

SOUTHWESTERN COMMISSION



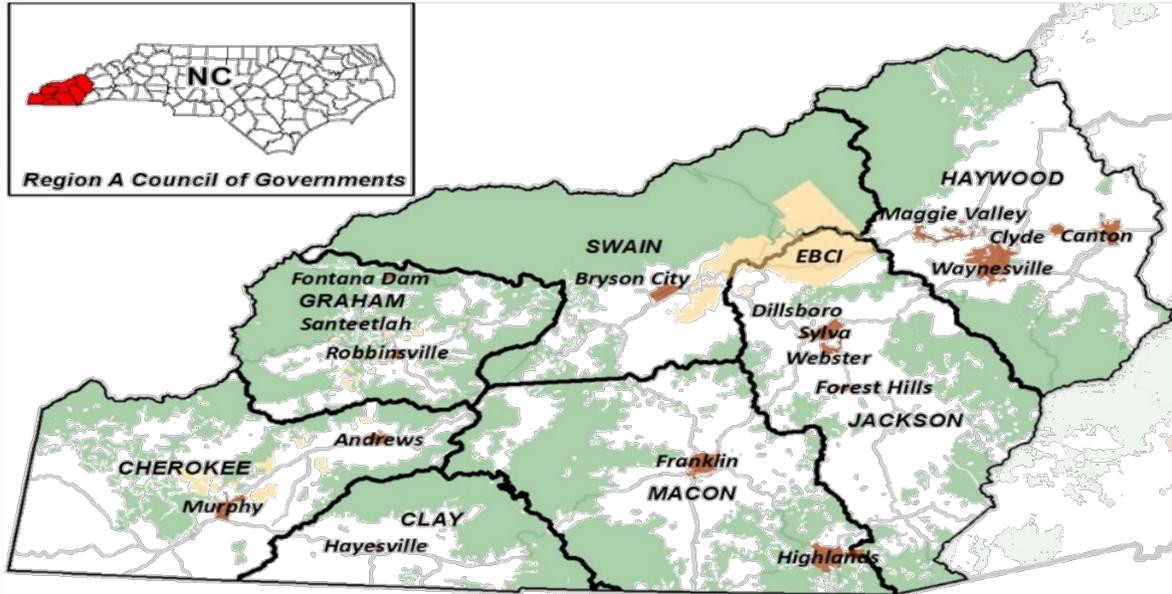
AREA AGENCY ON AGING Regional Aging Services Plan

July 1, 2020 – June 30, 2024

“Transformation: Focus your energy not on fighting the old, but on building the new.”



Region A Southwestern Commission



Questions or comments regarding the contents of this Plan should be directed to:

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Southwestern Commission Area Agency on Aging 2020-2024 AGING SERVICES PLAN

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Executive Summary

The Southwestern Commission Area Agency on Aging (AAA) is an integral part of the Southwestern Commission Council of Governments (COG), a regional planning organization that serves the seven (7) Southwestern Counties of NC.

As part of the COG, the AAA is governed by the Southwestern Commission Board, which is comprised of county commissioners and other local elected officials, county and town managers from the 17 cities and towns within those counties, as well as the AAA's own Regional Advisory Council (RAC). The members of the RAC are appointed by each of the Boards of County Commissioners and the Tribal Council of the Eastern Band of Cherokee Indians (EBCI). Each Board and council have the authority to appoint three voting members and three alternate members. Many of the RAC members also serve in other leadership and advocacy capacities such as: individual county's HCCBG Planning Committee, the county Long-term Care Advisory Committee, leaders of Title IIID Evidence-Based Disease Prevention and Health Promotions Programs, and/or the Senior Tar Heel Legislature delegation.

Mission:

To assure that every older person in Region A could live life to the fullest in the least restrictive setting possible.

Vision:

- * A full range of service options available in all counties
- * Well trained, caring staff in all agencies and facilities
- * Well informed, active, healthy seniors

The Southwestern Commission Area Agency on Aging is the designated regional planning and service agency for services to residents age 60 years and older and their family caregivers in the seven western-most counties of North Carolina (Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain). The organization works within a federal mandate to inform, advocate, and plan for community services on behalf of older adults.

This plan is a statement of policy and serves as a guide for AAA planning efforts in achieving the four strategic goals for developing a comprehensive and coordinated system of supportive services, as outlined in the North Carolina Aging Services Plan.

The staff of the Area Agency on Aging worked with advisory committees, listening sessions in every senior center, WCU students, HOSA students in high school, and the adult protection team to study the needs of older adults and plan for services to meet those needs. The strategies and goals set forth in this plan are based on the needs and priorities of the older adult population and on the program requirements for meeting those needs with adequate funding sources. The overarching service goal is to enable older adults age 60 and older to live life to the fullest in the least restrictive setting possible.

Region A Staff:

- Sarajane Melton, AAA Administrator
- Jeanne Mathews, Aging Program Coordinator
- Kellie Dula, Family Caregiver and Dementia Support Resource Coordinator
- Larry Reeves, Regional Long-Term Care Ombudsman
- Pat Baker, Aging Programs Assistant

The AAA has a rich history of maximizing resource utilization as a result of strong collaborative partnerships and linkages with other stakeholder organizations, which serve the older adult and disabled communities. Through the years, the collective impact of these partnerships has enabled the AAA to increase program impact and capacity in initiatives such as:

- Regional Elder Abuse Awareness Walk – For the past six years, the AAA has co-sponsored simultaneous Elder Abuse Awareness Walks in each county. The first year resulted in participation by approximately 100 individuals; last year had over 600 individuals, who walked simultaneously in their respective counties, wearing t-shirts inscribed with “ELDERS MATTER: Support Elder Abuse Awareness.”
- Senior Celebration – A day is set aside to honor our Older Adults throughout Region A. Senior Celebration was revived in 2018. It is a day where over 500+ older adults from throughout Region A are brought together for food, fun, fellowship, music, games, door prizes and of course, BINGO!! The event is held on the campus of Western Carolina University in the Ramsey Center. Over 100 students volunteer and assist during this event. Information for older adults is provided by over 25 vendors.
- Senior Resource Guide – 2019 was the inaugural edition of the Region A Senior Resource Guide. Thought provoking and informative articles as well as services listed by county.
- Aging Conference – AAA hosts a Spring Aging Conference in May to bring awareness to Older American’s Month across the region. Informative speakers, technology, and hands on equipment have been a part of the conference.

- Family Caregiver Month – November is Family Caregiver Month and the AAA partners with agencies across the region to acknowledge and celebrate the caregiver.

Future/Planned Efforts to Increase Capacity and Program Coordination:

This plan recognizes the importance of adopting a business model to build capacity and ensure the sustainability of the continuum of aging programs and services. The agency is currently exploring revenue opportunities, including, but not limited to:

- Becoming a Medicare provider
- Medicaid Managed Care Ombudsman program
- Medicaid Managed Care contracts with insurance companies who have been selected by the State
- Expanded transition services
- Expanded Consumer Directed Services
- Fee for service for Health Promotions Programs
- Investigate and pursue foundation opportunities such as: Nantahala Foundation, Highlands Foundation, Pisgah Foundation and Dogwood Trust.





Strategic Goals

Safety and Protection

Older adults are often seen as a vulnerable group, making them targets for exploitation and neglect. Through our area plan listening sessions, we discovered that our communities need education, increased awareness, and a way to keep in touch with and check on each other. It is our job to be advocates and educate the population on the reality of abuse and how to prevent and report it. With the growing number of older North Carolinians, it is ever important that we protect this population.

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

Objective 1.1: The AAA will maximize and expand community partnerships for outreach and training to stop or prevent abuse, neglect, and exploitation.

1.1a. Strategy: AAA will coordinate and facilitate activities and programs throughout the region aimed at educating and engaging the community in the prevention of elder abuse, neglect, and exploitation.

Measures:

- The Regional Ombudsman (RLTCO) will monitor the safety and protection of the rights of older and vulnerable adults in long term care facilities throughout the region on a monthly basis and/or as needed
- Provide ongoing education to service providers, social work agencies, law enforcement entities, judicial parties, consumers, and related professionals on the detection, reporting, and prevention of elder abuse, neglect and exploitation on an annual basis and/or as needed
- Participate in events, health fairs, and other outreach outlets to promote awareness about elder abuse, neglect, and exploitation on an annual basis
- The AAA's 2020 spring conference will focus on the awareness and prevention of elder abuse
- Expand the elder abuse taskforce membership to include law enforcement, judicial representatives, financial institutions, and related community partners on an annual basis
- Observe World Elder Abuse Awareness Day and collaborate with stakeholder organizations to coordinate annual Elder Abuse Awareness walks and campaigns throughout the region on an annual basis
- Collaborate with community partners on ongoing public awareness using print, broadcast, and social media including scam alerts, safety advisories and warnings on an annual basis and/or as needed

- The senior resource guides will feature information about elder abuse and mandated reporting of suspected abuse on an annual basis
- Conduct Senior Medicare Patrol (SMP) as well as Medicare Improvement for Patients and Providers Act (MIPPA) outreach throughout the region on an annual basis

1.1b. Strategy: AAA will strengthen community safety measures.

Measures:

- Be a supportive and collaborative partner for the community paramedic programs in the region on an annual basis
- Support and advocate for the expansion of broadband on an annual basis
- Encourage communities to explore, develop, and use technology to improve the safety of older adults on an annual basis
- Promote and assist with tracking systems for older adults with dementia who wander on an annual basis
- Promote the development of community involvement and welfare checks including but not limited to telephone reassurance calls, check in services, and friendly visits on an annual basis and/or as needed
- Provide caregiver respite through the Family Caregiver Support Program (FCSP) to prevent caregiver burnout and abuse on a monthly basis and/or as needed

Objective 1.2: The AAA will work with community partners to prepare for emergencies.

1.2a. Strategy: AAA will work to strengthen emergency preparedness for older adults in the region.

Measures:

- Update the AAA Disaster response Plan on an annual basis
- Assist regional partners in developing a special Medical Needs Registry on an annual basis
- Facilitate CPR and First Aid training for community partners annually and as requested and/or needed

1.2b. Strategy: AAA will collaborate with the region's leadership and stakeholders to educate, advocate, and participate in activities to strengthen readiness for emergency response for older adults and people with disabilities.

Measures:

- The Regional Long-Term Care Ombudsman (RLTCO) will assist long term care facilities in the ongoing development of emergency service plans to guarantee readiness for emergency response annually
- RLTCO will participate on the Mountain Area Trauma Regional Advisory Council (MATRAC) on a quarterly basis and/or as needed
- Advocate on behalf of emergency preparedness and response for older adults and people with disabilities and will engage regional leadership in constructive efforts on a quarterly basis
- Participate in regional emergency drills as needed annually
- Work with community partners to enhance the availability of emergency information and procedures throughout the region on an annual basis

Expected Outcomes:

- AAA will increase knowledge and awareness regarding recognition and reporting of abuse, neglect, and exploitation of older adults to organizations and community members in Region A.
- AAA will increase knowledge and awareness regarding upholding the rights of individuals in long-term care facilities in Region A.
- AAA will increase knowledge and awareness regarding emergency preparedness activities, information, and procedures.

Quality of Life

Statistically, people are living longer than ever. Many are not satisfied with just living a long time, they desire to add more quality to their lives. While a quality life looks different to everyone, independence, social connectedness, and physical health were common trends that arose during our listening sessions that most people strive to keep as they age. As our region continues to grow older, we want to provide a variety of opportunities for older adults and their families to lead independent, active, and healthy lives, whatever that may look like to them.

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

Objective 2.1: The AAA will promote opportunities for engagement in health and wellness programs and initiatives.

2.1a. Strategy: AAA will provide community education and information regarding healthy lifestyle choices.

Measures:

- Utilize Southwestern Commission's newsletters to showcase programs related to healthy lifestyles upon publication and distribution on a monthly basis
- Post educational information about health and wellness from credible sources on social media on a monthly basis
- Distribute information about healthy lifestyle choices at health fairs and wellness events throughout the region on a quarterly basis
- Promote, encourage, and teach Title IIIID Evidence-Based Disease Prevention and Health Promotions Programs throughout the region on an annual basis
- Assist senior centers in providing classes and activities focused on healthy lifestyle choices on an annual basis
- Promote two special campaigns including but not limited to falls prevention, nutrition and food safety, elder abuse, dementia, and family caregiving on an annual basis
- Promote Senior Games and support and advertise for regional Senior Games initiatives on an annual basis
- Research new opportunities, develop, and recruit for new innovative programs in the region on an annual basis
- Assist senior centers in the development of opportunities for social engagement and cognitive stimulation on an annual basis and/or as requested

Objective 2.2 The AAA will support implantation of evidence-based health promotion and disease prevention programs.

2.2a. Strategy: AAA will encourage collaborating partners to increase their focus on Health Promotion and Disease Prevention Programs in the Region.

Measures:

- Help older adults manage their chronic illnesses by offering Title IIIID Evidence-Based Health Promotion and Disease Prevention programs throughout the region on an annual basis
- Recruit and train leaders throughout the region to teach programs such as: Chronic Disease Self-Management Education (CDSME) Suite, Matter of Balance, Tai Chi for Arthritis and Fall Prevention, and Bingocize on a bi-annual basis
- Monitor and implement appropriate internet capabilities throughout the suite of health promotion programs on a bi-annual basis
- Provide outreach to the community as to how evidence-based health promotion programs can meet diverse levels of functioning on a monthly basis

Expected Outcomes:

- AAA will increase knowledge, awareness and utilization of community-based services and supports for older adults in Region A.
- AAA will increase knowledge, awareness and utilization of evidence-based health promotion and disease prevention programs for older adults in Region A.
- AAA will assist in increasing the older adult population's awareness of the value and resources available through local senior centers.

Well Informed Communities

As many people age, they may begin to seek resources they never needed before. It is our goal as a regional agency to have information readily available for seniors and their caregivers. Providing education on resources while also promoting self-determination is a priority. With the help of other community agencies, we strive to make our region equally supportive of all citizens regardless of their circumstances.

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

Objective 3.1: The AAA will provide information to the public on the availability of services to enhance self-determination, independence, self-efficacy, and planning.

3.1a. Strategy: AAA will conduct informational and educational presentations throughout the region on a variety of health and long-term care topics to empower older adults and their families to make informed decisions.

Measures:

- Collaborate with SHIP program volunteers to inform Medicare Beneficiaries about their benefits regarding preventing disease and enhancing wellness on an annual basis and/or as needed or requested
- Facilitate the Low-income Subsidy (LIS), Senior Medicare Patrol (SMP), Medicare Improvement for Patients and Providers Act (MIPPA) and Medicare Savings Programs (MSP) on an annual basis
- Produce and distribute placemats for LIS and SMP on an annual basis prior to and during open enrollment
- Publicize programing and efforts to promote LIS through the use of billboards and social media on an annual basis
- Seek opportunities for outreach to various populations on a monthly basis
- Compile demographic and statistical information as required by programmatic contracts on an annual basis
- Encourage US Census Bureau participation and utilize census data for yearly planning

3.1b. Strategy: AAA will utilize print, broadcast, and online tools to promote special programs and educational events about issues related to aging.

Measures:

- Promote access to information and services on a monthly basis
- Plan, develop and distribute the Senior Resource Guide with help from collaborating partners on a monthly basis
- Track the utilization of social media posts and analyze for engagement trends on a quarterly basis
- Disseminate information about NCCares360 and NC 211 to consumers and provider agencies on a quarterly basis

3.1c. Strategy: The Regional Long-Term Care Ombudsman (RLTCO) will assist with making informed choices related to long term care.

Measures:

- RLTCO will educate nursing homes and their residents about home and community-based services and support options on an annually basis
- RLTCO will continue the development of community advisory committees on a quarterly basis
- RLTCO will interpret the regulations and operations of long-term care on a monthly basis
- RLTCO will facilitate resolution of issues related to long term care on a monthly basis and/or as requested
- RLTCO will mediate concerns in order to reach a satisfactory resolution on a monthly basis and/or as requested
- RLTCO will adhere to policy by receiving and investigating concerns and by reporting the results to appropriate parties on a monthly basis and/or as requested

3.1d. Strategy: AAA will inform consumers and caregivers about available supports and services.

Measures:

- Provide information and assistance to older adults and their caregivers in accessing available services on a monthly basis and/or as needed
- Assist with older adults and caregivers with access to counseling and support groups on a monthly basis and/or as needed
- Issue respite vouchers, and supplemental services to family caregivers throughout the region via the Family Caregiver Support Program (FCSP) on a quarterly basis and/or as needed
- Options counseling services will be made available on an as needed basis

3.1e. Strategy: AAA will provide access to end of life planning tools.

Measures:

- Facilitate access to legal assistance on a monthly basis and/or as needed or requested
- Host community events related to end of life planning on a quarterly basis and/or as needed or requested

3.1f. Strategy: AAA will advocate for the service needs of older adults.

Measures:

- Represent agency at meetings of the Council of Governments (COG) Board and County Commissioners on a quarterly basis
- Partner with advocacy agencies throughout the region on a monthly basis
- Engage members of Community Advisory Committees- For Long Term Care (CAC-LTC) in advocacy on a monthly basis
- Recruit, support and coordinate regional members of the NC Senior Tar Heel Legislature (NCSTHL) on an annual basis
- Support senior centers with advocacy efforts by utilizing in house trainings, conducted by the Ombudsman on an annual basis and/or as needed or requested

Objective 3.2 The AAA will ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network.

NOTE: The demographics of Region A indicate that, for the most part, the concentration of older adults of Black, African American, Hispanic or Latino, and Asian American ethnicity is well below the North Carolina state average (see Appendix A). The existence of the Eastern Band of Cherokee Indians, results in the region exceeding the North Carolina state average for older adults of American Indian ethnicity.

3.2a. Strategy: AAA will increase outreach to and recognize diversities within the region.

Measures:

- Facilitate culturally appropriate publications and programs on a monthly basis
- Collaborate and partner with county and state agencies to access culturally appropriate materials on a quarterly basis and/or as needed
- Participate in multicultural events throughout the region on a quarterly basis
- Provide outreach to serve consumers with disabilities on a monthly basis and/or as needed or requested
- Raise awareness and educate public on mental health, opioid abuse, cultural, and LGBTQ issues effecting older adults and caregivers on a monthly basis and/or as needed
- Have translation services readily available and utilize when needed or requested on a weekly basis
- Ombudsman will utilize the Pride in NC program offered through Centralina AAA on an annual basis and/or as needed

Expected Outcomes:

- AAA will increase awareness and knowledge in older adults and their caregivers about their expectations of the aging services network.
- AAA will support via training and technical assistance both professional and non-professional caregivers.
- AAA will increase access to information and resources to underserved and underrepresented population within the older adult community located within Region A.
- AAA will assist communities in increasing awareness and resources related to opioid abuse in Region A.

Strong and Seamless Continuum of Services

In a small rural region, collaboration is key to service delivery. The Area Agency on Aging represents older adults and caregivers in a variety of collaborative efforts, including, but not limited to cultural, mental health, and LGBTQ issues. Working together for what is best for the community is top priority. Participants from the listening sessions across the region identified gaps in services (see exhibit 12). While some of the gaps the AAA can fill in, more complex issues require us to work together as a community of volunteers.

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

Objective 4.1: The AAA will promote volunteerism and other active engagement.

4.1a. Strategy: AAA will utilize all ongoing outreach, newsletters, and social media posts to promote community engagement.

Measures:

- Recruit, train and retain volunteers on a monthly basis and/or as needed
- Utilize volunteers in key agency roles, including Regional Advisory Committee (RAC), STHL, County Home and Community Care Block Grant (HCCBG) Funding Committees, CAC-LTC, and Evidence-Based Health Promotions Program leaders on a monthly basis and/or as needed
- Utilize the Southwestern Commission quarterly newsletter and social media posts to promote volunteerism and active engagement on a quarterly basis
- Honor all volunteers through a special annual programming event on an annual basis

Objective 4.2 The AAA will support state and local communities to better prepare and plan for an aging population.

4.2a. Strategy: AAA will collaborate with the region's leadership and stakeholders to educate, advocate, and participate in planning for an aging population.

Measures:

- Advocate on behalf of emergency preparedness and response for older adults and people with disabilities on a monthly basis and/or as requested or needed
- Participate in planning initiatives conducted by relevant stakeholders throughout the region to discuss and improve housing, transportation, and broadband network on a quarterly basis
- Develop a plan with Southwestern Commission staff and collaborative partners across the region to apply for HOME Investment Partnership Program to address housing and renovation issues over the next four years.
- Coordinate with The State of Franklin Title V Program to ensure that eligible older adults have employment opportunities on an annual basis and/or as needed or requested
- Collaborate with the COG's Workforce Development department to promote older workers as a vital resource for trained, qualified, and reliable workforce on an annual basis and/or as needed

- Recognize service gaps in more complex issues, like housing and transportation, and work with community partners to eliminate those on a monthly basis and/or as needed
- Provide education to the community about NC Medicaid Managed Care on a monthly basis and/or as needed
- Communicate with insurance companies and state agencies to implement NC Medicaid Managed Care on an annual basis and/or as needed
- Prepare for the possibility of the Managed Care Ombudsman to be housed within AAA on an annual basis

4.2b. Strategy: AAA will strengthen service delivery and build capacity.

Measures:

- Support community transition efforts such as Money Follows the Person Program (MFP) as referred and identified on a monthly basis
- Pilot the Home Care Independence- Consumer Directed Services (CDS) program and pursue its expansion throughout the region on an annual basis

Objective 4.3 The AAA will develop and expand sustainable business models.

4.3a. Strategy: AAA will research and put into place opportunities related to business acumen.

Measures:

- Act as the Project C.A.R.E fiduciary agent contract through the Division of Aging and Adult Services (DAAS) on an annual basis
- Pursue status as a Medicare provider to be able to bill for services on an annual basis
- Require fees for select events to increase capacity on an annual basis and/or as needed
- Apply for Dogwood Foundation grants and other available funding sources to increase service delivery on an annual basis

Objective 4.4 The AAA will strengthen performance-based standards and outcomes.

4.4a. Strategy: AAA will ensure that HCCBG and Older Americans Act (OAA) funds are effectively used.

Measures:

- Encourage mutual accountability among providers by monitoring on an annual basis
- Familiarize providers with service standards, monitoring procedures and effective budgeting on an annual basis and/or as needed
- Compile and analyze monthly program expenditure reports and offer technical assistance on a monthly basis and/or as needed
- Provide training and technical assistance to providers on prioritizing service delivery to older adults with the greatest needs, management of the waiting list, and best practices for consumer contributions on a monthly basis and/or as needed

- Update and manage Aging Resources Management System (ARMS) reporting system on a monthly basis

Expected Outcomes:

- AAA will assist the local communities with an increasing understanding of the prioritizes and needs of a growing older adult population.
- AAA will work with local service providers to ensure OAA funds are used as intended.
- AAA will seek out and take advantage of grant-funding opportunities.



Developing the Plan

Needs Assessment Methodology:

The Area Agency on Aging mobilized its partners, consumers, and other stakeholders to explore numerous avenues for opportunities to have meaningful conversations about our region, its older adults, and how we might best use our resources to serve them. The activities and strategies used during this discovery process included county focus groups and listening sessions, electronic and hard copy surveys, an analysis of relevant data and trends, as well as the integration of existing county and other stakeholder plans.

Consumer/Stakeholder Input:

Community meetings/county focus groups were held at eight sites in Region A. In addition, community outreach was undertaken by college students, and solicitation of participation in an online survey were among the methods used to determine current and unmet needs. The meetings were held at older adult nutrition sites and senior centers, as well as provider, RAC, and CAC meetings. Elected officials, senior health & social service organizations, older adult service providers and interested citizens were invited to participate. A total of 225 surveys were submitted in addition to the community input gathered during listening sessions. A broad spectrum of ages, interests, and backgrounds among participants throughout this process gave the AAA abundant opportunities to view and discover community perceptions about community needs and issues from traditional as well as nontraditional viewpoints. These conversations provided valuable insights and data for the development of the Area Aging Services Plan from a wide variety of sources.

- **Targeted Outreach:** In an effort to gather input from a variety of ages, surveys were distributed to college students at Western Carolina University and HOSA students from high schools across the region. The online survey was heavily promoted on social media, via e-mail listservs, and other targeted outreach. A pen and paper version of the survey was distributed throughout the region at congregate nutrition sites and senior centers to reach the older adult population.
- **Survey** – Individuals were encouraged to participate in person or via Survey Monkey, which was designed to gather consumer, stakeholder and interested parties' perceptions about the top three priorities for each of the region's seven counties.
- **County Focus Groups** – Each of the seven counties hosted Aging Services Plan focus groups for consumers, stakeholders and interested parties to facilitate discussion and gather input regarding county priorities as well as perceptions about local opportunities and barriers related to the 2020-2024 North Carolina State Aging Services Plan.

Community meetings/county focus groups occurred at the following locations and dates:

- | | | |
|--|---|-------------------------------------|
| • Clay County | Clay County Senior Center, Hayesville, NC | December 10, 2019 |
| • Cherokee County | J.R. Penland Senior Center, Murphy, NC | November 22, 2019 |
| • Graham County | Graham County Senior Center, Robbinsville, NC | December 3, 2019 |
| • Haywood County | Haywood Senior Resource Center, Waynesville, NC | December 9, 2019 |
| • Jackson County | Jackson County Department on Aging, Sylva, NC | December 16, 2019 |
| • Macon County | Macon County Senior Services, Franklin, NC | November 20, 2019 |
| • EBCI | Tsali Manor Senior Center, Cherokee, NC | December 9, 2019 |
| • Swain County | Swain County Senior Center, Bryson City, NC | November 18, 2019 |
| • Cherokee County CAC | | January 17, 2020 |
| • Clay County CAC | | January 13, 2020 |
| • Graham County CAC | | January 6, 2020 |
| • Haywood County CAC | | January 8, 2020 and January 9, 2020 |
| • Jackson County CAC | | January 9, 2020 |
| • Macon County CAC | | January 7, 2020 |
| • Swain County CAC | | January 16, 2020 |
| • AAA Providers Meeting | | December 12, 2019 |
| • Haywood County Adult Protective Team | | December 16, 2019 |
| • Jackson County Department on Aging Board Meeting | | January 16, 2020 |

The focus groups were conducted during the months of November 2019 through January 2020, with more than 225 individuals participating.





Quality Management

The AAA complies with NCDAAAS monitoring requirements. The AAA has a monitoring policy and procedure in place to comply with the NCDAAAS requirements and inform all provider agencies of the monitoring process.

The AAA monitor completes an onsite visit to all provider agencies on an annual basis. The AAA completes a risk assessment on all provider agencies annually and utilizes the score from the assessment as well as other pertinent information about the agency to determine the level of monitoring for each agency. The monitoring schedule is created, and all provider agencies are notified by the end of September of each year. Once visits are completed the provider agency receives a letter from the AAA pertaining to any findings, technical assistance, and/or corrective action, as necessary. If an agency has issues that need to be corrected, a corrective action plan is requested, the AAA will then follow-up with those plans before closing the monitoring for the year.





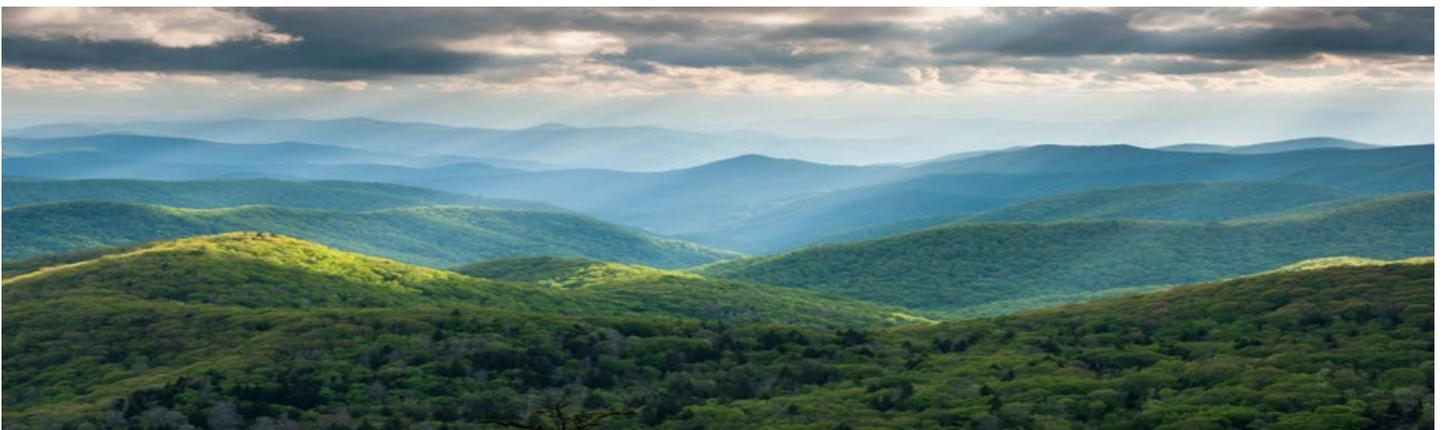
Conclusion

As we are all aware of throughout the State of NC, we are aging. Demographics prove that without a shadow of a doubt. We in Region A have known that fact for our part of the world for several years, and it continues to be true and numbers continue to increase. We are also keenly aware of our need to adapt and transform ourselves into agencies that do not solely rely on federal and state funding in order to expand services for the growing numbers of older adults.

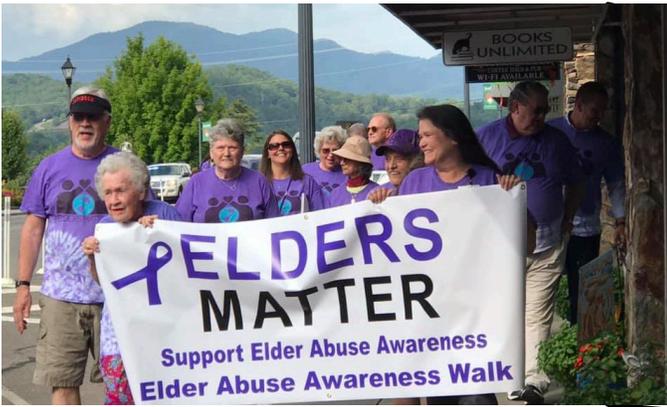
The 2020-2024 Region A Aging Plan encompasses and embraces this transformation and adaptability through several objectives that we as an organization plan on embarking on over the next four years.

Housing, Transportation and Nutrition were the top needs that were expressed for the Region. Our plan is to work collaboratively within the walls of the Southwestern Commission as well as with partners throughout the region to enhance services within these specified areas as well as Broadband, which will in itself, assist with service delivery throughout the rugged terrain that we call home.

This plan demonstrates the commitment of the Area Agency on Aging, our contracted service providers, other stakeholders, as well as our committee members and volunteers to the sustainability of programs, services and supports for older adults in our region and state.

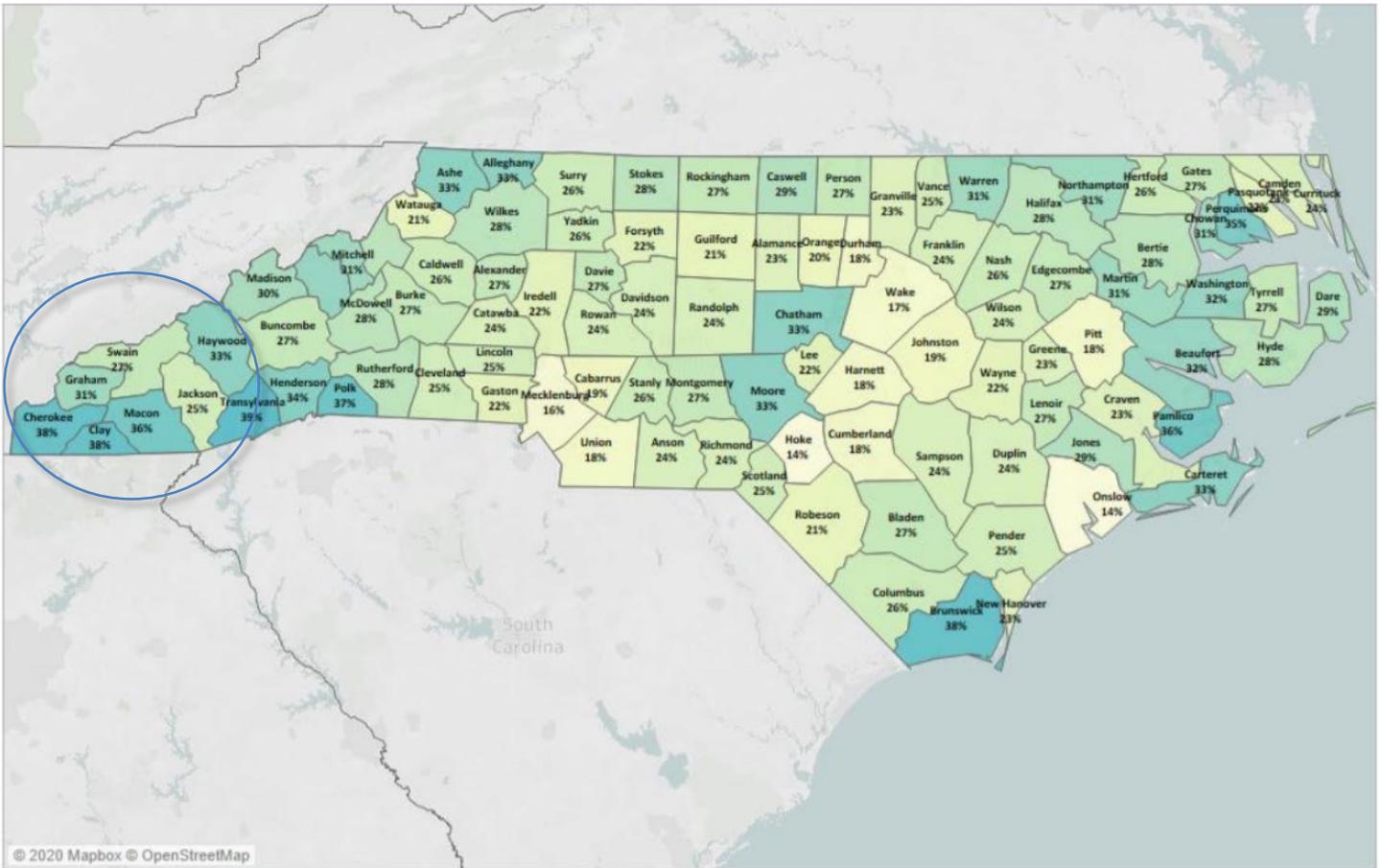


APPENDICES



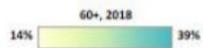
Demographics

Percent population 65 and older, 2018



Population 60 and older in the state is 22%

Source: NC State Office of State Budget and Management/facts-figures, Certified county estimates and projections, 2018 , 2038



Region A Demographics

The percent of population 60 and older in Region A is 33%. This is much higher than North Carolina's 22%. The 60+ population already outnumbers the 0-17 population in all seven counties in the region. Like much of the state, the number of people 60 and older continues to increase. Not only has the increase in older adults outpaced the 0-17 population among the region's full-time residents, the annual migration of retirees from other states boosts the region's population significantly for 6 months out of the year. While the population of older adults is projected to rise, the percentage of young adults and children is falling. Because of this, Region A has seen a strain on the workforce. There is a limited number of people of working age which means a limited number of people to care for the older generation. Region A also has a higher than average amount of people 65 and older who are at or below 199% of the poverty level. While limited Medicaid services are available for those in poverty, sometimes people who are just over the poverty line struggle to find resources they qualify for which puts a strain on agencies like the AAA. While we celebrate the "grayness" of the population, it does come with some challenges.



Cherokee County

Aging Profile, 2018

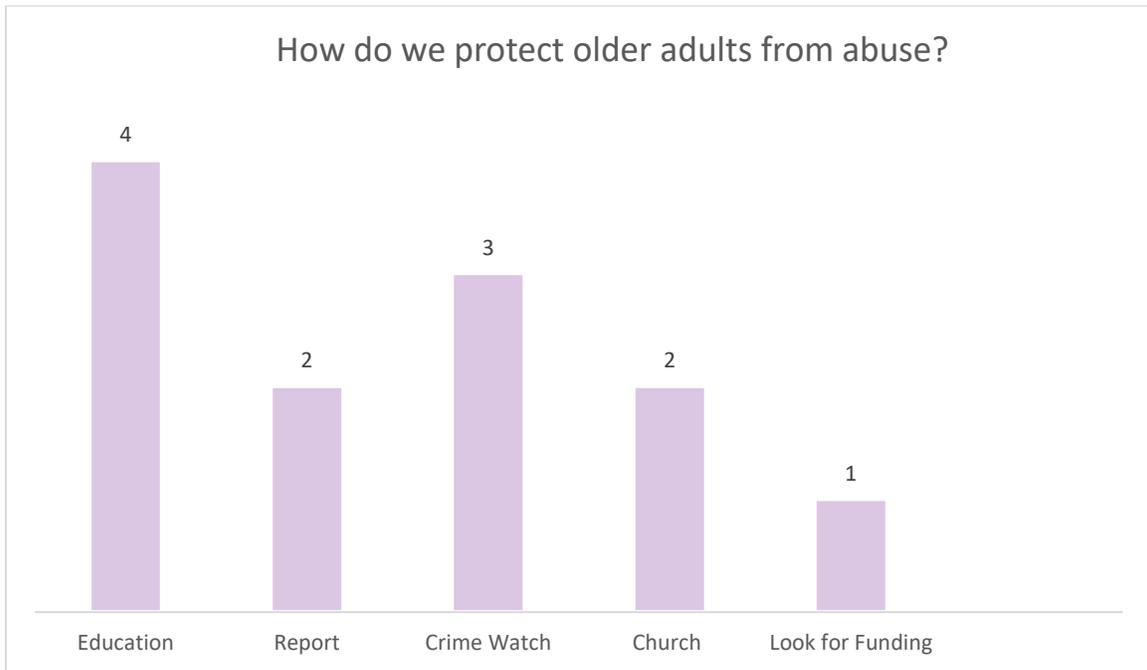
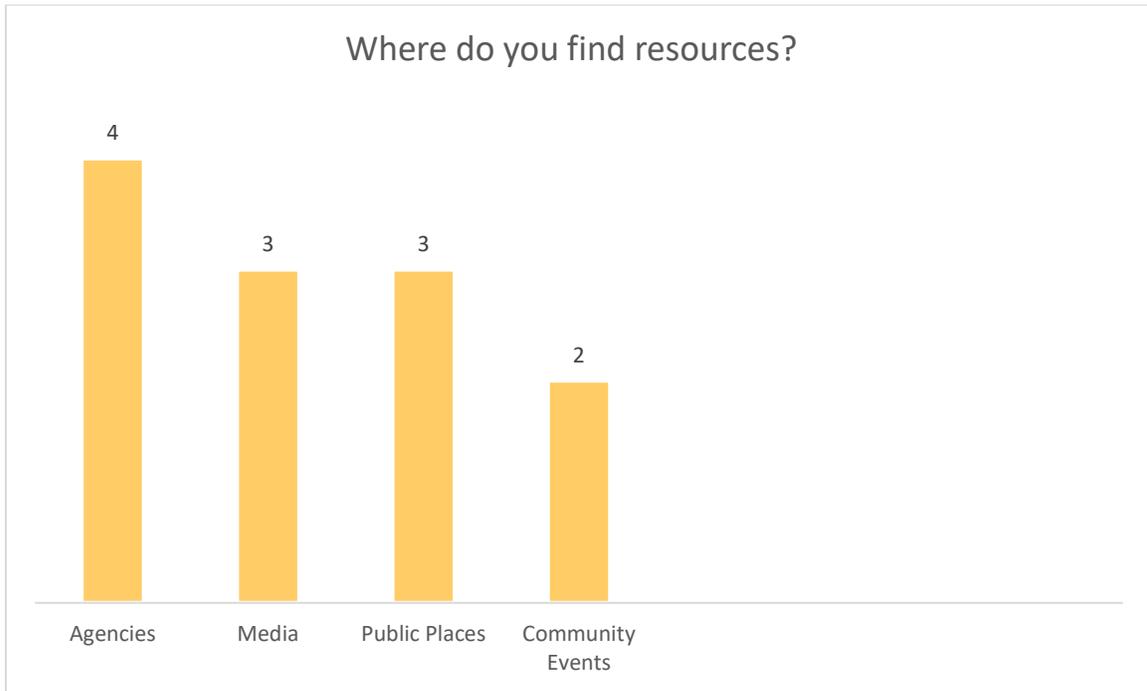
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	29,275		34,153		16.7%
0-17	4,921	17%	5,400	16%	9.7%
18-44	7,651	26%	8,663	25%	13.2%
45-59	5,692	19%	5,986	18%	5.2%
60+	11,011	38%	14,104	41%	28.1%
65+	8,613	29%	11,755	34%	36.5%
85+	971	3%	2,131	6%	119.5%

Population 65 and Over

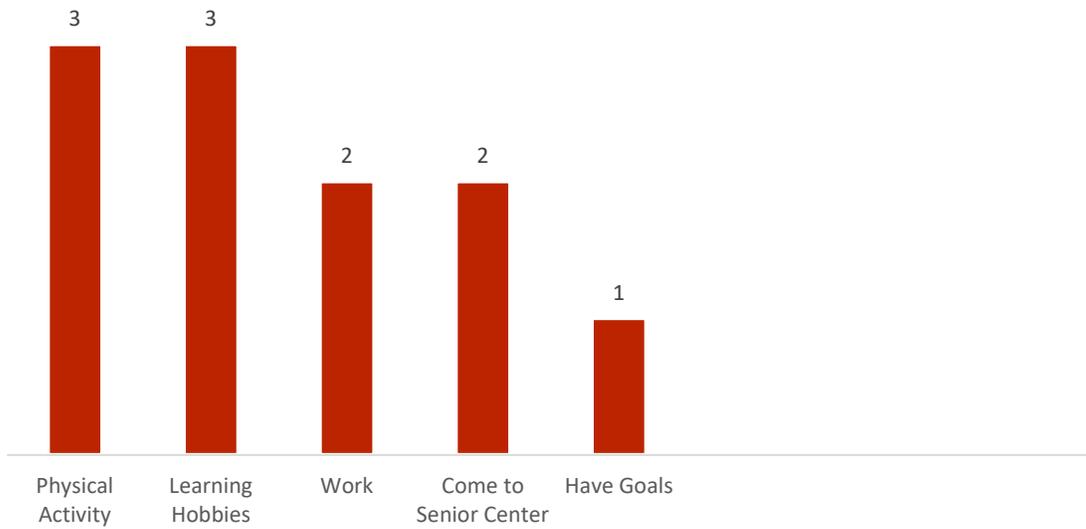
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	7,544	96.5%	1,257,535	80.0%
Black or African American alone	52	0.7%	259,284	16.5%
American Indian and Alaska Native alone	79	1.0%	14,827	0.9%
Asian alone	7	0.1%	20,960	1.3%
Some other race	6	0.1%	7,340	0.5%
Two or more races	129	1.7%	10,694	0.7%
Hispanic or Latino (of any race)	128	1.6%	30,448	1.9%
White alone (Not Hispanic or Latino)	7,416	94.9%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	48	0.6%	35,493	2.3%
Veterans	1,795	23.0%	298,320	19.0%
In group quarters	177	2.3%	44,118	2.8%
Living alone	1,816	23.2%	416,121	26.5%
In labor force	904	11.6%	257,355	16.4%
High school graduate, GED, or alternative	2,928	37.5%	489,751	31.2%
Less than high school graduate	1,458	18.7%	274,841	17.5%
With one or more disabilities	2,946	38.5%	548,116	35.8%
Below 100% poverty level	794	10.4%	141,318	9.2%
In 100%-199% poverty level	2,223	29.0%	336,013	22.0%

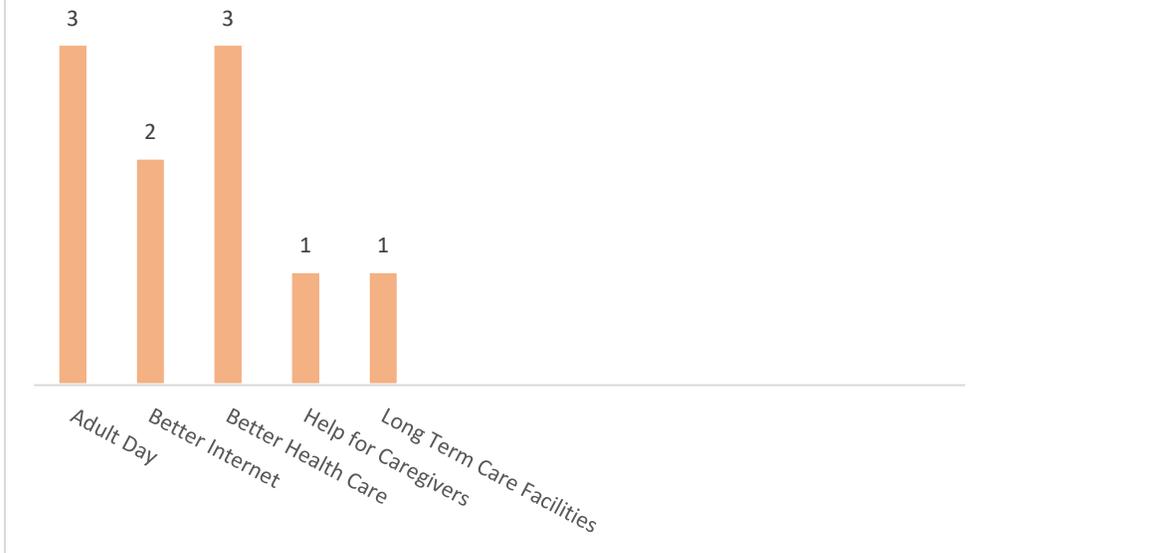
Survey Results of Cherokee County Issues:



What does leading an active and healthy life look like?



What services do you need more of?



Clay County

Aging Profile, 2018

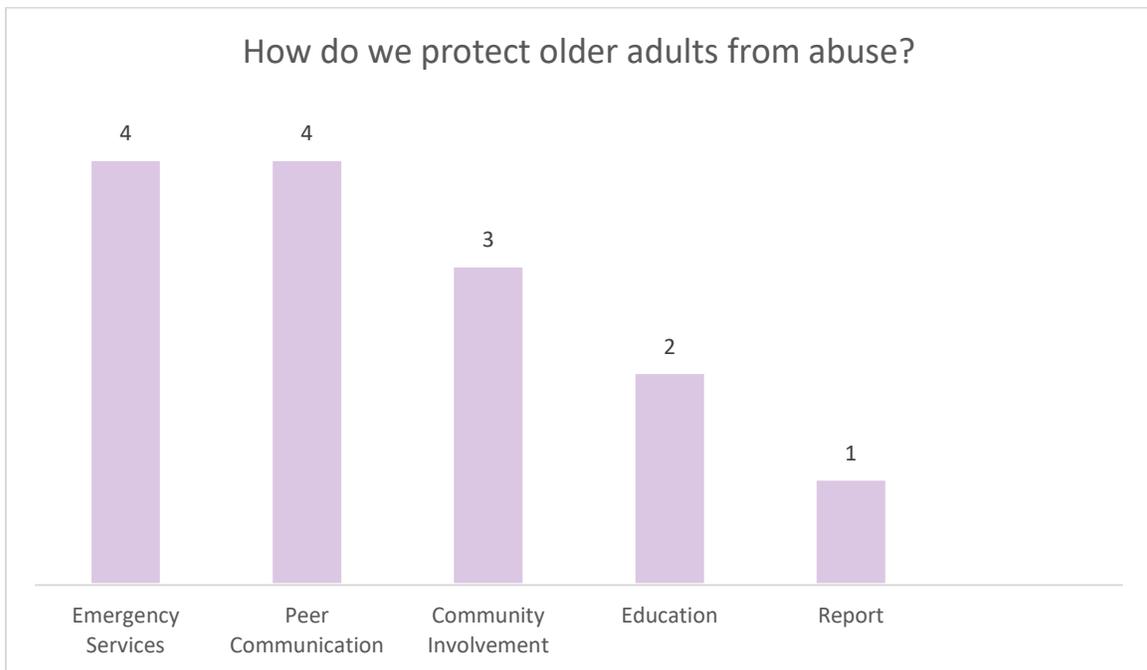
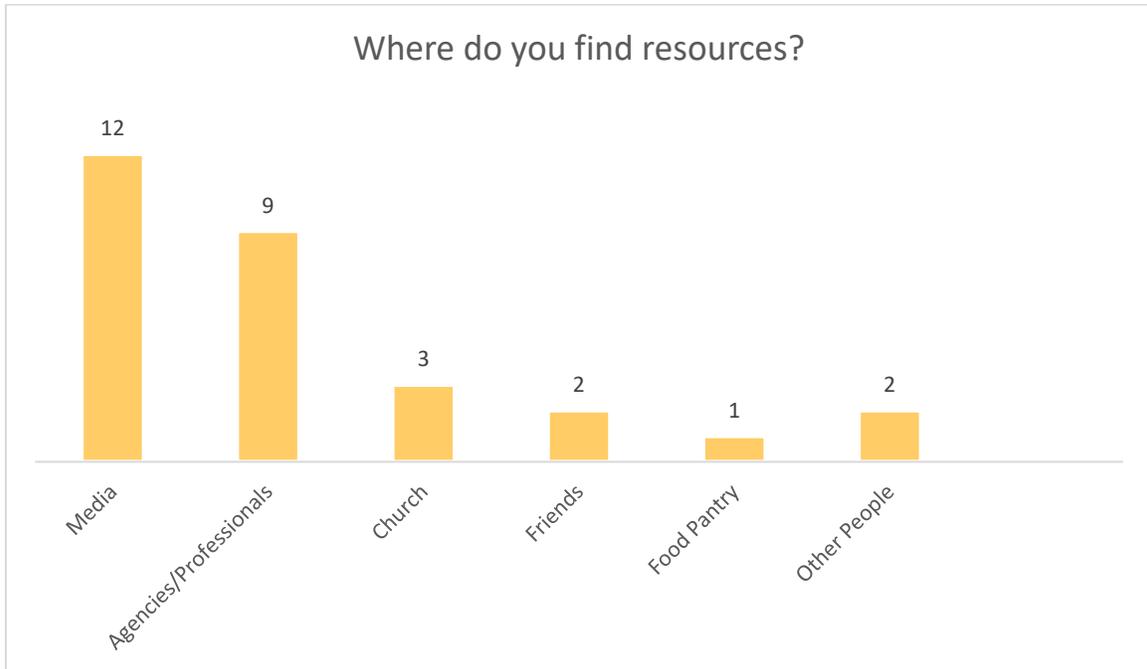
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	11,658		14,856		27.4%
0-17	2,014	17%	2,532	17%	25.7%
18-44	3,043	26%	3,984	27%	30.9%
45-59	2,176	19%	2,611	18%	20.0%
60+	4,425	38%	5,729	39%	29.5%
65+	3,480	30%	4,751	32%	36.5%
85+	394	3%	905	6%	129.7%

Population 65 and Over

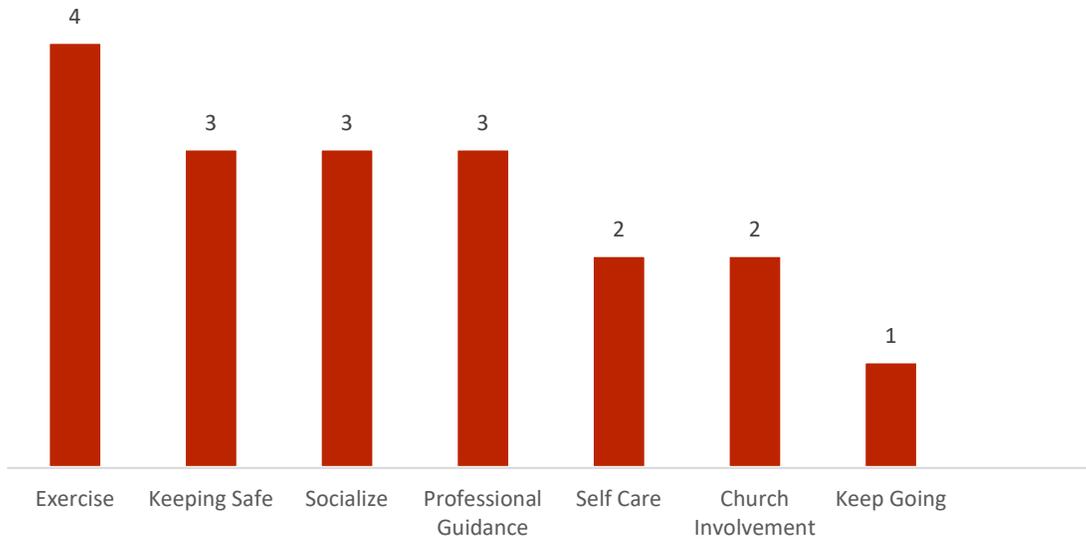
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	3,151	99.3%	1,257,535	80.0%
Black or African American alone	2	0.1%	259,284	16.5%
American Indian and Alaska Native alone	19	0.6%	14,827	0.9%
Asian alone	0	0.0%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	0	0.0%	10,694	0.7%
Hispanic or Latino (of any race)	31	1.0%	30,448	1.9%
White alone (Not Hispanic or Latino)	3,120	98.4%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	17	0.5%	35,493	2.3%
Veterans	545	17.2%	298,320	19.0%
In group quarters	20	0.6%	44,118	2.8%
Living alone	693	21.8%	416,121	26.5%
In labor force	468	14.8%	257,355	16.4%
High school graduate, GED, or alternative	1,096	34.6%	489,751	31.2%
Less than high school graduate	319	10.1%	274,841	17.5%
With one or more disabilities	964	30.6%	548,116	35.8%
Below 100% poverty level	257	8.2%	141,318	9.2%
In 100%-199% poverty level	748	23.7%	336,013	22.0%

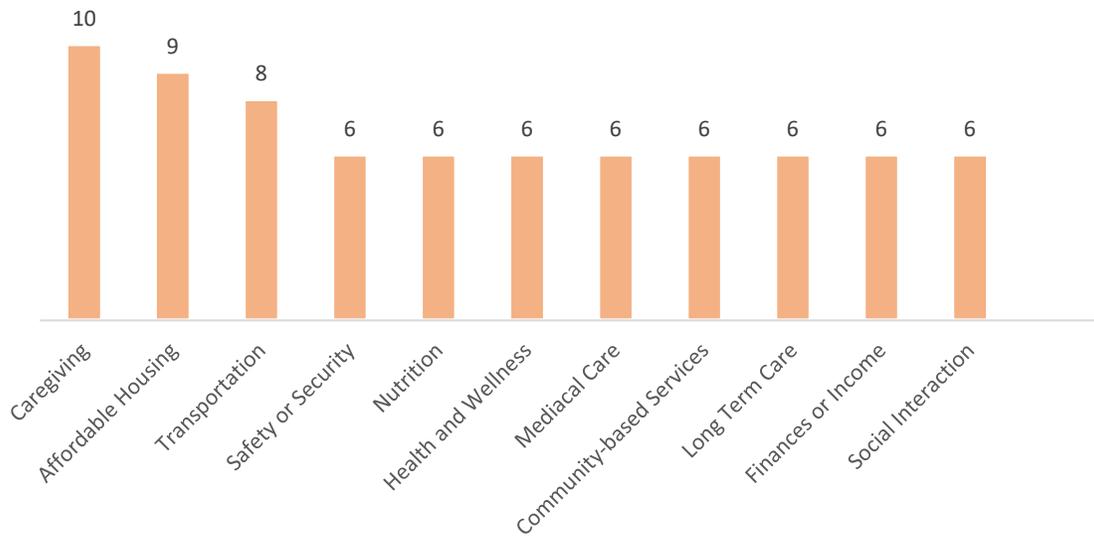
Survey Results of Clay County Issues:



What does leading an active and healthy life look like?



What services do you need more of?



Graham County

Aging Profile, 2018

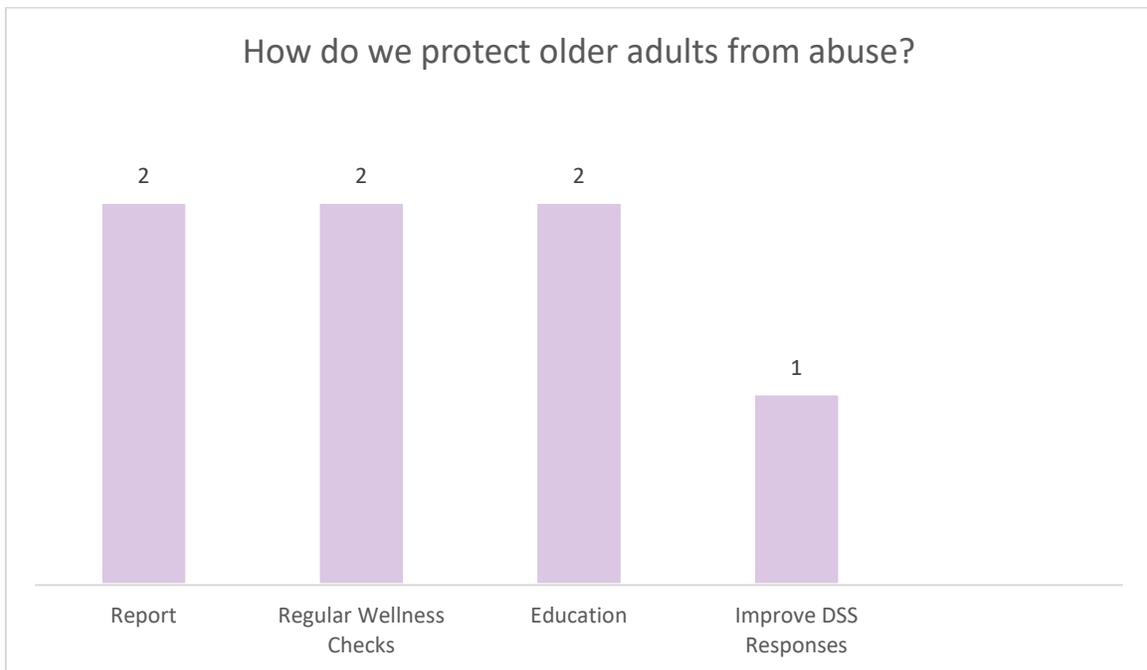
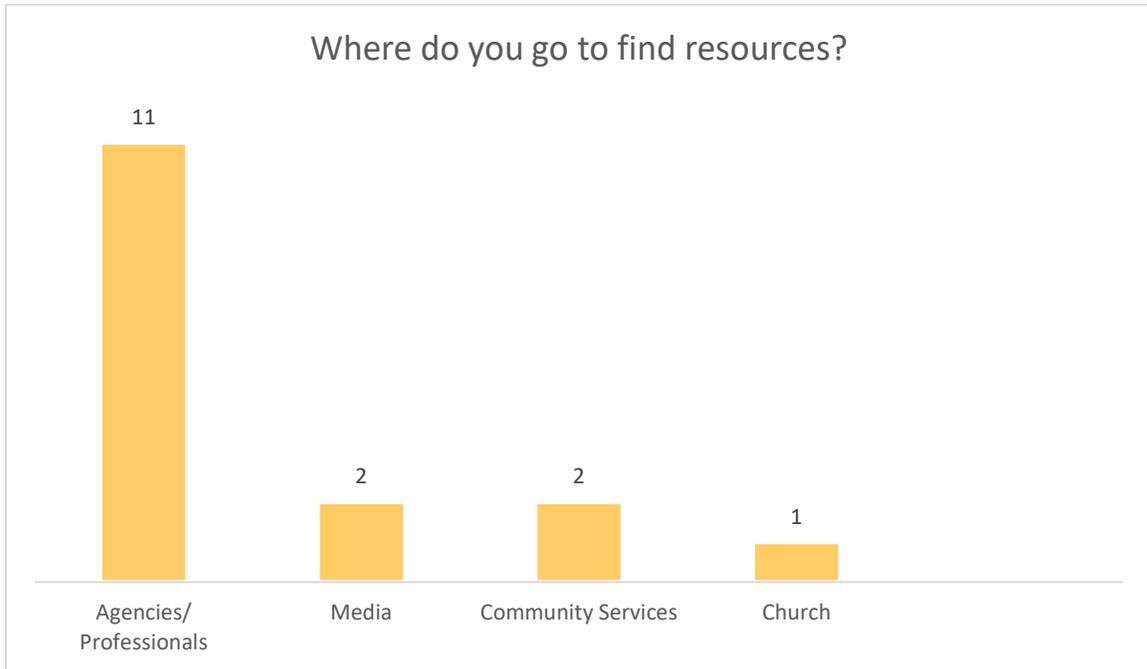
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	8,686		8,687		0.0%
0-17	1,759	20%	1,642	19%	-6.7%
18-44	2,548	29%	2,789	32%	9.5%
45-59	1,651	19%	1,569	18%	-5.0%
60+	2,728	31%	2,687	31%	-1.5%
65+	2,124	24%	2,246	26%	5.7%
85+	288	3%	443	5%	53.8%

Population 65 and Over

Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	1,880	94.5%	1,257,535	80.0%
Black or African American alone	5	0.3%	259,284	16.5%
American Indian and Alaska Native alone	105	5.3%	14,827	0.9%
Asian alone	0	0.0%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	0	0.0%	10,694	0.7%
Hispanic or Latino (of any race)	3	0.2%	30,448	1.9%
White alone (Not Hispanic or Latino)	1,877	94.3%	1,236,725	78.7%

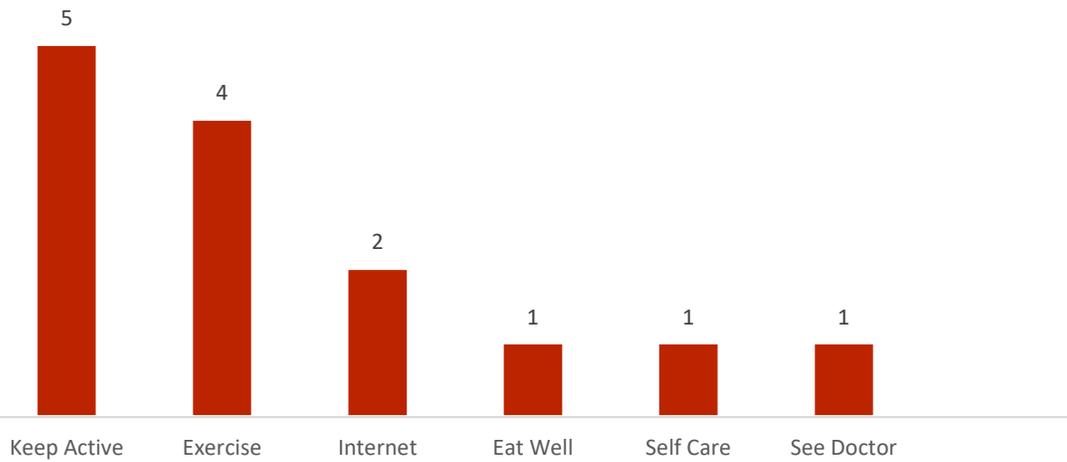
Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	22	1.1%	35,493	2.3%
Veterans	354	17.8%	298,320	19.0%
In group quarters	98	4.9%	44,118	2.8%
Living alone	446	22.4%	416,121	26.5%
In labor force	280	14.1%	257,355	16.4%
High school graduate, GED, or alternative	653	32.8%	489,751	31.2%
Less than high school graduate	610	30.7%	274,841	17.5%
With one or more disabilities	925	48.9%	548,116	35.8%
Below 100% poverty level	260	13.7%	141,318	9.2%
In 100%-199% poverty level	623	32.9%	336,013	22.0%

Survey Results of Graham County Issues:

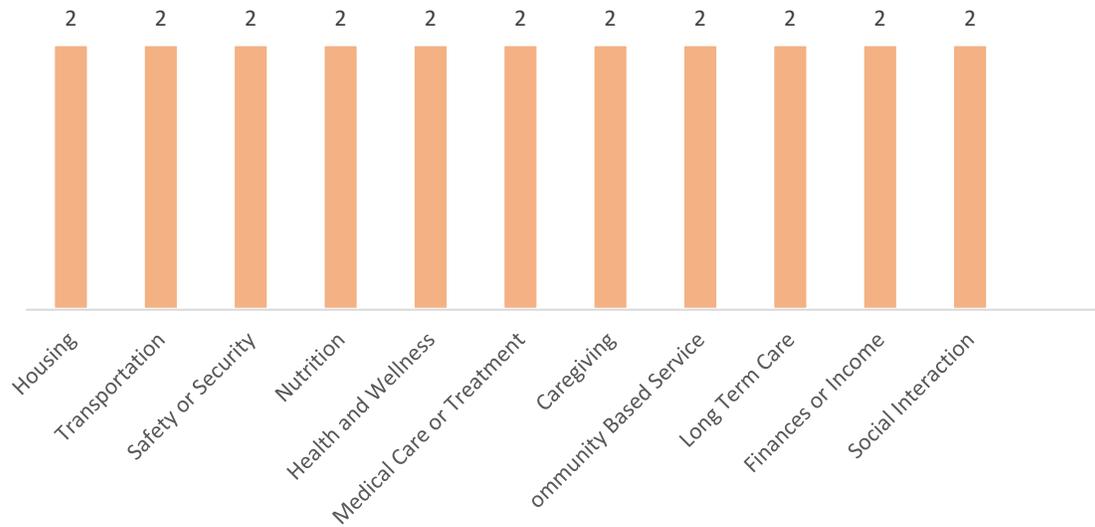


What does leading an active and healthy life look like?

■ Leading Active/ Healthy Life



What services do you need more of?



Haywood County

Aging Profile, 2018

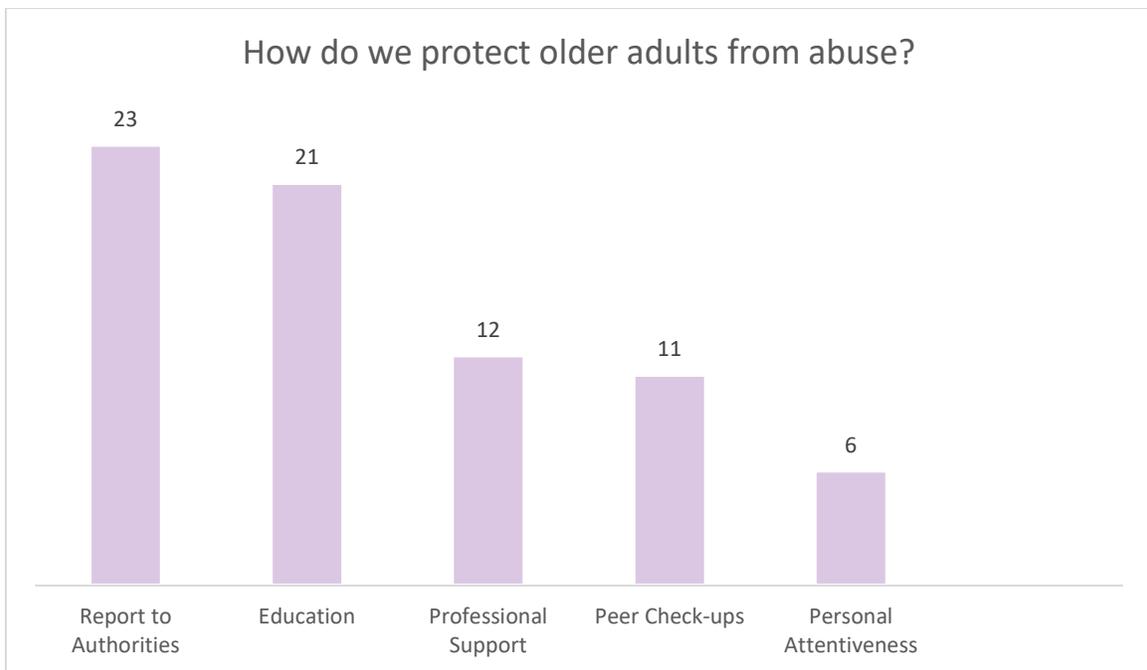
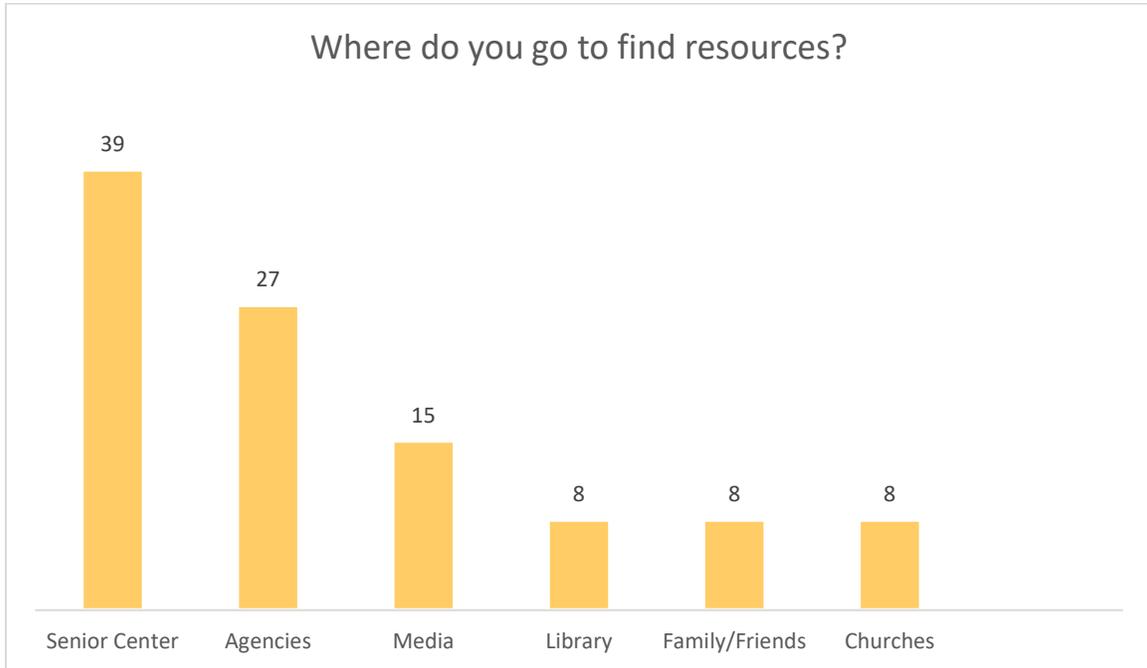
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	62,839		72,573		15.5%
0-17	11,325	18%	13,124	18%	15.9%
18-44	17,840	28%	20,430	28%	14.5%
45-59	13,118	21%	13,403	19%	2.2%
60+	20,556	33%	25,616	35%	24.6%
65+	15,913	25%	21,036	29%	32.2%
85+	1,991	3%	3,367	5%	69.1%

Population 65 and Over

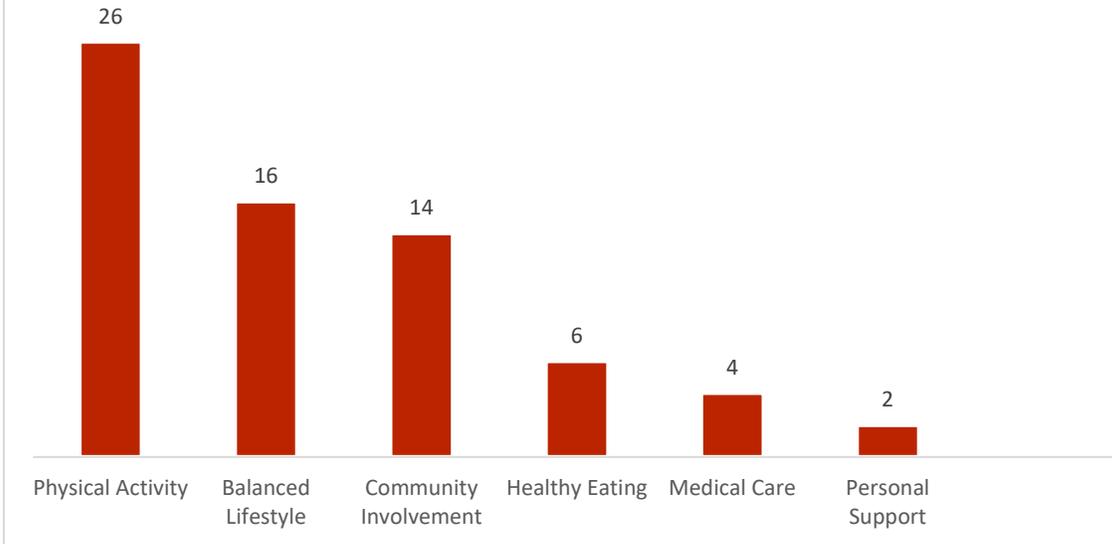
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	14,314	98.4%	1,257,535	80.0%
Black or African American alone	110	0.8%	259,284	16.5%
American Indian and Alaska Native alone	6	0.0%	14,827	0.9%
Asian alone	26	0.2%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	92	0.6%	10,694	0.7%
Hispanic or Latino (of any race)	156	1.1%	30,448	1.9%
White alone (Not Hispanic or Latino)	14,158	97.3%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	35	0.2%	35,493	2.3%
Veterans	3,382	23.2%	298,320	19.0%
In group quarters	357	2.5%	44,118	2.8%
Living alone	3,948	27.1%	416,121	26.5%
In labor force	1,979	13.6%	257,355	16.4%
High school graduate, GED, or alternative	4,038	27.8%	489,751	31.2%
Less than high school graduate	2,220	15.3%	274,841	17.5%
With one or more disabilities	4,897	34.5%	548,116	35.8%
Below 100% poverty level	1,045	7.4%	141,318	9.2%
In 100%-199% poverty level	2,848	20.1%	336,013	22.0%

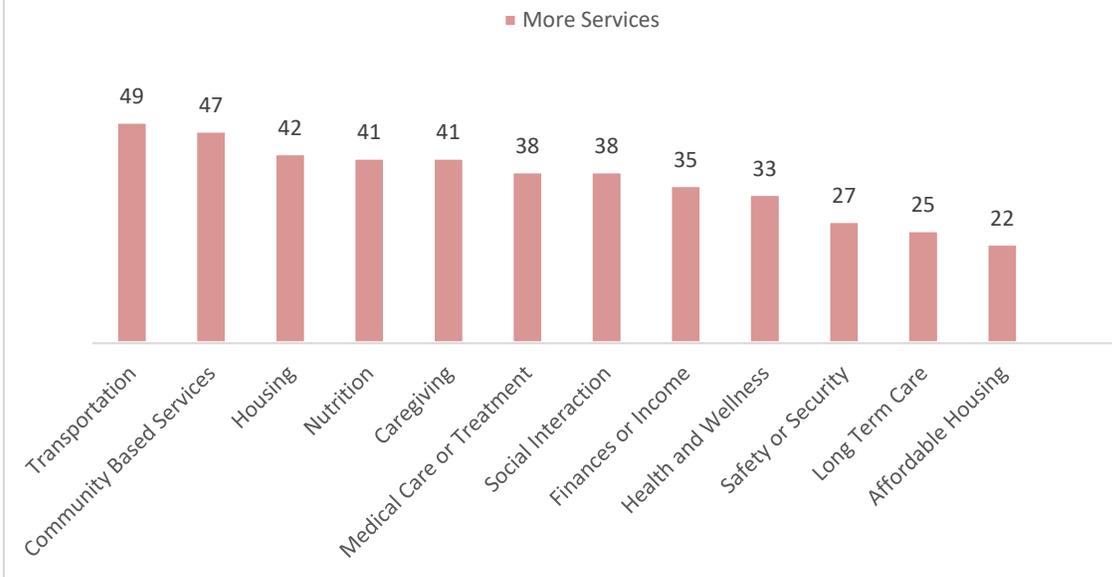
Survey Results of Haywood County Issues:



What does leading an active and healthy life look like?



What services do you need more of?



Jackson County

Aging Profile, 2018

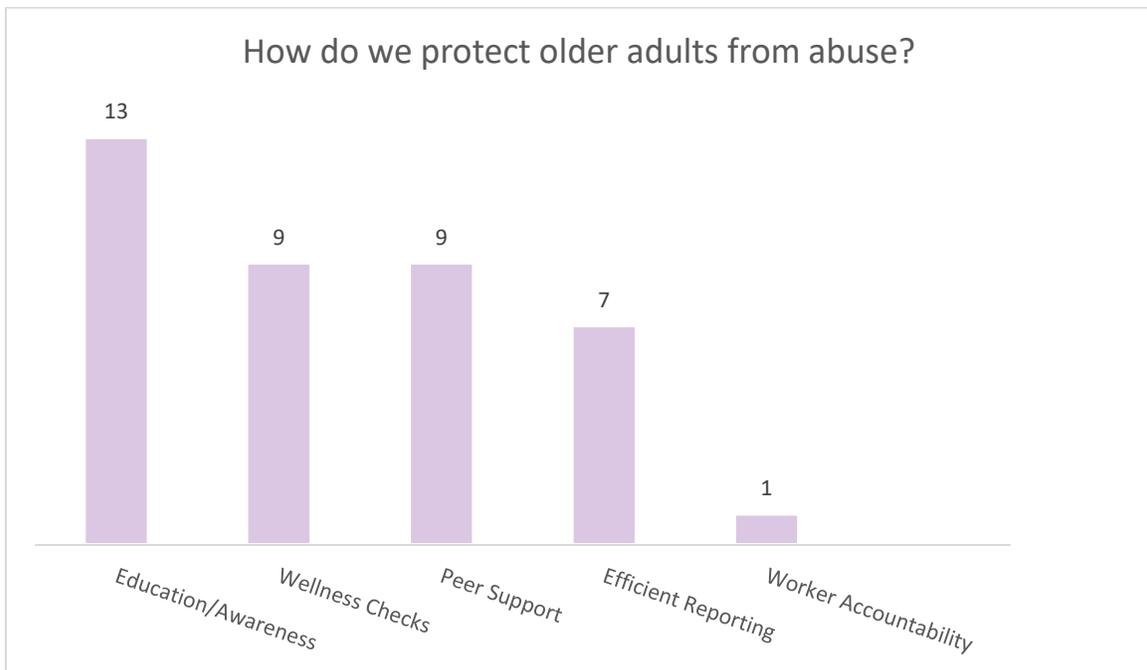
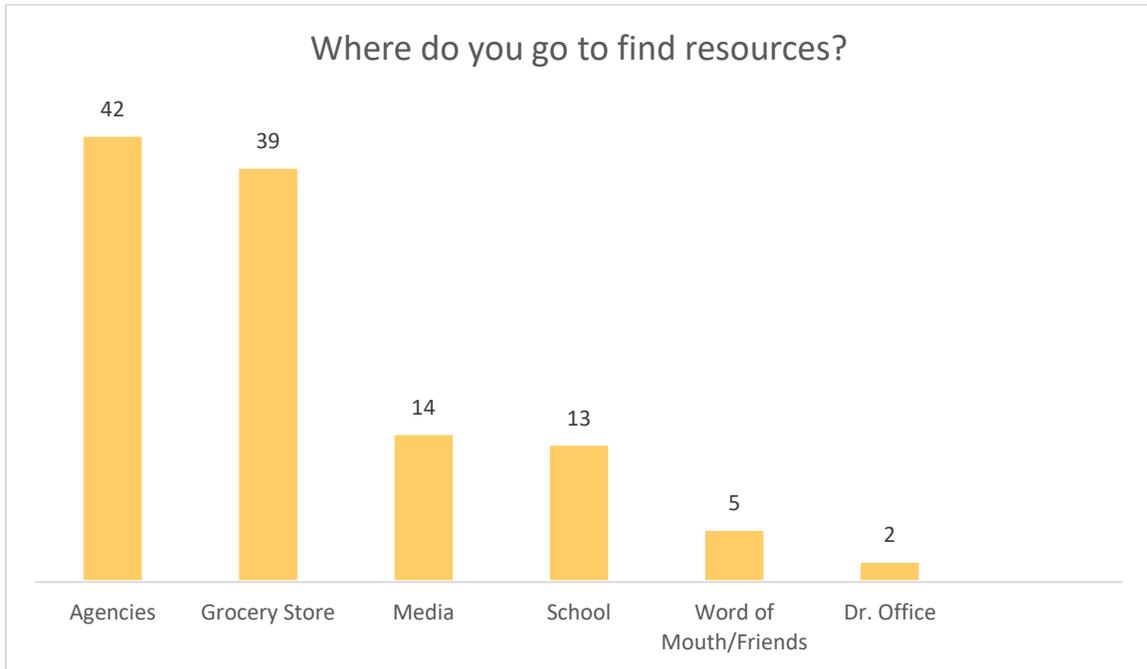
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	43,819		54,111		23.5%
0-17	7,425	17%	8,715	16%	17.4%
18-44	18,002	41%	22,068	41%	22.6%
45-59	7,237	17%	9,202	17%	27.2%
60+	11,155	25%	14,126	26%	26.6%
65+	8,493	19%	11,415	21%	34.4%
85+	927	2%	2,007	4%	116.5%

Population 65 and Over

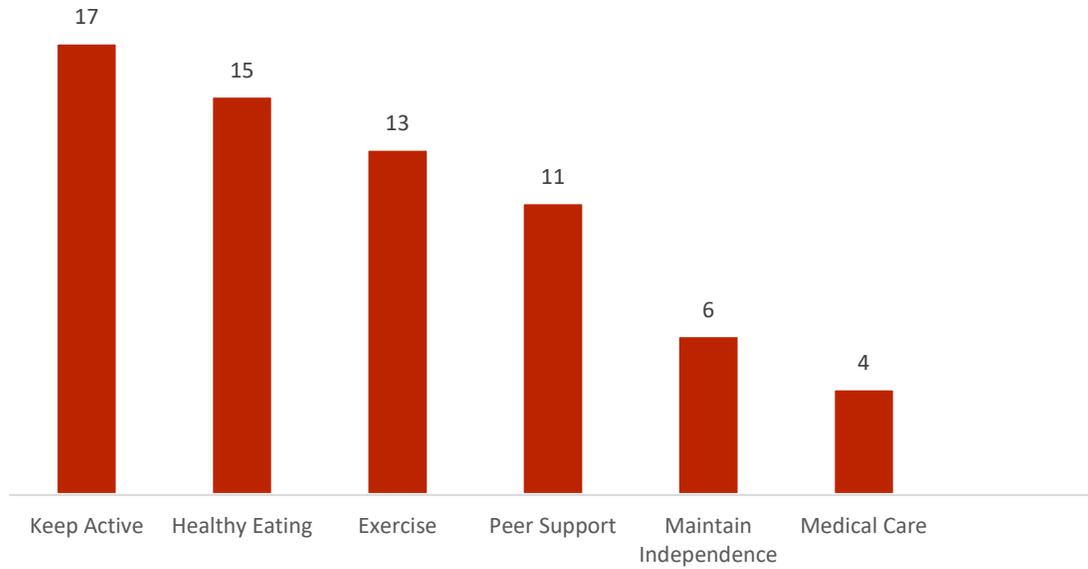
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	7,239	90.8%	1,257,535	80.0%
Black or African American alone	37	0.5%	259,284	16.5%
American Indian and Alaska Native alone	549	6.9%	14,827	0.9%
Asian alone	47	0.6%	20,960	1.3%
Some other race	22	0.3%	7,340	0.5%
Two or more races	82	1.0%	10,694	0.7%
Hispanic or Latino (of any race)	75	0.9%	30,448	1.9%
White alone (Not Hispanic or Latino)	7,239	90.8%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	62	0.8%	35,493	2.3%
Veterans	1,855	23.3%	298,320	19.0%
In group quarters	126	1.6%	44,118	2.8%
Living alone	2,262	28.4%	416,121	26.5%
In labor force	1,304	16.3%	257,355	16.4%
High school graduate, GED, or alternative	2,268	28.4%	489,751	31.2%
Less than high school graduate	1,094	13.7%	274,841	17.5%
With one or more disabilities	2,448	31.2%	548,116	35.8%
Below 100% poverty level	730	9.3%	141,318	9.2%
In 100%-199% poverty level	1,816	23.1%	336,013	22.0%

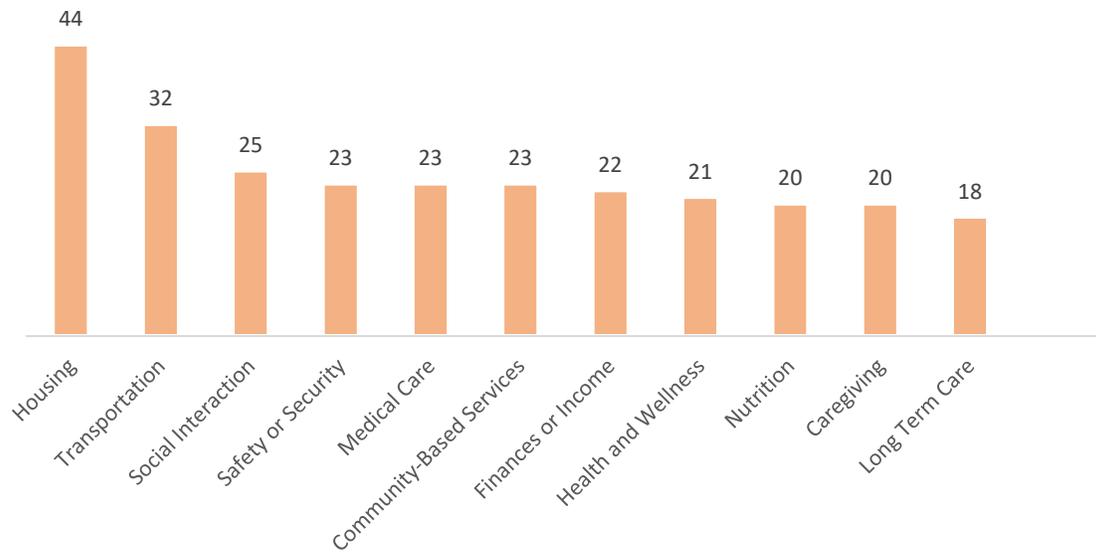
Survey Results of Jackson County Issues:



What does leading an active and healthy life look like?



What services do you need more of?



Macon County

Aging Profile, 2018

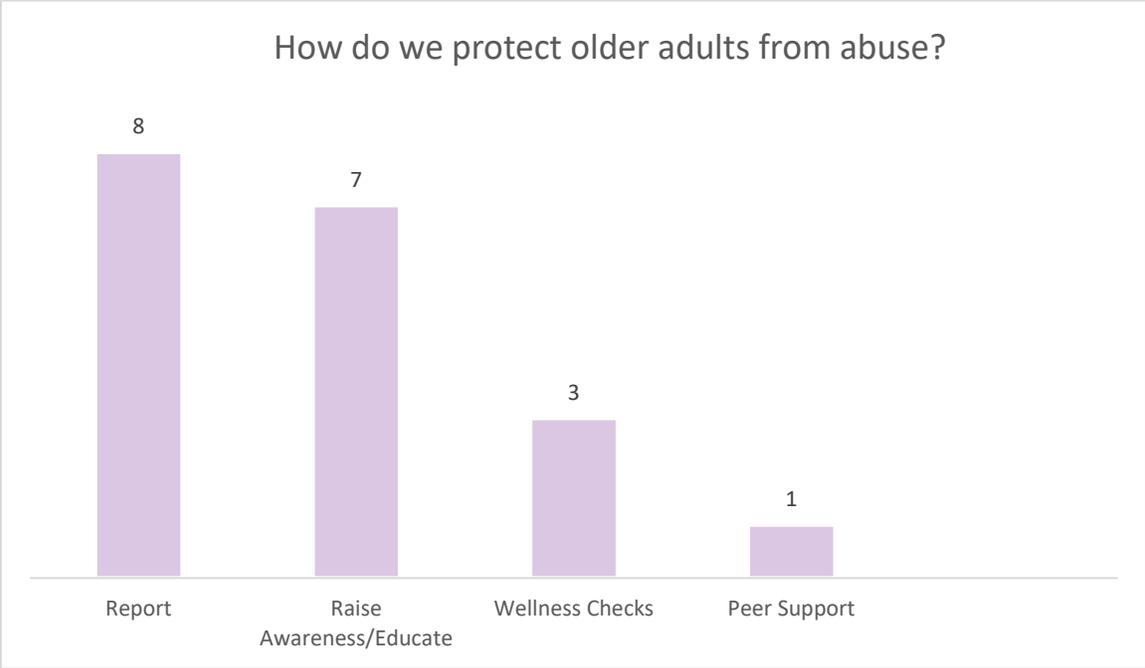
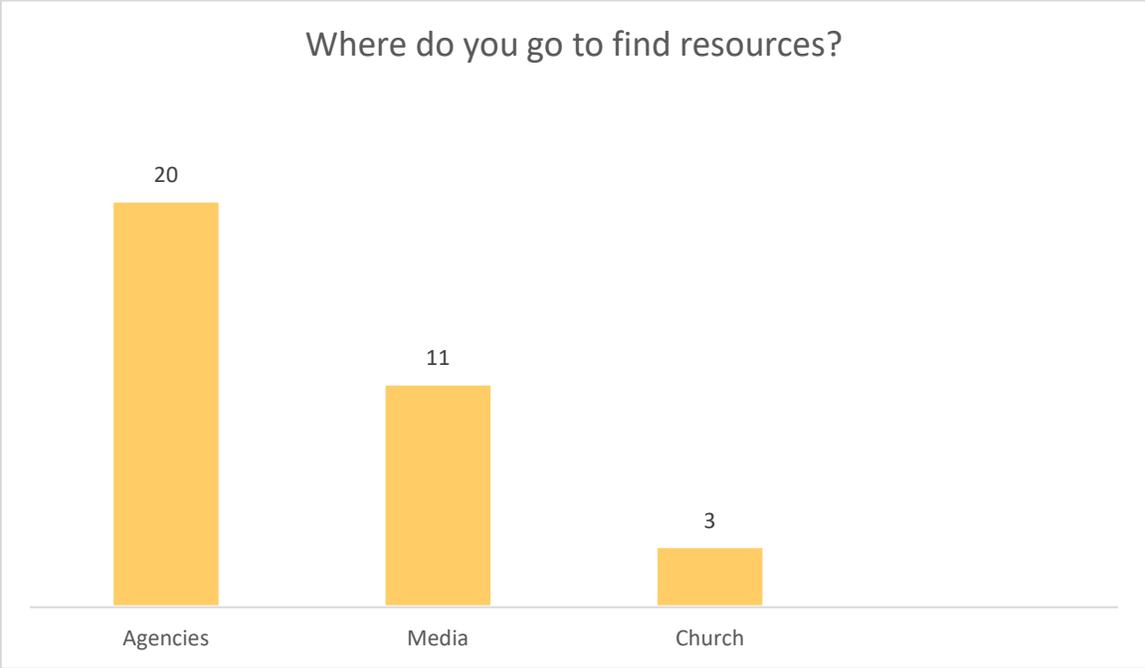
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	36,101		44,036		22.0%
0-17	6,604	18%	8,423	19%	27.5%
18-44	9,966	28%	12,420	28%	24.6%
45-59	6,566	18%	7,457	17%	13.6%
60+	12,965	36%	15,736	36%	21.4%
65+	10,354	29%	13,135	30%	26.9%
85+	1,348	4%	2,446	6%	81.5%

Population 65 and Over

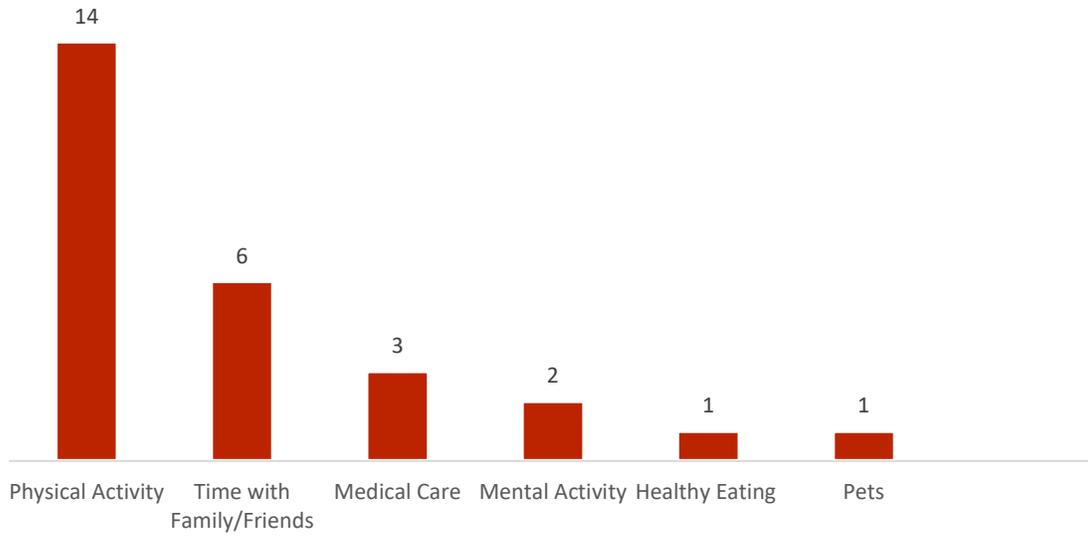
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	9,331	96.7%	1,257,535	80.0%
Black or African American alone	91	0.9%	259,284	16.5%
American Indian and Alaska Native alone	81	0.8%	14,827	0.9%
Asian alone	49	0.5%	20,960	1.3%
Some other race	0	0.0%	7,340	0.5%
Two or more races	101	1.0%	10,694	0.7%
Hispanic or Latino (of any race)	137	1.4%	30,448	1.9%
White alone (Not Hispanic or Latino)	9,194	95.2%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	41	0.4%	35,493	2.3%
Veterans	1,979	20.5%	298,320	19.0%
In group quarters	161	1.7%	44,118	2.8%
Living alone	2,761	28.6%	416,121	26.5%
In labor force	1,424	14.8%	257,355	16.4%
High school graduate, GED, or alternative	3,033	31.4%	489,751	31.2%
Less than high school graduate	1,261	13.1%	274,841	17.5%
With one or more disabilities	3,215	33.8%	548,116	35.8%
Below 100% poverty level	855	9.0%	141,318	9.2%
In 100%-199% poverty level	1,984	20.9%	336,013	22.0%

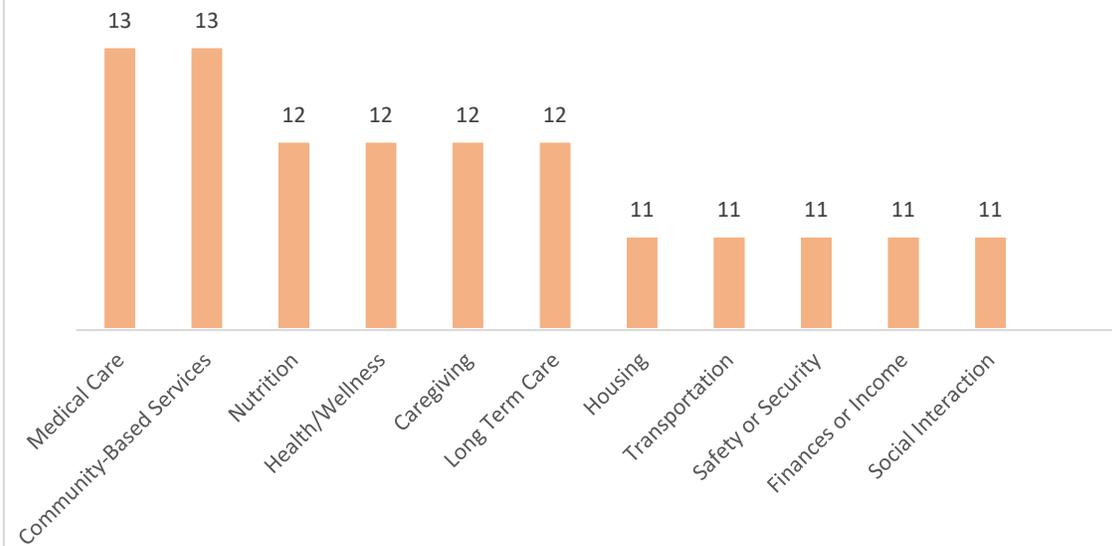
Survey Results of Macon County Issues:



What does leading an active and healthy life look like?



What services do you need more of?



Swain County

Aging Profile, 2018

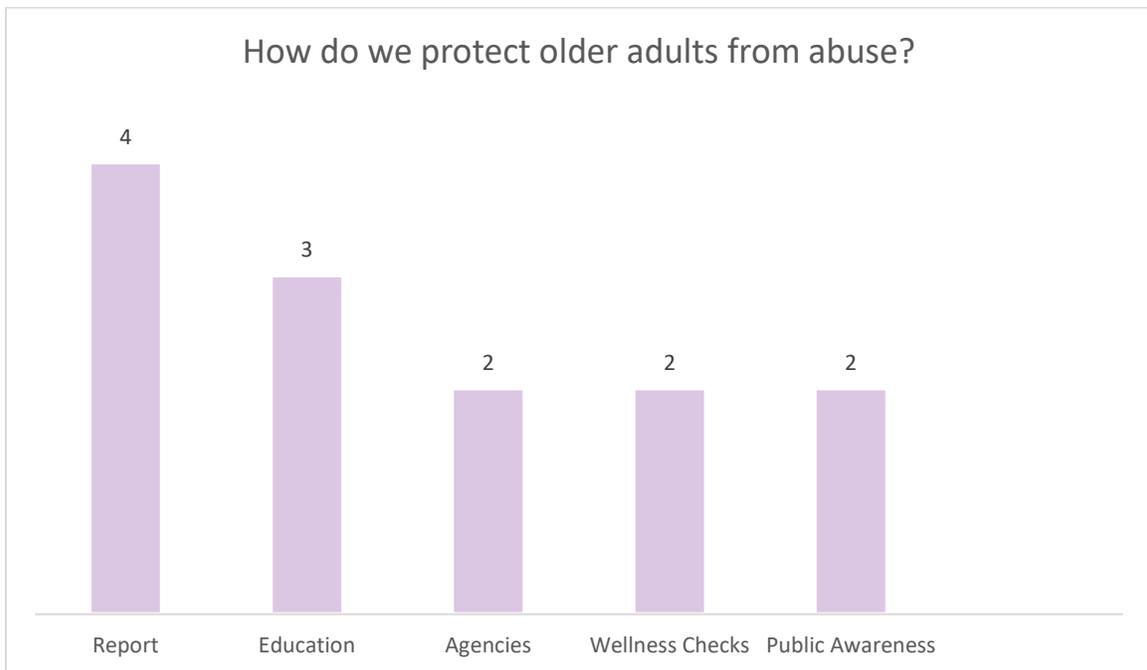
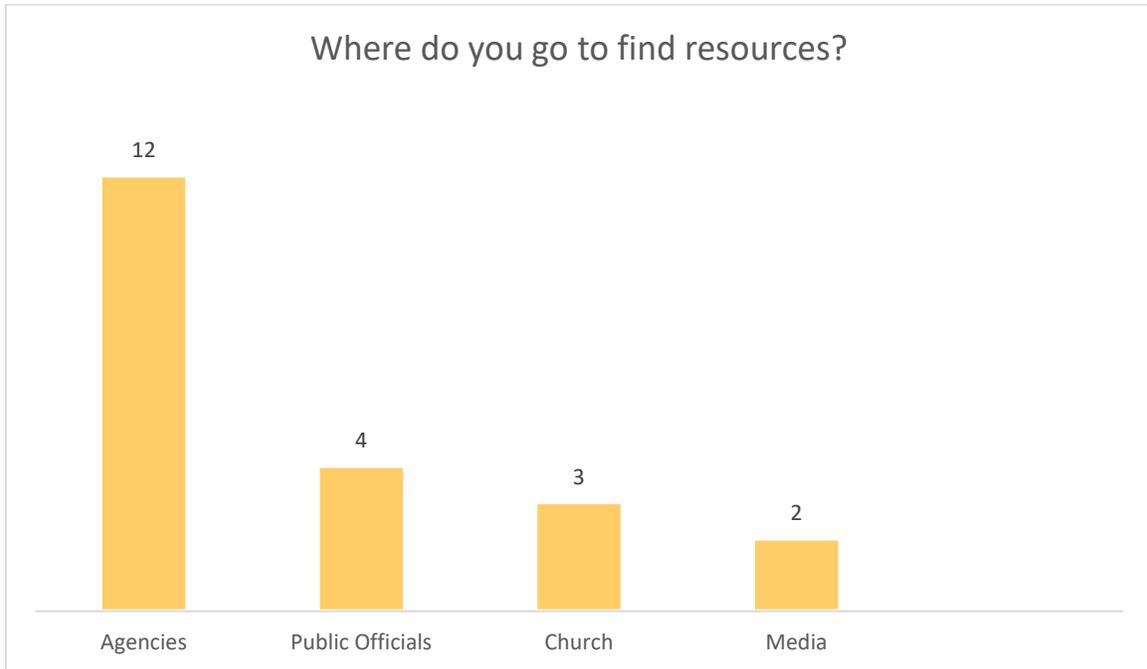
Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	14,442		13,268		-8.1%
0-17	3,325	23%	2,907	22%	-12.6%
18-44	4,545	31%	4,214	32%	-7.3%
45-59	2,726	19%	2,473	19%	-9.3%
60+	3,846	27%	3,674	28%	-4.5%
65+	2,898	20%	2,988	23%	3.1%
85+	306	2%	495	4%	61.8%

Population 65 and Over

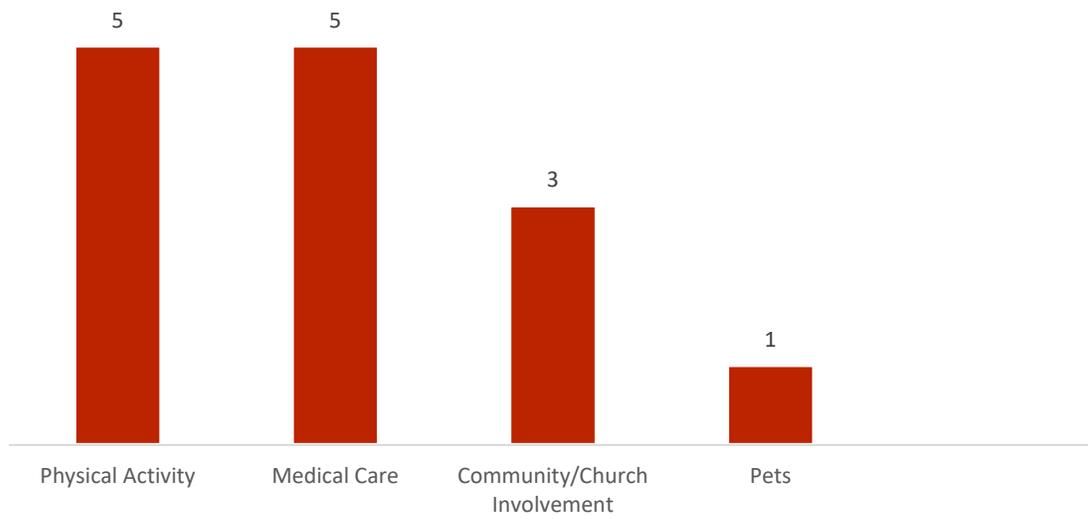
Race/Ethnicity	County	County(%)	NC	NC(%)
White alone	2,195	80.4%	1,257,535	80.0%
Black or African American alone	0	0.0%	259,284	16.5%
American Indian and Alaska Native alone	479	17.5%	14,827	0.9%
Asian alone	13	0.5%	20,960	1.3%
Some other race	16	0.6%	7,340	0.5%
Two or more races	28	1.0%	10,694	0.7%
Hispanic or Latino (of any race)	75	2.7%	30,448	1.9%
White alone (Not Hispanic or Latino)	2,136	78.2%	1,236,725	78.7%

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	16	0.6%	35,493	2.3%
Veterans	401	14.7%	298,320	19.0%
In group quarters	155	5.7%	44,118	2.8%
Living alone	719	26.3%	416,121	26.5%
In labor force	411	15.0%	257,355	16.4%
High school graduate, GED, or alternative	990	36.3%	489,751	31.2%
Less than high school graduate	750	27.5%	274,841	17.5%
With one or more disabilities	1,178	45.5%	548,116	35.8%
Below 100% poverty level	350	13.5%	141,318	9.2%
In 100%-199% poverty level	912	35.2%	336,013	22.0%

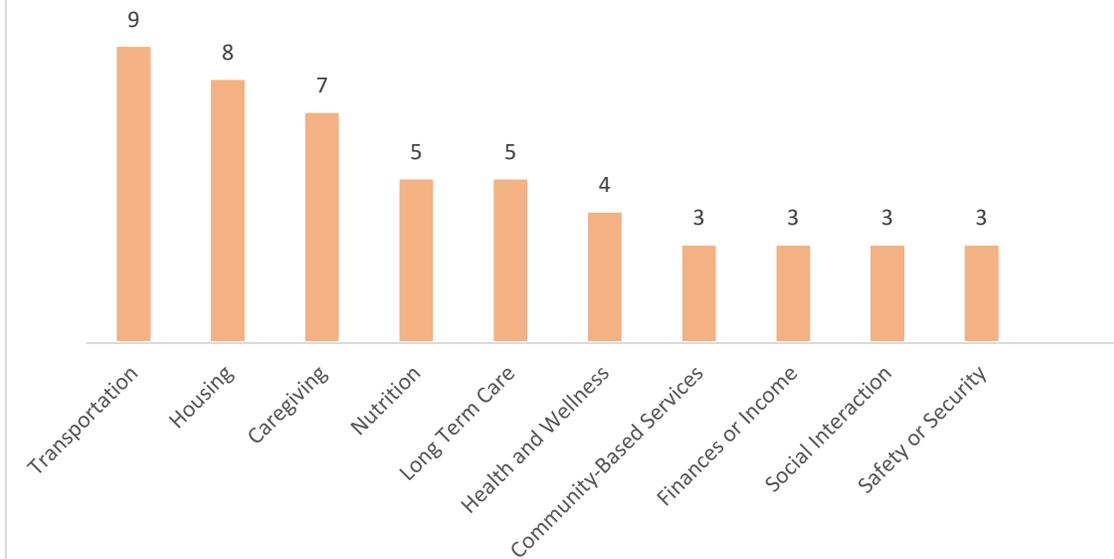
Survey Results of Swain County Issues:



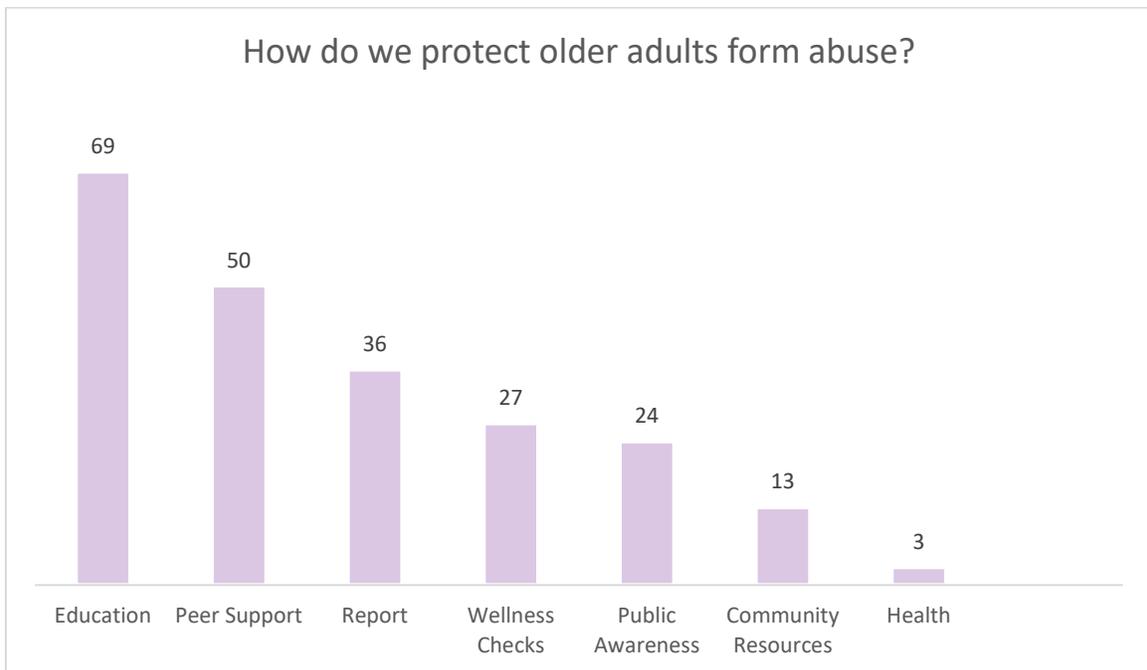
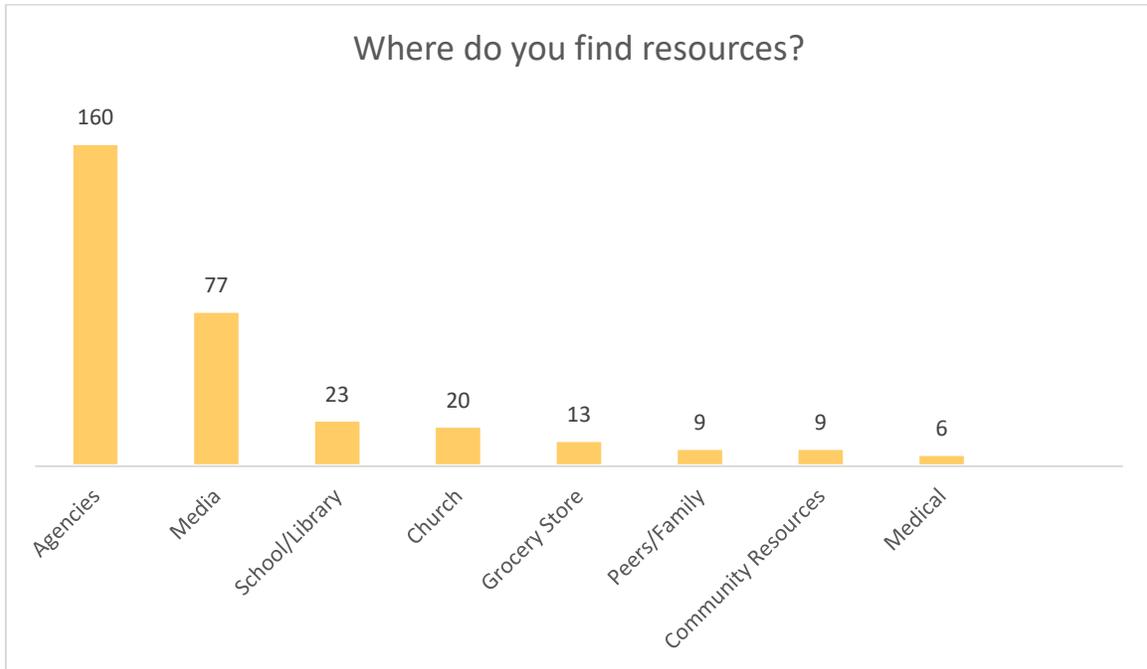
What does leading an active and healthy life look like?



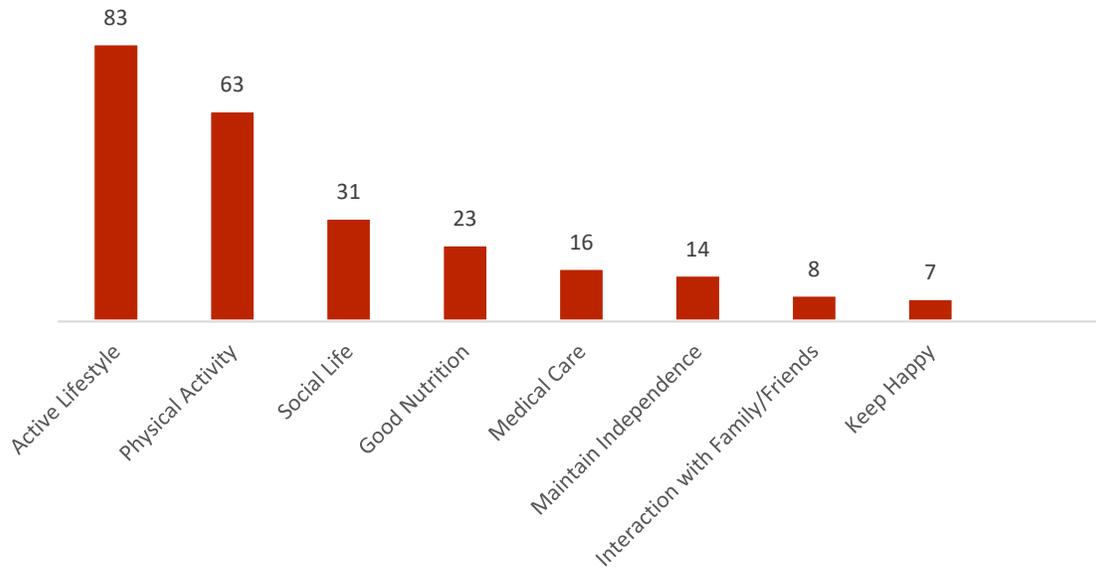
What services do you need more of?



Region A Survey Results:



What does leading an active and healthy life look like?



What services do you need more of?

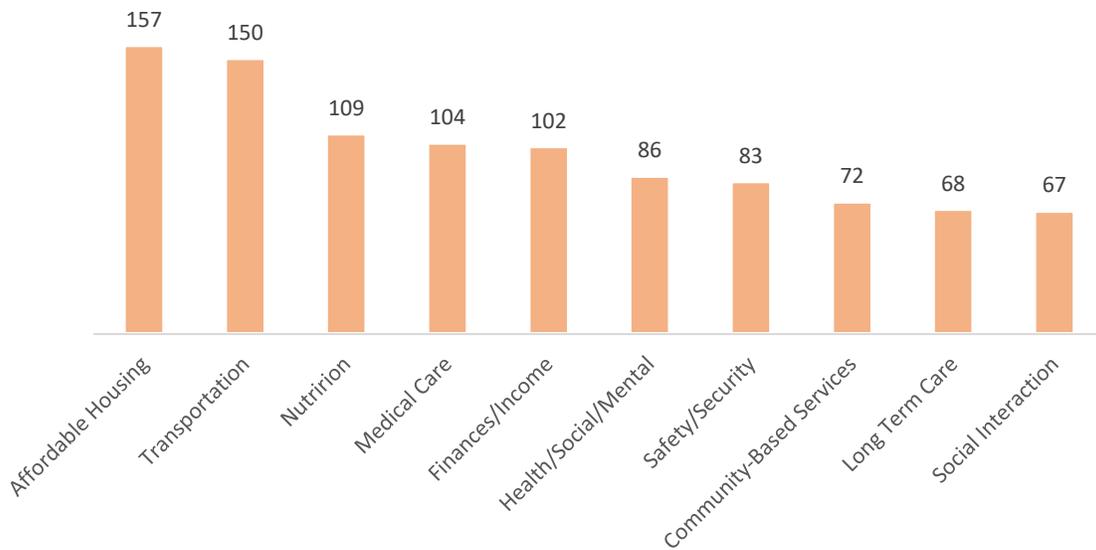


Exhibit 1

Verification of Intent

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

It includes assurances and plans to be followed by the Southwestern Commission AAA 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.

Darjane H. Meeton 2-13-2020
Area Agency Director Date

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

Randa S. May 2-13-2020
Chairperson of the Regional Advisory Council on Aging Date

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

Randa S. May 2-13-2020
Signature/Title Date

Exhibit 2

Area Plan Assurances

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

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

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

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

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

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

Access - 30%

In-Home - 25%

Legal - 2%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1) programs that receive assistance under the Older Americans Act within the PSA; and
- 2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA.
- 3)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EE) The Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports

of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate pursuant to OAA, 42 U.S.C. §§ 3058 (i).

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

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

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



5/21/20

Area Agency Director's Signature

Date

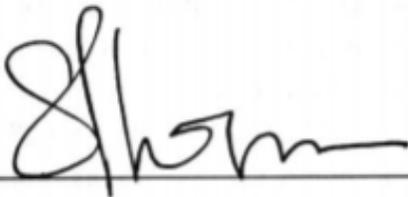
Exhibit 3

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.



Signature and Title of Authorized Official

5/21/20

Date

Exhibit 4

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

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

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

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



Signature and Title of Authorized Official

5/21/20

Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Brigham Law office - Elizabeth Brigham
230 Main Street
Bryson City, NC 28713

Period of Time Covered by Contract:

July 1, 2020-June 30, 2024

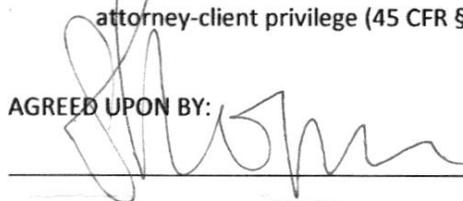
Scope of Services: Pursuant to 42 U.S.C. §3058g(g)

Division of Aging and Adult Services Administrative Letter 89-34

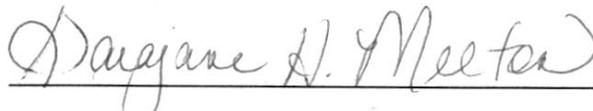
Key Elements of Contractual Agreement

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)).

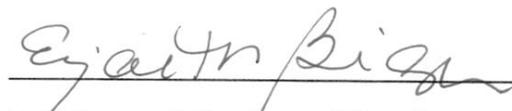
AGREED UPON BY:

 2/10/2020

Executive Director, Name of Council of Governments, Date

 2/10/2020

Area Agency on Aging Director, Date

 2/10/2020

Legal Representative, Name of Firm, Date

Exhibit 6: Organizational Chart of the Southwestern Council of Governments

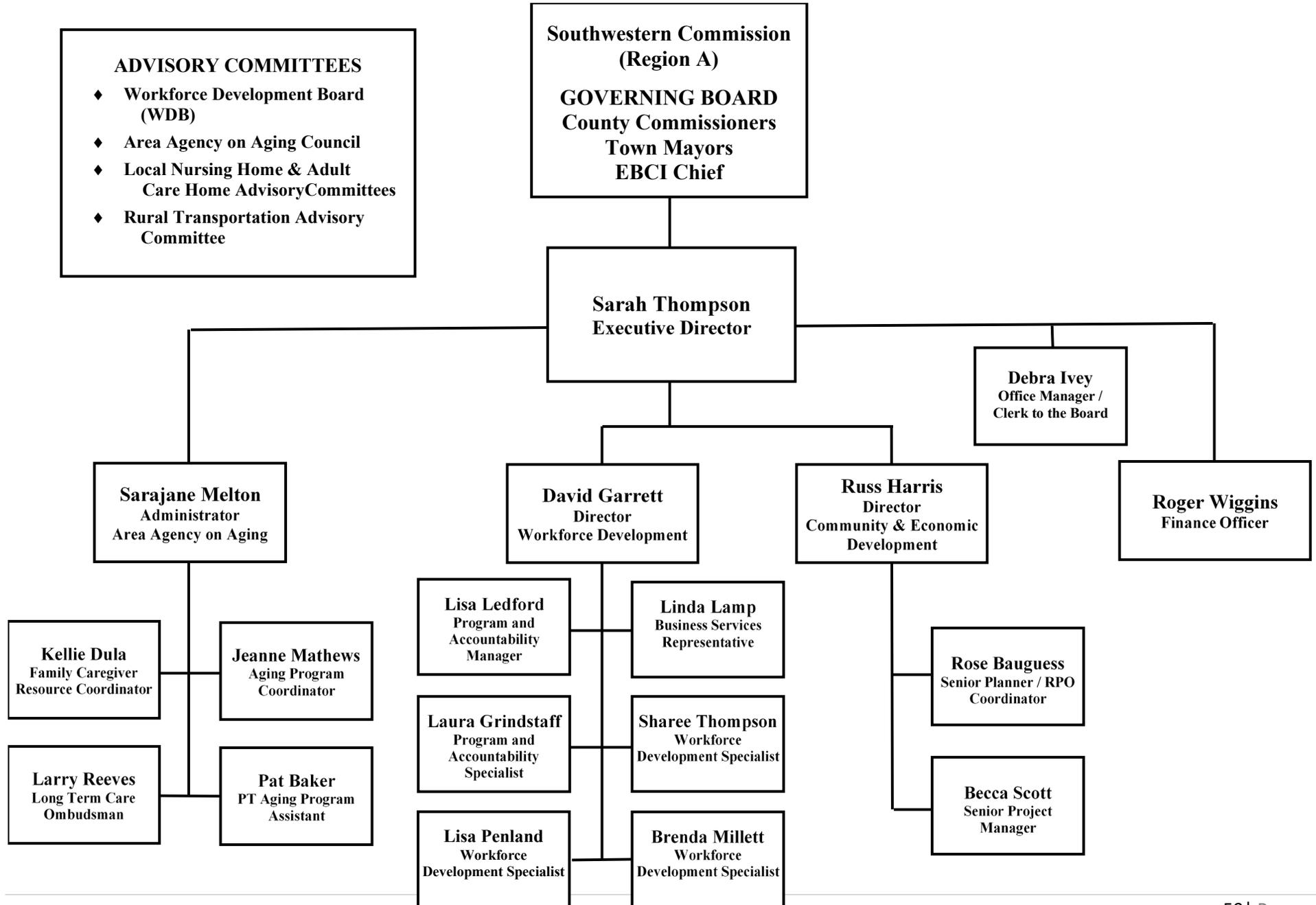


Exhibit 7: Organization Chart of the Area Agency on Aging

SOUTHWESTERN COMMISSION AREA AGENCY ON AGING

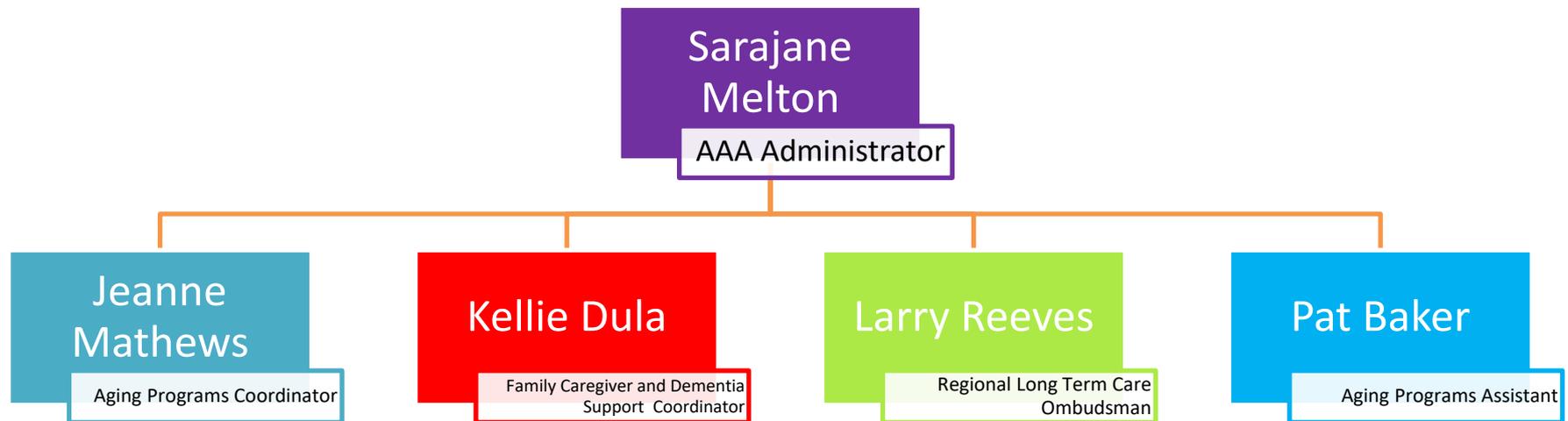


Exhibit 8: Area Agency on Aging Staffing list

	Name	Position	Race/ Ethnicity	FTE/ Temporary	List funding source	% of time spent on duties
1	Sarajane Melton	AAA Administrator	6	FTE	P&A	64 %
					AAA Support	5%
					Title III E	12%
					LTCO	2%
					MFP	3%
					UNCA	3%
					MIPPAA	3%
					SMP	3%
					Title III D	2 %
					Project Care	3%

2	Kellie Dula	Family Caregiver Resource Coordinator	6	FTE	P&A	3%
					MIPPA	2%
					Title III E	90%
					Title III D	2%
3	Larry Reeves	LTC Ombudsman	6	FTE	LTCO	95%
					Elder Abuse	5%
4	Jeanne Mathews	Aging Program Coordinator	6	FTE	P&A	24%
					Title III E	12.5%
					Title III D	22%
					AAA Support	24%
					MIPPAA	2%
					SMP	7%

					MFP	8%
					Project Care	5%
					UNCA	2.5%
5	Pat Baker	Aging Program Assistant	6	Part time	AAA Support	20%
					Title III E	43%
					Project Care	50%
					MIPPA	2%

Race/Ethnicity Categories

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

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? 4

#	Name		Gender M/F	Race/ Ethnicity	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)	Office Term Expires
	Last	First						
	Stiles	Jane	F	5	Cherokee	2, 6, 8	Cherokee County Senior Services	7/1/22
	Herr	Judy	F	5	Cherokee	2, 6		10/10/20
	Riling	Barbara	F	5	Cherokee	2, 6		9/5/20
	Davis	Judith	F	5	Cherokee	2, 6		6/30/22
	May	Linda	F	5	Cherokee	2, 6, 9	Modern Woodmen	6/30/20
	Allman	Houston	M	5	Cherokee	2,6		10/10/20
	Landis	Susan	F	5	Cherokee	2,6	Senior Tarheel Legislature	6/30/20
	Helms	Nancy	F	5	Cherokee	2,6	Senior Tarheel Legislature	6/30/20
	Hedden	Paul	M	5	Clay	2, 3,6		6/30/20
	Sneed	Bobby	F	5	EBCI	2,3,6		7/1/21
	Smith	Judith	F	1	EBCI	2,3,6		7/1/21

Taylor	Mernie	F	1	EBCI	2,3,6		7/1/21
Kerbow	Peggy	F	1	EBCI	2,3,6		7/1/21
Cody	Lynn	M	5	Graham	2,6,10	Graham County Commissioner	12/1/22
Wiggins	Dale	M	5	Graham	2,6,10	Graham County Commissioner	1/10/20
Orr	Connie	F	5	Graham	2, 6,4,10	Graham County Commissioner	11/1/19
Nelms	Jacob	M	5	Graham	2, 6		6/20/20
Griffin	Mary	F	5	Graham	2,6,8	Graham County Library	6/20/20
Beason	Beverly	F	5	Haywood	2, 6	Senior Tarheel Legislature	6/20/22
Bradley	Lisa	F	5	Haywood	2, 6,8	Haywood County HHS	6/20/20
Teetsel	Helen	F	5	Haywood	2, 6		6/20/22
Bryson	Helen	F	5	Jackson	2, 6	Senior Tarheel Legislature	3/3/22
Kiska	Kristina	F	5	Jackson	6	Jackson County DSS	2/2/21
Chovan	Martha	F	5	Jackson	2, 6		7/6/22
Buckner	Pat	F	5	Jackson	2, 6		7/6/22
Cowan	Charlotte	F	5	Jackson	2,6	Senior Tarheel Legislature	7/6/22
Crawford	Dorothy	F	5	Macon	2, 6	Senior Tarheel Legislature	6/30/22
Beale	Ronnie	M	5	Macon	2,6, 10	County Commissioner	6/30/22
Villiard	Jimmie	M	5	Macon	6,8	Macon County Public Health	6/30/22
Betancourt	Patrick	M	5	Macon	6, 10	Macon County DSS	6/30/22
Waldroop	Sue	F	5	Macon	2, 6, 7		6/30/22

	Bruckner	Jim	M	5	Macon	6	Macon County Health Department	6/30/22
	Woodard	Alison	F	5	Swain	2, 6		6/30/21
	Zimmerman	Elizabeth	F	5	Swain	2, 6		6/30/21
	Welch	Kate	F	5	Swain	2, 6	Senior Tarheel Legislature	6/30/22
	Southard	Connie	F	5	Swain	2, 6	Senior Tarheel Legislature	6/30/20
	Allison	Jane	F	5	Swain	2,6		6/30/20
	Lakey	Mary	F	5	Swain	2,6		6/30/20

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		Check if		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
J Robert Penland Senior Center, 69 Alpine Street, Murphy, NC 28906	Cherokee	X		
Clay County Senior Center PO Box 118, Hayesville, NC 28904	Clay	X		
Graham County Senior Services PO Box 575, Robbinsville, NC 28771	Graham	X		
Mountain Projects, Inc. 2251 Old Balsam Road, Waynesville, NC 28786	Haywood		X	
Jackson County Department on Aging PO Box 596, Sylva NC 28779	Jackson	Operates Jackson County SC		
Macon County Senior Services 108 Wayah Street, Franklin, NC 28734	Macon	X		
State of Franklin Services to Senior Center PO Box 356, Bryson City, NC 28713	Swain	X		
Tsali Manor Senior Center 133 Tsali Manor Street, Cherokee, NC 28719	Swain	X		

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

Date: February 13, 2020

Place: Offices of Southwestern Commission Area Agency on Aging

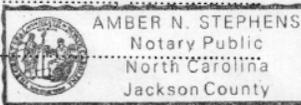
<p>Notice of Public Hearing The Southwestern Commission Area Agency on Aging will hold a public hearing on Thursday, February 13, 2020, at 10:00 am to review their Regional Four-Year Aging Services Plan for years 2020-2024. The hearing will take place at Southwestern Commission Council of Governments 125 Bonnie Ln, Sylva, NC 28779. 48-49e</p>	<p>NORTH CAROLINA Jackson County</p> <h2>AFFIDAVIT OF PUBLICATION</h2> <p>Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared..... <u>Betty Crawford</u></p> <p>who is first duly sworn, deposes and says: that he-she is <u>Authorized Employee</u> <small>(Owner, partner, publisher, or other officer or employee authorized to make this affidavit)</small></p> <p>of The Sylva Herald and Ruralite, engaged in the publication of a newspaper known as The Sylva Herald and Ruralite published, issued, and entered as second class mail in the Town of Sylva, in said County and State; that he-she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in The Sylva Herald and Ruralite on the following dates;</p> <p><u>February 6 and 13, 2020</u></p> <p>and that the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.</p> <p>This <u>13th</u> day of <u>February</u>, 2020 <u>Betty Crawford</u> <small>(Signature of person making affidavit)</small></p> <p>Sworn to and subscribed before me, this <u>13th</u> day of <u>February</u>, 2020</p> <p><u>Amber N. Stephens</u> Notary Public  My Commission expires: <u>12/8/2022</u></p>
---	---

Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county

County	1	2	3
Cherokee	Adult Day Program	Adequate Healthcare	Internet Access
Clay	Caregiving Assistance	Transportation	Housing
Graham	Housing	Transportation	Nutrition
Haywood	Community Based Services (to keep seniors at home)	Transportation	Housing
Jackson	Housing	Transportation	Social Interaction
Macon	Adequate Healthcare	Nutrition	Community Based Services (to keep seniors at home)
Swain	Transportation	Housing	Caregiving Assistance
Eastern Band of Cherokee Indians	Home Health	Care Management Coordination	Accessibility for Disabilities

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: Southwestern Commission AAA

Fiscal Year: 2020-2021

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Family Caregiver Support Program	811,812,814,821, 823,831,833,835,8 41,844, 851,854, 857,859,862,863	All Counties in Region A		X
Legal Services	130	All Counties in Region A		X
Health Promotion Disease Prevention	401	All Counties in Region A		X
Consumer Directed	500,504,506, 507	Clay, Haywood, Jackson		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.

Darlene N. Melton

Area Agency on Aging Director

5/21/20
Date

Approved Not Approved
(circle one)

Director, NC DAAS

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.

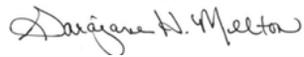
Name of the Organization: Southwestern Commission Area Agency on Aging

Name of Service: Family Caregiver Support Program **Service Code:** 811,812,814,821, 823,831,833,835,841,844, 851,854, 857,859,862,863 **FY:** 2020-2021

1. Budget:

- A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
- B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
 - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
 - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.

- 2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
- 3. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
- 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.

	5/21/20	Approved Not Approved (circle one)		
Area Agency on Aging Director	Date		Director, NC DAAS	Date

Select Region Below		
A-Southwestern Commission		
Select Program Below		Select Fiscal Year Below
Title III-E Family Caregiver Support Program		2020-21
Allocation Details		
Total Allocation Including Match and Other Revenue	\$ 169,528.00	
Amount Passed Through to Partner Agencies		
Amount for Direct Service Provision	\$ 169,528.00	
Budget Overview		
Personnel Salary Cost (Complete Details Below)	\$ 48,170.95	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$ 23,122.06	Specify Rate: 48%
Indirect Cost	\$ 19,314.32	Specify Rate:
Direct Program Support (Complete Details Below)		
Total Cost	\$ 90,607.33	
Category Details		
Personnel (List Staff Titles Below)	Amount	% of Time Worked
Kellie Dula	\$ 66,260.43	95%
Jeanne Mathews	\$ 10,733.20	10%
Sarajane Melton	\$ 13,613.70	10%
Total Personnel	\$ 90,607.33	
Direct Program Support (Select Applicable Below)	Amount	
	\$ 35,000.00	respite vouchers
Mileage	\$ 8,020.67	
Telephone	\$ 1,500.00	
Supplies	\$ 3,000.00	
Special Materials	\$ 3,000.00	
Outreach/Promotions	\$ 4,000.00	
Other (Specify in Cell to Right of Amount)	\$ 10,500.00	supplemental
Lodging/Meals	\$ 2,500.00	
Printing	\$ 4,400.00	
Dues/Subscriptions	\$ 500.00	
Meeting Expenses/Conference Costs	\$ 1,000.00	
Rent/Occupancy Costs	\$ 5,000.00	
Advertising	\$ 500.00	
Total Direct Program Support	\$ 78,920.67	

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: Southwestern Commission Area Agency on Aging

Name of Service: Legal Services **Service Code:** 130 **FY:** 2020-2021

2. Budget:

C. 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.

D. 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.

5. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.

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

7. **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.

Darigene H. Meltzer 5/21/20 Approved Not Approved _____ _____
 Area Agency on Aging Director Date (circle one) Director, NC DAAS Date

Select Region Below		
A-Southwestern Commission		
Select Program Below		Select Fiscal Year Below
Title III-B Legal Services		2020-21
Allocation Details		
Total Allocation Including Match and Other Revenue	\$ 12,073.60	
Amount Passed Through to Partner Agencies		
Amount for Direct Service Provision	\$ 12,073.60	
Budget Overview		
Personnel Salary Cost (Complete Details Below)		
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$ -	Specify Rate: <input type="text"/>
Indirect Cost		Specify Rate: <input type="text"/>
Direct Program Support (Complete Details Below)	\$ 12,073.60	
Total Cost	\$ 12,073.60	
Category Details		
Personnel (List Staff Titles Below)	Amount	% of Time Worked
Total Personnel	\$ -	
Direct Program Support (Select Applicable Below)	Amount	
Professional Services	\$ 12,073.60	
Total Direct Program Support	\$ 12,073.60	

Use this space to describe expenses in greater detail and add any additional information:

Region A uses all of the Legal funds to pay the contracted attorney's for documents produced. The attorney's provide the match through an "in-kind" donation as part of the contract. All attorneys now have \$100.00 per document unit rates, therefore are actually paid \$90.00 per document. AAA staff oversees contracts, determining client eligibility for services, and reimbursement. AAA staff also conduct advanced care planning workshops throughout the year. Salary for both the AAA Program Assistant (approximately 10%) and the Aging Program Coordinator (approximately 5%) are not accounted for through these funds.

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

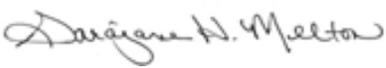
The information requested below is required for **each service** that the Area Agency on Aging requests approval to provide directly.

Name of the Organization: Southwestern Commission Area Agency on Aging

Name of Service: Health Promotion/Disease Prevention **Service Code:** 401,420,430 **FY:** 2020-2021

3. Budget:

- E. 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.
- F. 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.
- 8. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
- 9. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
- 10. **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.


 _____ 5/21/20 Approved Not Approved _____
 Area Agency on Aging Director Date (circle one) Director, NC DAAS Date

Select Region Below

A-Southwestern Commission

Select Program Below

Title III-D Health Promotion/Disease Prevention

Select Fiscal Year Below

2020-21

Allocation Details

Total Allocation Including Match and Other Revenue	\$ 31,164.10
Amount Passed Through to Partner Agencies	
Amount for Direct Service Provision	\$ 31,164.10

Budget Overview

Personnel Salary Cost (Complete Details Below)	\$ 11,912.60	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$ 5,241.54	Specify Rate: 44%
Indirect Cost	\$ 4,337.80	Specify Rate:
Direct Program Support (Complete Details Below)		
Total Cost	\$ 21,491.94	

Category Details

Personnel (List Staff Titles Below)	Amount	% of Time Worked
Jeanne Mathews	\$ 21,491.94	20%

Total Personnel	\$ 21,491.94
------------------------	---------------------

Direct Program Support (Select Applicable Below)

	Amount
Mileage	\$ 1,000.00
Telephone	
Supplies	\$ 1,500.00
Special Materials	\$ 3,172.16
Outreach/Promotions	\$ 4,000.00
Other (Specify in Cell to Right of Amount)	
Lodging/Meals	
Printing	
Dues/Subscriptions	
Meeting Expenses/Conference Costs	
Rent/Occupancy Costs	
Advertising	
Total Direct Program Support	\$ 9,672.16

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: Southwestern Commission Area Agency on Aging

Name of Service: Consumer Directed Service **Service Code:** 500,504,506,507 **FY:** 2020-2021

4. Budget:

G. 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.

H. 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.

11. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.

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

13. **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.

Darjane N. Melta

Area Agency on Aging Director 5/21/20 Approved Not Approved _____ _____
 Date (circle one) Director, NC DAAS Date

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2020 _____ through June 30, 2021 _____

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

Community Service Provider SWC AAA

County Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain

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

The AAA will work with all DSS, Health Dept, CAP agencies, Disability Partners, Vocational Rehabilitation, and other HCCBG providers to assist the Low-Income Older Adult Population that resides within Region A with the service delivery system. We will publicize via newspaper, radio spots, Facebook, SWC monthly E-Newsletter etc. regarding the services that the AAA provides. We will leave forms in their offices and will accept applications from APS clients and give them priority.

Exhibit 14: Provider Monitoring Plan

Effective Date: July 1, 2020

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
065	J. Robert Penland Senior Center	Cherokee	AAA												
	Home Delivered		AAA-2		X			X	X	X	X				
	Congregate		AAA-2		X			X	X	X	X				
	Housing & Home Imp.			X	X	X	X	X	X	X	X				
017	Cherokee Co. Transit	Cherokee	AAA												
	General			X		X		X	X	X	X				
020	Cherokee Co. DSS	Cherokee	AAA		X		X	X	X	X	X				
	In-Home Aide LV-1														
023	Clay Co. Transportation	Clay	AAA												
	Medical				X		X	X	X	X	X				
	General				X		X	X	X	X	X				
022	Clay Co. DSS	Clay	AAA												
	In-Home Aide LV-1				X		X	X	X	X	X				

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

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

Exhibit 14: Provider Monitoring Plan

Effective Date: July 1, 2020

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E.				F.				G.				
				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	
048	Clay Co. Senior Center	Clay	AAA													
	Home Delivered		AAA-2	X		X		X	X	X	X					
	Congregate		AAA-2	X		X		X	X	X	X					
037	Graham Co. Senior Services	Graham	AAA													
	Home Delivered			X		X		X	X	X	X					
	Congregate			X		X		X	X	X	X					
062	Mountain Projects, Inc.	Haywood	AAA													
	Congregate			X		X		X	X	X	X					
	In-Home Aide LV – I			x		X		X	X	X	X					
	Senior Companion			x				X	X	X	X					
	Information & Assistance			X	X	X	X	X	X	X	X					
	Housing & Home Imp.			X	X	X	X	X	X	X	X					
	Transportation – Gen			X		X		X	X	X	X					

Exhibit 14: Provider Monitoring Plan

Effective Date: July 1, 2020

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
044	Haywood Co. HHS	Haywood	AAA												
	Home Delivered Meals			X		X		X	X	X	X				
	Adult Day Care/Health			X		X		X	X	X	X				
016	Interim Health Care	Haywood	AAA												
	In-Home Aide LV - II			X		X		X	X	X	X				
011	Jackson Co. Transit	Jackson	AAA												
	General				X	X		X	X	X	X				
075	Jackson CO. DOA	Jackson	AAA												
	Congregate		AAA-2		X		X	X	X	X	X				
	Home Delivered		AAA-2		X		X	X	X	X	X				
	Adult Day Care				X		X	X	X	X	X				
	Housing & Home Imp.			X	X	X	X	X	X	X	X				
	I & A/OC			X	X	X	X								
025	Harris Home Health	Jackson	AAA												
	IHA Level 1 & Respite			X		X		X	X	X	X				
	IHA Level 2 & Respite			X		X		X	X	X	X				

Exhibit 14: Provider Monitoring Plan

Effective Date: July 1, 2020

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				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	Macon Co. Senior Services	Macon	AAA												
	Congregate		AAA-2		X		X	X	X	X	X				
	Home Delivered		AAA-2		X		X	X	X	X	X				
	Adult Day Care				X		X	X	X	X	X				
	I&A/OC			X	X	X	X	X	X	X	X				
043	Macon Co. Transit	Macon	AAA												
	General				X		X	X	X	X	X				
080	State of Franklin Services to Senior Citizens	Swain	AAA												
	Congregate		AAA-2	X		X		X	X	X	X				
	Home Delivered		AAA-2	X		X		X	X	X	X				
	Transportation – Gen			X		X		X	X	X	X				
050	Swain Co. Health Department	Swain	AAA												
	In-Home Aide LV – I				X		X	X	X	X	X				
	In-Home Aide LV - II				X		X	X	X	X	X				

Exhibit 14: Provider Monitoring Plan

Effective Date: July 1, 2020

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
018	Southwestern Commission Area Agency on Aging	Region A	DAAS												
	IIID														
	Legal														
	FCSP														
	HHI - CDS														

Exhibit 14A: List of Subcontractors

Region A FY 19-20

Provider: Cherokee County Senior Services Provider Code: A65 County: Cherokee 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.
Kimble's Food by Design, Inc. DBA: Skillet Kitchen	For-Profit	Nutrition	Kimble's Food By Design, Inc. DBA: Skillet Kitchen Jeff Chandler, Regional Manager PO Box 1227 LaGrange, GA 30241 706.298.4974	<p>Kimble's Food will be responsible for preparing meals five days a week less designated holidays. A meal delivery ticket will be signed by an authorized representative certifying the number, types, and quantity of meals and supplies to be delivered.</p> <p>Kimble's Food will be responsible for planning the menus and authorizing changes or revisions. Each meal shall meet all nutritional requirements of the Title III-C Nutrition Program for the Elderly and 1/3 of the required daily allowance for persons age 60 and older.</p> <p>Kimble's will be responsible for services provided by a Registered Dietician as required by Area Agency of Aging. These services will include the menu approval, changes to the menu signed off and a menu analysis.</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 Denise Cross Title: Director Date 9/13/19

Exhibit 14A: List of Subcontractors

Region A FY 19-20

Provider: Clay County Senior Center Provider Code: 48 County Clay

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Skillet Kitchens Matt Eubanks Director Operations Shannon Lundquist PSD	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	meals	100 Webster St. Wehrange, Ga. 30241 706-884-5527 <hr/> 281 Courthouse Rd Hayesville NC 28904 828-421-8920	provide menu prepared by a Registered Dietician Cook meals Sanitize utensils provide milk, gloves, sandwich bags, cutlery kits, straws, serve trays, to-go plates, condiments fill out daily temp records and food substitution forms (when needed)

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 Marie Rice Title: NSM Date 9-16-19

Exhibit 14A: List of Subcontractors

Region A FY 19-20

Provider: Jackson Co. Dept. on Aging Provider Code: 075 County Jackson

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.
B& A's, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Home Delivered Meals & Congregate Meals	John Faulk PO Box 1051 Dillsboro, NC 28725 828-506-3462	Prepare, Package, and Serve food for all nutrition programs
Mike Bryson	<input checked="" type="checkbox"/> For Profit	Meal Delivery	Mike Bryson PO Box 2188 Sylva, NC 28779 828-631-2417	Transport Home Delivered Meals to drop off locations for local volunteers in Tuckasegee, and the Cashiers Nutrition Site
Ken Westmoreland	<input checked="" type="checkbox"/> For Profit	Meal Delivery	Ken Westmoreland 146 Larkspur Lane Cullowhee, NC 28723 828-293-3007	Transport Home Delivered Meals to drop off locations for local volunteers in Tuckasegee, and the Cashiers Nutrition Site

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 Karen Davis Title: Nutrition Prog Coord. Date 9/18/19

Exhibit 14A: List of Subcontractors

Region A FY 19-20

Provider: MICON County Sr Svs Provider Code: A060 County MICON

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Angel Medical Center	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Food Caterer	Angel Medical Center 120 Riverview St Franklin, NC 28734 828-524-8411 Kristen Brant Registered Dietitian 828-369-4165	Preparation and delivery of meals, condiments, and supplies.

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.

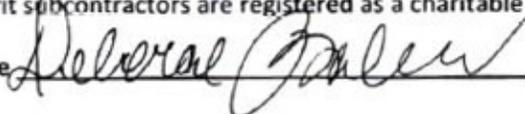
Provider Signature  Title: Nutrition Project Coordinator Date 09/12/2019

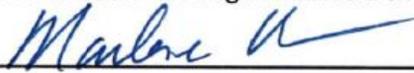
Exhibit 14A: List of Subcontractors

Region A FY 19-20

Provider: STATE OF FRANKLIN Provider Code: 085 County SWAIN

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.
Graham County Senior Center	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Meal preparation	Wanda Hill Graham Co Senior Center 185 West Fort Hill Rd Robbinsville, NC 28771 (828) 479-7977	Preparation of meals

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 9/12/19

Region A Addendum to Area Plan 2020-2024

Response to COVID-19

In response to the Covid-19 virus that has overtaken the world in the Spring of 2020, Region A is amending their Area Plan to include goals and objectives related to Covid-19.

Region A will communicate, discuss and make recommendations to providers concerning opening and operation of senior centers and nutrition sites based on the Governor's Executive Orders. We will comply with and follow through with all CDC guidelines as it relates to their recommendations regarding Covid-19.

Region A will distribute Personal Protective Equipment (PPE) to all providers. We will maintain communication with providers across the region as it relates to the changing times that we have experienced and will continue to see for the conceivable future.

Proposed funding opportunities with Federal Funding

In Region A we are planning and thinking about the possibilities and opportunities for CARES Federal Funding such as:

Family Caregiver Funding:

- Art Boxes
- Respite
- Personal Protective Equipment
- Supplemental Supplies
- Family Caregiver Month Activities
- Salary and Fringe

Ombudsman Funding:

Production and Distribution of professionally completed digital presentations to Long Term Care Facilities addressing topics such as:

- Realistic expectations of Long-term care placement
- Residents Rights
- Financial and Legal Matters
- Advocacy for Residents
- Salary and Fringe
- Production and Distribution of high-quality posters regarding information related to residents' rights and other topics to be determined.
- Personal Protective Equipment as needed to safely visits residents of long-term care facilities when ombudsman is allowed to reenter.