

**AREA AGENCY ON AGING
FOUR-YEAR PLAN:
Fiscal Years 2024-2027**

**SECOND YEAR OF THE PLAN:
Fiscal Year 2025
July 1, 2024 - June 30, 2025**

Area Agency on Aging

**for
The Older Americans Act**

**Utah Department of Human Services
Division of Aging and Adult Services**

TABLE OF CONTENTS

	PAGE
I. APPROVAL PROCESS	1
II. SIGNATURES	2
III. GOALS AND OBJECTIVES	3
IV. ACCOMPLISHMENTS FOR THE PAST YEAR	4
V. AREA PLAN PROGRAM OBJECTIVES	4
TITLE III B: SUPPORTIVE SERVICES	4
TITLE III C-1: CONGREGATE MEALS.....	7
TITLE III C-2: HOME-DELIVERED MEALS	9
TITLE III D: PREVENTIVE HEALTH.....	11
TITLE III E: NFCSP.....	12
OTHER OLDER AMERICANS ACT SERVICES.....	13
STATE-FUNDED PROGRAMS.....	14
MEDICAID AGING WAIVER PROGRAM.....	14
VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN	15
1. PRIORITY OF SERVICES	15
2. SERVICE PROVIDERS	15
3. DIRECT SERVICE WAIVERS	16
4. PRIORITY SERVICE WAIVER	17
5. ADVISORY COUNCIL	18
VII. POPULATION ESTIMATES	19
VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES	20

I. APPROVAL PROCESS

The Older Americans Act of 1965, as amended through 2006, requires that each Area Agency on Aging (AAA) develop an area plan. This is stated specifically in Section 306(a) of the Act as follows:

Each area agency on aging designated under Section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1).

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the first year of the four-year Area Plan FY 2024 - 2027 (July 1, 2023 - June 30, 2027). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2024.

II. SIGNATURES

Appropriate signatures are requested to verify approval of the Area Plan.

AREA PLAN UPDATE

July 1, 2024 to June 30, 2025

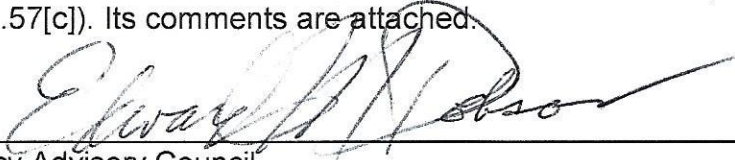
1. The Area Plan update for Fiscal Year 2025 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging Tammy Gallegos Date 5/1/2024

Agency Name: San Juan County

Agency Address: 117 S. Main Street, PO Box 9 Monticello, Utah 84535

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2025 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman  Date 5-1-2024
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2025.

Chairman, County Commission or _____ Date _____
Association of County Governments

4. Plan Approval

Director _____ Date _____
Division of Aging and Adult Services

Chairman _____ Date _____
State Board of Aging and Adult Services

III. GOALS AND OBJECTIVES

Please indicate specific goals and objectives planned for the four-year plan in the following areas:

1. **Strengthening Older Americans Act (OAA) Core Programs** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Coordination of Title III and Title VI Native American programs (Sec. 307(a)(21);
 - i. During the next year San Juan AAA’s goal is to continue to provide to each of the centers on tribal lands within San Juan County \$2,000 yearly for their home delivered meals program this money is allocated from the county general fund. We do not anticipate an increase in this funding due to funding levels staying fairly flat within all funding streams. We anticipate that our in-home client base will remain largely robust with residents that live within the area. At this time the Case Managers are county employees and we have the oversight of the In-home programs and are able to audit the funding streams and administer the In-home program. Of our 49 clients 39 of the 49 are Native American.
 - b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330);

This year San Juan AAA will develop a webpage within our aging webpages to specifically address malnutrition. We will also work to reestablish this possibility of nutrition sessions at the senior centers with the USU Extension in our county.

Upcoming years
 - i. In year 3: San Juan AAA will quarterly provide malnutrition information We will do a pump survey this year in regards to malnutrition to gather information on areas we can address in informational topics.
 - ii. In year 4: San Juan AAA will provide monthly malnutrition information based off of the survey information we gathered the previous year. We will continue to work with the USU Extension in our county to provide ongoing nutrition education sessions at senior centers within the county.
 - c. Age and dementia friendly efforts (Sec. 201(f)(2);
 - i. During the next year San Juan AAA will promote monthly the MEternally kits that have been purchased and provided to the senior centers, and case managers. We will promote the programs Dealing with Dementia, and Dementia Dialogues within the county. We will continue to build upon our working partnership with the Alzheimer’s Association finding opportunities for presentations and

education. San Juan AAA will develop a webpage within our aging network that is Dementia specific with resources and topics.

- d. Screening for fall related TBI (Sec. 321(a)(8));
 - i. Not Applicable to SJC AAA
 - e. Strengthening and/or expanding Title III and VII services;
 - i. During the next year San Juan AAA will provide APS information in our newsletters and the county resource book. We will publish an ad in the local newspaper 2x a year. We will continue to support the State Elder Abuse Awareness Day. We are currently participating in the U4A Prevention through Connections Utah Elder Justice Conference. We currently have a Multi-Disciplinary Team for San Juan County we will continue to support this effort and encourage members to stay engaged.
 - f. Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs.
 - i. Not Applicable to SJC AAA
2. **COVID-19 Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
- a. Educating about the prevention of, detection of, and response to negative health effects associated with social isolation (Sec. 321(a)(8));
 - i. During the next year San Juan County AAA will continue to promote the online courses that were developed during the pandemic. We will continue to partner with the Utah State Commission on Aging with their website and resources. San Juan County is such a large county and the communities are so dispersed we have found that we get more people in attendance for our Aging Advisory Committee, MDT Committee, training and events if there is a virtual option available. The length of time to drive to a meeting or training is often times longer than the event people are attending.
 - ii. We will continue to look for new programming and opportunities to provide access and deter social isolation within the population base we serve.
 - iii. We are in the process of getting all of our centers connected with each other online to have activities together.
 - b. Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11));
 - i. During the next year San Juan County AAA will continue to provide printed handouts and electronic information on the assistive technology program and options that are available to the population base that we serve.
 - ii. We will provide opportunities for the Assistive Technology program to be available at Senior Centers for presentation purposes for clients, taking into account those seniors that are home-bound and

- find options for them to receive the same information.
- c. Providing trauma-informed services (Sec. 102(41));
 - i. Not Applicable to SJC AAA
- d. Screening for suicide risk (Sec. 102(14)(G));
 - i. Not Applicable to SJC AAA
- e. Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D));
 - i. Not Applicable to SJC AAA
- f. Providing services that are part of a public health emergency/emerging health threat and emergency preparedness (Sec. 307(a)(28) and (29)).
 - i. During the next year San Juan County AAA will publish a San Juan County senior resource book that will provide Medicare and Medicare Fraud information.
 - ii. San Juan AAA will work in conjunction with San Juan Emergency Management to provide information handouts to residents that are electricity dependent. We are working on developing information on our aging webpage that will be available to residents as well.
 - iii. We will continue to work on identifying areas within communities that can be warming, cooling, and electricity stations in the event of utility loss.
 - iv. Working with San Juan Emergency Management we will provide this year at each one of the Open Enrollment Events emergency preparedness information. During these events we will have a raffle entry for the population we serve to enter the contest to win a 72-hour kit provided by San Juan Emergency Management.
- g. Expending American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure; and
 - i. San Juan County AAA anticipates that all ARP and COVID-19 funding that is available will be spent out with the exception of the funding for vaccinations. We have not had a need or use for this funding in our area.
- h. Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas.
 - i. During the next year San Juan County AAA will continue to promote and use the travel voucher system that was implemented within our agency utilizing IIIB funding for transportation services within our service area. This has been a very beneficial program for our agency. Instead of trying to find bus drivers or pulling our center staff out of the centers to provide transportation the voucher system has worked well to meet this need.
 - ii. We will continue with the ability to have to-go meal day(s) when there may be a high incidence of a virus infecting the general population. Or there may be an issue with one center being understaffed or closed due to unforeseen circumstances. To-go

meals in emergency situations allows us the opportunity to still provide the service in our area.

- iii. Online course, training, events, and meeting availability for staff and the population that we serve has been an area that we would like to continue this practice as well.

3. **Equity Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:

- a. Impacting social determinants of health of older individuals (Sec. 301(a)(1)(E));
 - i. We have continued to utilize the simple referral system that we have in place with a local hospital. We are still in the process of trying to implement this to the other hospital and clinics.
 - ii. We want to be mindful of what is the burden of health documents and data for the client and provider. What is the cost if they choose to drive the application in (4 hours one way in our area)
 - iii. The EVV process is still an ongoing challenge in our area. The process has gotten a little easier but we still have providers that struggle with the issue of getting the job information transcribed and correct.
 - iv. We strive to continue to be culturally sensitive of data that we need to collect is always something we strive to be mindful of (an example would be asking a client about their plans with a living will, or asking if a client has fallen in their home, these are not acceptable questions to ask of the 3 tribal entities in our county)
- b. Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable (Sec. 339(2)(A)(iii));
 - i. Being mindful of budgets, supply and demand issues; will continue to develop menus and provide meals with input from the seniors that attend the center, our Aging Advisory Council, and Nutritionist. We will strive to provide options if it is within our means and resources to do so.
- c. Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals (Sec. 202(a)(7));
 - i. San Juan AAA for the next year will continue to develop, publish, and disseminate educational materials (hardcopies and electronic) to the population that we serve in consideration of the health and welfare of our older individuals. We will also find ways to provide opportunities for presentations on these topics at the senior centers on meal days.
- d. Supporting cultural experiences, activities, and services, including in the arts (Sec. 202(a)(5));
 - i. Being mindful of budgets and the guidelines that our programs are intended for serving persons aged 60 and older, family caregivers, we will continue to prioritize services for those clients that have the

greatest economic need and greatest social need with particular attention towards low-income minority older individuals, older persons with limited English proficiency, older persons residing in rural areas and older persons with disabilities.

- ii. We will continue to support, encourage, and develop opportunities for each one of the centers and the populations that participate at those centers for activities and experiences that support the cultures that we serve.
- iii. A subcommittee of our Aging Advisory Council has been developed that will take input on activities from active participants at the centers and work on developing a schedule of activities that can be provided at the centers. With the understanding that activities that are not funded preventative health activities will have to be done on a non-funded volunteer basis.
- e. Serving older adults living with HIV/AIDS; and
 - i. San Juan AAA does not provide services to one client set or demographic. We provide what services we can to clients that are 60+ regardless of their circumstances. For the next year we will find ways to provide information through informational handouts and electronically to support HIV/AIDS awareness in older adults. We anticipate providing this bi-annually.
- f. Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.
 - i. We have adapted our provider choice form for all of our in-home programs with providers of services. San Juan County In-home clients are allowed the opportunity to choose the provider of their choice from this list.
 - ii. San Juan will continue to meet with clients and provide them with a list of resources and options available to them.
- 4. **Expanding Access to HCBS** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services (Sec. 301(a)(2)(D));
 - i. Over the next year San Juan AAA will continue to work on promoting and outreach for the four in home care services that are provided in our county. We will promote through published ads, events, webpages and informational flyers at least bi-annually.
 - ii. We will also have this as an ongoing topic of discussion at our Aging Advisory meetings to bring awareness to the programs.
 - b. Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers (Sec. 305(a)(3));
 - i. Over the next year San Juan AAA will continue to the best of our

ability to provide access and opportunity to in home programs for the residents of San Juan that qualify for the services needed.

Realizing that there are budgetary and waiting lists constraints for in home services.

- c. Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (sec. 307(a)(18(A)-(C));
 - i. San Juan AAA at this time and for the next year will continue to provide in home service programs for those individuals that are at risk of nursing home placement but can maintain their lifestyle safely within their home with the assistance of our services. We do not currently provide and do not anticipate providing the New Choices program in the next year.
- d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements; and
 - i. San Juan AAA at this time and for the next year will continue to utilize the referral system that we have developed with our one local hospital and work to implement this at the other hospital and clinics.
 - ii. The benefits of the system so far has been that demographic information that is collected within the referral system will only have to be entered one time. This will cut back on the redundancy of collecting the same information from the same person up to five different times before placing them on a program. Also resulting in the added benefit of not forgetting a signature or a piece of paper allowing the client access to services at a more rapid pace.
 - iii. With this system we have been able to catch duplicate client entries and merge the clients into one file creating a cleaner client file list without losing any data.
- e. Incorporating aging network services with HCBS funded by other entities such as Medicaid.
 - i. Over the next year San Juan AAA will continue to advocate for change for inclusivity for the EVV process. From the perspective of rural/frontier and tribal land residents. This process seems to be very biased and difficult to manage for the groups identified in the Older Americans Act in particular our low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas including individuals who are tribal residents in our area, compared to the availability of home health agencies and resources for the clients and providers. This process is very cumbersome we

are losing A-Typical providers to the process because of the difficulty to work within, through and manage the process. We have had many providers and even our translator discuss with us that desire to not continue to provide services after the change over to the PEGA system. We will continue to help with the process, but this year has been very challenging for all involved with the PEGA/PRISM change over. The audit portion of the EVV process is becoming cumbersome and a time drain. It may come to the point in the future that we have to transition away from all A-typical providers which will cause our waiver program to dwindle to just a handful of clients in San Juan County.

5. **Caregiving Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Documenting best practices related to caregiver support (Sec. 373(e)(1));
 - i. San Juan during the course of the next year will provide surveys to our Caregivers after the end of their time on the program.
 - ii. During this next year we will conduct a Caregiver POMP survey.
 - iii. . We will continue to monitor our program efficiency and look for ways to improve our services.
 - b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13))
 - i. Due to the wage comparison study that brought our employees up to a comparable wage we have been able to retain our employees as best as we possibly can. We still anticipate over the next year general flow and ebb of employees. We have already experienced this with the transition from a long-time center director to a new center director. We were very thankful to find a replacement as quickly as we did and attribute this to the wage being more comparable to other wages within the county.
 - c. Implementing recommendations from the RAISE Family Caregiver Advisory Council (<https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>); and
 - i. Within the State of Utah, the ADRD (Alzheimer’s Disease and Related Dementia) plan implemented recommendations from RAISE. This is found on page 11 of the plan listing the National Caregiver Strategy to Support Family Caregivers
 - d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (<https://www.gksnetwork.org/>).
 - i. San Juan AAA during the next year will make available resources and information to the population we serve in regards to the Grandfamilies and Kinship Families Technical Assistance Center.
6. **Elder Justice** – Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults.

- i. San Juan County currently has a Multi-Disciplinary Team we will continue to support this effort and encourage members to stay engaged.
- ii. We will also support and attend the World Elder Abuse Day event hosted the Utah Division of Aging and Adult Services, and the Utah Commission on Aging.
- iii. We plan to provide published ad's that deal with Elder Justice and we are currently in the planning process of the U4A Elder Justice conference for 2024.

ACCOMPLISHMENTS FOR THE PAST YEAR

This section should be the “state of the agency” report. Discuss the agency’s major accomplishments, what is working as planned, what effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.

- During the past year San Juan AAA used the nutrition risk form that the State has authorized. We also provided malnutrition information. We started a great partnership with USU Extension they were going to start a session on grow boxes at our senior centers. However, the representative from USU moved to another position so we were not able to see the grow boxes come to fruition. We are still working on re-establishing this relationship and provide offerings to the center from USU.
- The transition to the PEGA system was one of the most painful experiences encountered so far with the Medicaid program. We had A-typical providers that went unpaid or partial paid until August of 2023. The Case Management portion of our Aging Program is still to this date not fully paid out since March of 2023. There have been moments in the past year that transitioning away from the Medicaid Aging Waiver program through client attrition has been a discussion that has come up several times.
- San Juan County provided services to 615 clients this past year that is an increase of 192 clients from the previous year.
- **Alternatives:** During the past year San Juan County Area Agency on Aging has provided care for 23 unduplicated clients in the Alternatives program. 79% of our Alternative clients are Native American. This is the first year we have seen some growth in this program. We attribute this to the case managers working with some of our home health agencies and their ability to take family members that are providing non-skilled care and hiring them as an employee to provide basic homemaker services. Growth in this program has been a benefit to our agency by moving clients onto the program and not having a waiting list.

- **Aging Waiver:** Has provided care for 18 unduplicated clients in our county. 99% of our waiver clients are Native American. The majority of our clients on waiver have been on the program for a long time. We are starting to see a drastic loss in clients due to death or nursing home placement. We have not seen an increase in clients, and do not anticipate a large increase of clients due to EVV requirements at this time for this program.
- **Caregiver:** Has provided care for 6 unduplicated caregivers on the Caregiver Program. We have trained people in Dementia Dialogues, Dealing with Dementia, and Dementia Live in our agency. With our referral program that has been implemented with Blue Mountain Hospital we have had referrals for 2 Caregivers. This is a success for us. We were also able to obtain a client from a conference that we had. The client did not go to the conference but noticed the ad for the conference in the paper and called for more information on the program and we were able to place the client on the program.
- **Veterans Directed Home and Community Based Services:** We have seen some changes in this program this past year. We have another client added to the program and we are now currently working between 2 different VA systems. The Salt Lake City VA and the Grand Junction Colorado VA. This program is very beneficial for the Veterans and the families that it serves. At present we are serving 4 clients on this program.

Nutrition and Supportive Services:

- **Congregate Meals:** San Juan County Aging has provided 10,357 meals this year. This is an increase of 1,350 meals this year.
- **Home Delivered Meals:** San Juan County Aging has provided 37,0453 Home Delivered meals this year our numbers increased by 3,162 meals this year.
- The financial cliff that we were looking at this year for the meals program due to pre-covid funding levels and the loss of APRA funding has been pushed to another year with the efforts of the State Division on Aging and U4A lobbying Utah State Legislation for ongoing Home Delivered Meal money. We were not able to get ongoing funding but were approved for one time funding. This has helped budgets for this year but at some point, in the near future we are going to face the financial cliff not only on a state/federal level but also at a county level. Funding loss factored with the costs of supply and demand may result in less services provided.
- San Juan AAA center staff has gone above and beyond in taking care of the clients in their service area. We have offered friendly visits (telephone reassurance) to our clients. We continue to provide education through flyers and information to the seniors through the newsletters, and our Facebook page.

- Some of our centers have started to offer transportation to small groups for shopping and trips.

SHIP/SMP:

- San Juan AAA held four Open Enrollment/Medicare Fraud Flu Shot clinics this fall at each one of the centers. The flu shots were drive through and meeting with the counselors was one on one. We reached about 200 people during the 4 days of these events. The fraud informational items prepared for the clients at the events this year were tailored around taking care of yourself. Emergency preparedness informational hand outs are also provided at this event.
- During the past year we encountered the following issues.
 - The wish to name the center a social club: This caused some issues with the current clients at a center and an active group of volunteers. Naming of a social club implies selective membership and dues which goes against the all are welcome message at each one of the centers.
 - The need to blend current center participants with a new set of participants.
 - Fundraising by a volunteer group while utilizing the county name/senior center name. This is not an allowed process due to the group not being a part of San Juan County and our local, state and federal audit requirements.
 - Requests for one or more activity every day of the week with limited staff. Trying to schedule normal every day activities such as congregate and home delivered meal responsibilities along with the request for multiple daily activities on both limited budget and limited time has been challenging.
 - Donations of items such as artwork and or quilts for display. This was an issue that we encountered a lot of items were donated and then there was a misunderstanding of where a donated item may have been placed.
 - Requests to utilize the senior center space for multiple meetings or activity requests without a charge for utilizing the space because the entity may have seniors that participate on their board/group. Some of the requests were for evenings and weekends which would create overtime costs on budgets already taxed. This was a motivating factor in working on and updating the Center policy and procedure manual.
 - Misunderstanding of outside entities that are under the impression that 2 of the centers that are housed in a community center type building are operating as a community center and not as a senior center.
 - With the issues that were being encountered it resulted in an update of the Senior Center Policy and Procedure Manual that would help guide decisions that need to be made at each center.
 - We must to take into account a very limited or even no budget for activities and events. The majority of all funding that is not earmarked for meals

goes towards paying the utilities and staff at the centers. Activities and events will need to occur on a volunteer basis unless it is an activity or event is funded by preventative health.

- There has been developed an Activity Committee that is now a part of the Aging Advisory Committee and this committee will help guide and suggest and decide on activities for each center.
- The competing request for more money for activities from local elected officials competing with the very real need for additional funding for more staff or replacement of equipment and a local budget that cannot allocate more local money to the program.
- We have had some staff turn over from a long-time center director and with that turn over has come some growing pains in regards to the rules and regulations being followed under a fresh new set of eyes.
- The development of the center participant manual, the updated client's rights and responsibilities, the policy and procedure manual, and the development of the activity committee has caused some initial unhappiness and disappointment at all centers.
- Multiple requests have come in to reinstate the salad bars at some of the centers. This has been a request that we have been trying to make a decision on. Salad bars are very expensive and time consuming for us to maintain. We have to consider limited budgets and limited staffing. We have 3 centers that are sharing employees and time. We also have to assure that all that are participating at the salad bar are utilizing proper safety procedures so as not to spread illness.
- We are very cognizant of the fact that County, State and Federal budgets are going to encounter cuts. We have been preparing for the fact that at sometime in the very near future we are going to have to prioritize what services we can provide within the budgetary constraints that are coming. We reaffirm our priority of services in the following order: Home Delivered Meals, In-Home Programs, Congregate Meals, Transportation, Preventative Health, Health Education. We are also taking into consideration the identified clients base we are to serve persons aged 60 and older, family caregivers, we will continue to prioritize services for those clients that have the greatest economic need and greatest social need with particular attend towards low-income minority older individuals, older persons with limited English proficiency, older persons residing in rural areas and older persons with disabilities. When the time comes taking all of this into consideration, we may have to cut services and develop waiting lists for programs.

V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

**TITLE III
AREA PLAN: PROGRAM DESCRIPTION
AND ASSURANCES**

Each area agency on aging (AAA) must maintain documentation to confirm the following assurance items. Such documentation will be subject to federal and state review to ensure accuracy and completeness. By signing this four-year plan document, the area agency on aging agrees to comply with each of the following assurances unless otherwise noted in the document.

Section 305(c): Administrative Capacity

An area agency on aging shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Section 306(a)(1): Provision of Services

Provide, through a comprehensive and coordinated system for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area, covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have the greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have the greatest social need (with particular attention to low income minority individuals) residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior center in such area, for the provision of such services or centers to meet such need;

Section 306(a)(2): Adequate Proportions

(a) Each area agency on aging...Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

and assure that the area agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Section 306(a)(4)(A): Low Economic, Minority and Rural Services

- (i) The area agency on aging will-
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –
 - identify the number of low-income minority older individuals in the planning and service area;
 - (I) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (II) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

Section 306(a)(4)(B): Low Economic, Minority and Rural Services Outreach

Provide assurances that the area agency on aging will use outreach efforts that will:

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

Section 306(a)(4)(C): Focus on Minority Older and Rural Older Individuals

Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 306(a)(5): Assurance for the Disabled

Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Section 306(a)(6)(A): Accounting for the Recipients' Views

Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan:

Section 306(a)(6)(B): Advocacy

Serve as the advocate and focal point for older individuals 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;

Section 306(a)(6)(C): Volunteering and Community Action

- (i) where possible, 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; and
- (ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
 - I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;and that meet the requirements under section 676B of the Community Services Block Grant Act.

Section 306(a)(6)(D): Advisory Council

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 this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), 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;

Section 306(a)(6)(E): Program Coordination

Establish effective and efficient procedures for coordination of:

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

Section 306(a)(6)(F): Mental Health Coordination

Coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

Section 306(a)(6)(G): Native American Outreach

If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

Section 306(a)(7): Coordination of Long-Term Care

Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

- (i) development of case management services as a component of the long-term care services; consistent with the requirements of paragraph (8);
- (ii) involvement of long-term care providers in the coordination of such services; and,
- (iii) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;

Section 306(a)(8): Case Management Services

Provide that case management services provided under this title through the area

agency on aging will:

- (i) not duplicate case management services provided through other Federal and State programs;
- (ii) be coordinated with services described in subparagraph (A); and,
- (iii) be provided by a public agency or a nonprofit private agency that:
 - (1) gives each older individual seeking services under this title a list of agencies that proved similar services within the jurisdiction of the area agency on aging;
 - (2) 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;
 - (3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
 - (4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

Section 306(a)(9): Assurance for State Long-Term Care Ombudsman Program

Provide assurance that area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

Section 306(a)(10): Grievance Procedure

Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Section 306(a)(11): Services to Native Americans

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in the paragraph as "older Native Americans"), including--

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area 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 this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with

services provided under title VI; and

(C) 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 planning and service area, to older Native Americans;

Section 306(a)(12): Federal Program Coordination

Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

Section 306(a)(13) (A-E): Maintenance of Integrity, Public Purpose, Quantity and Quality of Services, Auditability

Provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

Section 306(a)(14): Appropriate use of Funds

Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

Section 306(a)(15): No Preference

Provide assurance that preference in receiving services under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

TITLE VII: ELDER RIGHTS PROTECTION

Chapter 1: General Provisions

Section 705(a)(6)(A): General Provisions

An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent, and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

Chapter 2: Ombudsman Program

Section 704(a): Organization and Area Plan Description of Ombudsman Program

Section 712(a)(5)(D)(iii): Confidentiality and Disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. [This is R510-200-8(B)(9) for confidentiality and R510-200-7(A)(e) for conflicts of interest using the definitions outlined in state and federal law]

Section 712(a)(5)(C): Eligibility for Designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:

- (i) have demonstrated capability to carry out the responsibilities of the Office;
- (ii) be free of conflicts of interest;

- (iii) in the case of the entities, be public or nonprofit private entities; and
- (iv) meet such additional requirements as the Ombudsman may specify.

Section 712(a)(5)(D): Monitoring Procedures

- (i) In General: The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

Section 712(a)(3)(D): Regular and Timely Access

The Ombudsman shall ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

Section 712(c): Reporting System

The State agency shall establish a statewide uniform reporting system to:

- (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems, and
- (2) submit the data, on a regular basis.

Section 712(h): Administration

The State agency shall require the Office to:

- (1) prepare an annual report:
 - (A) describing the activities carried out by the Office in the year for which the report is prepared;
 - (B) containing and analyzing the data collected under subsection (c);
 - (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
 - (D) containing recommendations for:
 - (i) improving quality of the care and life of the residents; and
 - (ii) protecting the health, safety, welfare, and rights of the residents;
 - (E) (i) analyzing the success of the program including success in providing

- services to residents of board and care facilities and other similar adult care facilities; and
 - (ii) identifying barriers that prevent the optimal operation of the program; and
- (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
- (3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:
- (i) the problems and concerns of older individuals residing in long-term care facilities; and
 - (ii) recommendations related to the problems and concerns.

(These three assurances were added to the ombudsman section in May, 2003)

Section 712(f): Conflict of Interest

The State agency shall:

- (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman:
 - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (C) is not employed by, or participating in the management of, a long-term care facility; and
 - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with

- an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:
 - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

Section 712(a)(3)(E): Representation Before Governmental Agencies

The Ombudsman shall represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

Section 712(j): Noninterference

The State must:

- (1) Ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful.
- (2) Prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office.

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a) (5) (B) and that representatives will be able to report any interference to the State?

Chapter 3: Programs for the Prevention of Elder Abuse, Neglect and Exploitation

Section 721(a): Establishment

In order to be eligible to receive an allotment under section 703 from funds appropriated with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

Section 721(b) (1-2)

- (1) providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- (2) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

AREA PLAN PROGRAM OBJECTIVES

Supportive Services

<p align="center">Title III B Program Objective</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Case Management (1 case): Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required.</p>	3	0	36	2
<p>Personal Care (1 hour): Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.</p>	0	0	0	0
<p>Homemaker (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. Chore (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance. Adult Day Care/Adult Day Health (1 hour): Provision of personal care for</p>	3	0	334	2

<p style="text-align: center;">Title III B Program Objective</p> <p>dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.</p>	<p style="text-align: center;">Persons Served - Unduplicated Count</p>	<p style="text-align: center;">Persons Waiting for Services*</p>	<p style="text-align: center;">Estimated Service Units</p>	<p style="text-align: center;">Estimated Number of Persons Not Served</p>
<p>Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.</p>	1	0	50	10
<p>Transportation (1 one-way trip): Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity. Legal Assistance (1 hour): Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>			<p style="text-align: center;">1,000</p> <p style="text-align: center;">30</p> <p style="text-align: center;">2,000</p>	

- Persons assessed and determined eligible for services

TITLE III C-1

<p align="center">Title III C-1 Program Objective</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:</p> <ul style="list-style-type: none"> a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. 	280	0	10,000	20
<p>Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or</p>	0	0	0	0

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			2,000	

* Persons assessed and determined eligible for services

TITLE III C-2

Home-Delivered Meals

<p align="center">Title III C-2 Program Objective</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Assessment/Screening (1 Hour): Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.</p>			200	
<p>Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding</p>	200	0	35,000	20

<p style="text-align: center;">Title III C-2 Program Objective</p> <p>Home-Delivered Meals (cont'd): the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p>	<p style="text-align: center;">Persons Served - Unduplicated Count</p>	<p style="text-align: center;">Persons Waiting for Services*</p>	<p style="text-align: center;">Estimated Service Units</p>	<p style="text-align: center;">Estimated Number of Persons Not Served</p>
<p>Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p>	0	0	0	0

* Persons assessed and determined eligible for services

**TITLE III D
Preventive Health**

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<u>Assessment and Screening</u>			<u>200</u>	
<u>Nutrition Education</u>			<u>2,000</u>	
Tai Chi for Arthritis			<u>250</u>	
Bingocize			<u>250</u>	

* Persons assessed and determined eligible for services

TITLE III E
National Family Caregiver Support Program (NFCSP)

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
Information: Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	15,000		21
Assistance: Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	6		120
Counseling/Support Groups/ Training: Estimate the number of individuals who will receive counseling/support groups/training.	0		0
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	6		1260
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	6		250

* Persons assessed and determined eligible for services

OTHER OLDER AMERICANS ACT

Other Services Profile (*Optional*): List other services and the funding source.

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Friendly Visit, Telephone Reassurance, Recreation, Exercise, Trips, Preventative Health, Public Information, Training			<u>120,000</u>	

* Persons assessed and determined eligible for services

Note: There are no restrictions on the number of other services which may be reported.

Mission/Purpose Codes:

- A= Services which address functional limitations
- B= Services which maintain health
- C= Services which protect elder rights
- D= Services which promote socialization/participation
- E= Services which assure access and coordination
- F= Services which support other goals/outcomes

STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	Home and Community-based Alternatives Program:** Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	24	0	20
RVP	Volunteer: Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	0	0	0

* Persons assessed and determined eligible for services

** Quarterly and annual reporting requirements by service area will still be required. (Example: case management, home health aide, personal care, respite, etc.)

MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
Purpose: A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	18	0	10

* Persons assessed and determined eligible for services

VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

This section allows the AAA to annually reaffirm, with documentation, the information found in its four-year plan. It is important to include documentation with the request for any waivers, including descriptions and justifications for the request. This section provides an opportunity to discuss any modifications the agency is requesting to amend in the four-year plan. The following areas should be included, and any others that the AAA would like to add:

1. PRIORITY OF SERVICES

Home Delivered Meals
In Home Services
Congregate Meals
Transportation
Preventative Health
Health Education

2. SERVICE PROVIDERS

List all providers from whom the agency will purchase goods or services with Title III funds to fulfill area plan objectives. Specify the goods or services being purchased and the type of agreement made with the provider, i.e., subcontract, vendor, memorandum of agreement, etc.:

AGREEMENT		
PROVIDER NAME	GOODS/SERVICE(S)	TYPE
Rocky Mountain	In Home	Contract
Comfort At Home	In Home	Contract
Zions Way	In Home	Contract
Utah Legal Services	Legal	Contract
Private care Providers	In Home	Contract

3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[1]) will be directly provided by the State Agency or an area agency on aging, except where, in the judgment of the State Agency, provision of such services by the State or an area agency on aging is necessary to assure an adequate supply of such services, or where such services are directly related to such state or area agency on aging administrative functions, or where such services of comparable quality can be provided more economically by such state or area agency on aging.

Is your agency applying for any Direct Service Waivers?

Yes [X] No []

If yes, list the services for which waivers are being requested and describe the necessity for the direct service provision.

Congregate: Monticello, Blanding, Bluff and La Sal Centers. It has been determined that this service can be better provided by the AAA in order to control costs and quality of meals.

Home Delivered: Monticello, Blanding, Bluff, and La Sal Centers. It has been determined that this service can be better provided by the AAA in order to control costs and quality of the meals

Transportation: There are no direct contract providers for these services in the County.

Case Management: There are no direct contract providers for this service in our county. Organizations and private providers provide the services to the client eliminating the potential conflict of interest.

4. PRIORITY SERVICE WAIVER

Reference(s): OAA Section 306(a)(2), 306(b)(1)(2)(A)(B)(C)(D), 307(a)(22)
State Rule R110-106-1

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services. **Attach appropriate documentation** to support the waiver request as follows:

- 1) notification of public hearing to waive Title III B funding of a service category,
- 2) A list of the parties notified of the hearing,
- 3) A record of the public hearing, and
- 4) A detailed justification to support that services are provided in sufficient volume to meet the need throughout the planning and service area. (See State Rule R805-106 for specific requirements.)

<u>SERVICE CATEGORY</u>	<u>DESCRIPTION OF REASON FOR THE WAIVER</u>
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We will not be asking for a waiver for these services.

Access:

In-Home:

Legal Assistance:

5. ADVISORY COUNCIL

References: OAA Sections 306(a)(6)(F)
FED 45 CFR Part 1321.57

Council Composition	Number of Members
60+ Individuals	4 _____
60+ Minority Individuals	2 _____
60+ Residing in Rural Areas	6 _____
Representatives of Older Individuals	6 _____
Local Elected Officials	3 _____
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	6 _____
Representatives of Supportive Services Provider Organizations	_____
Persons With Leadership Experience in the Voluntary and Private Sectors	_____
General Public	_____
Total Number of Members (May not equal sum of numbers for each category)	25

Name and address of chairperson:

Does the Area Agency Advisory Council have written by-laws by which it operates?

Yes No

Area Agency Advisory Council meetings schedule: Quarterly pending agenda
Items.

VII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	3,207	615	160
Age 65+	2,257	338	112
Minority Age 65+	1128	169	113

*Population data from the Governor's Office of Planning and Budget are provided for each county on the attached sheet.

VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES