to their job function and the overall work of the AAA. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA is staffed in positions supported with aging funds to fulfill our goals and objectives.</p> <ul style="list-style-type: none"> a. AAA will utilize existing funding resources to the maximum and seek additional funding resources as appropriate to expand our services. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Long-Term Care Ombudsman</p> | | |
| <p>Ombudsmen will meet periodically with the AAA Director to give updates on changes in state and federal long-term care issues and internal Region B Ombudsman concerns.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| | | |
|---|------------|-------------------------|
| Ombudsmen will meet monthly or as needed to plan and coordinate future events, and to assure activities stay within the Ombudsman and Elder Abuse budgets. | <i>ALL</i> | 2013: 2014: 2015: |
| Elder Abuse, Neglect, and Exploitation | | |
| Ombudsmen will utilize Elder Abuse funding for their positions in equal distributions. (2½%) | <i>ALL</i> | 2013: 2014: 2015: |
| Regional Elder Abuse activities will be planned and coordinated by consensus at Ombudsmen meetings and in consultation with the County DSS's. | <i>ALL</i> | 2013: 2014: 2015: |
| In-services or speaking engagements related to Elder Abuse will be initiated both individually and collaboratively. | <i>ALL</i> | 2013: 2014: 2015: |
| Family Caregiver Support Program | | |
| At least one staff member will be trained to respond to calls and e-mails requesting information or support for family caregivers of older adults and kinship caregivers and will be able to serve as a back-up person for the Family Caregiver Resource Specialist (FCRS). | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist – Monitoring, Contracts & ARMS | | |
| Aging Specialist will be active in training opportunities including the quarterly Aging Specialist meetings. | <i>ALL</i> | 2013: 2014: 2015: |

| | | |
|--|-------------------|---|
| <p>Aging Specialist will attend the monthly Staff meetings to communicate about section activities and benefit from each person's talents.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Senior Community Services Employment Program</p> | | |
| <p>SCSEP staff will increase by a second member. a. Staff will review enrollees that may be suitable for the Assistant Job Developer position.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Community Resource Connections (CRC)</p> | | |
| <p>CRC Coordinator will be an active participant in the AAA regional team.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Program Specialist – Health Promotion & Disease Prevention</p> | | |
| <p>Aging Specialist will attend training opportunities to assist in the expansion of evidence-based health promotion programs.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

Exhibit 17: Planning

| Objective & Strategies | County(ies) | Progress/Updates |
|--|-------------------|---|
| <p>AAA works to implement the regional vision for a comprehensive and coordinated system of home and community-based care and services for older adults, their families and caregivers.</p> <ul style="list-style-type: none"> a. Staff will communicate our vision and work plan to the Advisory Council, local elected officials, older adults, providers, and the general public. b. AAA serves as a communication link between the four counties for successes that might be replicated elsewhere through the CRC and other initiatives. c. Staff will explore and encourage consumer-directed and person-centered services for older adults and caregivers with the use of HCCBG funds. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA takes a lead role in assisting counties to plan for a comprehensive system of home and community-based care and services.</p> <ul style="list-style-type: none"> a. Staff will work closely with planning committees and County Manager’s offices to develop and revise the aging plan. b. County Planning Chairs/Representatives will be encouraged to create and share their individual county aging plans with the Aging Advisory Council for the purpose of coordination and education. c. Staff will review and revise the new member HCCBG orientation manual. d. AAA Director will meet with County Managers to discuss HCCBG funding and committee role. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA will include consumer and provider input in the development and review of our Area Plan.</p> <ul style="list-style-type: none"> a. The Advisory Council on Aging will be involved in the review and update of the Area Plan. b. Staff will “track” progress of our goals and objectives, and review annually with the Advisory Council. c. Area Plan updates will be offered for discussion at regular meetings of the county-based planning committees. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| Long-Term Care Ombudsman | | |
|--|------------|--|
| Ombudsmen will meet monthly or as needed to coordinate future plans and events such as educational workshops and volunteer orientations; discuss case issues; and brainstorm ways to regularly recruit new Community Advisory Committee (CAC) members. | <i>ALL</i> | 2013: 2014: 2015: |
| Ombudsman will coordinate activities resulting from changes in state or federal rules and regulations with regulatory agencies, such as DSS, DHSR and our State Ombudsman office. | <i>ALL</i> | 2013: 2014: 2015: |
| Elder Abuse, Neglect, and Exploitation | | |
| Ombudsmen will meet monthly or as needed to coordinate future plans and events targeted towards prevention of elder abuse, neglect and exploitation. | <i>ALL</i> | 2013: 2014: 2015: |
| Ombudsmen will plan and participate in at least one major Elder Abuse, Neglect, and Exploitation event per year for the public. | <i>ALL</i> | 2013: 2014: 2015: |

| | | |
|---|------------|--|
| Family Caregiver Support Program | | |
| Strengthen capacity of Family Caregiver Support Program Regional Advisory Committee (FCSP-RAC) to participate in the FCSP planning process. <ul style="list-style-type: none"> a. Review and revise new member orientation manual and training materials. b. Review and update member duties and responsibilities. c. Use Region B program, state and national data as a catalyst for conversation and quarterly meetings planning. d. Encourage more active participation by committee members. | ALL | 2013: 2014: 2015: |
| Program Specialist – Monitoring, Contracts & ARMS | | |
| Ageing Specialist will serve as communication link and support system for Region B’s providers. | ALL | 2013: 2014: 2015: |
| Health and Wellness | | |
| Ageing Specialist will create a strategic business plan for regional health and wellness services for geographic, ethnic and socio-economic equity and expansion of evidence-based health promotion programming. | ALL | 2013: 2014: 2015: |
| Senior Community Services Employment Program | | |
| SCSEP staff will place twenty-two or more participants in subsidized community service positions with non-profit host agencies. <ul style="list-style-type: none"> a. Recruit more participants in need and more host agencies to fill community service positions for regular slots. b. Retain participants and host agencies through careful placements and positive matching of the two. | ALL | 2013: 2014: 2015: |

| | | |
|---|------------|---|
| <p>SCSEP staff will place six of these regular participants into unsubsidized employment.</p> <ul style="list-style-type: none"> a. Continue to maintain contact with JobLink Career Centers, Employment Services, Workforce Development Boards, Chambers of Commerce, Rotary Clubs, Lions Clubs, and other potential agencies connected to employers. b. Communicate success of participants being placed in unsubsidized employment to the general public through newsletters, newspapers, radio and television outlets. | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| Community Resource Connections | | |
| <p>AAA will work with DAAS to create a sustainability plan for the Land-of-Sky CRC.</p> | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

Exhibit 18: Funds Administration and Quality Assurance

| Objective & Strategies | County(ies) | Progress/Updates |
|---|-------------------|---|
| <p>AREA AGENCY undertakes activities designed to improve the performance of service providers.</p> <ul style="list-style-type: none"> a. Staff will respond to requests for technical assistance in a timely manner. b. AAA will assess the training needs of the service providers, community planning committees and Advisory Council members. c. Staff will provide training based on identified needs and resources available. d. Staff will share appropriate information with service providers as needed. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AREA AGENCY efficiently manages programs and funds to maximize resources for consumers.</p> <ul style="list-style-type: none"> a. Results from the ARMS program will be shared monthly with lead agencies, Chairs of county planning committees, and service providers. b. AAA staff will consult with lead agencies and county planning committees to make any necessary budget revisions in order to utilize all available HCCBG funds. c. Staff will actively participate in review of provider proposals for HCCBG funds, sharing any concerns and efforts toward problem resolution. d. Staff will monitor funds for Senior Centers, Health Promotion, FCSP, CRC, and SCSEP and submit required reports to DAAS. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AREA AGENCY conducts scheduled monitoring and, as appropriate, solicits feedback from consumers receiving services to assure quality.</p> <ul style="list-style-type: none"> a. Staff will provide training for service providers to assure understanding of appropriate federal and state policies and service standard requirements. b. Staff will review the client satisfaction surveys used by service providers and work with staff to address any issues. c. Staff will conduct service provider assessments according to the schedule outlined in Exhibit 12. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| | | |
|--|-------------------|---|
| <p>Area Agency on Aging keeps stakeholders informed about the requirements of the HCCBG process and any other funding it administers.</p> <ul style="list-style-type: none"> a. Staff members actively participate in the HCCBG County planning committee meetings and provide appropriate training to these groups concerning the administration of funds, and any changes in the program. b. Staff will provide appropriate training for service providers to assure understanding of appropriate federal and state policies and service standard requirements. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Long-Term Care Ombudsman</p> | | |
| <p>Ombudsman will key data into ODIS at a minimum on a quarterly basis (deadlines are on the 15th of January, April, July, & October) to assure state and federal funders that our programs have been delivered as required.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will meet as needed to review budgetary goals.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Elder Abuse, Neglect, and Exploitation</p> | | |
| <p>Ombudsmen will meet monthly or as needed to assure that plans are budgeted within our resources for Ombudsman and Elder Abuse funding.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will maintain documentation of elder abuse activities for the required seven year time period.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| | | |
|--|------------|-------------------------|
| Family Caregiver Support Program | | |
| Family Caregiver Support Program (FCSP) will partner with others to assure that caregivers' various needs are met through a range of services including information, access assistance, education and training, support group development, respite and supplemental services. | <i>ALL</i> | 2013: 2014: 2015: |
| FCRS will seek opportunities to serve kinship caregivers. | <i>ALL</i> | 2013: 2014: 2015: |
| FCSP will ensure that contracted providers provide quality services in a timely and responsive manner that meets customer satisfaction requirements. a. Provide opportunities for individual or group training and technical assistance for FCSP funded providers and others. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist – Monitoring, Contracts & ARMS | | |
| Program Specialist will respond to requests from lead agencies, county planning committees, and service providers, as appropriate, and providing technical assistance in a timely manner. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will assess the training needs of the service providers and provide training based on identified needs and resources available. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will share results from the ARMS program with lead agencies, Chairs of county planning committees, and service providers. | <i>ALL</i> | 2013: 2014: 2015: |

| | | |
|---|------------|-------------------------|
| Program Specialist will consult with lead agencies, county planning committees, and service providers, as appropriate to make any necessary budget revisions in order to utilize all available HCCBG funds. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will conduct service provider assessments according to the schedule outlined in Exhibit 12. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will actively participate in the HCCBG County planning committee meetings and provide appropriate training to these groups concerning the administration of funds, and any changes in the program. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist - Health Promotion & Disease Prevention | | |
| Program Specialist will coordinate LGBT sensitivity training for regional health and service providers. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will monitor all evidence-based health promotion program providers at least once after the provider has received training. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist will apply for private and public funds to support the expansion of evidence-based health promotion programs and the WNC Fall Prevention Coalition. | <i>ALL</i> | 2013: 2014: 2015: |

| Senior Community Services Employment Program | | |
|--|-------------------|---|
| <p>SCSEP staff will share information about budgeting and expenditures for each grant year.</p> <ul style="list-style-type: none"> a. Staff will work closely with AAA Director and the Accounting Department staff to maintain transparency in program expenditures. b. Staff will prepare for the annual monitoring visits from DAAS. | <i>ALL</i> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

Exhibit 19: Information Brokerage

| Objective & Strategies | County(ies) | Progress/Updates |
|---|-------------------|---|
| <p>AAA has a system for collecting, organizing, and disseminating information to stakeholders.</p> <ul style="list-style-type: none"> a. AAA maintains and enhances department and program websites. b. AAA maintains resource information that includes AAA Manual, Ombudsman Manual, Service Standards, FCSP Manual, SCSEP Manual, Block Grant Manual, county Block Grant paperwork, ARMS printouts and manuals, and Advisory Council notebook. c. AAA hosts, attends, and presents reports at quarterly meetings of Advisory Council on Aging. d. AAA publishes quarterly information newsletters. e. Training/educational opportunities are held quarterly for all service providers and consumers that are part of the CRC network. f. Land-of-Sky CRC will distribute program materials provided by DAAS as required (e.g., PASSPORT, Options Counseling information, etc.). g. AAA requests that local media cover special community based events. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA responds to requests for educational materials and presentations for older adults, families, civic and religious organizations, county commissioners, and others.</p> <ul style="list-style-type: none"> a. Advisory Council members and staff make public presentations to a variety of groups, as time and resources allow. b. AAA supports major informational events each year in partnership with others. c. AAA responds to requests for information and/or makes appropriate referrals. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| | | |
|--|-------------------|---|
| <p>AAA assists all callers with accurate information in a timely manner.</p> <ul style="list-style-type: none"> a. AAA responds to all information & education requests in a timely manner. Resource information to respond to calls is readily available. b. AAA will continue to support the 2-1-1 Program in our region. c. AAA will continue to support the growth and development of Land-of-Sky CRC. d. AAA will develop a protocol to make seamless transfers to CRC partners. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Long-Term Care Ombudsman</p> | | |
| <p>Ombudsmen will maintain a working knowledge of current issues facing residents in long-term care by attending State Quarterly Trainings, workshops, forums, engaging in research, and will share this information broadly.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsman will maintain a Directory of Long-Term Care Housing and a list of facilities to distribute to callers who are seeking facility placement. This directory will be available in print (hard copy) and through the Land-of-Sky Regional Council website.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsman will distribute information about the long-term care system in our region by attending various AAA and other aging and disability events.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will provide community education and awareness regarding long-term care issues by participating in workshops and community forums, conducting community educational sessions, informing/educating the media, and sending informative emails.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| | | |
|--|------------|-------------------------|
| Elder Abuse, Neglect, and Exploitation | | |
| Ombudsmen will maintain a working knowledge of current issues regarding elder abuse, neglect, and exploitation by attending State Quarterly Trainings, workshops, forums, and engaging in research, and collaborating with other appropriate parties such as AARP, TRIAD, and APS to identify specific regional needs. | <i>ALL</i> | 2013: 2014: 2015: |
| Ombudsmen will attend and distribute information regarding elder abuse, neglect and exploitation prevention at AAA and other aging events to share resources and expand awareness of services. | <i>ALL</i> | 2013: 2014: 2015: |
| Ombudsmen will provide community education and awareness regarding elder abuse, neglect, and exploitation issues by participating in workshops and community forums, conducting community educational sessions, and informing, educating the media, and sending informative emails. | <i>ALL</i> | 2013: 2014: 2015: |
| Family Caregiver Support Program | | |
| Family Caregiver Resource Specialist (FCRS) will partner with regional and county information and assistance providers to provide printed senior/community services directories that are periodically updated for all counties in Region B. | <i>ALL</i> | 2013: 2014: 2015: |
| FCRS will support and promote the development and work of the regional CRC. | <i>ALL</i> | 2013: 2014: 2015: |

| | | |
|--|------------|--|
| Program Specialist – Monitoring, Contracts & ARMS | | |
| Program Specialist will maintain resource information for Service Standards and ARMS. | ALL | 2013: 2014: 2015: |
| Senior Community Services Employment Program | | |
| SCSEP staff will make presentations in the region to potential host agencies and recruitment of new applicants. a. Staff will attend relevant regional agency and community meetings. b. Staff will utilize newspapers, radio, and television resources to publicize the program. | ALL | 2013: 2014: 2015: |
| Aging Specialist – Health Promotion & Disease Prevention | | |
| Aging Specialist will provide access to relevant health promotion (e.g. advance directives, medication cards) and CRC (e.g. PASSPORT) materials in evidence-based health promotion programs. | | |

Exhibit 20: Program, Resource, and Systems Development

| Objective & Strategies | County(ies) | Progress/Updates |
|--|-------------------|---|
| <p>AAA plays a lead role in infrastructure development for a comprehensive aging and long-term care system.</p> <ul style="list-style-type: none"> a. AAA works with county planning committees to determine where energy should be spent in expanding resources based on the county plan. b. AAA monitors availability of grants/funding sources to help meet identified local needs. c. AAA meets with county managers annually to discuss aging related issues. d. AAA focuses on working relationships with various groups to further develop community initiatives. e. AAA will continue to integrate its role with development of the CRC. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA looks for creative ways to meet the needs of older adults, their caregivers, and families.</p> <ul style="list-style-type: none"> a. Staff will work with interested community members on the on-going development of the regional CRCs program through strengthening relationships with disability agencies. b. AAA will offer technical assistance, education, and cross-training opportunities to public & private organizations interested in serving older adults and people with disabilities. c. Staff will foster the development of person-centered planning in the region. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

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| <p>AAA undertakes activities designed to promote new or expanded opportunities/partnerships to benefit older adults, their caregivers, people with disabilities, and families.</p> <ul style="list-style-type: none"> a. AAA will integrate aging-related interests and issues into GroWNC, a regional planning initiative to further promote livable and senior friendly communities. b. AAA will continue to promote emergency preparedness by participating in community initiatives and educating the public. c. AAA will support the development of TRIAD (collaborative of older adults, law enforcement, and community leaders) in all Region B counties. d. AAA will support the functions of the local contact agency (LCA) to provide individuals living in nursing facilities with community alternatives. e. AAA will support community-based alternatives for people desiring to transition out of facilities. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA supports service providers and community partners to maintain or increase the number of people served.</p> <ul style="list-style-type: none"> a. AAA will offer education, trainings, technical assistance, and advocacy in service development. b. AAA will help facilitate the sharing of innovative ideas. c. AAA will engage traditional and non-traditional partners in collaborative efforts such as financial institutions, LGBT agencies, etc. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Long-Term Care Ombudsmen</p> | | |
| <p>Ombudsmen will identify, investigate, and resolve complaints made by long-term care residents or others on their behalf.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

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| <p>Regional Ombudsmen will provide initial orientation, ongoing training, and technical assistance to Community Advisory Committee (CAC) members.</p> <ul style="list-style-type: none"> a. Orientation for new CAC volunteers from all 5 committees will be scheduled quarterly. b. A Supplemental Training Manual will be kept updated and used to provide additional information to new volunteers. c. Ombudsmen shall review all CAC reports for accuracy and follow up with any appropriate actions. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will establish a communication system to share pertinent information with AAA staff, peers, boards, committees, volunteers, facility staff, elected officials, stakeholders, etc. via email, newsletter, direct mail, or personal contact.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ensure that all residents of nursing homes and adult care homes in Region B have access to representatives of the Ombudsman Program by visiting the facilities at least quarterly to assure that contact info is displayed prominently and updated as needed. Quarterly visits can be made either by an Ombudsman or CAC Committee.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Elder Abuse, Neglect, and Exploitation</p> | | |
| <p>Reports of abuse, neglect, and exploitation will be referred immediately to Adult Protective Services, law enforcement, licensing and certification agencies and/or other protection and advocacy systems as appropriate.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will partner with the community (such as AARP, Departments of Social Services, APS, TRIAD, Friends of Residents, etc.) to identify needs, develop strategies, plan and sponsor activities to promote Elder Abuse Awareness and Prevention.</p> <ul style="list-style-type: none"> a. Ombudsmen will include a DSS representative on planning committees for Elder Abuse prevention activities. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

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| Family Caregiver Support Program | | |
| Family Caregiver resource Specialist (FCRS) will build caregiver choice options into the FCSP contracting process for respite services. | | |
| FCSP will identify caregiver needs and resources and explore ways to meet unmet needs. | | |
| Senior Community Services Employment Program | | |
| Staff will meet annually with host agencies and will meet monthly with Workforce Development Board. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist – Health Promotion & Disease Prevention | | |
| Aging Specialist will facilitate the integration of health promotion research, policy and practice leading to the delivery of effective health promotion programs and supporting meaningful policy and culture change. | | |

Exhibit 21: Advocacy

| Objective & Strategies | County(ies) | Progress/Updates |
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| <p>AAA provides leadership for effective advocacy by monitoring, evaluating, and commenting in a timely manner on changes to law, policies, programs, and significant trends which affect older adults, caregivers, and people with disabilities.</p> <ul style="list-style-type: none"> a. AAA advocates with elected officials and their staff at county, state, and national levels, as appropriate. b. Staff and volunteers solicit and respond to requests for public speaking to advocate for various issues. c. Staff will provide the community with accurate information pertaining to laws, policies, programs, and significant trends. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA encourages and supports older adults, caregivers, Senior Tar Heel Delegates, volunteers, and providers to become active “advocates” for self-directed aging.</p> <ul style="list-style-type: none"> a. AAA supports training in advocacy methods, as appropriate. b. Supports the work and activities of the North Carolina Senior Tar Heel Legislature by: <ul style="list-style-type: none"> • Make efforts to ensure a full slate of delegates and alternates. • Provide resource materials to delegates/alternates and inform them about priority issues. • Ensure their membership on the Advisory Council. c. Staff will inform the Advisory Council on important issues related to older adults for their support, advocacy, and action. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>AAA maximizes advocacy efforts through partnerships with other organizations.</p> <ul style="list-style-type: none"> a. AAA works with local, state, and national advocacy groups such as AARP, Friends of Residents for Long-Term Care, NC4A, NCAOA, and the NC Coalition on Aging and others. b. AAA shares current information on advocacy issues. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

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| <p>AAA solicits input regarding the needs of older adults to focus advocacy and planning efforts.</p> <ul style="list-style-type: none"> a. Staff works with county planning committees to determine the community needs. b. Staff tracks current trends through our referrals and interfacing with the community. c. AAA assesses community needs through forums, surveys, etc. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Long-Term Care Ombudsmen</p> | | |
| <p>Ombudsmen will advocate for residents, resident rights, and long-term care issues:</p> <ul style="list-style-type: none"> a. By mediating disputes, and improving communication with facility staff and other agencies on behalf of individual residents. b. By partnering with other local, state, and national advocacy groups, such as the Ombudsman Association, Friends of Residents in Long-Term Care, STHL, NC4A, Consumer Voice, etc. c. By communicating with other governmental agencies, media, elected officials, policy makers, other advocacy groups, and the public regarding issues that affect residents. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Each Ombudsman will provide education regarding their role, advocacy for resident’s rights, and other long-term care issues.</p> <ul style="list-style-type: none"> a. Education to facility staff will be provided an average of once per quarter by means of in-services or group presentations to staff. b. Education to other community groups will also be provided an average of once per quarter. | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will be involved in the promotion of culture change within LTC facilities.</p> | <p>ALL</p> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

| Elder Abuse, Neglect, and Exploitation | | |
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| <p>The Ombudsman Program will conduct and/or support an elder abuse prevention workshop, community seminar or in-service training session at least four times per year.</p> <p>a. At least one of these events will be a community education session for the general public.</p> | <i>ALL</i> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| Family Caregiver Support Program | | |
| <p>Family Caregiver resource Specialist (FCRS) will work with traditional and non-traditional partners to promote public and private awareness about family caregiving issues including the needs of grandparents and other older relatives who are raising children.</p> | <i>ALL</i> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>FCSP will support advocacy efforts that address policy issues of importance to caregivers.</p> | <i>ALL</i> | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

Exhibit 22: Additional Regional and County Initiatives (optional)

| Objective & Strategies | County(ies) | Progress/Updates |
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| Long-Term Care Ombudsmen | | |
| <p>Ombudsmen will network with other advocates for aging and/or disabled individuals who represent consumers or future consumers of the long-term care system.</p> <ul style="list-style-type: none"> a. Ombudsmen will participate in the planning and development of the Land-of-Sky CRC, and any other functions of the CRC that relate to long-term care facilities such as MDS 3.0 Section Q Resource/Transitions development. b. Ombudsmen will participate in collaborative community committees of CCWNC that relate to transitions of care, nursing homes or adult care homes. c. Ombudsmen will collaborate with other agencies to educate and promote Money Follows the Person Program for residents of nursing facilities. | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will collaborate with DSS, mental health agencies, disability organizations, and adult care homes in this region to effectively address and implement system changes.</p> | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| <p>Ombudsmen will represent the needs of long-term care residents by collaborating with the WNC Falls Prevention Coalition.</p> | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |
| Elder Abuse, Neglect, and Exploitation | | |
| <p>Ombudsmen will follow developments in the Elder Justice Act and seek new opportunities if funding becomes available.</p> | ALL | <p>2013:</p> <p>2014:</p> <p>2015:</p> |

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| Family Caregiver Support Program | | |
| Family Caregiver resource Specialist work with providers to promote diversity awareness and sensitivity. | <i>ALL</i> | 2013: 2014: 2015: |
| Program Specialist – Health Promotion & Disease Prevention | | |
| Aging Specialist will facilitate the WNC Fall Prevention Coalition to develop an infrastructure with the goal of reducing the number of falls and fall-related injuries in Western North Carolina | | |
| Aging Specialist will collaborate with regional community service and health providers to develop and deliver the annual weeklong event: Active Aging Week. Active Aging Week highlights community opportunities for physical activity and social activation. | | |