

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

**FOURTH YEAR OF THE PLAN:
Fiscal Year 2027
July 1, 2026 - June 30, 2027**

Area Agency on Aging

**for
The Older Americans Act**

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

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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 second 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 2025.

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2026 to June 30, 2027

1. The Area Plan update for Fiscal Year 2027 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Health and 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 _____ Date _____

Agency Name: _____

Agency Address: _____

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2023 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman _____ Date _____
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 2023.

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. San Juan County is home to three tribal entities within its boundaries: the Navajo Nation, the Ute Mountain Ute Tribe, and the San Juan Southern Paiute Tribe. The population of the county is nearly evenly divided, with Native American and White non-Hispanic residents representing the two largest demographic groups. As the largest county in Utah by land mass, we cover a vast geographic area with a relatively small population, which can make delivering services across the county challenging at times.
 - ii. San Juan County remains committed to providing \$2,000 annually from the county general fund to each of the seven senior centers located on tribal lands to support their home-delivered meals programs. While the amount is modest, it helps provide consistent nutritional support to elders in those communities. At this time, no increase in funding is anticipated due to flat or declining county revenue streams.
 - iii. San Juan County AAA will continue to maintain a strong in-home service program. County case managers oversee and administer these services and regularly monitor program activity to ensure funding streams are being used effectively and appropriately. Of the 59 unduplicated clients receiving in-home services, 82% are Native American, demonstrating the program's significant reach and impact within tribal communities.
 - iv. San Juan County's Multi-Disciplinary Team and Aging Advisory Committee continue to extend open invitations to representatives from the senior centers located on tribal lands to participate in these meetings. This approach supports ongoing communication, collaboration, and coordination between county programs and tribal partners.
 - b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330);
 - i. For the current year: San Juan AAA will continue taking proactive steps to address malnutrition among older adults. Each month we will provide information in our informational booklets that focuses on malnutrition awareness, prevention, and practical nutrition

- guidance. We participated in the States trial study for Malnutrition.
- ii. Next Year, San Juan AAA will continue maintaining and updating our dedicated malnutrition webpage to ensure current resources and information are available to the public. Monthly malnutrition awareness information will continue to be included in our informational booklets. We will still be participating in the State study. We will also continue looking for opportunities to provide additional nutrition interventions, education, and practical tips to help support individuals who may be at risk of malnutrition.
- c. Age and dementia friendly efforts (Sec. 201(f)(2);
 - i. Over the next year, San Juan AAA will continue promoting the use of MEternally kits on a monthly basis. These kits have been distributed to senior centers and case managers and serve as tools to encourage cognitive engagement, social interaction, and meaningful activities for older adults. In addition, our monthly Aging Services booklet includes a Dementia Dugout topic that provides practical information, tips, and resources to help individuals better understand dementia and support those living with it.
 - ii. We have also seen an encouraging grassroots effort within the community, with a local volunteer stepping forward to organize and lead the first-ever San Juan County Caregiver Support Group specifically for caregivers supporting family members living with dementia. San Juan AAA will continue supporting and promoting this effort as a valuable resource for caregivers seeking connection, information, and support.
 - 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. Over the next year, San Juan AAA will continue including Adult Protective Services (APS) information in our monthly Aging Services booklet, which is distributed throughout the county. This effort helps increase awareness of elder abuse, neglect, and exploitation while also providing clear information about available resources and reporting options.
 - ii. We will continue to actively support State Elder Abuse Awareness Day by promoting education and community engagement focused on preventing elder abuse. San Juan AAA also remains committed to supporting our Multi-Disciplinary Team (MDT) by encouraging participation and collaboration among partner agencies to better address elder protection issues and improve coordinated responses for vulnerable older adults.
 - f. Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs.
 - i. Not Applicable to SJC AAA

2. **Post-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. Over the next year, San Juan AAA will continue promoting the online courses that were developed during the pandemic. These courses provide accessible education and engagement opportunities for older adults and remain an important tool for reaching individuals who may not be able to attend activities in person.
 - ii. Because San Juan County covers a very large geographic area with widely dispersed communities, virtual participation options continue to be an important part of our outreach efforts. Providing online access to meetings and activities such as the Aging Advisory Committee, Multi-Disciplinary Team (MDT) meetings, trainings, and community events allows individuals to participate without the burden of significant travel time, which can often exceed the length of the event itself.
 - iii. San Juan AAA will also continue exploring new programs and opportunities that help address social isolation among older adults. Efforts will focus on improving access to resources and creating opportunities for social connection within our communities. Our continued investment in the LifeLoop program will support these goals by offering engaging online content and activities designed specifically for seniors.
 - b. Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11));
 - i. 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 continue to 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. 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. San Juan County AAA will continue utilizing the travel voucher system implemented through IIB transportation funding. This program has proven to be an effective way to meet transportation needs across our large service area without relying solely on center staff or bus drivers. The voucher system allows us to maintain flexibility and continue providing transportation support where it is needed.
- ii. To address situations such as increased illness in the community, staffing shortages, or temporary center closures, we will continue maintaining the option for to-go meal days. This approach has proven to be a practical solution that allows us to continue providing nutrition services during unexpected disruptions while ensuring clients still receive the meals they depend on.
- iii. We will also continue offering online courses, trainings, meetings, and events for both staff and the individuals we serve. Given the size of San Juan County and the distance many residents must travel, these virtual options remain an important tool for improving access, increasing participation, and supporting those who may have mobility or transportation limitations.

3. **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 County AAA will continue to promote and conduct outreach for the four in-home care services available within our county. Outreach efforts will include program inserts in our monthly Aging Services booklet, periodic advertisements throughout the year, participation in community events, updates to our webpages, and distribution of informational flyers. These efforts are intended to increase awareness of available services and help connect older adults with the in-home supports that allow them to remain in their homes and communities.
 - ii. To ensure continued focus on this priority, the availability and benefits of in-home care services will remain a recurring topic at our Aging Advisory Committee meetings. Ongoing discussion at these meetings provides an opportunity to share information, gather feedback from community partners, and identify ways to improve access and effectiveness so that these services continue meeting the needs of older adults in San Juan County.
- 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 County AAA will continue working to the best of our ability to ensure eligible residents have access to available in-home care programs. We recognize that there are budget limitations and program capacity constraints that can impact service availability. At this time, the only program with a waiting list is the Waiver Program. Even with these limitations, we remain committed to making the most effective use of available resources and supporting individuals and families who rely on these services. Through these efforts, San Juan County AAA strives to maintain access to responsive, person-centered long-term care options that allow older adults to remain in their homes and communities whenever possible.
- 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. Over the next year, San Juan County AAA will continue providing in-home service programs for individuals who may be at risk of nursing home placement but are able to remain safely in their homes with the support of community-based services. These services help maintain independence, support quality of life, and provide assistance that allows individuals to continue living in their home environment whenever possible.
 - ii. At this time, San Juan County AAA does not administer the New Choices program, and we do not anticipate implementing this program within the next year.
 - d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements; and
 - i. Over the next year, San Juan County AAA will continue utilizing the referral system that has been developed in coordination with our local hospital. We will also continue working toward expanding and implementing this system with the other hospital and clinics in the region. The goal of this effort is to streamline the intake and referral process and improve coordination between health care providers and social service programs.
 - ii. The referral system provides several benefits, including the ability to collect and enter demographic information one time rather than repeatedly across multiple programs. This reduces duplication, minimizes the risk of missing documentation or signatures, and helps ensure that individuals can be connected to services in a timelier manner.

- iii. The system has also allowed us to identify and merge duplicate client records, helping create a more accurate and organized client database while preserving all necessary information. This improves overall efficiency and helps ensure that services and resources are coordinated effectively.
- e. Incorporating aging network services with HCBS funded by other entities such as Medicaid.
 - i. This continues to be an area where San Juan County AAA advocates for needed improvements, particularly related to the Electronic Visit Verification (EVV) process. We will continue working with state partners to advocate for adjustments that better accommodate rural, frontier, and tribal land communities. As it currently stands, the EVV system presents significant challenges for many of the individuals we serve, particularly low-income older adults, minority populations, individuals with limited English proficiency, and those living in rural or tribal areas. The system remains complex and resource-intensive for both clients and providers.
 - ii. The complexity of the EVV process has contributed to a decline in A-Typical providers willing to participate in the waiver system. Some providers, including translators and other support providers, have indicated they may discontinue services due to the administrative burden. This trend raises concern about maintaining access to essential HCBS resources, particularly in a rural county where provider options are already limited.
 - iii. The audit requirements associated with the EVV system have also become increasingly time-consuming. Recently, an EVV audit request was issued for five providers. During review, two of the providers had documentation entered in the system, but the state EVV audit process was unable to recognize the data. Preparing documentation for these audits can be extremely time intensive. If information for even one month is missing or flagged, it can take a full workday to locate the records, re-enter the information, and upload documentation according to the audit requirements with the hope that it is accepted through the review process. While we have previously worked to streamline parts of this process, the procedures and requirements seem to change frequently, requiring ongoing adjustments on our end.
 - iv. During the previous audit cycle, clarification was requested regarding why certain FOB entries were marked as invalid. A letter explaining these circumstances was submitted with each audit file, and we anticipate that similar documentation may again be necessary for future audits.
 - v. Beyond the EVV challenges, waiver services in San Juan County have been struggling for several years due to a combination of provider participation issues, billing limitations, and administrative

burden. Many Home Health agencies remain reluctant to bill waiver services due to the payment disruptions that occurred during the PEGA transition, when providers experienced extended delays in payment. That experience continues to influence provider willingness to participate.

- vi. We were unable to capture TN modifiers for all visits, and for a significant period those modifiers were not reimbursed at all. At the same time, the administrative workload has increased substantially. The non-billable hours required to manage EVV, PRISM, and PEGA have become increasingly difficult to sustain.
- vii. Taken together, the cumulative impacts of EVV, PRISM, and PEGA, along with provider shortages and billing challenges, have created significant sustainability concerns for the waiver program in San Juan County. While this program was once a very strong and valuable service for our community, the current structure has made it difficult to maintain beyond a limited number of service slots.
- viii. Despite these challenges, San Juan County AAA remains committed to continuing outreach efforts and identifying eligible applicants where possible. However, provider participation, billing limitations, administrative requirements, and financial pressures remain the most significant barriers.

4. **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. Over the next year, we will continue to implement surveys for caregivers at the conclusion of their participation in our program.
 - ii. Additionally, we had planned to conduct a Caregiver Performance Outcome Measurement Project (POMP) survey during this past year but were not able to complete it. We anticipate working toward conducting this survey in the upcoming year.
 - iii. We will continue to monitor the effectiveness of our caregiver support program and look for opportunities to improve both the quality and accessibility of services. Recently, we have also seen a positive grassroots effort within the community with the addition of the San Juan County Caregiver Support Group, which is being led by a local volunteer and is focused on supporting caregivers of family members living with dementia. This group has provided an additional layer of peer support and connection for caregivers in our county. Through these efforts, we will continue identifying practical approaches and best practices that help ensure caregivers have the resources, information, and support they need while also maintaining their own well-being.
- b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13))
 - i. Over the past year and a half, we have experienced several staffing challenges across our senior centers. From the challenges we

IV. 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.

Aging Services Overall

San Juan County Aging Services currently has 613 registered clients, which represents a decrease of 21 clients from the previous year.

The past year began with collaboration between San Juan County Aging Services and the City of Blanding, including a \$2,000 donation intended to support activities at the Blanding Senior Center and the development of an interlocal agreement to formalize that partnership. Unfortunately, despite advertising in the local paper for a position to manage the program, we did not receive any applicants or interest. As a result, we were unable to move forward with the program and did not draw down the funding that had been provided by the City of Blanding.

Early in the year we placed a strong emphasis on outreach and engagement, including an aggressive social media effort with daily updates during the first quarter to gauge community interest. While the response was somewhat lukewarm, we chose not to continue the daily social media updates. Instead, we continued focusing our outreach efforts through printed handouts and our monthly Aging Services booklet, which has proven to be a more consistent and effective way to share information with the residents of San Juan County.

We remain very aware that county, state, and federal budgets are entering a period of financial constraint, and we have been preparing for the likelihood that services may need to be prioritized within limited funding. As we move forward, we reaffirm our priority of services in the following order:

- Home Delivered Meals
- In-Home Programs
- Congregate Meals
- Transportation
- Preventative Health
- Health Education

We also remain mindful that our identified service population includes individuals age 60 and older and family caregivers, and we will continue prioritizing services for those with the greatest economic and social need, with particular attention toward:

- Low-income minority older adults
- Individuals with limited English proficiency
- Older adults residing in rural areas
- Individuals with disabilities

If future budget reductions require adjustments to services, we may need to reduce program levels and implement waiting lists in order to maintain sustainability. At some point in the near future, we anticipate facing a financial cliff at the federal, state, and county levels, and the loss of funding combined with increased costs may result in fewer services being provided.

Currently:

55% of our budget comes from State and Federal funding

2% comes from confidential client contributions

43% comes from San Juan County funding

The county match not only meets required matching levels but generously exceeds them in order to maintain programs across the county.

Another major outreach effort has been the San Juan County Aging monthly booklet, which is distributed countywide. This booklet has been well received and has generated referrals and requests for services since its implementation.

Operations and System Transitions

Staffing remained a recurring focus throughout the year. We explored and developed a rotating part-time position to provide coverage across centers during periods of short staffing.

Due to ongoing recruitment challenges at the La Sal Senior Center, we worked closely with Human Resources to implement a temporary management structure expanding the responsibilities of the Blanding Center Director to ensure continuity of services across multiple centers.

San Juan County Aging Services also experienced a major system transition with the rollout of the new state aging reporting system. Staff spent substantial time learning, adapting to, and troubleshooting this system, which continued to present challenges throughout the year.

San Juan County began attempting uploads as early as March 2025, anticipating a solution would become available for automated uploads. Each month we expected progress; however, by September 2025 no workable upload solution had been implemented. The only option provided required five lines of script for one service for one client, which made bulk uploads unrealistic.

At times there was a large gap of delayed response (up to 17 days) as to whether an upload worked or not. Ultimately San Juan County hand entered all the data into state system, which required over a month of dedicated work to meet the state reporting deadline. This approach is not a feasible long-term solution moving forward.

Compliance, Oversight, and Administration

Throughout the year the department remained fully engaged in compliance and

oversight activities. We participated in numerous audits including:

- State Aging Fiscal Audit
- Nutrition Audit
- SHIP and Legal Audit
- Alternatives Audit
- Ombudsman Audit
- VA readiness and financial reviews
- Waiver audit preparation

In addition, staff completed federal and state year-end reporting, quarterly reports, and federal fiscal year closeout requirements.

Programmatically, the department conducted its annual survey, participated in statewide listening sessions and Governor's Aging meetings, and served on security workgroups.

A countywide Caregiver Every Door Direct mailer was distributed to increase awareness of caregiver services. We also initiated a malnutrition project, updated senior center recipes, and hosted Medicare Open Enrollment events at each senior center.

We supported Elder Abuse Awareness activities, and multiple cases were staffed through the Multi-Disciplinary Team (MDT) process.

Program Services

Alternatives

During the past year San Juan County AAA provided services to 29 unduplicated clients through the Alternatives program. Approximately 80% of these clients are Native American.

We continue to see slow growth within this program. At this time there is no waiting list.

Caregiver Program

The Caregiver Program served 2 unduplicated caregivers, representing a decrease of three clients from the previous year.

San Juan County continues to emphasize education and information support for caregivers through:

- Monthly inserts in the Aging Services booklet
- Countywide program outreach
- A countywide Caregiver Every Door Direct mailer

We developed a dedicated dementia webpage within our caregiver resources and continue publishing a monthly dementia education page in our countywide booklet that highlights the Alzheimer's Association 24/7 helpline and dementia support topics.

We also invested in LifeLoop, an interactive program providing online engagement opportunities for clients living with dementia and their caregivers.

MEternally Kits remain available through senior centers and case managers to support

cognitive engagement activities.

We are also encouraged to see a grassroots caregiver support effort, where a local volunteer has stepped forward to organize and lead the first San Juan County Caregiver Support Group for individuals caring for family members living with dementia.

Nutrition and Supportive Services

San Juan County continues to utilize the state-approved nutrition risk assessment. A Performance Outcome Measurement Project (POMP) survey was conducted at the end of 2024 and beginning of 2025 to evaluate nutrition outcomes.

Congregate Meals

San Juan County Aging provided 11,410 congregate meals, a decrease of 4,482 meals. We feel the decrease between reporting years is due to the system transition and the inability to upload data. All figures for the current year were entered by hand and closely tracked to ensure accuracy. Additionally, fewer meals were served during the current reporting year.

Home Delivered Meals

San Juan County Aging provided 23,870 home delivered meals, a decrease of 5,850 meals. This change is largely attributed fewer clients were served and fewer meals were provided during the reporting year. Variations in participation occur from year to year, and this year reflects a decrease compared to prior periods.

Center staff continue providing additional services including:

- Friendly visits
- Telephone reassurance
- Recreation and socialization
- Information and assistance

Preventative Health

Programs currently offered include:

- Tai Chi for Fall Prevention
- We are also working toward implementing Drums Alive programming.

Ombudsman

San Juan County currently has one long-term care facility. The county ombudsman conducts monthly visits, participates in the Aging Advisory Council and MDT meetings, and attends required annual training.

SHIP / SMP

San Juan County AAA hosted four Open Enrollment / Medicare Fraud Flu Shot Clinics across the county. These events served approximately 120 individuals through drive-through flu vaccinations and one-on-one SHIP counseling.

Veterans Directed HCBS

This program expanded from 5 clients to 10 clients this year. San Juan County

transitioned fully to the Grand Junction VA.

Waiver Program

San Juan County served 13 unduplicated waiver clients, a decrease of three from the previous year. Approximately 99% of waiver participants identify as Native American. Growth remains limited due to:

- EVV requirements
- Provider participation challenges
- Home Health billing services that waiver normally provided under regular Medicaid.

V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

<p style="text-align: center;">TITLE III AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES</p>

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 effect 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 2019 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 carries 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;

VI. AREA PLAN PROGRAM OBJECTIVES

Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.	5	0	70	1
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.	0	0	0	0
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	5	0	720	1

<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 advise, 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;">100</p> <p style="text-align: center;">30</p> <p style="text-align: center;">3,000</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. 	250	0	11,000	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.			3,000	

* Persons assessed and determined eligible for services

**TITLE III C-2
Home-Delivered Meals**

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.			200	
Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <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 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 	150	0	20,000	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
Assessment and Screening			200	
Nutrition Education			3,000	
Tai Chi for Arthritis			100	
Drums Alive			150	

* 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.	5		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.	5		1,260
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	5		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			120,000	

* 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.	10	0	10

* Persons assessed and determined eligible for services

VII. 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
	M. Arygle RD	Nutritionist	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 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)	17 _____

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.

VIII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	2,650	93	160
Age 65+	2,775	520	112
Minority Age 65+	1,590	169	113

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

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES