



HIGH COUNTRY
AREA AGENCY

on

AGING



Area Plan on Aging

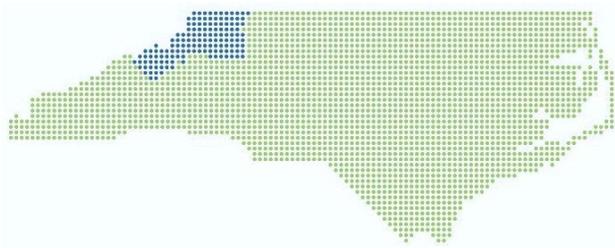
July 1, 2020 to
June 30, 2024

Table of Contents

Executive Summary.	1
Developing the Plan.	2
Goals & Objectives.	4
Goal 1: Safety and Protection.	6
Goal 2: Quality of Life.	6
Goal 3: Well Informed Communities.	9
Goal 4: Strong and Seamless Continuum of Services.	13
Quality Management.	16
Conclusion.	16
Appendix A: Regional Demographics	17
Appendix B: Area Plan Assurances and Required Documents.	19
<i>Section I: Verification of Intent and Assurances.</i>	19
Exhibit 1: Verification of Intent.	20
Exhibit 2: Area Plan Assurances.	21
Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act.	27
of 1973, as Amended, and Americans with Disabilities Act of 1990, including subsequent amendments	
Exhibit 4: Assurance of Compliance with the DHHS Regulation under Title VI.	28
of The Civil Rights Act of 1964, including subsequent amendments	
Exhibit 5: Assurance of Legal Representation for Regional Ombudsman.	29
<i>Section II: Administrative Matters.</i>	30
Exhibit 6: Organizational Chart of Regional Council of Governments.	31
Exhibit 7: Organizational Chart of the Area Agency on Aging.	32
Exhibit 8: Area Agency on Aging Staffing Profile.	33
Exhibit 9: Regional Advisory Council Membership and Participation.	34
Exhibit 10: Focal Point Organization.	36
<i>Section III: Needs Assessment Overview.</i>	37
Exhibit 11: Documentation of Area Agency on Aging Public Hearing.	38
Exhibit 12: Needs Assessment Regional Summary.	39
<i>Section IV: Monitoring and Direct Services.</i>	40
Exhibit 13: Provision of Direct Services Waiver Request.	41
Exhibit 14: Provider Monitoring Plan and List of Subcontractors.	47
Appendix C: Overview of Needs Assessment Responses.	60
Appendix D: Needs Assessment Survey Instrument.	63
Appendix E: Emergency Expenditures (COVID-19).	66

The High Country Area Agency on Aging proudly serves the following North Carolina counties:

- Alleghany
- Ashe
- Avery
- Mitchell
- Watauga
- Wilkes
- Yancey



Executive Summary

The High Country Area Agency on Aging is pleased to present The High Country Area Plan on Aging 2020-2024. This area plan provides an overview of our goals and objectives for the next four years and focuses on addressing the service needs and gaps identified in Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties.

The High Country Area Agency on Aging is one of sixteen Area Agencies on Aging in North Carolina and one of hundreds of Area Agencies on Aging throughout the United States. Area Agencies on Aging were formed in 1973 under the federal Older Americans Act. The intent of the Act is to provide resources and services to those sixty and older for the purpose of supporting older adults who choose to remain in their home or community and to prevent or delay long-term care placement. Today, these services are more important than ever as the older adult population continues to grow at an unprecedented pace.



The High Country Area Plan carries forward the intent of the Older Americans Act and affords our agency the opportunity to build on and support the 2019-2023 North Carolina Aging Services Plan. This plan also furthers the mission of the High Country Area Agency on Aging - to improve the lives of older adults, family caregivers, and people with disabilities by providing support, education, advocacy, and choices throughout their continuum of care. This mission ties directly with the agency's vision of a community where all older adults, caregivers, and people with disabilities enjoy independence with dignity and respect as a result of community collaboration among all stakeholders involved in their health and wellbeing.

The realization of this mission and vision remains contingent upon successful collaboration, along with continual advocacy for new and increased funding streams. These intentions are designed to help ensure that necessary services are available to meet the needs of growing older adult populations and stagnant or decreased younger adult populations. As you will see based on the goals and objectives outlined throughout this plan, we are committed to advocating for additional federal and state support, while simultaneously expanding our funding streams by diversifying our services and enhancing our community partnerships.

Developing the Plan

High Country Area Agency on Aging staff created this document to help navigate the organization's efforts throughout the four-year period of July 1, 2020 to June 30, 2024, as mandated by the federal Older Americans Act. Staff utilized feedback from internal and external stakeholders to assess and create this plan, which will be used to annually evaluate the agency's progress towards completing objectives. Throughout the plan, some objectives are program-specific, while others are created to be measured at the agency level. Some examples of program-specific objectives include those pertaining to the Long-Term Care Ombudsman Program, the Family Caregiver Support Program, and Health Promotion & Disease Prevention programming.

The High Country Area Agency on Aging designed the goals within this Area Plan to align with the 2019-2023 North Carolina Aging Services Plan. Not only does this increase efficiency and effectiveness by promoting uniformity between levels of government, it also affords each region the opportunity to compare strategies and interventions to better understand which services and supports work best when attempting to improve specific outcomes. For each of these plans, the following goals were selected:

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

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

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

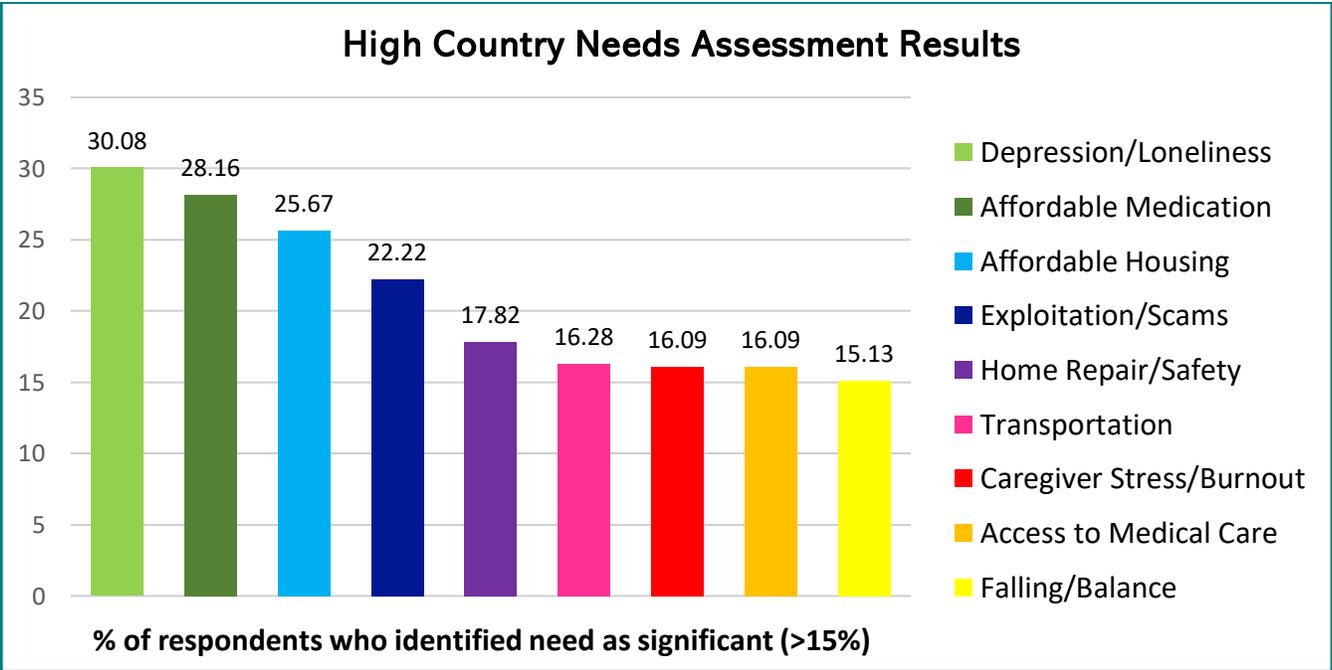
 - Goal 4:** Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.
-

While the above goals are unchanging across regions, each region experiences individualized needs, challenges, and resources. To identify the regional nuances specific to the High Country, staff sought input to identify the most common needs within the region. Over a six-month timeframe, staff received feedback from 500+ individuals. These respondents included older adults, caregivers, service providers, regional advisory councilmembers, Senior Tar Heel Legislators, elected officials, faith-based organizations, local businesses, regional staff, and many more.

High Country Area Agency on Aging staff collected direct input from regional stakeholders via a web- and print-based community needs assessment survey, meetings with service providers and regional partners, and public listening sessions in each county. These various avenues of data collection allowed staff to gather valuable input on existing programs, identify the specific needs in each county, and develop ideas for possible ways to meet those identified needs. After having those needs identified by various stakeholders throughout the region, High Country Area Agency on Aging staff developed this Area Plan by operationalizing stakeholder feedback into measurable objectives to ensure staff are making quantifiable progress towards each goal.



On the survey instrument (Appendix C), respondents were asked to identify the top three needs facing older adults (age 60+) and individuals with disabilities in their area. As seen in the graph below, of the 26 possible needs from which respondents could choose, three were selected by more than 25% of respondents: depression and loneliness prevention, access to affordable medication, and access to affordable housing. For additional information regarding county-specific responses, please see *Appendix B*.



Goals & Objectives



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

According to findings from the High Country Regional Needs Assessment, 75% of older adults and 90% of older adult caregivers feel there is some level of need regarding the prevention of older adult abuse, neglect, and exploitation. The National Council on Aging (NCOA) estimates 1 in 10 Americans who are 60 and older have experienced abuse as an older adult in some form, yet only 1 in 14 are reported. NCOA also reports that older adults who have been abused have a 300% higher risk of death compared to those who have not experienced abuse.

In addition to physical abuse, older adults are a major target of financial exploitation, with some economists estimating financial exploitation of older adults costs our national economy over \$30 billion annually.

With the older adult population anticipated to grow over the next four years, there will likely be an increased need to ensure older adults remain safe and protected, albeit at home, away, or online. After coupling this information with other data, staff identified the following objectives:



GOAL 1

Objective 1.1 Maximize outreach and training to stop or prevent abuse, neglect, and exploitation of older adults.

Strategy: Engage in elder abuse prevention training and outreach activities.

- ▶ Distribute elder abuse prevention training information and tools to providers, long term care facilities, and other stakeholders. *(continually)*
- ▶ Provide elder abuse prevention training to long term care facilities and consumers. *(quarterly)*
- ▶ Participate in local multi-disciplinary elder abuse prevention teams. *(quarterly)*

Strategy: Promote World Elder Abuse activities throughout the region.

- ▶ Collaborate with local stakeholders and existing elder abuse prevention task forces to host advocacy and awareness events. *(annually)*
- ▶ Engage local elected officials in the promotion of World Elder Abuse Awareness Day activities. *(annually)*

Objective 1.2 Collaborate with community stakeholders to educate older adults and the general public about fraud, scams, and other financial exploitation.

Strategy: Collaborate with local and statewide professional agencies to educate older adults and the general public about fraud, scams, and other related exploitation.

- ▶ Partner with agencies such as Legal Aid of NC, NC Department of Justice, and the NC State Attorney General's Office to coordinate trainings and education on financial exploitation. *(annually)*
- ▶ Create a regional, multidisciplinary team focused on preventing elder abuse and scams. *(by 2023)*

Strategy: Educate the public on scams and financial exploitation.

- ▶ Organize at least one "scam jam" conference. *(by 2023)*
- ▶ Provide outreach and education on scams and exploitation to senior center participants. *(semiannually)*
- ▶ Distribute information to the public about scams and financial exploitation via social media and website. *(continually)*

Objective 1.3 Long-term care residents and adults under guardianship, and those who care for and support residents will be better-equipped to assist and empower their rights through training and outreach.

Strategy: Facilitate resident's rights trainings to facility staff, long-term care residents, and the public.

- ▶ Provide resident rights trainings to stakeholders such as facility staff, long-term care residents, and the public. *(quarterly)*

Strategy: Maintain communication and provide trainings on elder abuse prevention and resident rights to long-term care residents councils.

- ▶ With permission from the resident council, provide trainings on elder abuse prevention and resident rights *(semiannually)*

Expected Outcomes

- ▶ Increased awareness and knowledge in community members and professionals in the recognition, reporting, and examination of abuse, neglect, self-neglect, and exploitation of older adults.
- ▶ Increased awareness, knowledge and skill-level in longer-term care staff and volunteers regarding preserving and respecting the rights of individuals in long-term care settings.



GOAL 2:

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

According to the Centers for Disease Control and Prevention (CDC), by practicing proper nutrition and physical activity, older adults can reduce their risk of premature death, reduce their risk of moderate or severe functional limitations, and increase their overall mental and physical wellbeing.



According to findings from the High Country Area Agency on Aging's 2020 regional needs assessment survey, 84% of older adults in the High Country region reported that, in one way or another, creating opportunities to access health and wellness programs is an area in need of attention. Since older adults are more vulnerable to malnutrition, it is important they are not only able to obtain food, but that the food they gather is high quality, diet- and age-friendly nourishment.

In addition to the importance of a proper diet, research shows 4 out of 5 of the costliest chronic conditions among older adults can be prevented or managed with physical activity. To that end, our regional needs assessment survey found 76% of older adults believe there is some level of need for additional assistance with managing chronic conditions. Since research shows inactivity is 30% higher in those with a chronic disease, and physical activity can lead to fewer chronic conditions, it is socially and economically imperative to facilitate opportunities for older adults to begin or continue a physical activity regimen. This information was analyzed by staff along with additional data to identify the following objectives:

Objective 2.1 Establish a leadership position in fall prevention and health and wellness initiatives.

Strategy: Collaborate with the NC Center for Health and Wellness (NCCHW) at UNC-Asheville, Appalachian State University, and the NC4A network to expand health promotion services and improve access.

- ▶ Collaborate with NCCHW on building falls prevention program referral pathways and expand program resources. *(continually)*
- ▶ Contribute and support NC4A in developing a business acumen for EBHP. *(continually)*
- ▶ Collaborate with Appalachian State University on providing health promotion services to the community and research/learning opportunities for students and staff. *(continually)*

Strategy: Continue to maintain and expand the High Country AAA as the NC Tai Chi for Arthritis (TCA) and Fall Prevention Training Academy.

- ▶ Organize and promote regional and statewide trainings and re-certifications for Tai Chi instructors. *(annually)*
- ▶ Achieve Senior Trainer status with the Tai Chi for Health Institute. *(by 2021)*
- ▶ Expand availability and offering of TCA skill builders for state instructors. *(by 2024)*

Strategy: Promote falls prevention awareness and risk reduction strategies throughout the region.

- ▶ Host regional High Country Fall Prevention Coalition meetings to promote networking and learning opportunities for related professionals and community members. *(bi-annually)*
- ▶ Promote fall prevention awareness and education through community outreach, social media, and AAA website. *(continually)*

Objective 2.2 The High Country Area Agency on Aging will create creative ways to receive referrals from health care pathways.

Strategy: Create a referral pathway through High Country Community Health for Watauga and Avery counties.

- ▶ Create system wherein HCCH assesses individuals for fall risk during first-time appointments, annual checkups, and annual wellness checks and refers to the AAA or local providers for additional resources and fall prevention class registration. *(by 2024)*

Strategy: Partner with Emergency Services to identify high risk older adults and refer them into Fall Prevention classes.

- ▶ Maintain existing referrals (Ashe County) by phone and email, and supply emergency services brochures and promotional information to handout to high-risk individual. *(continually)*
- ▶ Expand Emergency Services referral pathway into three additional counties. *(by 2024)*

GOAL 2

Objective 2.3 Expand Fall Prevention and Health Promotion classes to new areas in our region.

Strategy: Partner with non-profit, public, and faith-based organizations to expand the availability and access of Health Promotion programs.

- ▶ Build new and expand upon existing relationships with non-profit, public, and faith-based organizations, including gyms and fitness centers, to recruit and train new certified leaders for Evidence-Based Health Promotion (EBHP) programs. *(continually)*

Strategy: Partner with Community Paramedics to expand the availability and access of Health Promotion programs.

- ▶ Collaborate with Community Paramedics to recruit and train new certified leaders for EBHP programs. *(continually)*
- ▶ Collaborate with Community Paramedics to identify new host sites for EBHP programs. *(continually)*

Strategy: Offer EBHP classes throughout the region, utilizing various community resources and locations.

- ▶ Through the development of various community partnerships (senior centers, gyms, universities, libraries, faith-based communities, etc.) offer at least one EBHP program annually in each of the seven counties. *(by 2024)*

GOAL 2

Objective 2.4 Promote engagement in health and wellness programs and initiatives.

Strategy: Promote participation in North Carolina Senior Games.

- ▶ Collaborate with the High Country Senior Games, senior centers, and multidisciplinary teams to promote participation in Senior Games and Silver Arts activities. *(annually)*

Strategy: Promote and support the expansion of Senior Nutrition Assistance Program (SNAP) and Senior Farmers Market Nutrition Program (SFMNP)

- ▶ Collaborate with providers to promote promotion and enrollment in SNAP and SFMNP. *(annually)*

Strategy: Encourage vaccinations and general health wellness screenings for those 65 and older, with an emphasis on flu and shingles vaccines.

- ▶ Participate in Senior Health Fair in each regional county. *(annually)*
- ▶ Assist with the statewide campaign to promote vaccinations to 65 and older through local and social media, regional health departments, and provider network. *(annually)*

GOAL 2

Expected Outcomes

- ▶ Increased capacity and access to health promotion services and supports for older adults, caregivers, and adults with disabilities.
- ▶ Reduction in falls risk through the expanded falls prevention referrals, interventions, and evidence-based classes.
- ▶ Increased access to services and supports that promote independence and longevity for older adults.



GOAL 3:

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

With the older adult population projected to continually increase over the next two decades, it is more important than ever to ensure older adults are put in a position to learn about and understand the support services available to them both at home and in the community. This information is vital, since 80% of older adults, to some extent, identified access to aging-related education as an area of need. Additionally, 95% of caregivers within the High Country reported that the need for aging-related education, to some degree, exists.



The High Country Area Agency on Aging had previously identified this as a regional need, which led to the creation and distribution of a regional resource guide, which was distributed online and throughout the region. Although this is a step in the right direction, there is still much to be done to ensure older adults are set up to make informed choices about available services, especially with the increasing number of older adults within our region and around the state. Disseminating information and educating the public about available services is

a never-ending task, and the High Country Area Agency on Aging hopes to use this plan as a guide to reach more older adults over the next four years. After coupling this with additional internal and external data, staff identified the following objectives:

GOAL 3

Objective 3.1 **Encourage older adults to self-advocate and find helpful resources.**



Strategy: Ensure resources are easily accessible for older adults in each county.

- ▶ Monitor the regional resource guide and update. *(semiannually)*
- ▶ Engage with all regional HCCBG providers and long-term care facilities to utilize the NCCARE360 platform. *(by 2022)*
- ▶ Monitor NCCARE360 platform to encourage streamlined care options. *(continually)*

Strategy: Ensure the AAA is accessible for all.

- ▶ Partner with translator services to help non-English speakers have access to AAA resources. *(by 2024)*
- ▶ Continue to seek outreach opportunities for minority populations. *(continually)*

Strategy: Assist older adults in understanding Medicaid/Medicare benefits.

- ▶ Actively support MIPPA activities and connect individuals to SHIP sites to help aide the community in understanding Medicaid/Medicare benefits. *(continually)*
- ▶ Assist in connecting individuals with the proper resources to help aid them in navigating insurance and benefit options. *(continually)*

GOAL 3

Objective 3.2 **Maintain and expand the availability of community-based services and supports.**



Strategy: Increase awareness of housing and home improvement services and promote housing accessibility and affordability to help people remain in their homes.

- ▶ Promote and refer consumers to local and state resources which provide home improvement and safety upgrades. *(continually)*
- ▶ Participate in regional housing coalitions and establish a resource pathway for local housing repair needs. *(by 2024)*
- ▶ Engage in legislative advocacy in support of affordable housing. *(continually)*

Strategy: Partner with the regional aging network to expand transportation options and resources.

- ▶ Encourage transportation providers to participate in quarterly, county-based multidisciplinary teams to address local transportation needs for older adults. *(continually)*

Strategy: Partner with regional aging network to expand mental health resources, with a focus on reducing social isolation and depression.

- ▶ Promote mental health resources to older adults, caregivers, providers, long term care facilities, and other stakeholders by direct communication and through social media and AAA website. *(continually)*
- ▶ Distribute training and support group information from National Alliance on Mental Illness (NAMI) via social media and AAA website. *(continually)*
- ▶ Raise awareness and educate older adults, caregivers, professionals, and the general public about mental health issues and social isolation through health fairs, educational opportunities and regional multidisciplinary coalitions. *(continually)*

Strategy: Encourage community providers to build out a business plan or fee for service model to expand services to those of the highest need.

- ▶ Offer ongoing resources and support to each community providers on business plan development. *(continually)*

Strategy: Continue to expand the availability of legal services for older adults by strengthening our relationship with legal providers.

- ▶ Assist Legal Aid of North Carolina (LANC) in promotion of annual outreach to provider network and ensure LANC conducts outreach and legal-based clinics annually in each county. *(annually)*
- ▶ Track number of older adults served by LANC through the Aging Resources Management System (ARMS) and NC Ombudsman Documentation Information System (ODIS-NC). *(monthly)*
- ▶ Build relationships with regional attorneys and legal based services to increase access to resources and supports for older adults and caregivers. *(continually)*

Strategy: Increase awareness of opioid addiction and prevention among older adults and adults with disabilities.

- ▶ Promote medication management, prevention strategies, and medication storage and disposal. *(annually)*

GOAL 3

Objective 3.3 Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network.

Strategy: Increase outreach to consumers with limited English proficiency and other diverse populations.

- ▶ Ensure AAA website is automatically translatable to additional languages through web-based software. *(by 2024)*
- ▶ Refer providers and long term care facilities to trainings to expand cultural competence to better serve diverse populations. *(continually)*
- ▶ Establish MOU with local Spanish interpreter to provide access to services for non-English speaking Latino community members. *(by 2021)*

Strategy: Increase staff competence regarding the unique needs of the aging LGBT community.

- ▶ Continue SAGECare LGBT+ Cultural Competence Training or additional relevant trainings. *(annually)*

GOAL 3

Objective 3.4 Strengthen emergency preparedness and response to older adults, caregivers, and people with disabilities.

Strategy: Increase communication and coordination among government and community agencies to educate and prepare for emergencies.

- ▶ Engage with county-based emergency management and planning personnel and attend planning meetings as needed. *(continually)*
- ▶ Promote emergency planning and preparation education to older adults, caregivers, and people with disabilities. *(annually)*

Strategy: Maintain the AAA's role with coordination and communication during emergency events.

- ▶ Review and edit Area Agency on Aging Emergency Plan annually.

GOAL 3

Expected Outcomes

- ▶ Older adults of all backgrounds and demographics will be able to identify and access needed resources to ensure their safety, health, and wellness.
- ▶ Community based supports and services will be strengthened to sustain the growing needs of diverse older adults.
- ▶ Older adults, caregivers and individuals with disabilities will be prepared and supported by the community in emergencies.
- ▶ Older adults will have increased awareness on the risks of opioid medications, their misuse, how to secure them and how to properly dispose of them.



GOAL 4:

Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

The High Country Area Agency on Aging is tasked with creating the most efficient and effective methods of service delivery to ensure good stewardship of public funds and trust. One crucial aspect of this involves engaging external stakeholders to increase the number of services offered and the quality of said services. If older adults have a better grasp of the continuum of care available to them, they can utilize the care spectrum in a more advantageous way, which often leads to better health outcomes. By leveraging resources and continually networking with other regional providers, the High Country Area Agency on Aging can increase organizational capacity and be better equipped to assist residents throughout their health journey. After coupling this information with other data, staff identified the following objectives:



GOAL 4

Objective 4.1 Offer information and assistance to family caregivers throughout the continuum of care.

Strategy: The Family Caregiver Support Program will ensure family caregivers are aware of options while caring for loved ones.

- ▶ Encourage caregivers enrolled in the program to complete a home assessment, caregiver assessment, and care plan. *(continually)*
- ▶ Assess needs and assist caregiver in determining what service(s) is most appropriate and beneficial. *(continually)*
- ▶ Utilize funding to expand supportive services to caregivers who cannot afford certain supplies, resources, and/or services due to lack of income or availability. *(continually)*
- ▶ Provide ongoing support for caregivers about care/resource options, level of care progression and possible next steps in their caregiving role. *(continually)*

Strategy: The Family Caregiver Support Program will assist grandparents raising grandchildren and older relatives as parents.

- ▶ Provide helpful resources for grandparents raising grandchildren and older relatives as parents. *(continually)*
- ▶ Assist grandparents raising grandchildren and older relatives as parents with supportive services to help them better care for their child. *(continually)*
- ▶ The Family Caregiver Support Program will host one event annually focused on grandparents raising grandchildren and/or older relatives as parents to provide respite or education support. *(by 2024)*

Strategy: The Family Caregiver Support Program will partner with different organizations to provide group respite and educational events for family caregivers.

- ▶ Partner with other organizations to hold at least 2 events per year for group respite for family caregivers *(by 2024)*
- ▶ Host at least 3 educational events for caregivers geared towards caregiver stress/burnout, home safety, and how to connect to resources in our community. *(by 2024)*
- ▶ Support and maintain support groups for family caregivers and older relatives as parents. *(by 2024)*
- ▶ Maintain and expand current Caregiver Academy into two additional counties. *(by 2024)*
- ▶ Assist in providing at least one Powerful Tools for Caregivers workshop per year. *(by 2024)*

Strategy: The Family Caregiver Support Program will provide information to help families make decisions before an emergency.

- ▶ Create a decision tree to help families decide which level of care/facility may be best for them. *(by 2024)*
- ▶ Assist caregivers in the development and maintenance of a care plan and encourage caregivers to contact facilities/hospice/home health to have a plan in place. *(continually)*
- ▶ Continue to expand the Family Caregiver Support Program and market the services that are provided through the AAA. *(continually)*

Strategy: The North Carolina Lifespan Respite Program will provide respite vouchers to eligible unpaid caregivers, and complete corresponding reimbursement process.

- ▶ Encourage state-wide referring agents to submit appropriate applications. *(continually)*
- ▶ Encourage caregivers to use the award for their benefit as well as for the care recipient. *(continually)*
- ▶ Aim for a use rate of 75% or more of overall amount committed. *(annually)*

Objective 4.2 Support state and local communities to better prepare and plan for an aging population.

Strategy: Provide data to local communities and others to make informed decisions regarding programs, services, and advocacy.

- ▶ Provide reliable data on aging population, services provided, and correlating expenditures. *(annually)*

Strategy: Support the High Country's Senior Tar Heel (STHL) appointees

- ▶ Provide relevant aging-related information. *(quarterly)*
- ▶ Encourage and support Senior Tar Heels to engage local, state, and federal advocacy. *(continually)*
- ▶ Provide advocacy alerts and distribute proposed bills that would affect the well-being of older adults. *(continually)*

Strategy: Provide guidance and oversight to Home and Community Care Block Grant providers

- ▶ Provide fiscal monitoring annually and general oversight of expenditures. *(monthly)*
- ▶ Work with providers on accuracy of 732A budget spreadsheets and ensuring appropriate cost-allocation. *(continually)*
- ▶ Support providers with feedback and education through annual programmatic monitoring and oversight and help them increase consumer contributions. *(continually)*

Expected Outcomes

- ▶ Family caregivers will have access to supports and services needed to reduce burnout, increase resilience, and assist in decision making processes.
- ▶ Communities throughout the High Country will be prepared to support the various needs of older adults, caregivers, and adults with disabilities.

Quality Management

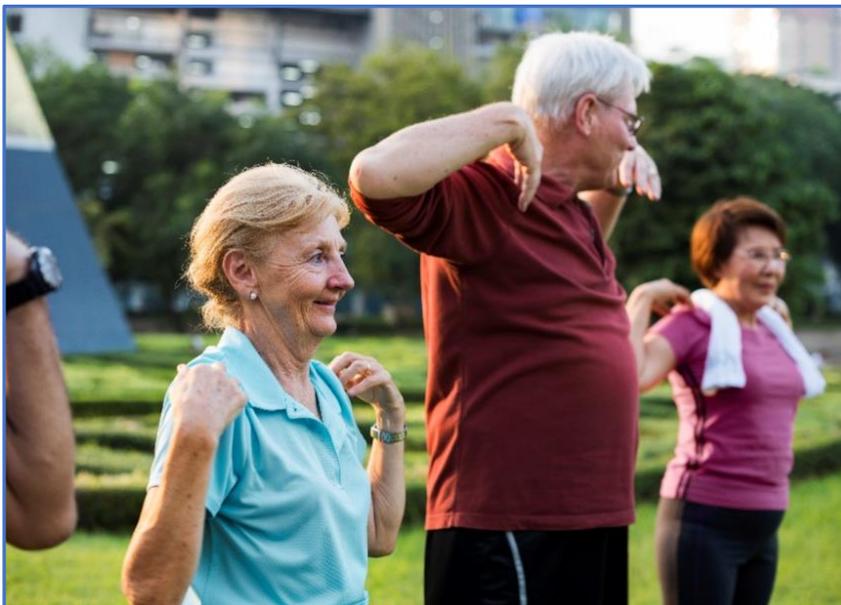
High Country Area Agency on Aging staff created this plan to reflect the needs and service gaps facing older adults, caregivers, and individuals with disabilities in the region. To



ensure there is progression towards the identified goals and objectives, this plan will be updated annually and reviewed by the High Country Regional Advisory Council and the North Carolina Division of Aging and Adult Services. In addition, programs and services offered through the High Country Area Agency on Aging are programmatically and fiscally monitored on an annual basis. This process occurs through methods such as self-assessment, local monitoring, and fiscal evaluations at the regional level, and through techniques such as regional or subrecipient monitoring at the state level.

Conclusion

Although older adults, caregivers, and people with disabilities face many obstacles, the High Country Area Agency on Aging continues to assess and evaluate various avenues of service delivery to eliminate those barriers. While the path to better service is often directed at the regional level, many significant services and supports are guided by local service providers and stakeholders. This localized information is best utilized when public, non-profit, and private organizations collaborate, which often leads to improved efficiency, increased effectiveness, and enhanced equitability throughout the region. With the older adult population expected to increase over the next four years and beyond, the High Country Area Agency on Aging is dedicated to expanding funding streams, improving current services, and implementing new services and supports based on information from residents and experts.



Appendix A: Demographics

Regional Demographics

According to the North Carolina Division of Health and Human Services (NCDHHS), as of 2017, 78 counties in the state had more people 60+ years old than people under 18 years old. By 2025, this number is expected to increase to 89 counties, and by 2037, it will likely be up to 94. According to the U.S. Census Bureau, all members of the baby boomer generation (born from 1946 to 1964) will be 65 years old by 2030. This means that, as seen in the table below, much of the projected influx in population growth in the 60+, 65+, and 85+ groups can be directly attributed to the sizeable number of aging baby boomers. These increases are particularly impactful within rural areas, where there are often fewer individuals to administer and fund resources.

High Country Area Agency on Aging staff utilized NCDHHS projected population change data (see table below) to help guide the creation of this plan. According to the data, from 2018 to 2038, the 60+ population is expected to increase by at least 15% in five of the seven High Country counties and increase by at least 24% in four of seven. While most High Country Area Agency on Aging programs are geared towards the entire 60+ population, it was important to also analyze the 65+ and 85+ populations. Analyzing these groups affords staff the opportunity to couple demographic and social trends with the anticipated trajectory of specific age groups, which allows the organization to better direct services and supports throughout the region. The overall 65+ population in the region is projected to increase by 26.8%, including anticipated 65+ population growth of more than 30% in four of seven regional counties. The 85+ population is projected to increase by at least 49% in six of seven counties and increase by at least 76% in four of seven. The highest 85+ population increase will likely occur in Watauga County, which is anticipated to experience a 147% increase from 2018 to 2038.

High Country Projected Population Change by Age Group (% change: 2018-2038)							
<i>County</i>	Overall	0-17	18-44	45-59	60+	65+	85+
<i>Alleghany</i>	+ 7.7%	+ 17.4%	+ 2.1%	+ 12.1%	+ 5.2%	+ 11.8%	+ 49.2%
<i>Ashe</i>	+ 20.0%	+ 9.1%	+ 16.9%	+ 9.3%	+ 35.3%	+ 43.1%	+ 96.7%
<i>Avery</i>	- 0.1%	- 6.3%	- 14.2%	- 5.2%	+ 24.1%	+ 32.1%	+ 58.9%
<i>Mitchell</i>	+ 0.6%	+ 2.9%	+ 3.1%	+ 0.5%	- 3.2%	+ 4.1%	+ 35.2%
<i>Watauga</i>	+ 29.1%	+ 48.8%	+ 25.9%	+ 27.2%	+ 27.3%	+ 40.3%	+ 147.3%
<i>Wilkes</i>	+ 8.3%	+ 6.5%	+ 5.3%	- 8.4%	+ 25.1%	+ 36.1%	+ 76.0%
<i>Yancey</i>	+ 18.4%	+ 20.5%	+ 22.9%	+ 13.6%	+ 15.7%	+ 20.4%	+ 83.1%
<i>Region</i>	+ 12.0%	+ 9.9%	+ 8.9%	+ 7.0%	+ 18.5%	+ 26.8%	+ 78.1%
<i>State</i>	+ 23.2%	+ 13.9%	+ 20.2%	+ 12.5%	+46.9%	+ 60.8%	+ 113.5%

In addition to future projections like those above, High Country Area Agency on Aging staff also utilized recent demographic information from NCDHHS (see example data in tables

below). Comparing and contrasting this populational data with other sources of information, such as needs assessment responses, enabled staff to identify objectives that, if reached, will equitably reduce individual and collective needs across the region.

High Country Age 65+ Population by Race (2018 Region Population Percentages)							
<i>County</i>	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	White	Other Race	2+ Races
<i>Alleghany</i>	0.0%	0.2%	0.6%	1.3%	98.1%	0.0%	0.0%
<i>Ashe</i>	0.0%	0.0%	0.7%	0.2%	99.0%	0.0%	0.1%
<i>Avery</i>	0.2%	1.0%	1.0%	1.3%	96.2%	0.1%	0.2%
<i>Mitchell</i>	1.1%	0.0%	0.1%	1.4%	97.5%	0.0%	0.0%
<i>Watauga</i>	0.4%	0.2%	1.2%	0.6%	97.4%	0.0%	0.2%
<i>Wilkes</i>	0.2%	0.3%	3.4%	1.1%	94.5%	0.2%	0.4%
<i>Yancey</i>	0.2%	0.0%	0.4%	2.6%	96.5%	0.0%	0.8%
<i>Region</i>	0.3%	0.2%	1.1%	1.2%	97.0%	0.0%	0.2%
<i>State</i>	0.9%	1.3%	16.5%	1.9%	78.7%	0.5%	0.7%

High Country Age 65+ Population by Social Characteristics (2018 Region Population Percentages)							
<i>County</i>	Limited English	Veteran	Lives alone	High School or GED	At least one disability	Below poverty level	In labor force
<i>Alleghany</i>	0.6%	22.3%	22.2%	27.2%	43.8%	11.5%	12.1%
<i>Ashe</i>	0.5%	15.8%	24.6%	34.9%	32.8%	10.1%	15.7%
<i>Avery</i>	0.0%	17.3%	21.7%	28.5%	42.2%	10.6%	11.2%
<i>Mitchell</i>	0.1%	14.9%	31.4%	36.9%	47.6%	7.4%	9.8%
<i>Watauga</i>	0.5%	18.6%	24.2%	24.4%	29.4%	7.7%	19.7%
<i>Wilkes</i>	0.9%	18.2%	29.9%	33.5%	41.9%	11.2%	14.1%
<i>Yancey</i>	1.0%	13.9%	22.8%	37.3%	36.3%	12.3%	14.4%
<i>Region</i>	0.5%	17.3%	25.3%	31.8%	39.1%	10.1%	13.9%
<i>State</i>	2.3%	19.0%	26.5%	31.2%	35.8%	9.2%	16.4%

The anticipated increase in regional and state older adult populations indicates that the High Country Area Agency on Aging will play an increasingly important role in administering vital services and directing funding to specific areas in need of assistance. That said, the goals and objectives published within this plan were created with the predominant goal of reducing service barriers and improving outcomes for older adults, caregivers, and individuals with disabilities within the High Country.

Appendix B: Area Plan Assurances and Required Documents

SECTION I

Verification of Intent and Assurances

Exhibit 1
Verification of Intent

The Area Plan on Aging is submitted for the High Country region for the period July 1, 2020 through June 30, 2024.

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

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

Nicole Hiegl 6/23/20
Director, High Country Area Agency on Aging 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 D. Cavdill 6-23-2020
Chairperson, High Country Regional Advisory Council on Aging Date

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

[Signature] 6/22/2020
Executive Director, High Country Council of Governments Date

Exhibit 2

Area Plan Assurances

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

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

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

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

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

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

Access - 30%
In-Home - 25%
Legal - 2%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit).

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

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

2) in compliance with assurance W and the limitations specified in Section 3020c of the U.S.C. in which such section pertains to contracting and grant authority; private pay relationships; and appropriate use of funds.

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

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

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

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

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

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

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

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

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

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

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

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

Nicole Hiegl

6/23/20

Area Agency Director's Signature

Date

Exhibit 3

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

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

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

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

Nicole Hiegl Area Agency on Aging Director

6/23/20

Signature and Title of Authorized Official

Date

Exhibit 4

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

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

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

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

Nicole Hiegl Area Agency on Aging Director 6/23/20

Signature and Title of Authorized Official

Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Jeff M. Hedrick, Attorney at Law
Deal, Mosely & Smith LLP
870 West King Street, Suite B
Boone, NC 28607
Phone: 828-263-4721
Fax: 828-264-2712

Period of Time Covered by Contract: July 1, 1997 – as long as he is hired by the High Country Council of Governments to provide representation

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

Key Elements of Contractual Agreement

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

AGREED UPON BY:



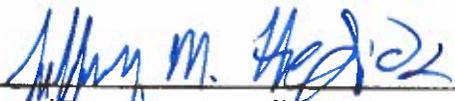
Executive Director, High Country Council of Governments

6/22/2020
Date

Nicole Hiegl

Director, High Country Area Agency on Aging

6/23/20
Date



Legal Representative, Jeff Hedrick Law Office

6/22/20
Date

Section II
Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

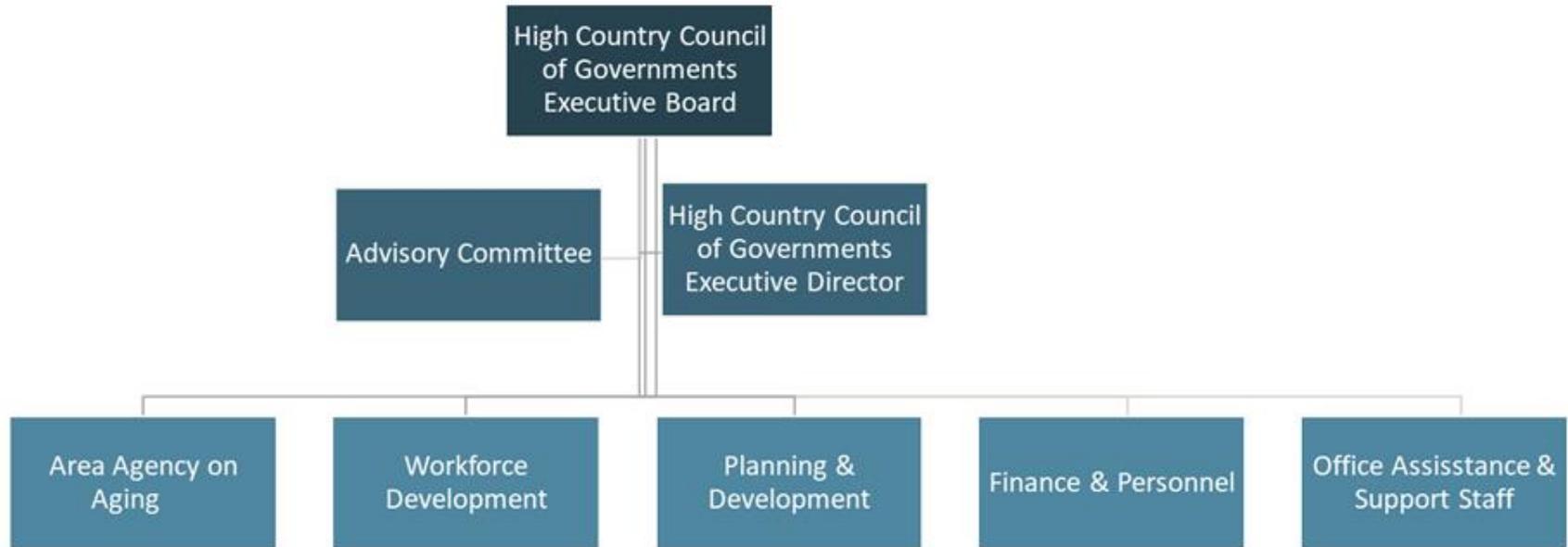


Exhibit 7: Organizational Chart of the Area Agency on Aging

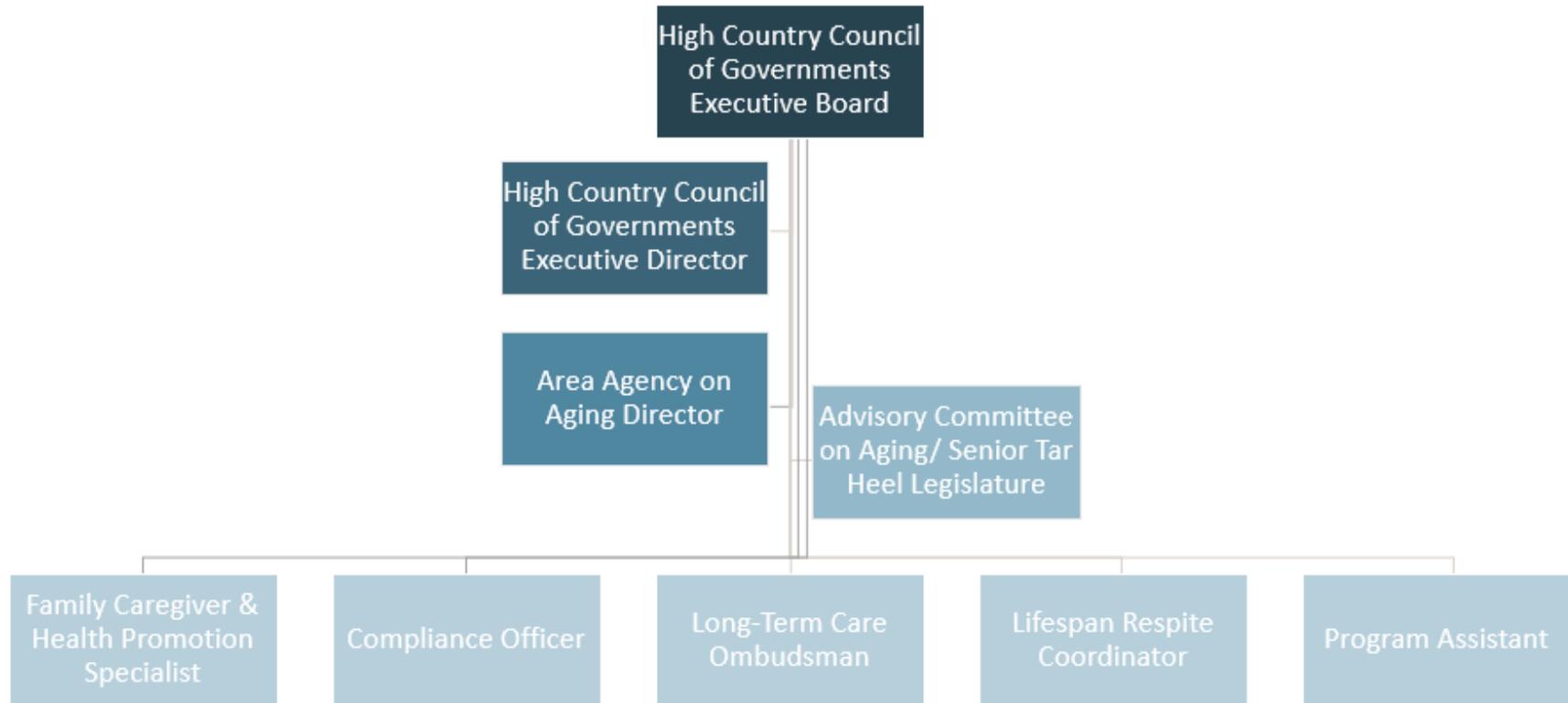


Exhibit 8: Area Agency on Aging Staffing Profile

	Name	Position	Race/ Ethnicity	SUA	FTE/Temporary	List funding source	% of time spent on duties
1	Nicole Hiegl	Director	6	1	1 FTE	P&A	64%
						FCSP	24%
						EBHP	6%
						MIPPA	5%
						Lifespan Respite Project	1%
2	Amber Chapman	Family Caregiver & Health Promotion Specialist	9	5	1 FTE	FCSP	85%
						EBHP	15%
3	Tim Price	Compliance Officer	6	2	1 FTE	P&A	80%
						FCSP	20%
4	Stevie John	Long-Term Care Ombudsman	6	5	FTE	Ombudsman	96%
						Elder Abuse	4%
5	Diane Tilson	Aging Program Assistant	6	4	0.4 FTE	P&A	75%
						MIPPA	25%
6	Pat Guarnieri	Caregiver Program Coordinator	6	5	0.8 FTE	Lifespan Respite Project	80%
						FCSP	20%

- Race/Ethnicity Categories**
- | | |
|-------------------------------------|----------------------|
| 1. American Indian/Alaskan | 6. White |
| 2. Native | 7. Hispanic |
| 3. Asian | 8. Some Other Race |
| 4. Black/African American | 9. Two or More Races |
| 5. Native Hawaiian/Pacific Islander | |

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

Exhibit 9: Regional Advisory Council Membership and Participation

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

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

#	Name		Gender M/F	County	Race/ Ethnicity	Position Code(s) (Note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
1	Polley	Patricia	F	Allegheny	5	2,6	Former member of the Governor's Council on Aging, Allegheny Council on Aging Board, HCCBG Advisory Committee Allegheny STHL Delegate	2021
2	Vacant			Allegheny			Allegheny Co. STHL Alternate is currently vacant	
3	Caudill	Charles	M	Ashe	5	1,2,6,10	Retired Jefferson Postmaster, AARP tax aid, SHIIP volunteer, President Ashe/Allegheny Chapter of NARFE, Former Alderman Town of Jefferson, Ashe STHL Delegate	2021
4	Caudill	Louise	F	Ashe	5	1,2,6	Retired (26+yrs) Senior Center Director, nursing home volunteer, SHIIP volunteer, Ashe STHL Alternate	2021
5	Deal	Rachel	F	Avery	5	1,2,6	Ombudsman CAC, Cannon Hospital Patient Advocate, church volunteer, Crossnore School volunteer, RPO Committee member, Avery Council on Aging – Chair, Avery STHL Delegate	2021
6	Winters	Ina	F	Avery	5	2,6	Retired child-care facility director (sponsored Foster Grandparent Program), church volunteer, grandparent raising grandchildren, Avery STHL Alternate	2021
7	Duncan	Norma	F	Mitchell	5	1,2,6	Retired nursing home inspector for Medicare/Medicaid compliance, respite care volunteer, parish nurse, church deacon, EBHP coach, AARP Key Legislative Contact, Mitchell STHL Delegate, NCSTHL Speaker	2021
8	Duncan	Charles	M	Mitchell	5	2,5,6	Optimist Club "Lifetime Membership" for work with youth, church deacon, EBHP coach, Mitchell STHL Alternate	2021

9	Coley	Pat	F	Watauga	5	2,6	Retired Watauga DSS, Watauga HCCBG Advisory Committee, Watauga Project on Aging Advisory Committee, Watauga STHL Delegate	2021
10	Moretz	Mary	F	Watauga	5	2,6,10	Retired Watauga educator site coordinator for Upward Bound, founder/director Pioneer Academy, Former Watauga County Commissioner, DSS Board, Project on Aging Advisory Board, Community Care Clinic, owner/manager Moretz IV LLC	2022
11	Foster	Kenneth	M	Wilkes	5	1,2,6	Retired school social worker/ counselor & coach, active member of Wilkes County Retired School Personnel, Wilkes Co. Lion's Club, EBHP coach, member of the Governor's Council on Aging, Wilkes STHL Delegate	2021
12	Loomis	Ormond	M	Wilkes	5	1,2,6	Retired from Florida State University, Social worker, teacher, museum conservator, folklorist, Wilkes STHL Alternate	2021`
13	Vacant			Yancey			Yancey Co. STHL Delegate and Alternate is currently vacant	
14	Vacant			Yancey			Yancey Co. STHL Delegate and Alternate is currently vacant	

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

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

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Alleghany Council on Aging, Inc. <i>85 E. Whitehead Street</i> <i>Sparta, NC 28675</i>	Alleghany	X		
Ashe Services for Aging, Inc. <i>180 Chattyrob Lane</i> <i>West Jefferson, NC 28694</i>	Ashe	X		
Avery Senior Services <i>1655 Schultz Circle</i> <i>Newland, NC 28657</i>	Avery	X		
Mitchell County Senior Center <i>152 Ledger School Road</i> <i>Bakersville, NC 28705</i>	Mitchell	X		
Watauga County Project on Aging <i>132 Poplar Grove Road</i> <i>Boone, NC 28607</i>	Watauga	X		
Wilkes Senior Resources <i>228 Fairplains School Road</i> <i>North Wilkesboro, NC 28659</i>	Wilkes	X		
Blue Ridge Opportunity Commission, Inc. <i>710 Veterans Drive, Suite A</i> <i>North Wilkesboro, NC 28659</i>	Wilkes		X	
The Ruby Pardue Blackburn Adult Day Care <i>1915 West Park Drive, Suite 200</i> <i>North Wilkesboro, NC 28659</i>	Wilkes			X
Yancey County Community Center <i>503 Medical Campus Drive</i> <i>Burnsville, NC 28714</i>	Yancey	X		

Section III
Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

High Country Needs Assessment Public Input Opportunities		
<i>County</i>	<i>Date</i>	<i>Location</i>
Alleghany	11/22/19	Alleghany County Public Library
Ashe	11/14/19	Ashe County Public Library
Avery	11/25/19	Avery County Public Library
Mitchell	11/25/19	Mitchell County Public Library
Watauga	11/15/19	Watauga County Public Library
Wilkes	11/13/19	Wilkes County Public Library
Yancey	11/25/19	Yancey County Public Library

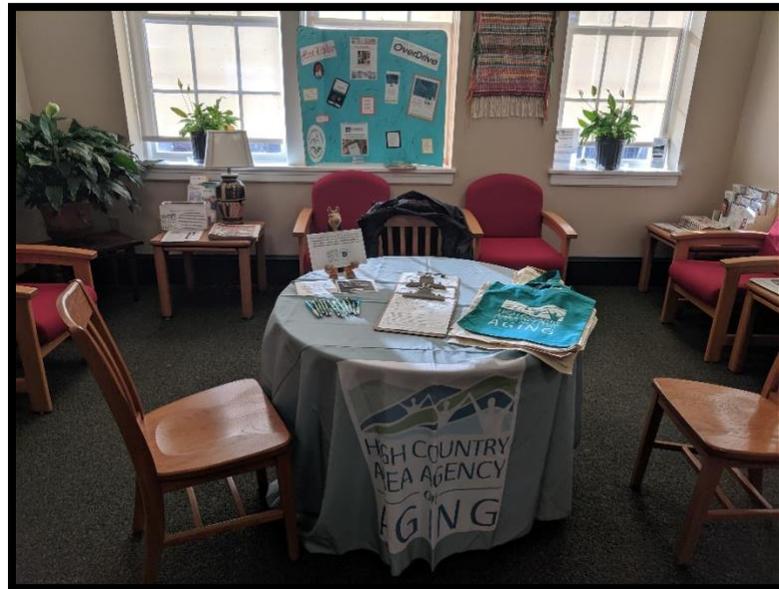


Exhibit 12: Needs Assessment Regional Summary

Top 3 Identified Needs – County Breakdown			
<i>County</i>	<i>Need 1</i>	<i>Need 2</i>	<i>Need 3</i>
Alleghany	Depression/Loneliness	Affordable Medication	Exploitation/Scams
Ashe	Depression/Loneliness	Affordable Housing	Affordable Medication
Avery	Depression/Loneliness	Affordable Medication	Home Repair/Safety
Mitchell	Depression/Loneliness	Affordable Medication	Home Repair/Safety
Watauga	Affordable Housing	Depression/Loneliness	Affordable Medication
Wilkes	Depression/Loneliness	Affordable Medication	Transportation
Yancey	Affordable Medication	Depression/Loneliness	Home Repair/Safety

Section IV
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

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

1. Name of the Organization: High Country Area Agency on Aging Fiscal Year: 2020

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Family Caregiver Support Program: Family Information	810s	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		X
Family Caregiver Support Program: Family Access	820s	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		X
Family Caregiver Support Program: Support Groups	830s	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		X
Family Caregiver Support Program: Family Respite Care	840s	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		X
Family Caregiver Support Program: Family Supplemental Services	850s	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		X
Title IIID Evidence Based Health Promotion	401	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey		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.

Nicole Hiagl
Area Agency on Aging Director

6/23/20
Date

Exhibit 13: Provision of Direct Services Waiver Request (Continued)

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

Name of the Organization: High Country Area Agency on Aging Promotion **FY:** 2021

Name of Service: Family Caregiver Support Program & Evidence Based Health

Service Codes: 811, 812, 814, 821, 822, 823, 824, 831, 832, 833, 834, 835, 841, 843, 844, 847, 852, 851, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862 & 401

1. **Budget:**

- A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
 - B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
 - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
 - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.
2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons. *See following page.*
 3. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:

FCSP: *Family Caregiver and Health Promotion Specialist, Amber Chapman, leads the caregiver support and health promotion efforts in our seven-county region. Since Amber has been in her new role, she has developed a Caregiver Directed Respite Voucher program, created a regional resource directory for caregivers and older adults, continuously attended trainings, networking, and outreach events, created new marketing materials for the High Country FCSP, and has developed partnership opportunities with Appalachian State University’s Interprofessional Clinic and Music Therapy*

Program and neighboring AAAs. Amber is also working towards the goal of introducing new evidence-based programs for caregivers in the region such as Powerful Tools for Caregivers and has partnered with local agencies to develop the Caregiver Academy. She is also assisting with the development of new support groups and looking towards creating a model for developing day respite programs for our rural counties that have no adult daycare or community respite options.

EBHP: Aging Director, Nicole Hiegl, has played a key role in the expansion of tai chi and the development of medical referrals through the recent fall prevention grant in partnership with the NC Center for Health and Wellness. Nicole has assisted with the coordination of leader trainings for the Tai Chi for Arthritis program and worked to expand medical referrals through local referral sources. Through this leadership and dedicated local volunteers, the region’s health promotion programs continue to strive.

Amber Chapman, Family Caregiver & Health Promotion Specialist, has been successful in expanding EBHP programs through collaborations with the NC Center for Health and Wellness, local Federally Qualified Health Centers, Community Paramedics, Libraries, local Health Centers, and build programs specific to the health and wellbeing of family caregivers. Amber will continue to expand on the current foundation and seek new programs, new partners, and new ways to encourage Tier III EBHP classes and class participation.

4. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

FCSP: The High Country Family Caregiver Support Program will offer information and assistance, case management and home visits, evidence based health programs, caregiver directed vouchers, support groups, and additional supportive services as needed.

EBHP: The EBHP programs in the High Country will continue to grow through the development of new community partners and referral sources. The AAA staff and volunteers will continue to work to develop strategies to continue classes in the community despite the challenge of the COVID-19 pandemic. When appropriate, programs will be offered via webinar or online. We will also strive to promote programs that are allowable to support as individual programs such as the self-directed Walk with Ease program. In person class will be provided as much as possible when allowed/ advised by state and local leaders.

<p><i>Nicole Hiegl</i> _____</p>	<p>6/23/20 _____</p>	<p>Approved Not Approved (circle one)</p>	<p>_____</p>	<p>_____</p>
<p>Area Agency on Aging Director</p>	<p>Date</p>		<p>Director, NC DAAS</p>	<p>Date</p>

**Home and Community Care Block Grant for Older Adults
County Funding Plan
July 1, 2020 through June 30, 2024**

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

Community Service Provider: High Country Area Agency on Aging
Counties: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey

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

Family Caregiver Support Program & Evidence Based Health Promotion/Disease Prevention:

The High Country Area Agency on Aging will collaborate with various agencies that serve older adults as well as those with physical and/or developmental, and/or intellectual disabilities to ensure that we are reaching the targeted population listed above. We will market the programs and services through advertisements, brochures, fliers, expos and health fair opportunities, newsletters, the COG weekly bulletin, AAA website, AAA Facebook page and any other ways that present themselves as an opportunity to increase the awareness of the programs' availability. Our brochures will also include contract information for a local Spanish translator for Latinos seeking assistance and we will ensure our website is translatable to other languages.

Exhibit 14: Provider Monitoring Plan

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
080	High Country Area Agency on Aging	ALL	DAAS									X	X	X	X
	Family Caregiver Support Program	ALL	DAAS												
	Evidence Based Health Promotion (Title IIID)	ALL	DAAS												

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
050	Allegheny Council on Aging, Inc (ACOA)	Alleghany	AAA									X	X	X	X
	In-Home Aide Level I	Alleghany	ACOA/AAA			X			X	X					
	In-Home Aide Level II	Alleghany	ACOA/AAA			X			X	X					
	Consumer Directed Services	Alleghany	AAA			X			X	X					
	Transportation - General	Alleghany	ACOA/AAA			X			X	X					
	Congregate Nutrition	Alleghany	ACOA/AAA		X			X	X	X					
	Home Delivered Meals	Alleghany	ACOA/AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
051	Ashe Services for Aging, Inc. (ASA)	Ashe	AAA									X	X	X	X
	In-Home Aide Level II	Ashe	AAA			X			X	X					
	In-Home Aide Level III	Ashe	AAA			X			X	X					
	Adult Day Care <i>(no HCCBG funds allocated to ADC transportation)</i>	Ashe	AAA			X			X	X					
	Adult Day Health Care <i>(no HCCBG funds allocated to ADHC transportation)</i>	Ashe	AAA			X			X	X					
	Transportation - General	Ashe	ASA/AAA			X			X	X					
	Congregate Nutrition	Ashe	AAA		X			X	X	X					
	Home Delivered Meals	Ashe	AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
053	Avery Senior Services	Avery	AAA									X	X	X	X
	In-Home Aide Level I	Avery	Avery SS/AAA			X			X	X					
	In-Home Aide Level II	Avery	Avery SS/AAA			X			X	X					
	Transportation - General	Avery	Avery SS/AAA			X			X	X					
	Transportation - Medical	Avery	Avery SS/AAA			X			X	X					
	Senior Center Operation	Avery	AAA			X		N/A	N/A	N/A	N/A				
	Congregate Nutrition	Avery	AAA		X			X	X	X					
	Home Delivered Meals	Avery	AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
054	Mitchell Senior Center (MSC)	Mitchell	AAA									X	X	X	X
	In-Home Aide Level I	Mitchell	AAA			X			X	X					
	Transportation - General	Mitchell	MSC/AAA			X			X	X					
	Congregate Nutrition	Mitchell	AAA		X			X	X	X					
	Home Delivered Meals	Mitchell	AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
055	Watauga County Project on Aging (POA)	Watauga	AAA									X	X	X	X
	In-Home Aide Level I	Watauga	AAA			X			X	X					
	In-Home Aide Level II	Watauga	AAA			X			X	X					
	Transportation - General	Watauga	POA/AAA			X			X	X					
	Congregate Nutrition	Watauga	AAA		X			X	X	X					
	Home Delivered Meals	Watauga	AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
058	Blue Ridge Opportunity Commission (BROC)	Wilkes	AAA									X	X	X	X
	Congregate Nutrition	Wilkes	AAA		X			X	X	X					
	Home Delivered Meals	Wilkes	AAA		X			X	X	X					
	Housing & Home Improvement	Wilkes	AAA	X	X	X	X	X	X	X	X				

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
059	Wilkes Senior Resources	Wilkes	AAA									X	X	X	X
	In-Home Aide Level I	Wilkes	AAA			X			X	X					
	In-Home Aide Level II	Wilkes	AAA			X			X	X					
	Transportation - General	Wilkes	AAA			X			X	X					
	Transportation - Medical	Wilkes	AAA			X			X	X					
	Senior Center Operation	Wilkes	AAA			X		N/A	N/A	N/A	N/A				

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
062	Ruby Pardue Adult Day Care	Wilkes	AAA									X	X	X	X
	Adult Day Health Care <i>(no HCCBG funds allocated to ADHC transportation)</i>	Wilkes	AAA			X			X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
060	Yancey County Senior Center (YCSC)	Yancey	AAA									X	X	X	X
	In-Home Aide Level I	Yancey	YCSC/AAA			X			X	X					
	In-Home Aide Level II	Yancey	YCSC			X									
	Transportation – General	Yancey	YCSC			X			X	X					
	Senior Center Operation	Yancey	AAA			X		N/A	N/A	N/A	N/A				
	Congregate Nutrition	Yancey	AAA		X			X	X	X					
	Home Delivered Meals	Yancey	AAA		X			X	X	X					
	HDM – Liquid Nutritional Supplement (<i>if applicable</i>)	Yancey	AAA		X			X	X	X					

Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
046	Legal Aid of North Carolina	Avery, Ashe, Avery, Mitchell, & Yancey	AAA									X	X	X	X
	Legal Services	Avery, Ashe, Avery, Mitchell, & Yancey	AAA	X		X		X		X					
048	Legal Aid of North Carolina	Watauga & Wilkes	AAA									X	X	X	X
	Legal Services	Watauga & Wilkes	AAA	X		X		X		X					

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services; **Scheduled as needed but at least once every three years; *** Scheduled as needed but at least every other year; **** Scheduled as warranted by annual risk evaluations.

Exhibit 14A: List of Subcontractors

Region D FY 20-21

Provider Allegheny Council on Aging Provider Code: 50 County

Allegheny

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delivered by the subcontractor, e.g. eligibility determination, service assessments/reassessments, preparation and delivery of and driver/vehicle requirements, tasks on an In-Home Aide competency testing, aide supervision, etc.
Allegheny In Motion	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Tiffany Boyer Allegheny County Sparta, NC 28675 (336) 372-8747	Transportation to and from the Senior Center for age 60 and over who do not have transportation
Allegheny Board of Education	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate Meals Home Delivered Meals	Allegheny Board of Education Peachtree Street Sparta, NC 28675 (336) 372-4345	Prepare meals for congregate and home delivered
Services Unlimited	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level I and II	Nita Bare Services Unlimited Sparta, NC 28675 (336) 372-5150	In Home Aide Level I and Level II
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

Provider Signature  Title: Director Date 6/15/2020

Exhibit 14A: List of Subcontractors

Region D _____ FY 2020-2021

Provider Ashe Services for Aging

Provider Code: D051 County Ashe

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Ashe County Transportation Authority	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Amanda Roten, Director 895 Ray Taylor Rd. West Jefferson, NC 28694	The Ashe County Transportation Authority provides transportation through our Shuttle program at a flat rate. The contract is renewed each year. Older adults of age 60 and over, ride the shuttle van with a shuttle ticket each time they get on the van. The shuttle route is within the Jefferson and West Jefferson city limits.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

Provider Signature *Johnna Calleson* Title: Executive Director Date 6/23/20

Exhibit 14A: List of Subcontractors

Region D FY 2021

Provider Avery Senior Services Provider Code: D053

County Avery County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Avery County Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation -General -Medical	Debbie Smith, Dir 34 Pershing Street Newland, NC 28657 828-733-0005	<p>The Sub-Contractor will be responsible for maintaining insurance to meet the requirements of the Area Agency on Aging/Avery Senior Services agreement. The Sub-Contractor will be liable for any and all claims resulting from the administration and operation of this agreement.</p> <p>The Sub-Contractor will be responsible for providing training to drivers including; vehicle safety, defensive driving, passenger reports and first aid.</p> <p>The Sub-Contractor shall be vested with complete responsibility for selection, employment, and supervision of staff necessary to the execution of this contract.</p>

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
High Country Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide -Level 1 -Level 2		<p>The normal hours of operation shall be 8:00 A.M. to 4:30 P.M., Monday through Friday. Extenuating circumstances may expand these hours with approval by Senior Services.</p> <p>Services provided will be Level II, personal care tasks and Level I Home Management as described in the North Carolina Division of Aging In-Home Aide Service standards, the terms and requirements of which are incorporated fully herein by reference as if more fully set forth.</p> <p>Clients that meet the eligibility criteria for In-Home Aide Services shall be served according to the priority of services outlined in the NCDa Manuals.</p> <p>Eligibility shall be established by the In-Home Aide Supervisor employed by Senior Services in conjunction with the RN employed by the Contractor. The In-Home Aide Supervisor will be the final arbiter on eligibility.</p> <p>Quarterly reviews will be conducted by the Contractor RN for Level II services and by the Contractor RN or In-Home Aide Supervisor for Level I services.</p>

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

Provider Signature  Title: Director Date 6-18-20

Exhibit 14A: List of Subcontractors

Region D

FY 2021

Provider Mitchell Senior Center

Provider Code: 54

County Mitchell

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Mitchell Transportation Authority	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation of clients	Sheila Blalock 828-688-4715 at 73Crimson Laurel Way, Bakersville NC	Transportation is contracted for clients who need to be picked up at their home and transported to the senior center for services and returned to their home. Available Mon – Friday during operational hours.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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Provider Signature Kathy B Garland Title: Director Date June 15, 2020

Exhibit 14A: List of Subcontractors

Region D FY 20/21

Provider: Watauga County Project on Aging Provider Code: 055 County Watauga

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
AppalCART	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation	Craig Hughes, 305 NC Hwy 105 Bypass, Boone, NC, 28607, (828)297-1300	No specific tasks will be delegated to the subcontractor. POA will register clients, determine eligibility, collect consumer contributions and determine daily routes. AppalCART will be responsible for adhering to NCDOT and FTA policies regarding operation.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

Provider Signature Angie Bobba Title: Director Date 6/16/20

Exhibit 14A: List of Subcontractors

Region: D FY21

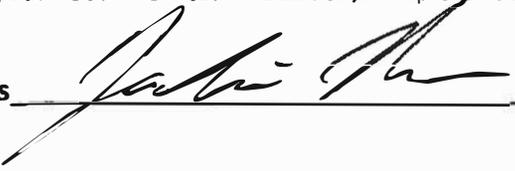
Provider: Yancey County Community Center

Provider Code: D060 County: Yancey

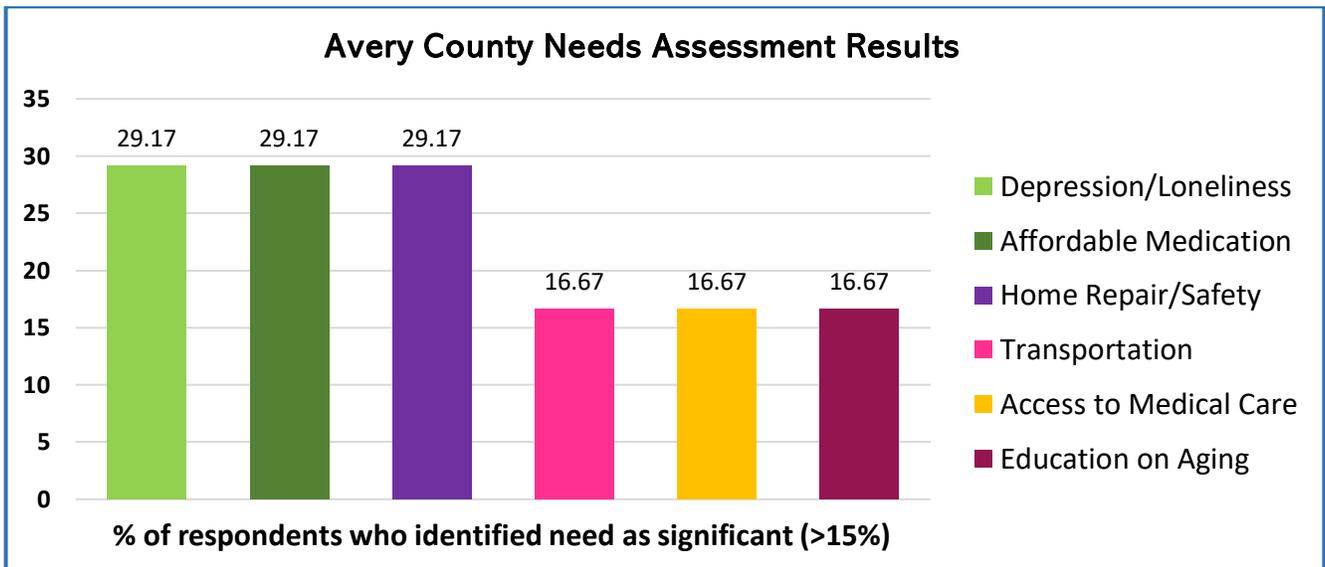
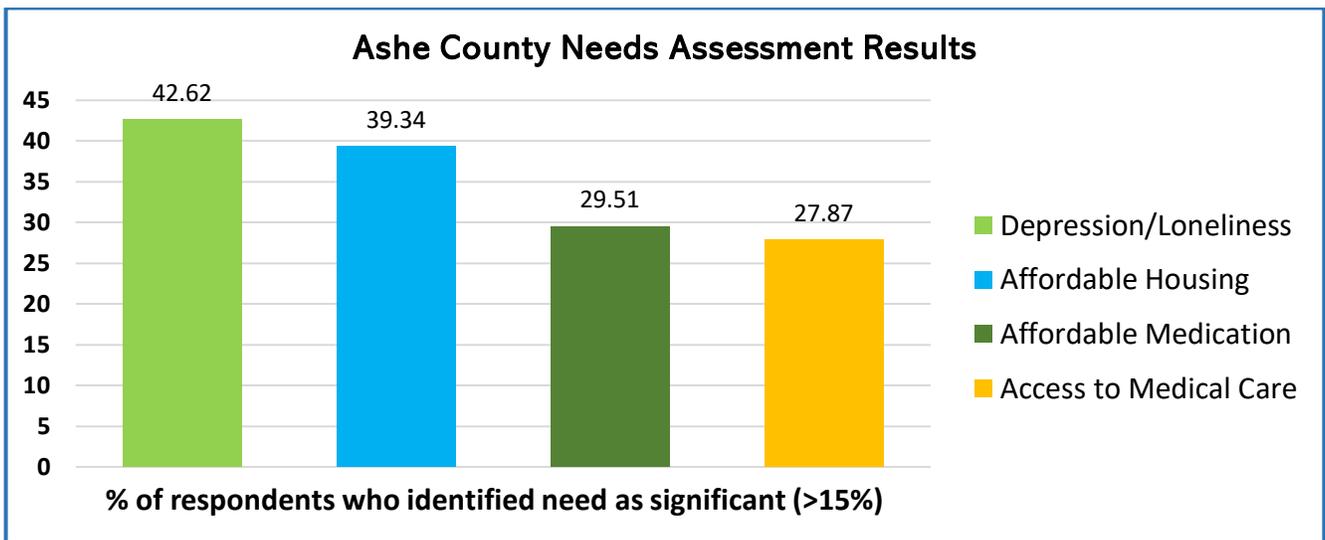
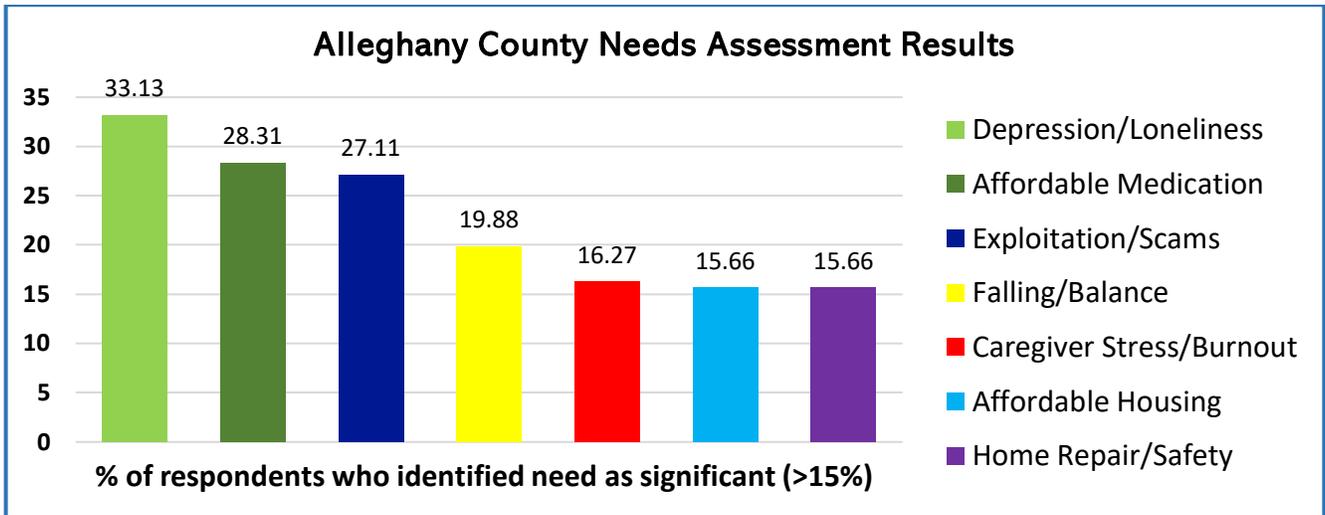
Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Yancey County Transportation Authority	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation	Michael Harris 503 Medical Campus Drive Burnsville, NC 28714 828-682-6411	The YCTA is sub contracted to bring in those center clients that have no transportation. They bring them for activities and meals. The YCTA is responsible for driver training, vehicle safety passenger reports and first aid. They are also in charge of staying compliant and up to date on all of their licensing and insurance.
Pruitt Home Health Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level-2	Joanna Biddix 200 Medical Campus Drive Burnsville, NC 28714 828-682-7825	We subcontract through Pruitt Home Health to provide In Home Aide level 2 service. Aides work for 8am to 4:30pm weekdays M-F. Tasks and care plan needs involved with level 2 include cleaning, bathing, wound care and basic personal care. Clients that are eligible will be served according to the priority of services outlined in the agreement between the Center and the sub-contractor. Subcontractor is responsible for client assessments/ reassessments, development and updating of care plans, aide supervision and competency testing.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

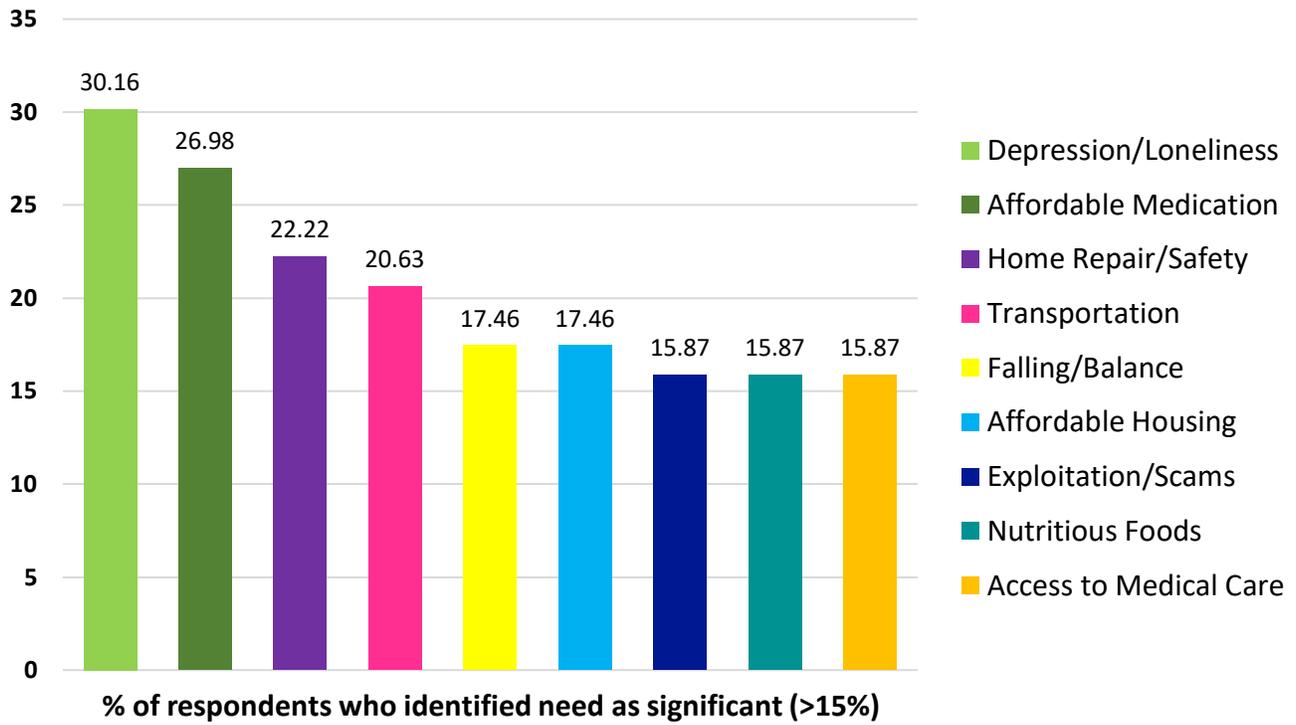
Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has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

Provider Signature Jackie Thomas  Title: Director
 Date 06/15/2020

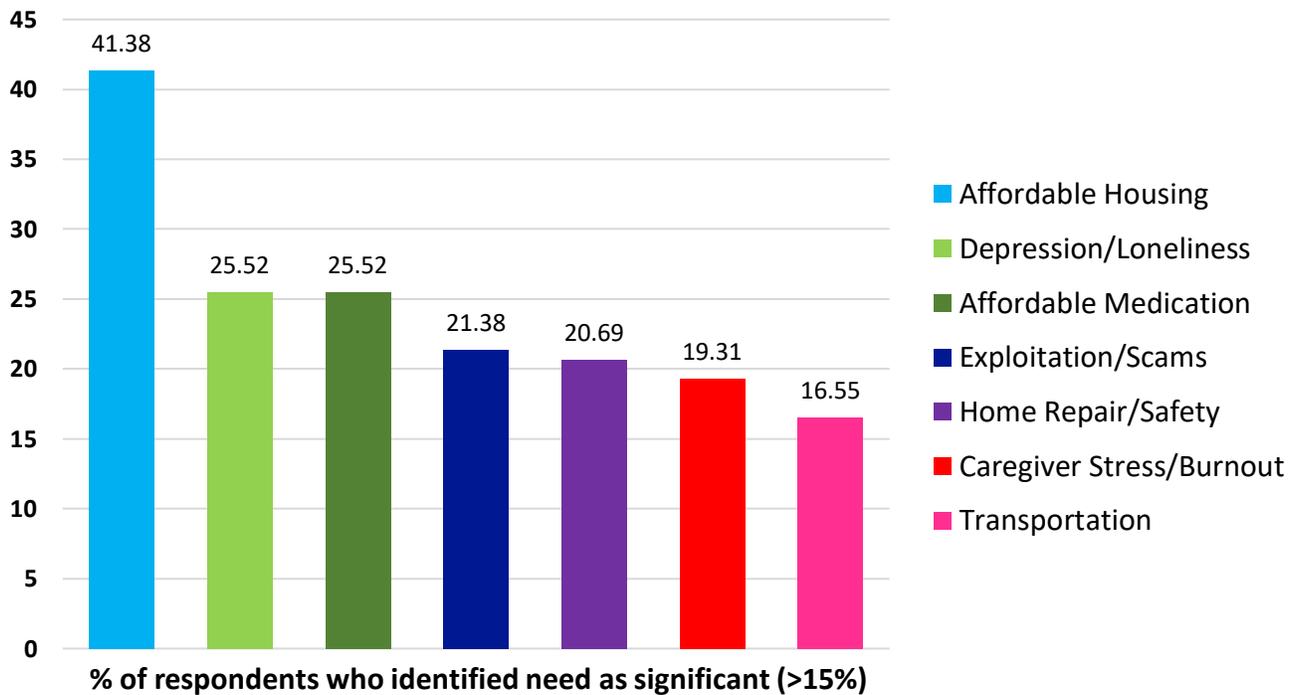
Appendix C: Overview of Needs Assessment Responses



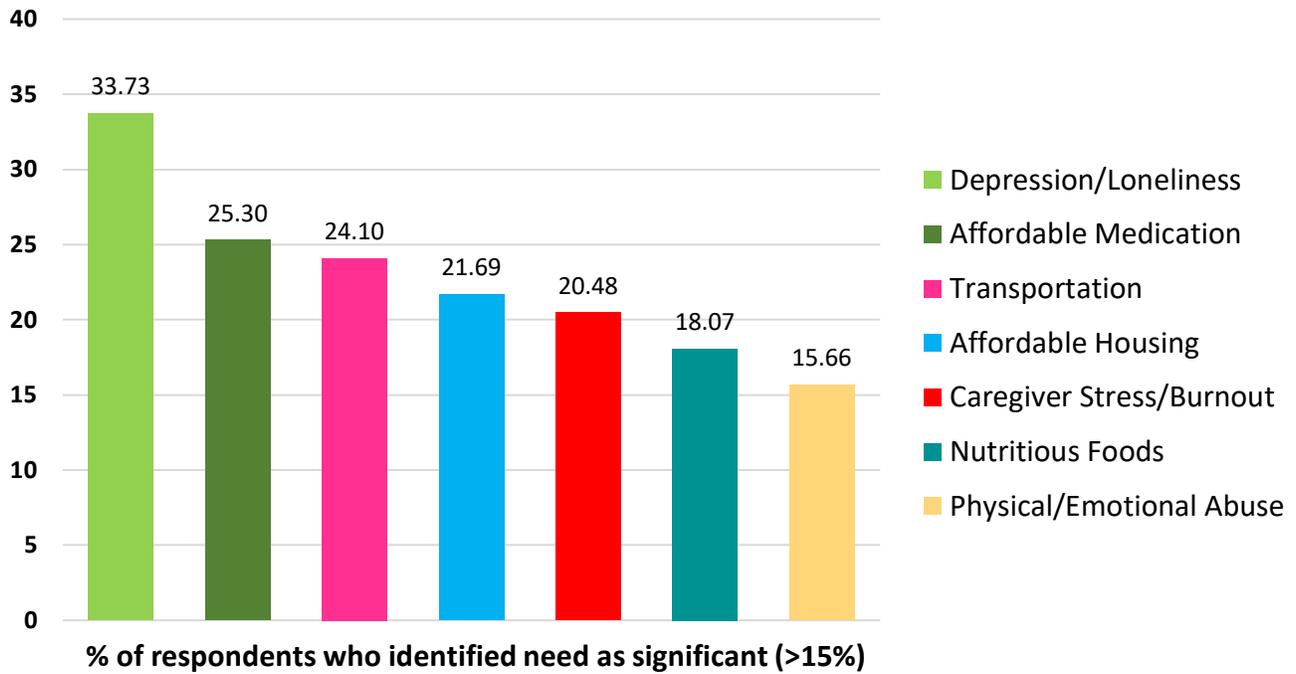
Mitchell County Needs Assessment Results



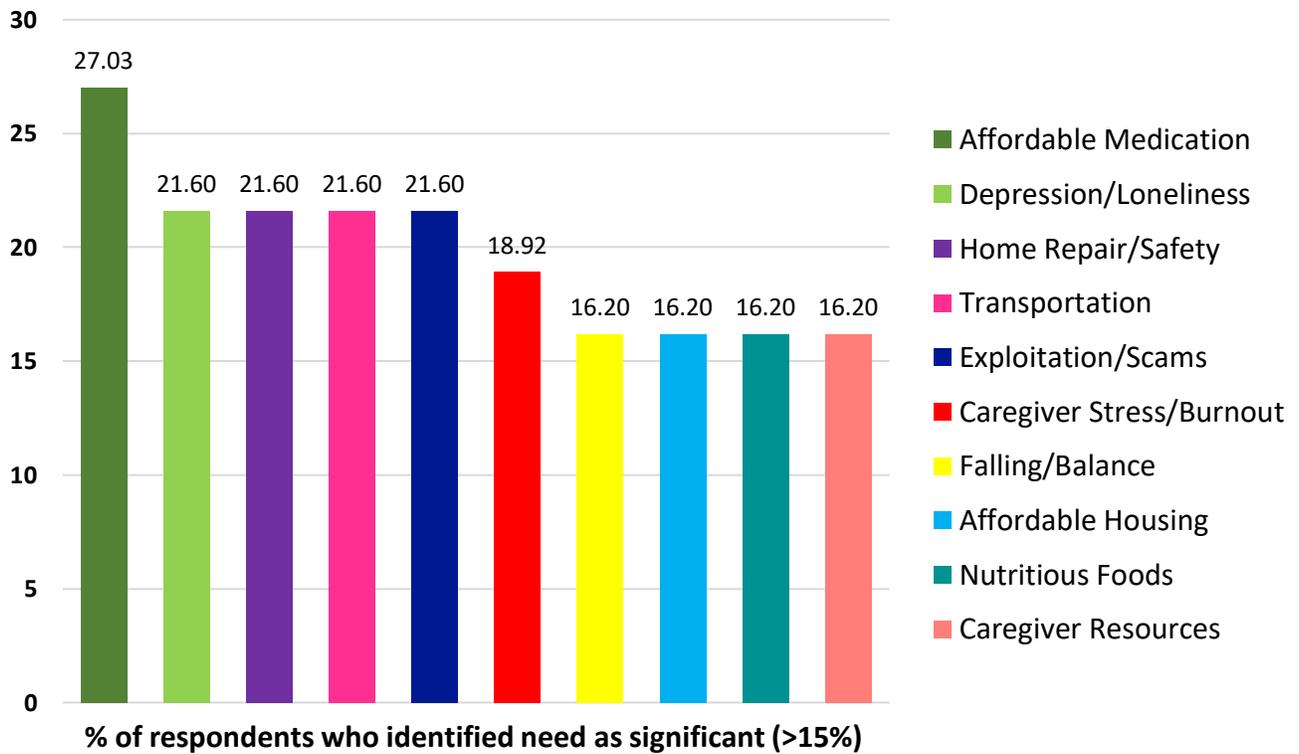
Watauga County Needs Assessment Results



Wilkes County Needs Assessment Results



Yancey County Needs Assessment Results



Appendix D: Needs Assessment Survey Instrument

The High Country Area Agency on Aging is seeking community input regarding the needs of older adults, caregivers, and individuals with disabilities. We need your input to help us prioritize our services as we develop our next four-year plan. Please complete the following survey to the best of your ability. Your assistance is greatly valued and appreciated!

1. In which county do you live or work? (Select all that apply)		
<input type="checkbox"/> Alleghany	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Yancey
<input type="checkbox"/> Ashe	<input type="checkbox"/> Watauga	<input type="checkbox"/> Other
<input type="checkbox"/> Avery	<input type="checkbox"/> Wilkes	

2. What is your age?		
<input type="checkbox"/> Under 60	<input type="checkbox"/> 70-74	<input type="checkbox"/> 85-89
<input type="checkbox"/> 60-64	<input type="checkbox"/> 75-79	<input type="checkbox"/> 90+
<input type="checkbox"/> 65-69	<input type="checkbox"/> 80-84	

3. What term best describes you? (Select all that apply)
<input type="checkbox"/> Older Adult (age 60+)
<input type="checkbox"/> Caregiver of an Older Adult
<input type="checkbox"/> Caregiver of a person younger than 60 with a disability
<input type="checkbox"/> Professional who works with Older Adults
<input type="checkbox"/> None of the above

4. With which ethnicity do you identify? (Select all that apply)		
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Indian American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other

5. In regards to yourself, please rate how you feel about the following questions:					
	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
How often do you feel you lack companionship?	<input type="checkbox"/>				
How often do you feel left out?	<input type="checkbox"/>				
How often do you feel isolated from others?	<input type="checkbox"/>				

6. Do you consider yourself a member of the Lesbian, Gay, Bisexual and/or Transgender (LGBT+) community?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer

7. In regards to older adults (60+) and individuals with disabilities in your area, please rate the topics below based on the current level of need for each service:

	No Need 1	2	3	4	Extreme Need 5
Prevention of Depression and Loneliness	<input type="checkbox"/>				
Prevention of Physical/Emotional Abuse or Neglect	<input type="checkbox"/>				
Prevention of Exploitation or Scams	<input type="checkbox"/>				
Prevention of Substance Abuse/Misuse	<input type="checkbox"/>				
Prevention of Caregiver Stress and Burnout	<input type="checkbox"/>				
Prevention of Falling or Balance Issues	<input type="checkbox"/>				

8. In regards to older adults (60+) and individuals with disabilities in your area, please rate the topics below based on the current level of need for each service:

	No Need 1	2	3	4	Extreme Need 5
Assistance with Guardianship or related Legal Issues	<input type="checkbox"/>				
Assistance with Home Tasks, like meal prep/bill paying	<input type="checkbox"/>				
Assistance with Personal Care, like bathing or toileting	<input type="checkbox"/>				
Assistance with Managing Chronic Conditions	<input type="checkbox"/>				
Assistance with Finding Employment Opportunities	<input type="checkbox"/>				
Assistance with Home Repair and Safety Improvements	<input type="checkbox"/>				
Assistance with Emergency Planning or Preparedness	<input type="checkbox"/>				

9. In regards to older adults (60+) and individuals with disabilities in your area, please rate the topics below based on the current level of need for each service:

	No Need 1	2	3	4	Extreme Need 5
Access to Affordable Housing	<input type="checkbox"/>				
Access to Transportation	<input type="checkbox"/>				
Access to Nutritious Foods	<input type="checkbox"/>				
Access to Medical Care	<input type="checkbox"/>				
Access to Dental Care	<input type="checkbox"/>				
Access to Affordable Medications	<input type="checkbox"/>				
Access to Health & Wellness Programs	<input type="checkbox"/>				
Access to Caregiver Resources	<input type="checkbox"/>				
Access to End of Life Options and Support	<input type="checkbox"/>				
Access to Volunteering/Community Engagement	<input type="checkbox"/>				
Access to Long-Term Care Planning Resources	<input type="checkbox"/>				
Access to Education about Aging-related Issues	<input type="checkbox"/>				

10. In regards to older adults (60+) and individuals with disabilities in your area, please select the TOP 3 current areas of need from the list below:

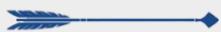
- Prevention of **Depression and Loneliness**
- Prevention of **Physical/Emotional Abuse or Neglect**
- Prevention of **Exploitation or Scams**
- Prevention of **Substance Abuse or Misuse**
- Prevention of **Caregiver Stress and Burnout**
- Prevention of **Falling or Balance Issues**
- Access to **Affordable Housing**
- Access to **Transportation**
- Access to **Nutritious Foods**
- Access to **Medical Care**
- Access to **Dental Care**
- Access to **Affordable Medications**
- Access to **Self-Neglect Prevention**
- Access to **Health & Wellness Programs**
- Access to **Caregiver Resources**
- Access to **End of Life Options and Support**
- Access to **Volunteering/Community Engagement**
- Access to **Long-Term Care Planning Resources**
- Access to **Education about Aging-related Issues**
- Assistance with **Guardianship or related Legal Issues**
- Assistance with **Home Tasks, such as preparing meal prep or bill paying**
- Assistance with **Personal Care, such as bathing or toileting**
- Assistance with **Managing Chronic Conditions**
- Assistance with **Finding Employment Opportunities**
- Assistance with **Home Repair/Safety Improvements**
- Assistance with **Emergency Planning or Preparedness**

11. Thank you for taking this survey! If there are any needs not listed throughout this survey you feel are important, or if you have any additional comments you believe may help us during our planning process, please let us know in the space below:

Appendix E: Emergency Expenditures (COVID-19)

Administration Objective

Facilitate effective use of COVID-19 funding by ensuring related decisions are properly operationalized and executed.

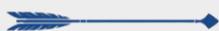


Strategy: Properly operationalize and execute effective use of COVID-19 funding.

- ▶ Maintain continued oversight to ensure funding is spent in effective, efficient, and equitable ways.
- ▶ Continually monitor updates to standards and communicate changes to those impacted.
- ▶ Connect with important stakeholders and promote interorganizational collaboration.

Community Services Objective

Enable and encourage providers to make sound fiscal and programmatic COVID-19 expenditure decisions through continued guidance and technical assistance.



Strategy: Facilitate sound fiscal and programmatic COVID-19 expenditure decisions.

- ▶ Expand the development of additional nutrition, in-home aide, and transportation services.
- ▶ Work with providers to ensure volunteer recruitment/retention facilitates service expansion.
- ▶ Increase availability of home improvement programs and legal services to maintain housing stability.

Caregiver Support Objective

Utilize COVID-19 funding to empower caregivers by offering holistic support and creating innovative and effective educational pathways to assist more caregivers.



Strategy: Engage in the efficient and effective utilization of COVID-19 funding for caregiver support.

- ▶ Expand available services for caregivers impacted by COVID-19 and increase available vouchers.
- ▶ Offer programs to increase socialization (e.g. technology, companion pets).
- ▶ Increase support for programs to educate and support older adults in guardianship roles.

Ombudsman Objective

Employ COVID-19 funding to empower residents by facilitating innovative ways to comprehensively meet their growing and evolving needs.



Strategy: Serve the growing and evolving needs of residents via COVID-19 funding.

- ▶ Create innovative ways to reduce resident social isolation (e.g. companion pets, technology).
- ▶ Educate residents about their rights as COVID-19 standards evolve.
- ▶ Work with facilities to maximize opportunities for residents to thrive.