

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

**SECOND YEAR OF THE PLAN:
Fiscal Year 2026
July 1, 2025 - June 30, 2026**

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, 2025 to June 30, 2026

1. The Area Plan update for Fiscal Year 2026 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 has within its boundaries 3 tribal entities, the Navajo, Ute Mountain Ute, and San Juan Southern Paiute tribes. The population base of our county is almost split in half with the population bases being Native American and White Non-Hispanic. These two make up the main demographic of San Juan County. Being the largest county in the state we have the most land mass to cover with the least amount of population within our boundaries providing services can sometimes be a challenge.
 - ii. We are still committed to providing \$2,000 annually from the county general fund to each of the 7 centers on tribal lands for their home-delivered meals program. Although it is a small amount this funding ensures vital nutritional support for elders in these communities. No increase in funding is anticipated due to flat/decreasing county funding streams.
 - iii. San Juan AAA plans to maintain a robust in-home client base. The case managers employed by the county, oversee and administer in-home programs, ensuring effective use of funding streams through regular audits. Of the 47 clients served, 39 are Native American, reflecting the program's significant impact within tribal communities.
 - iv. San Juan County's Multi-Disciplinary Team and Aging Advisory Committee have extended open invitations for participating at these meetings to the senior center representatives on tribal lands within our county.
 - 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 take proactive steps to address malnutrition by providing monthly information on malnutrition awareness and prevention in our informational booklets. To enhance our ability to identify at-risk individuals, we have integrated a malnutrition risk screening quick tool into our annual intake process. Additionally, we plan to conduct another POMP survey this year to assess progress and refine our efforts.
 - ii. **Next Year,** San Juan AAA will continue to update our dedicated

malnutrition webpage with current resources and information. We will maintain the monthly malnutrition awareness updates in our booklets and retain the malnutrition risk screening quick tool in our yearly intake process. We will look for additional opportunities to provide nutrition interventions and practical tips to support those at risk of malnutrition.

- c. Age and dementia friendly efforts (Sec. 201(f)(2);
 - i. Over the next year, we will promote the use of MEternally kits monthly, which have been provided to senior centers and case managers as tools to support cognitive engagement and interaction. Additionally, we will continue to promote the programs *Dealing with Dementia* and *Dementia Dialogues* throughout the county, ensuring increased awareness and education about dementia care.
 - ii. Our partnership with the Alzheimer's Association will be further strengthened by identifying opportunities for presentations and educational outreach.
 - 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, we will include Adult Protective Services (APS) information in our monthly booklet, distributed countywide, to raise awareness and provide resources for elder protection.
 - ii. We will continue to actively support State Elder Abuse Awareness Day, promoting education and engagement around the prevention of elder abuse. Additionally, San Juan AAA remains committed to supporting our Multi-Disciplinary Team (MDT), fostering collaboration and encouraging active participation from team members to address elder care and protection issues.
 - 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 course of the next year, we will continue to promote the online courses developed during the pandemic, providing accessible education and engagement opportunities for our senior population.
 - ii. Given the vast size and dispersed communities of San Juan County, virtual options have proven essential for increasing participation in our Aging Advisory Committee, MDT Committee, training sessions, and events. By offering these options, we ensure

more residents can attend without the burden of extensive travel, which often exceeds the duration of the events themselves.

We will actively seek new programming and opportunities to combat social isolation, including initiatives that improve access to resources and foster community connections. Our recent investment in the *LifeLoop* program will enhance these efforts, providing engaging online content tailored 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. Over the next year, we will continue to promote and utilize the travel voucher system implemented within our agency through IIIB funding for transportation services. This program has proven to be highly effective, allowing us to meet transportation needs without relying on center staff or bus drivers, ensuring continuity of service across our service area.
 - ii. To address unforeseen challenges, such as high virus incidence, staff shortages, or center closures, we will maintain the option for to-go meal days. This practice enables us to provide essential nutrition services even in emergency situations, ensuring that clients continue to receive support.
 - iii. Additionally, we will continue to offer online courses, training, events, and meetings for both staff and the population we serve. This approach enhances accessibility, particularly for individuals in remote areas or those with limited mobility, fostering greater

community engagement and service delivery.

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, we will actively promote and conduct outreach for the four in-home care services available in our county. This will be inserts for the programs in our monthly booklet, bi-annual efforts through published advertisements, community events, webpages, and informational flyers to raise awareness and connect individuals with these critical services.
 - ii. To maintain focus on this priority, the availability and benefits of in-home care services will remain a recurring topic of discussion at our Aging Advisory meetings. This ongoing dialogue aims to enhance awareness, gather feedback, and identify opportunities for improvement, ensuring that these programs effectively meet the needs of our community.
 - 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, we will continue to the best of our ability to provide access to and opportunities for in-home programs for eligible residents of San Juan County. While recognizing the constraints of budgetary limitations and waiting lists at this time the only program that we have with a waiting list is the Waiver Program. We remain dedicated to optimizing resources to support those in need. Through these efforts, San Juan County AAA strives to enhance the quality of life for older adults and their families by ensuring access to responsive and person-centered long-term care options.
 - 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. For the next year, we will continue to provide in-home service programs for individuals at risk of nursing home placement who can maintain their safety and quality of life within their homes with the support of our services.
 - ii. Currently, San Juan County AAA does not provide the New Choices program, and we do not anticipate offering 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. For the next year, we will continue to utilize the referral system developed with our local hospital and will continue to work towards implementing this system at the other hospital and clinics in the region. This system streamlines the intake and referral process, ensuring efficient coordination between health care and social services.
 - ii. The referral system offers several significant benefits, including the ability to collect and input demographic information only once. This eliminates the redundancy of collecting the same information multiple times, reduces the likelihood of errors such as missing signatures or documentation, and allows clients to access services more quickly.
 - iii. Additionally, the system has enabled us to identify and merge duplicate client entries, creating a more accurate and streamlined client file database without losing any critical data. This enhances operational efficiency and ensures that resources are allocated effectively.
 - e. Incorporating aging network services with HCBS funded by other entities such as Medicaid.
 - i. This is a topic that we will continue to advocate for necessary changes to the Electronic Visit Verification (EVV) process to better accommodate rural, frontier, and tribal land residents. The current EVV system poses significant challenges, disproportionately affecting low-income older individuals, minority older individuals, those with limited English proficiency, and residents of rural or tribal areas. The process, has continued to prove itself to be complex, resource-intensive, and difficult to manage for both clients and providers.
 - ii. The burdensome nature of this system has led to a decline in A-Typical providers willing to navigate the process, with some providers, including translators, expressing their intent to discontinue services. This trend threatens the availability of essential HCBS resources, leaving vulnerable populations underserved.
 - iii. Additionally, the audit requirements of the EVV process have become increasingly cumbersome, consuming valuable time and resources. Recently a EVV Audit request came in for 5 providers to be audited with the EVV process. In reviewing the request 2 of the providers had information in the system but the State EVV process could not see the information. It is a cumbersome challenge to get the provider information in to the State EVV Audit system for review and passing of the audit. If there is any information missing for one month for a provider it takes a full work day to find the data, enter it

into the EVV Audit process and upload it according to their particular processes with the anticipation that it is accepted. While we have managed to find a way to streamline this in the past the process seems to make changes every year and we continue to try and meet these requirements.

- iv. In the last audit they requested clarification of why the fob entries were logged as invalid. A letter was sent to address these with each audit file and we anticipate that this will be the same for this year for any of the files that are audited.
 - v. If these challenges persist, it may become necessary to transition away from relying on A-Typical providers altogether, which would severely impact the availability of waiver program services in San Juan County, leaving only a small number of clients served.
 - vi. Despite these difficulties, San Juan County AAA remains committed to supporting clients and providers in navigating the system while advocating for improvements.
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. These surveys will provide valuable feedback on their experiences and insights into areas for improvement.
 - ii. Additionally, we plan to conduct a Caregiver Performance Outcome Measurement Project (POMP) survey during the year to gather comprehensive data on caregiver needs, satisfaction, and program outcomes.
 - iii. We will continue to monitor the efficiency of our caregiver support program and explore opportunities to enhance the quality and accessibility of services. These efforts aim to identify and implement best practices, ensuring that caregivers receive the resources and assistance they need to provide effective care while maintaining their own well-being.
 - b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13))
 - i. We have undergone some big transitions in the past year and a half. A center director of 20 years retired at the end of December 2023 and we had another 16-year tenured center director retire in July of 2024. We have been able to find a new director for the one center, but have run into challenges trying to fill the position of the other center. Currently we are looking at staffing options to help us adjust to the changes and fill positions. We have had 2 part time positions that have been open on and off throughout the year for more than 6 months. After several years of the county doing a cost comparison and COLA's the county had to implement no COLA this year with a possibility of a hiring freeze. The other problem that we

have with filling these positions we will never overcome. The positions that we have the are generally open are part time positions and most people in our workforce are looking for full time positions to help support their families.

- c. Implementing recommendations from the RAISE Family Caregiver Advisory Council (<https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>); and
 - i. Within the State of Utah, the ADRD (Alzheimer's Disease and Related Dementia) plan implemented recommendations from RAISE. This is found on page 11 of the plan listing the National Caregiver Strategy to Support Family Caregivers
 - d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (<https://www.gksnetwork.org/>).
 - i. San Juan AAA during the next year will make available resources and information to the population we serve in regards to the Grandfamilies and Kinship Families Technical Assistance Center.
5. **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.
- a. San Juan County currently has a Multi-Disciplinary Team we will continue to support this effort and encourage members to stay engaged.
 - b. We will also support and attend the World Elder Abuse Day event hosted the Utah Division of Aging and Adult Services, and the Utah Commission on Aging.
 - c. We have a monthly booklet that provides Elder Abuse information monthly to the residents of San Juan County.

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 currently has 634 clients registered for services. This is an increase of 19 clients.
- We are very cognizant of the fact that County, State and Federal budgets are going to encounter cuts. We have been preparing for the fact that at some time in the very near future we are going to have to prioritize what services we can provide within the budgetary constraints that are coming. We reaffirm our priority of services in the following order: Home Delivered Meals, In-Home Programs, Congregate Meals, Transportation, Preventative Health, Health Education. We are also taking into consideration the identified client base we are to serve persons aged 60 and older, family caregivers, we will continue to prioritize services for those clients that have the greatest economic need and greatest social need with particular attend towards low-income minority older individuals, older persons with limited English proficiency, older persons residing in rural areas and older persons with disabilities. When the time comes taking all of this into consideration, we may have to cut services and develop waiting lists for programs.
- There were strong efforts this year with the State Division on Aging and U4A lobbying Utah State Legislation for ongoing Home Delivered Meal money. We were not able to get ongoing funding but were approved for one time funding. At some point, in the near future we are going to face the financial cliff not only on a state/federal level but also at a county level. Funding loss factored with the costs of supply and demand may result in less services provided.
- We are entering one of our worst years financially and have been asked to cut budgets across the county.
- As with any budget cuts these changes will impact our programs the State and Federal Funding account for 51% of our budget 2% is confidential contributions and the county matches with 47% of the budget. Which not only meets the match required but generously over matches just to keep the programs running in within San Juan County.
- San Juan had the opportunity last year to add a tear off sign-up sheet to all of our surveys for clients to sign up for reverse 911 emergency alert notifications. We will do the same push this year with our surveys. (Attachment B)
- San Juan County has developed a monthly booklet that is available to all the residents of the county. It has been well received across the county well and has provided some referrals and requests since its implementation.

Alternatives:

- During the past year San Juan County Area Agency on Aging has provided care

for 24 unduplicated clients in the Alternatives program. 80% of our Alternative clients are Native American. We continue to see slow growth in this program. We do not have a waiting list for this program at this time. With the anticipated cut coming from the State for this program we now are anticipating that there will not be growth in this program.

Caregiver:

- Has provided care for 5 unduplicated caregivers on the Caregiver Program this is a decrease of one client. We have trained people in Dementia Dialogues, Dealing with Dementia, in our agency. We have acquired the Program Lifeloop to provide interactive technology engagement to clients and family members that have dementia in the home. We have not had the program long enough to gauge its effectiveness in this program. We also have the MEternally kits which are still available county wide at the senior centers and through the case managers.
- The case managers have recently attended training for the Caregiver Talking Points and we look forward to implementing this program in our county in the upcoming year.
- The Caregiver program is definitely more information/education based within San Juan County. We provide a daily caregiver tip on our social media page and monthly inserts in our booklet as well as advertisements within San Juan County. This upcoming year we would like to do a quarterly push with postcards for the program to the residents of San Juan County with educational topics and program information.
- San Juan AAA has developed a dedicated dementia-specific webpage under the Caregiver page, offering resources, tools, and topics to provide easily accessible support for individuals and families.
- This past year, we have included a dedicated dementia page in our monthly booklet distributed to clients countywide. This page consistently highlights the Alzheimer's Association 24/7 helpline, followed by a monthly dementia topic designed to educate and support readers. Additionally, we have invested in *LifeLoop*, an innovative program that provides online content to engage clients, including those living with dementia and their family members.

Nutrition and Supportive Services:

- During the past year San Juan AAA used the nutrition risk form that the State has authorized. We have added to this form a malnutrition quick survey to help us identify and clients that may be suffering from malnutrition so that we can be proactive and try to assist them.
- At the end of 2023 and the beginning of 2024, we completed a Performance Outcome Measurement Project (POMP) survey to evaluate nutritional needs and identify areas of improvement.
- **Congregate Meals:** San Juan County Aging has provided 15,892 meals this past year. This is an increase of 5,535 meals this year.
- **Home Delivered Meals:** San Juan County Aging has provided 29,720 Home Delivered meals this year our numbers decreased by 7,325 meals this year. We attribute this to the change of a new center director and their efforts on implementing guidelines for clients that should be receiving home delivered meals.

- San Juan AAA center staff has gone above and beyond in taking care of the clients in their service area. We have offered friendly visits, telephone reassurance, recreation, socialization, public education, information and assistance to our clients. We continue to provide education through our monthly booklet, flyers and information to the seniors through the newsletters, and our Facebook page.
- **Preventative Health:** San Juan County Aging has the following preventative health programs at our centers either virtually or in person. Tai Chi for Fall Prevention, and Bingocize. We are currently working on the implementation of Drums Alive.
- **Ombudsman:** We have one facility within San Juan County and our ombudsman does a monthly site visit to the facility. The county ombudsman is active on our Aging Advisory Council and Multi-Disciplinary Team meetings. The ombudsman attends the yearly trainings.

SHIP/SMP:

- San Juan AAA held four Open Enrollment/Medicare Fraud Flu Shot clinics this fall at each one of the centers. The flu shots were drive through and meeting with the counselors was one on one. We reached about 120 people during the 4 days of these events.

Veterans Directed Home and Community Based Services:

- At the first of last year, we were working with two Veteran Departments and transitioning to one. In the middle of the changes, we encountered billing issues due to the Heath Change data breach which caused a delay in our billing process. This has not been resolved.
- We continue to see some big changes in this program. We are currently at 7 clients this an increase of 4 clients from last year. We have transitioned completely over to Grand Junction VA and no longer have clients with the Salt Lake City VA system. This program has been very beneficial for our veterans and the capabilities we have had with adding more clients this past year has been a growth we never anticipated to see. We look towards the goal of having at least 20 Veterans on this program within the next year.

Waiver:

- Has provided care for 16 unduplicated clients in our county this is a decrease of 2 from the previous year. 99% of our waiver clients are Native American. The majority of our clients on waiver have been on the program for a long time. We have not seen an increase in clients, and do not anticipate a large increase of clients due to the state wide waiting list and the EVV requirements at this time for this program.
- In 2023 the transition to the PEGA system was one of the most painful experiences encountered so far with the Medicaid program. The Case Management portion of our Aging Program is still to this date not fully paid out since March of 2023.
- We have streamlined the PEGA Annual renewal process to save time for the case managers to do actual case management and not administration. Our process has eliminated a lot of the travel time to and from a client's residence for signatures which in our rural/frontier area can take a full day round trip just for a

- signature.
- The Waiver Audit Portion of the program through the PEGA system seemed to be a little easier this year when considering the pain of transition. It was beneficial to be in the system and encounter possible audit issues in real time and correct them when they were found instead at the end of the year during the audit. However, we may be pre-emptive in stating this due to us still waiting for feedback from the current ongoing audit. This is at no fault to the State Aging Waiver staff but again due to the limitations of the programming we have been transitioned to.

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 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;

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

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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.				
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	1	0	50	10
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.		0	1,000 30 3,000	10

- Persons assessed and determined eligible for services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p>0</p> <p>Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p>Outreach (1 contact): Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.</p>			<p>6,000</p> <p>150</p>	

* Persons assessed and determined eligible for services

TITLE III C-1

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
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: <ul style="list-style-type: none"> a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. 	280	0	15,000	20
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	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

<p style="text-align: center;">Title III C-2 Program Objective</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>Assessment/Screening (1 Hour): Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.</p>			200	
<p>Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which:</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 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 	200	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			200	
Nutrition Education			3,000	
Tai Chi for Arthritis			250	
Bingocize			150	
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.	14	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

3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[l]) 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)	25 _____

Name and address of chairperson:

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

[X] 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+	3,207	615	160
Age 65+	2,257	338	112
Minority Age 65+	1128	169	113

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

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES