

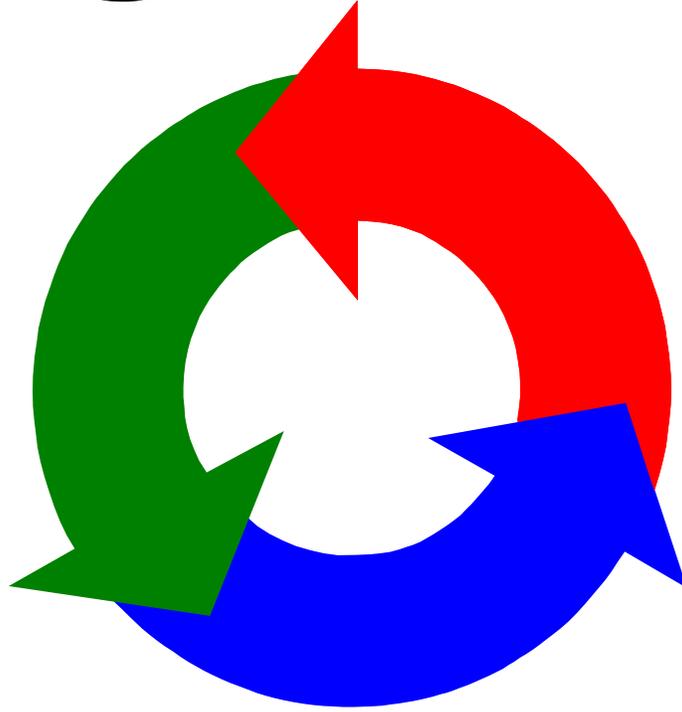
Home and Community Care Block Grant (HCCBG) Orientation Training



FY 2019 Edition

Centralina Area Agency on Aging
9815 David Taylor Drive – Suite 100
Charlotte, NC 28262
(704) 372-2416 or 1-800-508-5777
www.centralinaaging.org

The Aging Network:



A Summary

THE AGING NETWORK SELECTED COMPONENTS

Federal Level Washington, DC

***Administration on Aging (AoA) and
Administration on Community Living (ACL)
Lance Robertson, Assistant Secretary**

State Level Raleigh, NC

***Department of Health & Human Services (DHHS)
Mandy K. Cohen, MD, MPH Secretary of DHHS**

***Division of Aging and Adult Services (NC DAAS)
Hank Bowers, Interim Division Director**

***NC Governor's Advisory Council
New Appointee, Chairperson**

Regional Level

***Centralina Council of Governments (COG)
Ron Smith, Executive Director
Bill Feather, Board Chairman**

***Area Agency on Aging (AAA)
Linda Miller, Aging Program Director**

***Region F Aging Advisory Committee (RFAAC)
Sue Jane Sides, Chairperson**

Local Level

***Service Providers**

Includes agencies in all nine counties in Region F, who receive Older Americans Act Funds through the Home and Community Care Block Grant to provide services to older adults.

***Local Agencies or Advocacy Groups**

***Other Agencies serving Older Adults**

***All interested individuals, including Older Adults**

THE ADMINISTRATION ON COMMUNITY LIVING

The **Administration for Community Living (ACL)** is part of the U.S. Department of Health and Human Services and is headed by the Administrator, who reports directly to the Secretary of Health and Human Services (HHS). ACL is structured to provide general policy coordination while retaining unique programmatic operations specific to the needs of each population we serve.

ACL is comprised of the following units:

- Office of the Administrator*
- Administration on Aging (AoA)
- Administration on Intellectual and Developmental Disabilities (AIDD)
- Center for Disability and Aging Policy (CDAP)
- Center for Management and Budget (CMB)

*Within the Office of the Administrator is ACL's Office of Regional Operations. ACL's ten Regional Support Centers are located across the United States.

On April 18, 2012, the Administration for Community Living Statement of Organization, Functions, and Delegations of Authority was published in the Federal Register (PDF, 233KB) and served to officially establish the Administration for Community Living (ACL), which **brought together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities** to achieve several important objectives including, but not limited to,

- reducing the fragmentation that currently exists in Federal programs addressing the community living service and support needs of both the aging and disability populations;
- enhance access to quality health care and long-term services and supports for all individuals;
- and promote consistency in community living policy across other areas of the Federal government.

(Taken from www.acl.gov)



THE NATIONAL ADMINISTRATION ON AGING

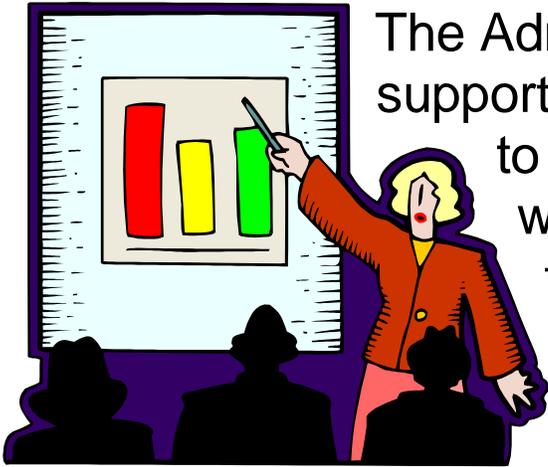


The Older Americans' Act (OAA) established the Administration on Aging (AoA) which is headed by an Assistant Secretary for Aging and is an agency of the U.S. Department of Health and Human Services. AoA is the federal focal point and advocacy agency for older persons, as mandated by the OAA, and administers most OAA programs at the federal level. With the AoA's central office in Washington, D.C., and its regional offices across the country, the aging network includes 57 State Units on Aging (SUAs); more than 600 Area Agencies on Aging (AAAs); 222 tribal organizations, representing 300 tribes; and thousands of service providers, senior centers, caregivers and volunteers. Various programs provide critical support services, such as nutrition and transportation to older persons and their caregivers who may be at risk of premature or unnecessary institutionalization. AoA also administers programs that protect the rights of vulnerable and at-risk older persons and educates them and their communities about the dangers of elder abuse and consumer fraud. Other OAA programs offer older persons' opportunities to enhance their health and serve their communities through employment and volunteer programs.



STATE UNITS ON AGING

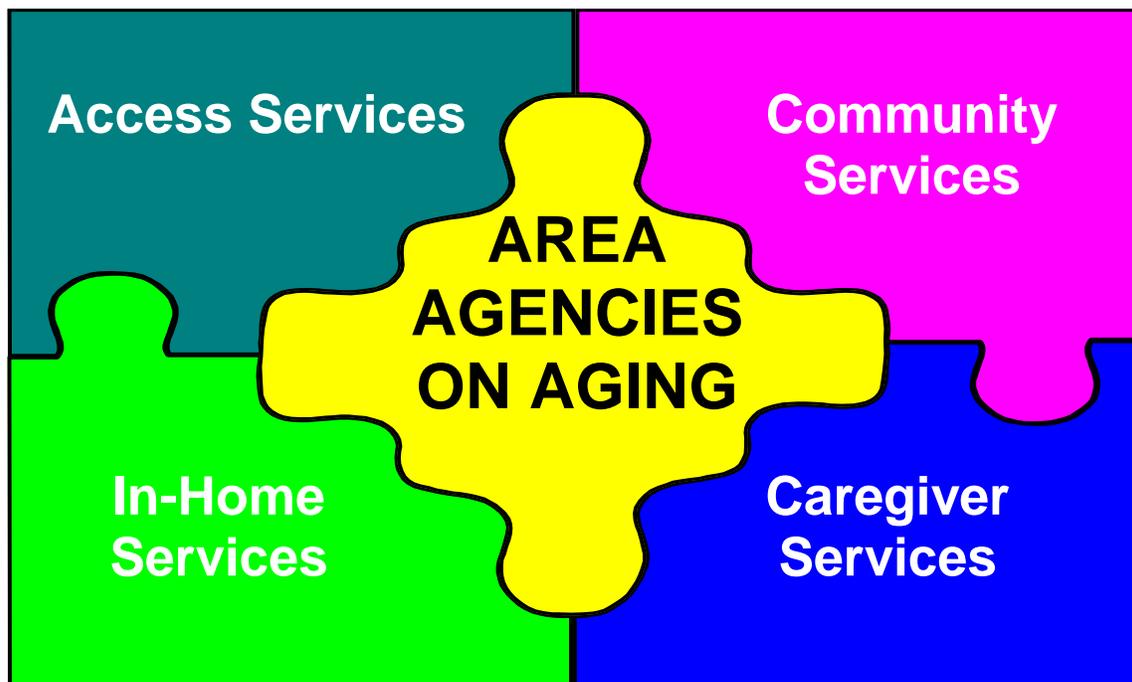
(North Carolina Division of Aging & Adult Services)



The Administration on Aging awards funds to support home and community-based services to the State Units on Aging (SUA's), which are in every state and U.S.

territory. In addition to funding critical nutrition and supportive services, funds are awarded to the SUAs for elder rights programs, including the

long-term care ombudsman programs, legal services, outreach and elder abuse prevention efforts. Funding for programs is allocated to each SUA based on the number of persons over the age of 60 in the state. Most states are also divided into regions and service areas, so that programs can meet the specific needs of older persons residing in those areas.



Nationally, more than 600 Area Agencies on Aging receive funds from their SUAs to plan, develop, coordinate and arrange services to assist the older persons who are in greatest need in each region and service area. The AAAs also work closely with senior advisory groups made up of older members in each community. The AAAs contract with 27,000 service provider agencies and public and private groups to support home and community-based care services, this may include:

- Access Services—information and assistance; outreach; escort and transportation; and case management
- In-Home Services—home-delivered meals; chores; home repair; modifications and rehabilitation; homemaker/home health aides; and personal care
- Community Services—congregate meals; senior center activities; adult day care; nursing home ombudsman services; elder abuse prevention; legal services; employment and pension counseling; health promotion; and fitness programs
- Caregiver Services—respite; adult day care; counseling and education. AoA also works to assist older persons with Alzheimer’s disease and related disorders. It also supports caregivers by improving coordination between health care and community service systems.



LOCAL SERVICE PROVIDERS

The Service Delivery System in each state is very different. In North Carolina, aging services are handled by a variety of local providers. Local providers are agencies that provide the services to older adults. Some agencies are private non-profits, some are county aging agencies, and others are departments of social or human services. Regardless of the agency, they are bound by the NC Division of Aging and Adult Services statewide service standards that describe how services will be provided. These agencies are also connected to the Area Agency on Aging by service contracts once the Home and Community Care Block Grant Advisory Committee has determined whom the local service providers will be. For more information go to www.ncdhhs.gov/aging



The Home and Community Care Block Grant Process

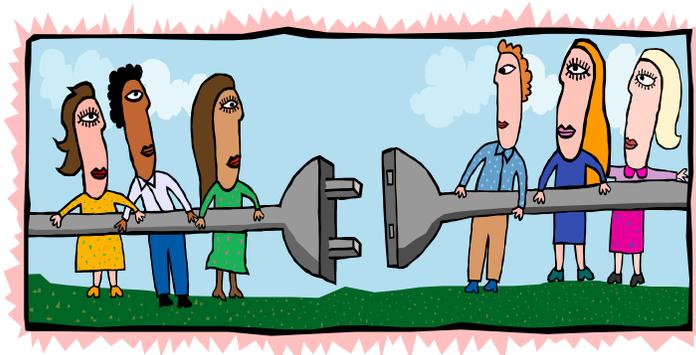


WHAT IS THE HOME AND COMMUNITY CARE BLOCK GRANT?



The General Assembly of North Carolina enacted Senate Bill 165, Chapter 241 of the 1991 Session Laws. This legislation established a Home and Community Block Grant for Older Adults and was supported by the North Carolina Association of County Commissioners.

The Block Grant combines certain federal and state appropriations supporting home and community care for older adults, which are currently administered by the Divisions of Aging and Social Services.



HOW DID THE BLOCK GRANT ORIGINATE?



- The General Assembly in 1989 established an Advisory Committee on Home and Community Care.

- This committee was specifically required to consider development of a “common funding stream” for services to older adults. The Home and Community Care Block Grant is a specific recommendation of this committee.



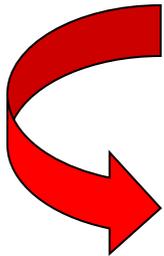
WHAT IS THE PURPOSE OF THE BLOCK GRANT?

The purpose of the Home and Community Care Block Grant is:

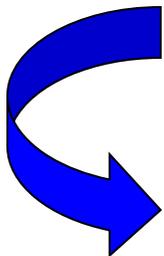


- To improve the planning, management, and coordination of in-home and community-based services provided to North Carolina's older adults and promoting the visibility of aging programs at the local level.
- Increase county flexibility with respect to budgeting for aging services available through the Block Grant and establishing priority services to be addressed.
- Simplify the administration of aging services by establishing uniform service standards, eligibility, reporting, and reimbursement policies for all funding sources contained in the Block Grant.

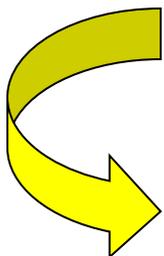
WHAT DOES THE HOME AND COMMUNITY CARE BLOCK GRANT DO?



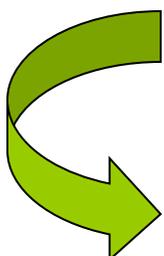
The Home and Community Care Block Grant monies consist of funds from the Older Americans Act, state and federal funds for in-home and community care services, portions of the State In-Home Service and Adult Day funds formerly administered by the Division of Social Services and funding from the NC General Assembly for older adults.



The Home and Community Care Block Grant (HCCBG) finances a range of services primarily for at-risk older adults; they are used only as a last resort for high-risk older adults. As a secondary function, services are identified for well older adults. Priority is given to older adults who are at-risk of abuse or neglect, members of minority groups, women, or those with greatest economic need.



County aging plans, which set the overall priorities and course for aging, are the basis for the receipt of block grant funds, and as such, define the roles of local agencies in providing services at the county level and meeting the needs of such groups. Decisions on target groups and service priorities are developed in accordance with state guidelines and the principle of local flexibility and choice.



The HCCBG is intended to allow local groups to make the decisions about what services are most needed by the older adults in their county, how much money needs to be allocated to the service and what agency will provide the service.

WHO IS INVOLVED IN THE HOME AND COMMUNITY CARE BLOCK GRANT?

Implementation of the law establishing the Home and Community Care Block Grant involves key “players” from the local level through the state.

LOCAL INVOLVEMENTS: The County Commissioners in each county are ultimately responsible for the Home and Community Care Block Grant. However, they appoint two other local entities to help with their work.

**County
Commissioners**

- **Appoint Lead Agency**
- **Appoint Home and community Care Block Grant Advisory Committee**
- **Approve Funding Plan Advisory Committee**

**Lead
Agency**

- **Assure that Advisory Committee completes Funding Plan**
- **Assure that all paperwork for implementation of the Funding Plan is completed**
- **Provide leadership to assist the Advisory Committee is preparing a County-based aging plan**



**HCCBG
Advisory
Committee**

- **Help prepare a County-based aging plan**
- **Identify priority services for older adults within the county**
- **Complete the Funding Plan by determining which services will be funded, how much funding for each service, how many units per service, the unit costs per service, and which agency(ies) will provide each service**



REGIONAL INVOLVEMENT: Centralina Council of Governments Area Agency on Aging is the regional entity responsible for assisting with the implementation of the Home and Community Care Block Grant. The Area Agency on Aging is responsible for:

- Prepare county allocation based on the regional funding formula
- Provide technical assistance to the lead agency and advisory committee as needed
- Attend all advisory committee meetings
- Serve as lead agency (if needed)
- Complete procedures at the regional level once the funding plan has been received from the County to submit to the State
- Facilitate development of a County-based aging plan
- Monitor all funds throughout the year for program and financial compliance



STATE INVOLVEMENT: The North Carolina Division of Aging & Adult Services is the state agency designated by the law to implement the Home and Community Care Block Grant.

- **Consolidate all funding streams into the Home and Community Care Block Grant**

- **Allocate funds to each region based on state funding**

- **Provide technical assistance to the AAA if needed**

- **Receive completed funding plan in order to submit appropriate accountability to each funding source comprising the Home and Community Care Block Grant**

HCCBG Job Description



Title:

Home and Community Care Block Grant Committee
Advisory Committee Member



Major Objectives

To develop and implement a funding plan for local community-based services that meets the needs of older adults in each county with funds provided through the HCCBG.



Major Responsibilities:

1. To attend all HCCBG meetings
2. To become knowledgeable about all levels of the Aging Network
3. To become knowledgeable about the flow of HCCBG funds and budgetary requirements of the Division of Aging
4. To become knowledgeable about the allowable HCCBG services available in his/her county
5. To be aware and knowledgeable of the needs of the older adults and their families in his/her respective county and complete a yearly priority ranking.
6. To complete a funding plan that provides for services to older adults and their families in his/her respective county.
7. To work with the Area Agency on Aging in completing the funding plan and Aging Plan for his/her county.
8. To advocate for older adults and their families with local government officials



Qualifications and Structure of Advisory Committee:

1. Older adults (must comprise 1/3 of the committee)
2. A potential public or private provider of aging services
3. Elected county official and leaders
4. A variety of other entities with aging interests
5. Have an interest and concern for the aging population of North Carolina and his/her respective county
6. Represent a broad range of aging interests and community demographics

HCCBG

SERVICE DESCRIPTIONS

A. Adult Day Care

Provides an organized program of services during the day in a community group setting for supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using community resources. Also included are medical examinations required for individual participants for admission to day care services and thereafter when not otherwise available without cost, and food and food services to provide a nutritional meal and snacks as appropriate. Transportation to and from the service facility may also be provided or arranged when needed and not otherwise available within the geographical area specified by the Adult Day Care Program. Services must be provided in a home or center certified to meet State Standards for Adult Day Care programs.



B. Adult Day Health Care

Provides an organized program of services during the day in a community group setting for supporting older adults' personal independence, and promoting social, physical, and emotional well being. Services must include health care services and a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are food and food services to provide a nutritional meal and snacks as appropriate to the program. Transportation to and from the service facility is provided or arranged for when needed and not otherwise available within the geographical area specified by the Adult Day Health Program.



C. Care Management

Provides professional assistance for older adults with complex care needs and/or their families in accessing, arranging and coordinating the package of services needed to enable the older adult to remain at home.

D. Congregate Nutrition

The provision of a meal in a group setting that provides 1/3 of the recommended Daily Dietary Allowance. “More than a Meal” the congregate program provides activities, educational programs, social interaction and much more.

E. Group Respite



The provision of respite care in a safe setting where caregivers can take care receivers who do not require personal (hands-on) care to get a break from their caregiving responsibilities. The program operates on a scheduled basis for a period of less than 6 hours a day. This service provides caregivers and care receivers with social opportunities, activities, information about community resources, and/or other services. Group respite services are sometimes called “Caregiver’s Day Out”.

F. Health Promotion and Disease Prevention

Provision of allowable services, which promote the health and wellness of eligible older adults.

G. Health Screening

General medical testing, screening and referral for the purpose of promoting the early detection and prevention of health problems in older adults.

H. Home Delivered Meals

The provision of a home delivered meal that provides 1/3 of the Recommended Daily Dietary Allowance to a homebound older adult.

I. Home Health Care (Skilled)

Skilled health care prescribed by a physician which is provided in the home of an older adult in need of medical care. Allowable services include: skilled nursing; physical, occupational, and/or speech therapy; medical social services and nutrition care.



J. Housing and Home Improvement

Housing: Housing services support independent living by providing information to individuals and families to enable them to obtain housing, retain the housing they have or return to independent housing. The housing information includes: fair housing; foreclosures; grants or loans for home repair; home buying; homelessness prevention; independent housing options and locations; landlord tenant relations; mortgage delinquency and default resolution counseling; predatory lending; reasonable accommodations; reverse mortgage counseling and tenant's rights and responsibilities.



10A NCAC 06E .0301; 10A NCAC 06W .0104; 10A NCAC 71R .0909.

Home Improvement: Home improvement services identify health and safety issues affecting the home or areas adjacent to the home in which an individual or family lives and provides needed improvements to resolve those issues. Health and safety issues include security enhancements; minor home repairs; mobility and accessibility improvements; and basic household furnishings and home appliance repair, replacement or purchase. *10A NCAC 06E .0301; 10A NCAC 06W .0104; 10A NCAC 71R .0909*

K. Information and Options Counseling

Options Counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual or their representative and is "person-centered". The process can include personal interviews, eligibility screening, facilitated discussion, exploration of resources, and application for services, quality assurance and follow-up with the individual.



L. In-Home Aide



The provision of paraprofessional services which assist functionally impaired older adults and/or their families with essential home management, personal care and/or supervision necessary to enable the older adult to remain at home as long as possible. In-home Aide Service is categorized into:

- Level I – Assist with Home Management Tasks
- Level II – Assist with Home Management Tasks and Assist with Limited Personal Care Tasks
- Level III - Demonstrate or teach home management tasks and complete personal care tasks under the supervision of an RN
- Level IV - Provide supervision and role modeling of appropriate care and supervision when family is available but unable to perform caretaker duties due to physical or emotional illness under close supervision of a social worker

M. Institutional Respite Care

The temporary placement of an older adult who requires constant care and/or supervision out of his/her home to provide his/her unpaid, primary caregiver relief from caregiving responsibilities.

N. Legal Services



Provides older adults with information on their legal rights, legal advice, legal benefits, entitlements, and/or appeals when referral to a human service agency or a pro bono service is inappropriate, and preventive measures such as community education.

O. Mental Health Counseling

A service which incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems.

P. Senior Center Development

The acquisition, construction, expansion, renovation and the purchase of equipment for the multipurpose senior center. The term “multipurpose senior center” means a community facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health, social, nutritional, and educational services and the provision of facilities for recreational activities for older adults. Facilities that are constructed or renovated, shall meet the requirements of Section 35.151 of the Americans With Disabilities Act.



Q. Senior Center Operations

Operation of a multipurpose senior center includes the provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center are: the centralized provision of services which address the special needs of older adults; opportunities for older adults to become more involved in the community; and the prevention of loneliness and premature institutionalization by promoting personal independence and wellness.

R. Senior Companion



Senior Companion is a part-time position, with stipend pay, for low-income persons, 60 or better, who are interested in community service. Senior Companions provide support, task assistance and/or companionship to adults with exceptional needs (i.e. developmental disabilities, functional impairments, or persons who have other special needs for companionship).

S. Supplemental Meals

Reimbursement for meals, which are, comprised in whole, or in part, of a nutritional supplement product (e.g. Ensure, Ensure Plus, Boost, Sustacal, etc.) meeting NC DAAS criteria.

T. Transportation

This service provides travel to and/or from community resources such as medical appointments and nutrition sites or other, designated areas for older adults needing access to services and activities necessary for daily living.

Transportation is funded in two categories: **Medical**, (doctor, dental, vision appointments etc.), and **General/Nutrition**, (grocery store, paying bills, beauty/barber shop, attending congregate nutrition sites, etc.).



U. Volunteer Program Development

The development and operation of a systematic program for volunteer participation. The service is intended to involve volunteers of all ages in providing services to older adults while also providing community service opportunities for older adults.

V. Consumer Directed Services



This is a method of service delivery that promotes and enables consumers to recruit, hire, train, supervise, and, when necessary, terminate the employment of chosen Personnel Assistants who provide them with personnel and home management services in the consumer's home setting. Participants in the Consumer Directed Services program may also select vendors of other goods, equipment, and services that may be needed for their care and well-being.

DEMOGRAPHICS

The County Data Package

Each year, the N.C. Division of Aging & Adult Services distributes the County Data Package to each of North Carolina's one hundred counties. The Division of Aging & Adult Service's goal is to share basic demographic and service utilization data for use by County Planning Committees, particularly to develop a plan for utilizing the Home and Community Care Block Grant funds.

Each county has discretion in how the Home and Community Care Block Grant funds are used, including:

- ❖ which services should be funded
- ❖ the level of funding for each service
- ❖ what agency/agencies should provide the determined services

Each of the Home and Community Care Block Grant Committees in the Region F counties will receive a County Data Package specific to their county. This data package will be reviewed at a regularly scheduled committee meeting, and the information in the data package should help committee members decide how to prioritize services and allocate HCCBG funds.

What to look for in your County Data Package:

❖ Demographic Data

How many older adults reside in my county?

What is the poverty rate in my county?

❖ Funding formula factors

What determines the amount of funding my county receives?

❖ State service utilization

What trends are occurring with HCCBG Services in NC?

❖ County service utilization

○ *What trends are occurring in my county?*

○ *Does my county utilize HCCBG funds efficiently?*

PRIORITY RANKING

The Priority Ranking Scale

HCCBG committee members will receive a list of all HCCBG services and asked to “rank” these services according to the priority of the service in the community. This tool can be used in two ways:

1. A Long-Range Planning Tool (Needs Based)

The committee considers all possible HCCBG services and ranks services ***based on what services are needed in the county*** (refer to pages 17-21 of this manual for a description of services). For example, if a county does not currently offer adult day care services and a committee member believes there is a need for adult day care, adult day care would receive a ranking to reflect this.

OR

2. A Short-Range Planning/Budgeting Tool (Funding Based)

The committee considers what services are currently receiving HCCBG funding, whether those services should continue receiving funding, and committee members rank services ***based on what services should receive priority for funding***. For example, if participation levels indicate that the need for in-home aide service has decreased, but has the need for transportation has increased, committee members may choose to prioritize transportation over in-home aide for the current year’s budgeting process.

Important Guidelines to Keep in Mind

- ❖ The committee must decide which of these two ways to use the priority ranking scale to develop the county funding plan. However, the long-range plan must be completed later in the year.
- ❖ Committee members must use the tool the same way (either long-range or short-range) or the results of the ranking will be skewed and ineffective.
- ❖ Always rank services using #1 as highest priority, and so on.
- ❖ Do not leave any services “blank” as this will affect results.

HOME AND COMMUNITY CARE BLOCK GRANT Priority Ranking FY19

COUNTY: _____

- Adult Day Care _____
- Adult Day Health Care _____
- Care Management _____
- Congregate Nutrition _____
- Group Respite _____
- Health Promotion and Disease Prevention _____
- Health Screening _____
- Home Delivered Meals _____
- Home Health Care (Skilled) _____
- Housing & Home Improvement _____
- Information & Options Counseling _____
- In-Home Aide Services Level I _____
- In-Home Aide Services Level II _____
- In-Home Aide Services Level III _____
- In-Home Aide Services Level IV _____
- Institutional Respite Care _____
- Legal Services _____
- Mental Health Counseling _____
- Outreach _____
- Senior Center Development _____
- Senior Center Operations _____
- Senior Companion _____
- Supplemental Meals _____
- Transportation (Medical) _____
- Transportation (General/Nutrition) _____
- Volunteer Program Development _____
- Other _____

OVERVIEW: THE HCCBG PROCESS

- ❖ **Committee reviews county data package**
- ❖ **Committee completes priority ranking scale (suggested deadline April 1st)**
- ❖ **Using results from the priority ranking scale, the committee determines:**
 - 1) which services to fund**
 - 2) what level of funding each service will be allocated**
 - 3) what agency will provide the service**
- ❖ **Service-provider agencies develop unit costs and submit required documentation to Designated Lead Agency.**
- ❖ **Lead Agency completes the Funding Plan and other required paperwork, and submits to County Commissioners for approval.**
- ❖ **Once complete and approved, the Lead Agency submits the Funding Plan to the Area Agency on Aging.**