

**AREA AGENCY ON AGING
FOUR-YEAR PLAN:
Fiscal Years 2020-2023**

**SECOND YEAR OF THE PLAN:
Fiscal Year 2021
July 1, 2021 - June 30, 2022**

San Juan County
Area Agency on Aging

**for
The Older Americans Act**

**Utah Department of 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 fourth year of the four-year Area Plan FY 2020 - 2023 (July 1, 2019 - June 30, 2023). 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 2019.

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2020 to June 30, 2021

1. The Area Plan update for Fiscal Year 2020 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 _____

Agency Name: San Juan County _____

Agency Address: 117 S Main Street 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 2016 (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 2020.

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. **Coordination of Title III and Title VI Native American programs** – As relevant to your area, describe your coordination efforts between your AAA programs and Title VI programs that are being delivered in your area, as well as plans for future coordination and partnerships.

We continue to provide to each of the 6 centers on the reservation \$2,000 yearly for their home delivered meals program. The clients have to be 60+ and homebound. We receive a monthly log of meals delivered to each client with their name, or thumbprint on the monthly log stating they got the meal and there is a yearly intake sheet done for each client. These are turned in quarterly and then the center sends in food invoices to the county for the county to pay up to the \$2,000 per year. This funding comes directly from the county. We provide to the White Mesa Ute Tribe \$1,500 for their use as well

We do have a very large in-home client base that resides on the reservation. At this time the Case Managers are county employees and we have the oversight of the program and are able to audit the funding streams and administer the program. Of our 68 clients 56 of them are Native American. During the COVID Pandemic of 2020 our In-Home programs were hit very hard due to the demographics we serve we lost several of our in-home clients to COVID. The Case Managers went to phone call only Case Management and we had to work within the guidelines of the Navajo Nation rules and them being on lock down.

The majority of our clients since 2006 are taken care of by family members or friends through contract services. It has been the only way to find some help for the elderly clients that are at risk of nursing home placement. For the past 13 years the Aging Waiver program and the Alternatives program has injected a large cash flow into these areas with the paid contracts held by the private contractors.

San Juan has worked on developing an Elder Justice Abuse Prevention Coalition in our County and we have reached out to all 7 of the Tribal Centers and have invited them to participate.

We will continue to provide the mentioned services above and look for ways to partner and support the Title VI programs in our area.

- 2. Integration of health care and social services systems** – The Administration for Community Living has in recent years encouraged better coordination and integration between local social services programs and local health care services. Describe any efforts in your AAA to coordinate these efforts, as well as any plans for coordination in the future.

Every year San Juan County Aging has hosted other Aging departments from across the State, Medicaid, The Alzheimer’s Association, and other agencies on a one day field trip to visit San Juan County. This is the first year we were not able to provide this trip. Unfortunately I see the ripple effect of covid and the fear of germ spread to our Elders this trip not occurring.

San Juan County AAA has also met with the Hospitals and clinics to provide information on discharge planning and what services our AAA can provide for clients transitioning to home after a stay in the hospital. We have provided the hospitals with folders and information about our services.

This year during Covid we worked with the Hospitals, Clinics, Pharmacies, and Local Grocery stores to create special hours, drive up pick up or deliveries for our elderly population. With the grocery stores we worked with them for Aging staff to go in the morning and do the shopping for our seniors before the store was open to general public so we were able to get items before they were out of stock.

We worked closely with our Health Department on getting contacts for our Elderly population that wanted the COVID vaccine.

- 3. Empowering seniors in maintaining health, safety and independence** – Using community resources and supports, in home services and other resources including evidence based preventive health models and abuse prevention resources, develop goals to allow seniors to remain in their homes and communities while creating healthy and safe environments.

We had to move all of our services to an online virtual environment. It has been slow for it to become popular in our county. We have had several online classes offered. The Tai Chi for Arthritis and the Bingocize are two of our virtual options.

San Juan has been providing evidence based preventative health program in the form of Tai Chi for Arthritis from Dr. Paul Lam in our AAA. This has been a great program and we will continue to provide this program in our AAA. We are currently in our fifth year of this program and have seen a steady student base for this class.

We were not able to reach the goal of 96 presentations at our centers the center around health, safety and independence, due to COVID. However we were able

to do this by newsletter

4. **Planning for the future** – Describe plans for strengthening and expanding aging services in your AAA, including plans to start, stop or change service offerings, and ways to strengthen the local aging network to ensure continuity and longevity of services and programs.

San Juan is still going to work on getting someone trained in the Dementia Dialogues and also the Caregiver Academy. We would like to host a Caregiver luncheon quarterly and start implementation of the Caregiver Academy.

San Juan County is still very concerned about our clients and providers losing services due to the Electronic Visit Verification implementation and is planning ahead with other options for billing so that there is not a loss of service. We are currently in the process of training an additional staff member in the Aging Waiver billing to help with this before the scheduled 2021 system implementation. Currently we do all of the billing for the majority of our in home providers due to them not having the ability to access the internet, computers and in some cases even electricity.

San Juan County has adapted a county program from the South Eastern Utah Association of Local Governments on the Travel Voucher for our area. We are in the second year of this program and it has been successful we would like to see this continue.

We are working with the Utah Commission on Aging to develop a State Wide Online Senior Center that is available to any senior across the state for free. There will be classes from every county along with sessions from the Commission on Aging, Caregiver Resources, AARP, and Medicare information.

5. **ACL Discretionary Grants** – ACL offers a number of discretionary grants (including Alzheimer's Disease Support Services Program (SDSSP), Evidence-based Disease and Disability Prevention Programs, Senior Medicare Patrol (SMP) and programs that support community living. Please describe any of these programs that your AAA has been involved with, as well as any plans for future participation with any of these grants.

San Juan County AAA is a participant of the SMP program. This year we struggled to meet our goals due to COVID. We have had to turn to news letters and phone call to get our one on one contacts. San Juan prided itself on the 450 one on one in person counseling sessions we obtained in 2019. This year we had to change our whole system and go to electronic counseling sessions. We are still looking at the goal of getting our counselors trained and certified on-line.

6. **Participant-Directed/Person-Centered Planning** – Describe your current and planned efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of aging services.

We have hired a staff member to help our Case Managers work on in-takes and informational services. We hope that this will help direct people to services throughout our county.

The ADRC for San Juan is located in Grand County. San Juan will continue to meet with clients and provide them with a list of resources and options available to them. San Juan has been providing VA Benefits counseling to Veterans in our area for the past several years.

San Juan County Case Managers help guide their clients with person centered planning.

7. **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.

San Juan will provide APS information in our newsletters and the county resource book.

San Juan developed an Elder Justice Abuse Prevention Coalition in our County and San Juan County has reached out to all 7 of the Tribal Centers and has invited them to participate. This will be a sub-committee of our Aging Advisory Committee, our first meeting was held on January 27, 2020.

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.

San Juan County provided services to 536 clients this past year that is an increase of 46 clients from the previous year. We attribute this to Covid and the need for people to find services during the pandemic.

During the past year San Juan County Area Agency on Aging has provided care for 26 unduplicated clients in the Alternatives program. 86% of our Alternative clients are Native American.

The Aging Waiver program has provided care for 52 unduplicated clients in our county. 94% of our waiver clients are Native American.

San Juan County Aging has provided care for 10 unduplicated caregivers on the Caregiver Program.

San Juan County Aging has provided 9790 congregate meals this year our numbers decreased by 6,349. We attribute this to the COVID pandemic

San Juan County Aging has provided 35,905 Home Delivered meals this year our numbers grew by 17,314. We attribute this to the COVID pandemic.

We provided grocery shopping and delivery to 78 clients, 153 times for a total of \$3,500.

San Juan County AAA was the first county in the State of Utah to hold a drive through Open Enrollment/Flu Shot clinic. This took some planning because we do not have CNS in our area they are contracted with the State to provide the flu shots for the Senior Population.

We had everything set up in a Point of Distribution system. People meeting with a counselor to look at their Medicare plans were by appointment-masks, sanitizer and social distancing were utilized for this. We had a station set up for people to drop of their shreds at the shred truck. They then proceeded to the entry point and were given a box of Medicare and Fraud topic items. Masks and sanitizer. At that point if they wanted a flu shot they proceeded to the flu shot station and then picked up their to go lunch as they left. If they did not want a flu shot they just picked up their lunch and left. We had a drawing for everyone that met with the Counselor on their plans for a 72 hour kit at each center.

This was held at the 4 senior centers that San Juan County owns and operates and was well attended. The first two of the events I was able to attend and help facilitate. The last two events I was put into quarantine and had to rely on the center directors to host the event. During those two events the State Program Director for Ship and SMP did an amazing job helping out and ensuring that the events went well.



Monticello Event



Blanding Event

San Juan County Aging has provided the following services: Assisted Transportation 150, Transportation 62, Nutrition Education 2,963, Information and Assistance 86,160, Outreach 324, 102,162 of Other Services (Friendly Visit, Public Information, etc.)

We found ways to provide socialization services to our seniors. The Center Directors made a weekly check in call with clients. Doorstep delivery of meals for Home Delivered clients was implemented to cut down on the risk of exposure to staff and clients. The Case Managers provided Case Management by phone or video chat. The State worked with the AAA's to provide home delivered meal services to those people with access and functional needs within their counties, until December 30, 2020. 3 people were identified in our county and meal service was started for them.

We did have to close three centers due to a staff member having someone within their family test positive for covid and they then exposed staff at the three centers due to them being a shared employee. During this time we ordered frozen meals for all of the clients at each center for the 2 week quarantine time line.

Our Bluff Center is on the border of the Navajo Nation and the majority of our clients at the Bluff Center are Navajo as well as our staff. We have had to work within the Navajo Nation guidelines on the lockdown with our staff and the requirements that the Navajo Nation had in place for contact with individuals.

When COVID first starting spreading out of control we closed the Bluff Center for 2 weeks and provided frozen meals for all of the clients to try and assist with keeping our clients and staff home and away from possible points of exposure. When our staff came back our center director quit because she did not want to get COVID. We have had staff quit and threaten to quit due to their concerns of getting COVID.

This past year was particularly rough on the residents in the care center as family was kept out of the care facility for most of 2020. They were lonely and many were afraid. The facility in San Juan County had COVID-19 spread through its entire staff and most of the residents in July. This was a difficult time as everyone was dealing with COVID in one way or another (having it, taking care of people with it, trying to keep family informed, etc.)

Our Ombudsman has gone back into the facility and met with residents and staff. The care center is allowing visitors with certain restrictions and checks and balances in place to help keep staff and residents safe.

San Juan County was awarded a grant from the USDA for 2 Meals on Wheels vehicles due to Covid it took six extra months to get the vehicles to the county. We are looking for another grant to add two more to our fleet.



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 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 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 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;

V. 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.	2	0	24	2
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.	80	1	380	2
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.	0	0	0	0
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for	0	0	0	0

<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>	3	0	138	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.</p> <p>Legal Assistance (1 hour): Provision of legal advise, counseling and representation by an attorney or other person acting under the supervision of an attorney.</p> <p>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;">0</p> <p style="text-align: center;">3,000</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. 	376	0	8,000	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</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
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.				
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**

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.			140	
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 	139	0	30,000	20

<p 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 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>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			280	
Nutrition Education			2,000	
Tai Chi for Arthritis			250	
<u>Bingocize</u>			<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.	6,000		3 Based on EDM Cards 2,000
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.	10		200
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.	10	6	1,500
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	10	6	1,500

* 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
Exercise/county			800	
Preventative Information/County			2,000	
Open Enrollment event/County State Federal			200	
Senior Voice Legislative Event/County/State Federal			200	
Shred Event			200	
Caregiver Conference			50	

* 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.	29	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.	56	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	In Home	Contract
	Rocky Mountain	RN	Contract
	Homewatch Caregivers	In Home	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 [] 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.)

SERVICE CATEGORY

DESCRIPTION OF REASON FOR THE WAIVER

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	8 _____
60+ Minority Individuals	4 _____
60+ Residing in Rural Areas	8 _____
Representatives of Older Individuals	6 _____
Local Elected Officials	3 _____
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	3 _____
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)	20 _____

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 enough agenda items.

VII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+			
Age 65+	2173	282	80
Minority Age 65+	1146	208	250

*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