



AGING IN ACTION

*A FOUR-YEAR AREA PLAN ON AGING SERVICES AND COMMUNITY BASED SUPPORTS
July 1, 2020 to June 30, 2024*



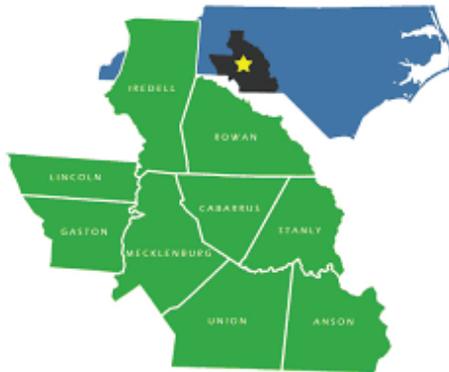
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The Centralina Council of Governments brings a value-added quality to the delivery of services and supports by coordinating and addressing issues across county borders through their membership of local elected officials and collaborative partners dedicated to the improvement of citizenry quality of life.

The Centralina Area Agency on Aging (AAA) is one of 16 Regional programs designated by the N.C. General Assembly to address the needs and concerns of all older person at the regional and local level.

Area Agencies on Aging are co-located in the Regional Council of Governments which are in place to provide creative regional solutions to relevant and emerging issues while providing a standard of excellence in the delivery of federal, state and regional services for their members in N.C.



Centralina administer programs in a nine-county region that includes **Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union** counties. The AAA works to strategically design, fund and deliver services and supports that allow indivial to age in their community aided by services such as home delivered meals, homemaker assistance, transportation, senior centers, family caregiver supports and creating new initiatives that meet the specific needs of our local communities.

FAST FACTS

- North Carolina’s total population has exceeded 10 million people.
- NC is ranked 9th nationally, both in total population and in the number of people 65 and over.
- Effective 2019, the state has more people over 60+ than under 18 years of age.
- In the next 20 years the projected growth for >60+ age group is 61%.

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Executive Summary

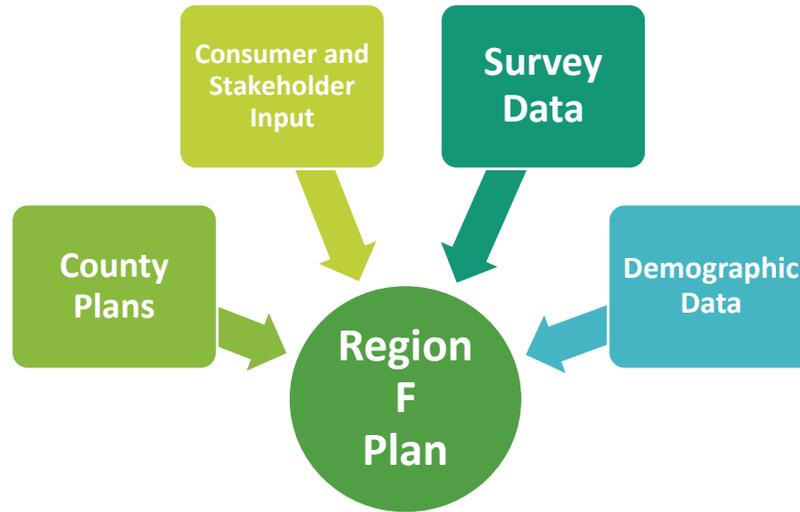
The Centralina Area Agency on Aging's (CAAA) vision is to serve as an impact leader for communities where adults can experience ***Aging in Action***. This translates to people in the community aging in a location of their choice with continued individual choice, personal dignity, and life-long independence. Co-located within the Centralina Council of Governments (CCOG), CAAA serves the nine counties in what the Legislature deems as "Region F" which includes Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union. Centralina AAA partners with over 100 community-based aging service providers in county-based volunteers, employs 16 staff members, and has over 16,000 licensed long-term care beds. There is a growing number of "unlicensed" independent living, older adult communities that cover the economic spectrum and include detached housing units as well as apartments.

Centralina has always maintained a person-centered approach in the primary work which focuses on communication, information, education, training, and advocacy. Serving as the subject matter experts in the community on aging issues, CAAA remains vital to the planning, designing, and implementation of services and supports being delivered in the region daily.

As funding sources change and federal dollars diminish, Centralina AAA continues to pursue efforts and funding opportunities that empower and enhance both CAAA and our regional providers. CAAA aggressively researches and pursues expanded business acumen responding to the changing service provision landscape in North Carolina. Examples of this include becoming a Medicare certified provider for the disease self-management program for diabetes and submitting it be had for the Medicaid Managed Care Ombudsman on behalf of the North Carolina Association of area agencies on aging.

Centralina is recognized at local, state, regional and federal levels as leaders in the field as evidenced by regular presentations and engagement on strategic planning and review committees. Our sixteen (16) staff have over 150 years of combined experience in shaping public policy that impacts North Carolina's older and disabled adult populations as subject matter experts. This vast experience allows us to seek new initiatives as well as serve to mentor new individuals, programs, and services in the Aging Network.





Developing the Plan

Centralina AAA conducted a multi-faceted approach to collecting data and input to develop the Region F Aging Plan.

A region wide survey was developed conducted from December 2015 through February 2016 to identify the top issues in each county.

CAAA also hosted several focus groups including representatives from the local provider network and older adult leaders in our region as well as the CCOG Board of Delegates,

For those counties engaged in the development of their own county aging plans, we met with and discussed the integration of their goals, objectives, and strategies and how these might align with the Centralina Area Plan. Four of the nine counties in Region F have an individual Aging Plan. Centralina staff also utilized the NC State Aging Plan (2015-2019) in the development of the local plan. Demographic data was reviewed including US Census Data, NC DAAS County Data Packet information, and other expert resources in the aging network and academic system.

It is abundantly clear that the funding associated with the Older American’s Act can no longer be the primary funder of the activities of an Area Agency on Aging.

Each AAA must seek methods that will not only meet but exceed increased funding demands for services in their service footprint.

Centralina AAA is no different. In our efforts to diversify our funding streams, Centralina continues to be actively engaged in pursuit of sustainable income sources that currently include:

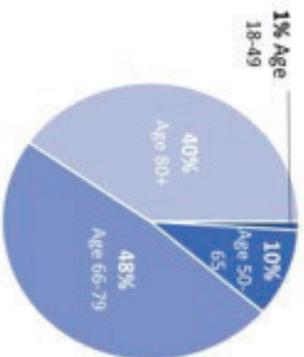
- Grow the successful reimbursement for DSMES and Medical Nutrition therapy as a certified Medicare/Medicare Advantage provider as prescribed by Dr.
- Expansion of the Health Promotion and Disease Prevention Program including evidence-based health programs (EBHP), into for-profit referrals, a centralized EBHP Training Academy, and integration of the coordination of Master Trainers, leaders, and classes into existing efforts in other networks and research efforts.
- Development and delivery of a personal emergency response system through CST products.
- Development and delivery of Senior Friendly Certification, Certified Dementia Practitioner, and ADA work.
- Developing specific scope of work pilots with a variety of vendors to deliver care management, HPDP classes, client engagement and advocacy, and other similar services
- Continue development of Dementia Practitioner Training workshops fee for service in our region.
- Assess and pursue grant opportunities that align with the mission and vision of the Centralina Area Agency on Aging and Council of Governments.



LANCE ROBERTSON* –
MAY 2019 SENATE HEARING

“In passing the OAA, Congress intentionally did not create a stand-alone system; nor did it intend to cover all costs associated with serving every older American. Rather, OAA funds are to be used strategically to advance changes in our overall system of care and to fill gaps in services. The aging services network has done an outstanding job in meeting this intent. These programs have strong partnerships with state and local governments, philanthropic organizations, and private donors that also contribute funding. Many program participants also contribute. For every federal OAA dollar, the programs typically secure about three dollars from other sources, significantly exceeding the programs’ match requirements.”

AREA PLAN SURVEY RESULTS



Barriers Identified in Region F



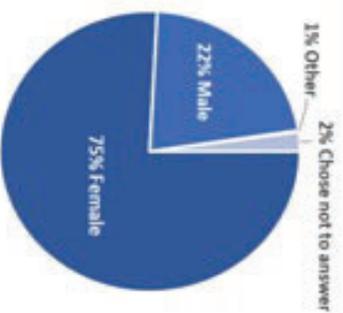
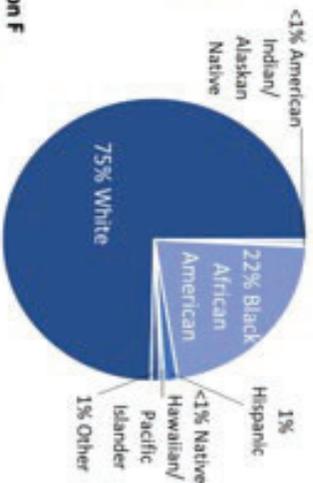
Transportation was identified as the biggest barrier in accessing services for older adults



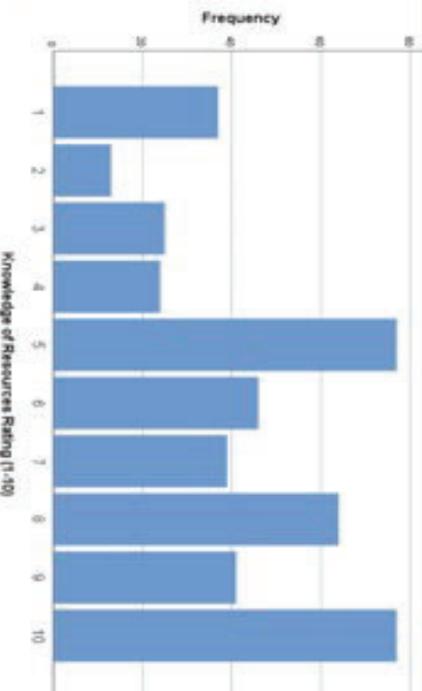
Insufficient funding and extensive waiting lists for programs and services



Lack of awareness of available programs and services for older adults



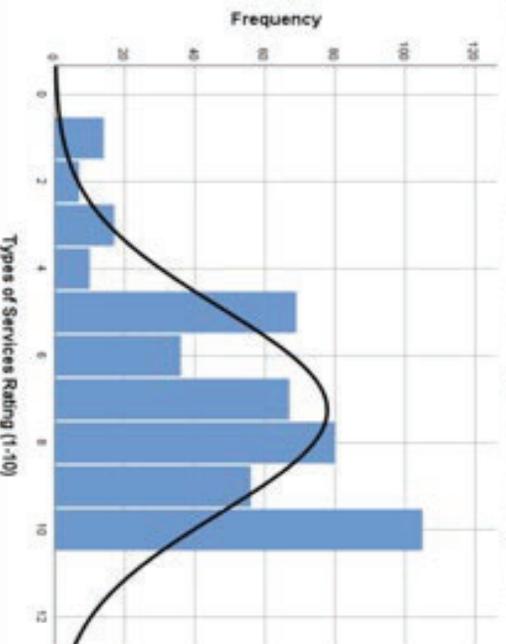
Survey Respondents Rating Based on their Knowledge of Available Resources in the Community and their Confidence Level on Accessing Services. Scale of 1 to 10; 1 not at all confident and 10 extremely confident



24%

of respondents have had someone attempt to access their money by phone or scam

Survey Responses on Rating Region F for the Types of Services that are in Place to Meet the Needs of Older Adults: Scale 1 being worst and 10 being the best



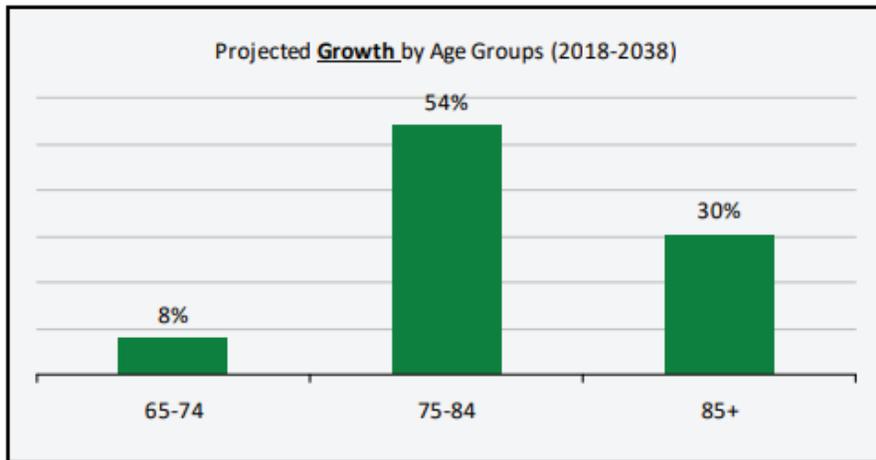
Types of Services and Supports that Keep Older Adults Physically Healthy and Socially Active in their Community

- Nutrition Programs
- Senior Centers
- Councils on Aging
- Senior Services
- Places of Worship

Characteristics of People 65+ in the Centralina Region by County *

ANSON

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Anson County**:



OLDER ADULTS IN ANSON ARE:

White	61.1 %
Black	37.4 %
Hispanic	0.0 %
Living Alone	31.3 %
At or Below Poverty	48.0 %



Lead Home and Community Block Grant Coordinating Agency

Anson County Senior Services: 704-694-6217

Older American's Act Services Funded in Anson:

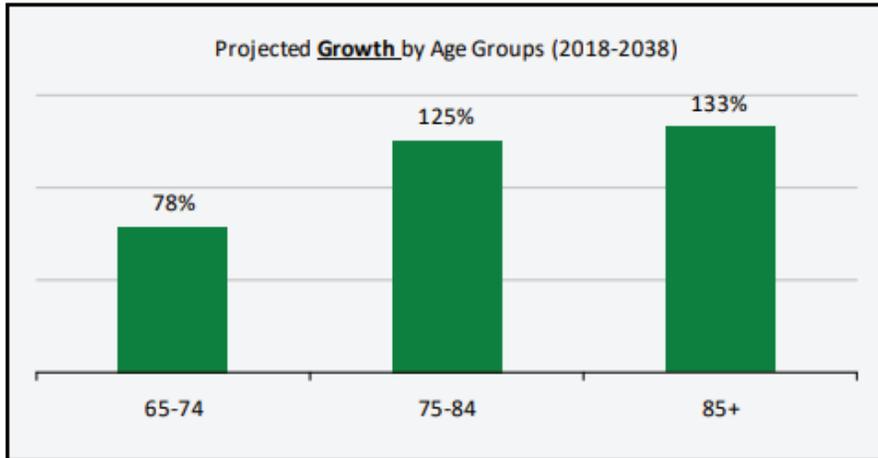
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	56	28
2	Cancer	31	15
3	Chronic lower respiratory diseases	14	7
4	Cerebrovascular disease	13	6
5	Septicemia	10	5

CABARRUS

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Cabarrus** County:



OLDER ADULTS IN CABARRUS ARE:

White	85.1 %
Black	12.4 %
Hispanic	02.5 %
Living Alone	23.5 %
At or Below Poverty	28.0 %



Lead Home and Community Block Grant Coordinating Agency:

Cabarrus County Department of Human Services/Adult Services: 704-920-1400

Older American's Act Services Funded in Cabarrus:

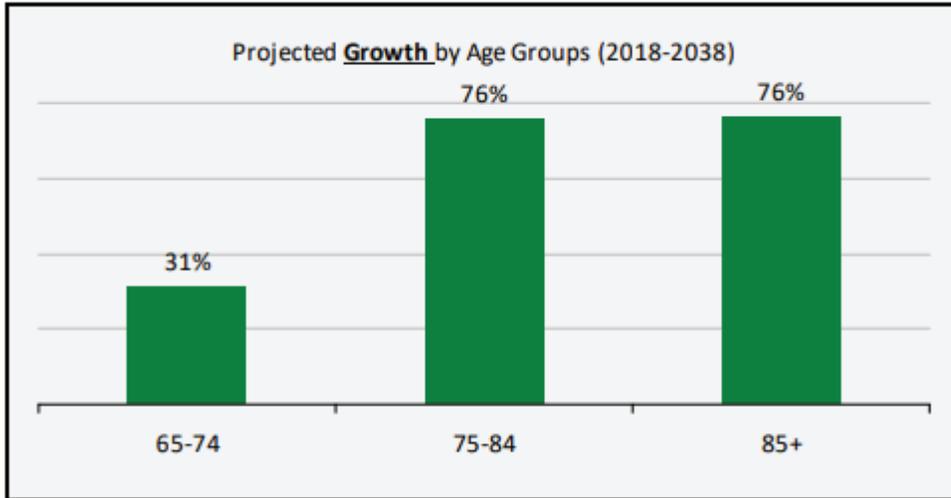
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral, Housing and Home Improvement

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	246	22
2	Cancer	229	20
3	Alzheimer's disease	122	11
4	Chronic lower respiratory diseases	80	7
5	Cerebrovascular disease	62	6

GASTON

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for Gaston County:



OLDER ADULTS IN GASTON ARE:

White	86.7 %
Black	11.0 %
Hispanic	01.6 %
Living Alone	26.7 %
At or Below Poverty	37.0 %



Lead Home and Community Block Grant Coordinating Agency

Gaston County Department of Social Services/Adult Services: 704-862-7540

Older American’s Act Services Funded in Gaston:

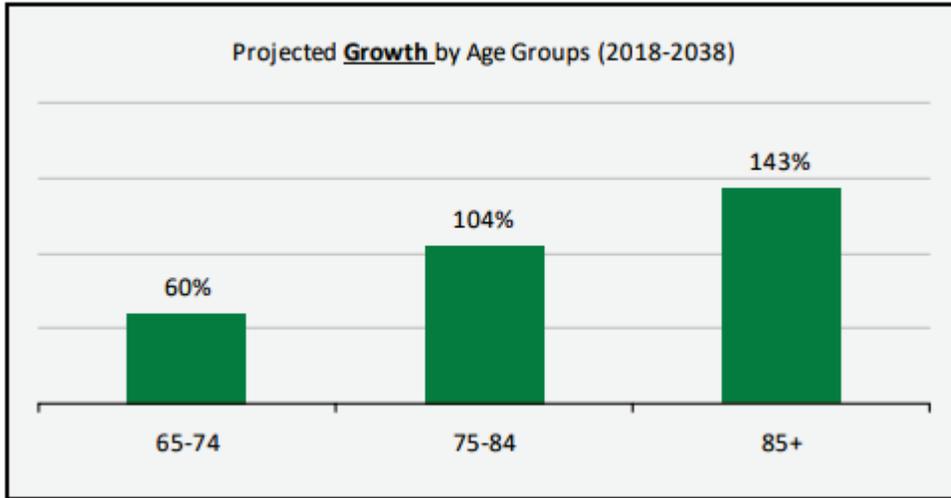
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	371	22
2	Cancer	303	18
3	Chronic lower respiratory diseases	164	10
4	Alzheimer’s disease	121	7
5	Cerebrovascular disease	101	6

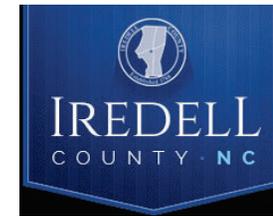
IREDELL

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for Iredell County:



OLDER ADULTS IN IREDELL ARE:

White	88.9 %
Black	09.4 %
Hispanic	02.1 %
Living Alone	22.1 %
At or Below Poverty	29.0 %



Lead Home and Community Block Grant Coordinating Agency:

Iredell County Council on Aging: 704-873-5171

Older American’s Act Services Funded in Iredell:

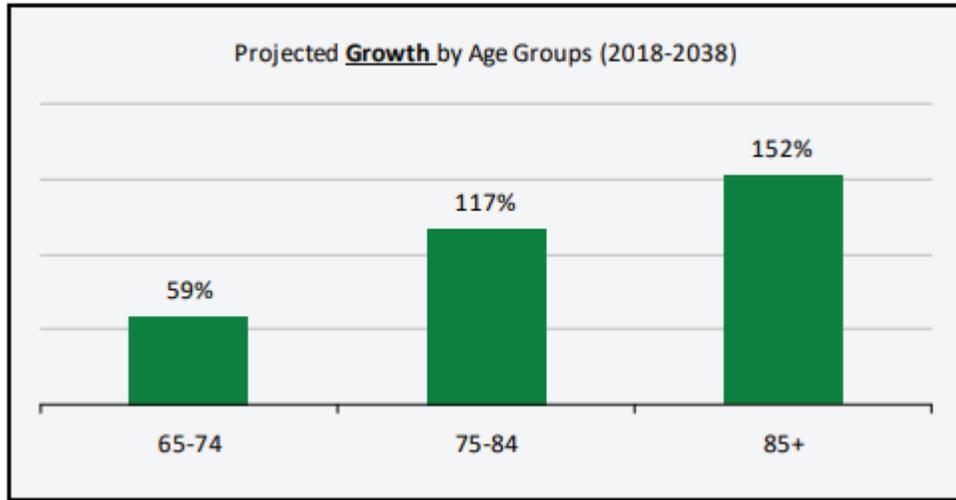
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	232	20
2	Diseases of the heart	229	20
3	Alzheimer’s disease	96	8
4	Chronic lower respiratory diseases	75	7
5	Cerebrovascular disease	71	6

LINCOLN

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Lincoln** County:



OLDER ADULTS IN LINCOLN ARE:

White	84.3 %
Black	04.4 %
Hispanic	02.5 %
Living Alone	21.6 %
At or Below Poverty	35.0 %



Lead Home and Community Block Grant Coordinating Agency

Lincoln County Senior Center: 704-732-9053

Older American's Act Services Funded in Lincoln:

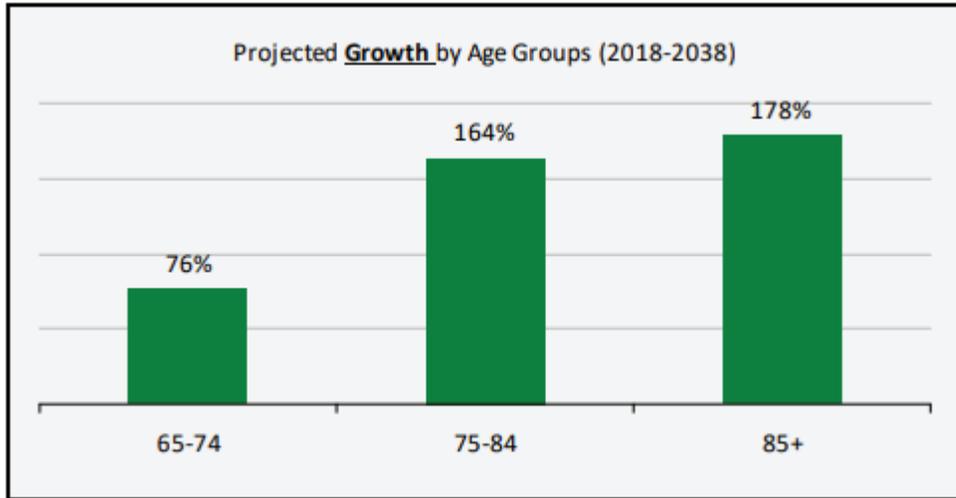
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	129	22
2	Cancer	114	19
3	Chronic lower respiratory diseases	46	8
4	Cerebrovascular disease	39	7
5	Alzheimer's disease	36	6

MECKLENBURG

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Mecklenburg** County:



OLDER ADULTS IN MECKLENBURG ARE:

White	69.1 %
Black	24.8 %
Hispanic	04.1 %
Living Alone	26.9 %
At or Below Poverty	26.0 %



Lead Home and Community Block Grant Coordinating Agency

Mecklenburg County Department of Social Services

Just 1 Call: 704-432-1111

Older American’s Act Services Funded in Mecklenburg:

Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

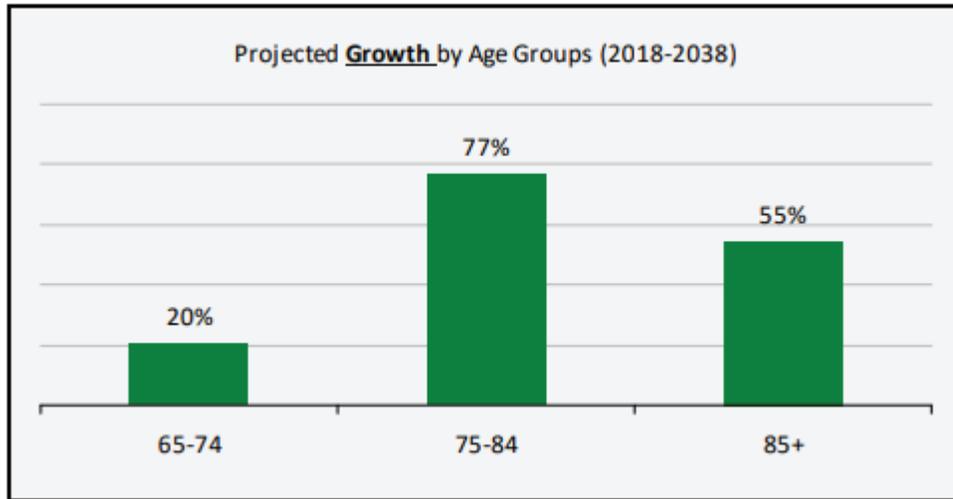
Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	924	21
2	Diseases of the heart	892	20
3	Alzheimer’s disease	331	7
4	Cerebrovascular disease	297	7
5	Chronic lower respiratory diseases	234	5

ROWAN

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Rowan** County:

OLDER ADULTS IN ROWAN ARE:



White	86.3 %
Black	12.0%
Hispanic	1.5 %
Living Alone	24.8 %
At or Below Poverty	35.0 %



Lead Home and Community Block Grant Coordinating Agency

Rufty Holmes Senior Center: 704-216-7714

Older American's Act Services Funded in Rowan:

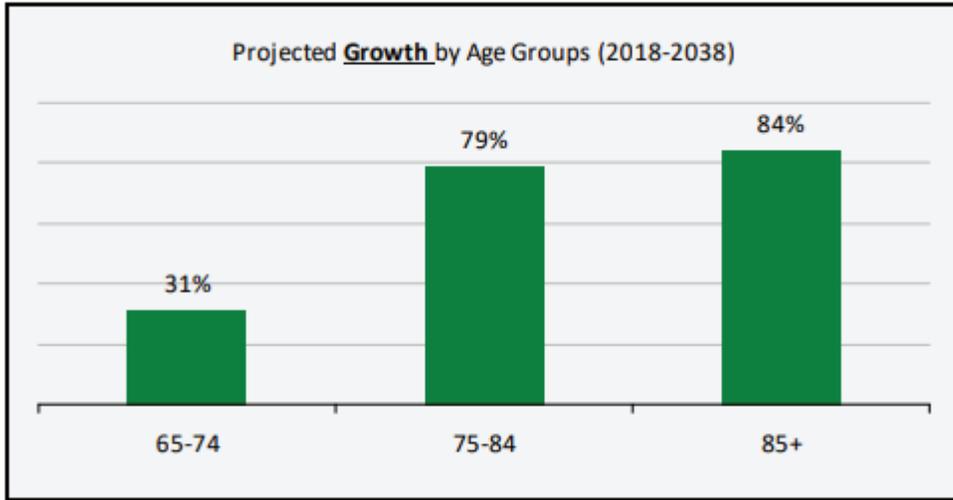
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	273	22
2	Cancer	231	19
3	Chronic lower respiratory diseases	91	7
4	Alzheimer's disease	70	6
5	Cerebrovascular disease	68	6

STANLY

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Stanly** County:



OLDER ADULTS IN STANLY ARE:

White	91.1 %
Black	07.2 %
Hispanic	01.1 %
Living Alone	24.9 %
At or Below Poverty	36.0 %



Lead Home and Community Block Grant Coordinating Agency

Stanly County Senior Services: 704-986-3769

Older American's Act Services Funded in Stanly:

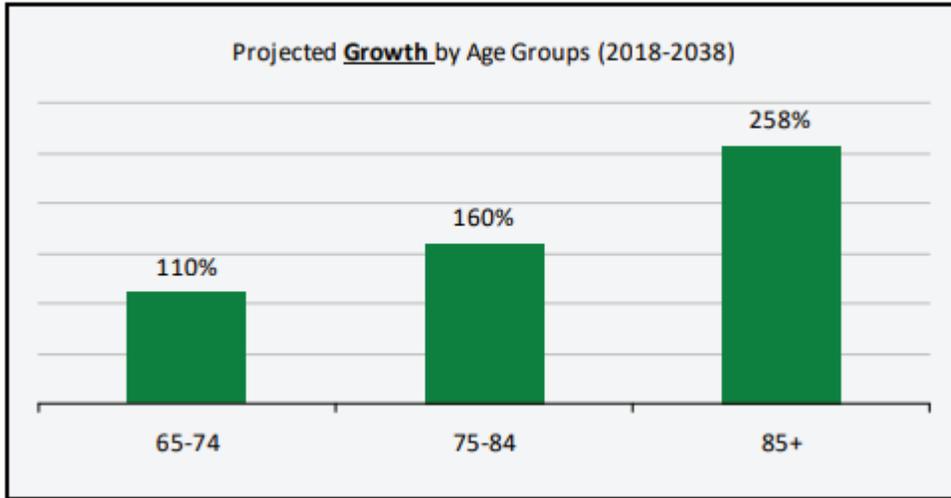
Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Information and Referral

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Diseases of the heart	125	25
2	Cancer	81	16
3	Alzheimer's disease	50	10
4	Cerebrovascular disease	33	7
5	Chronic lower respiratory diseases	28	6

UNION

As the baby boomer population continues to age, the proportion of the older adult population will increase in the coming decades. This is what it looks like for **Union** County:



OLDER ADULTS IN UNION ARE:

White	86.8 %
Black	10.0 %
Hispanic	03.3 %
Living Alone	18.9 %
At or Below Poverty	22.0 %



Lead Home and Community Block Grant Coordinating Agency

Centralina Area Agency on Aging: 704-292-1797

Older American's Act Services Funded in Union County:

Nutrition, Transportation, In-Home Aide, Legal, Family Caregiver, Health Promotion/Disease Prevention, Options Counseling

Top five leading causes of death, age 65 and over

Rank	Cause	# of deaths	% of total deaths
1	Cancer	222	21
2	Diseases of the heart	203	19
3	Alzheimer's disease	93	9
4	Chronic lower respiratory diseases	69	7
5	Cerebrovascular disease	68	7

GOALS, STRATEGIES AND EXPECTED OUTCOMES

GOAL 1 - SAFETY AND PROTECTION: Older North Carolinians will be safe from abuse, neglect, and exploitation, and have their rights protected.

Objective 1.1 AAA Ombudsman will provide advocacy, education and awareness to the residents, family, and staff to ensure the protection of residents' rights in long term care facilities.	ANNUAL UPDATES Beginning end of FY21
<p>Strategy 1: <i>Ombudsman will offer technical support and training to long term care facilities, residents and public in the region.</i></p> <ul style="list-style-type: none"> • Offer 18 in-services training annually throughout our nine counties. • Ombudsman will respond to requests for TA within 72 hours as required by P&P 	
<p>Strategy 2: <i>Ombudsman will advocate for residents living in Long Term Care facilities.</i></p> <ul style="list-style-type: none"> • Staff will respond to complaints within 72 hours • Will participate in two systemic advocacy efforts, locally, state or nationally over the next 4 years. 	
<p>Strategy 3: <i>Ombudsman will visit residents in long term facilities with the assistance of an Ombudsman volunteer program (Community Advisory Committee).</i></p> <ul style="list-style-type: none"> • Staff will follow State mandated no visitation until Executive orders allow otherwise. • Work with volunteers during the COVID restrictions. • 	
<p>Strategy 4: <i>Ombudsman will provide technical assistance and training to the Community Advisory Committee Volunteers</i></p> <ul style="list-style-type: none"> • Conduct training for volunteers as required to meet the State requirements • Update our orientation training to meet the new 36 hours required. • Develop system to provide for 18 hours of on-going training required by the Ombudsman State office. 	

<p>Objective 1.2</p> <p>AAA Ombudsman will collaborate with outside partners to address the emerging issues related to long term care facilities.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Staff will collaborate with community-based service providers and CCOG member local governments serving those with disabilities and mental health needs.</i></p> <ul style="list-style-type: none"> • <i>Staff will offer 4 educational opportunities to the community and facilities addressing a variety of topics</i> 	
<p>Objective 1.3</p> <p>AAA will maximize collaboration, outreach, and training to promote awareness of the issues of abuse, neglect, and exploitation.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>AAA will work with counties to expand, development and support elder abuse task force efforts</i></p> <ul style="list-style-type: none"> • Ombudsman will serve on the 3 elder abuse task force and be available for technical assistance for counties looking to develop a task force. 	
<p>Strategy 2: <i>AAA will provide community based educational opportunities to include elder abuse, neglect, and exploitation.</i></p> <ul style="list-style-type: none"> • Ombudsman will provide 2 training sessions annually specific to elder abuse across the region. 	
<p>Objective 1.4</p> <p>Deliver the contracted program outcomes as outlined in the scope of work for NC Department of Insurance for the Low-Income Subsidy and Senior Medicare Patrol Programs.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>AAA will work with nine counties to deliver education about low income subsidy programs and SMP.</i></p> <ul style="list-style-type: none"> • CAAA disseminates SMP and low- income subsidy information annually to nine county library systems. Quarterly, • CAAA encourages local SHIP volunteers to develop deeper relationships with their county library systems. 	
<p>Strategy 2: <i>AAA will provide regional based media campaigns about low income subsidy programs and SMP.</i></p> <ul style="list-style-type: none"> • CAAA will buy one billboard advertisement in all nine counties and Express bus advertising, plus disperse placemats at 55 nutrition sites for the purpose of educating seniors. • CAAA will use social media, Facebook, and Twitter, monthly to share information. 	

GOAL 2: QUALITY OF LIFE

Objective 2.1: Continue the Dementia Friends awareness sessions for individuals and agencies in the Centralina Region	ANNUAL UPDATES Beginning end of FY21
Strategy 1: <i>Centralina will continue to work with NC DAAS on Dementia Friends efforts and will:</i> <ul style="list-style-type: none"> • <i>Provide at least one Dementia Friends awareness session in each of the 9 counties.</i> • <i>Create a minimum of 200 “Dementia Friends” per fiscal year.</i> • <i>Continue Dementia Friendly Charlotte Mecklenburg efforts on raising awareness and reducing stigma around people living with dementia</i> 	
Strategy 2: <i>Conduct a minimum of one Dementia Care Practitioner trainings per year.</i> <ul style="list-style-type: none"> • <i>Host one Dementia Care Practitioner Class in our region.</i> 	
Objective 2.2 Promote expansion of efforts to include diverse cultures and abilities in all aspects of the aging and adult services network.	ANNUAL UPDATES Beginning end of FY21
Strategy 1: <i>Develop Cultural Diversity training track for the CAAA Annual Aging Conference for 2018 and 2019 and other provider network trainings held throughout the year.</i> <ul style="list-style-type: none"> • <i>Provide 16 <i>Pride in Care NC</i> training for SNF based staff; including, upper management, supervisors, registered nurses, certified nursing assistants, social workers and social service directors, admissions coordinators, business office staff and direct care workers through a combination of in person and online trainings to be completed by November 2022.</i> 	
Strategy 2: <i>Develop and deliver new training for LGBTQ populations for our network funded partners and the public.</i>	

<ul style="list-style-type: none"> • Train community partners and volunteers to improve cultural competency when working with LGBT Elders one time per year. 	
<p>Objective 2.3</p> <p>CAAA will collaborate with our funded partners and other key agencies and organization to promote and develop systems to ensure their inclusion of and sensitivity to diverse cultures among people with disabilities.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Have two staff trained to become master trainers with the BBC initiative by 2022 (MW & KK)</i></p>	
<p>Strategy 2: <i>Maintain one staff in the ADA Compliance certification</i></p>	
<p>Strategy 3: <i>Work with Charlotte LGBTQ Elders on LGBT and Aging training and outreach efforts in SNF</i></p> <ul style="list-style-type: none"> • CAAA awarded three-year Civil Money Penalty Grant to conduct NC Pride in Care Awareness training in partnership with SAGE for LTCF across NC. 	
<p>Objective 2.4:</p> <p>Enable older adults to remain independent and age in the place of their Choice with appropriate services and supports</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Provide one Living Healthy in the Workplace workshop annually</i></p> <ul style="list-style-type: none"> • Use new fee-based structure to approach 2 municipalities or county governments for CHS workshops 	
<p>Objective 2.5:</p> <p>Provide education about transportation options to older adults and people with disabilities to community services and supports such as medical appointments, pharmacy, grocery store, EBHP workshops, etc.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>CAAA will attend 10 community events and promote mobility management and EBHP each year.</i></p>	
<p>Objective 2.6:</p> <p>Expand access to and increase participation in evidence-based health promotion and disease prevention programs.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>

Strategy 1: <i>Will conduct 6 EBHP annually at locations easily accessible to low-income senior population.</i>	
Strategy 2: <i>Build capacity in new programs during the four-year plan period to include Chronic Pain Self-Management, Building Better Caregivers and Living Healthy in the Workplace</i> <ul style="list-style-type: none"> • Workplace CDSMP (AS/KK) plan and implement – one annually. • CPSMP – 10% increase in workshops across 5 years; annual leader training BBC – 10% increase in workshops across 4 years; annual leader training 	
Strategy 3: <i>Research, Develop and Implement a Marketing Plan</i> <ul style="list-style-type: none"> • reach new partners, private pay clients and prospective participants, referrals sources, healthcare community, volunteer recruitment, etc. 	
Strategy 4: <i>Add 30 new lay leaders for all EBHP each year.</i>	
Strategy 5: <i>Establish 10 new partners annually.</i>	
Strategy 6: <i>Offer a Health and Wellness track at the 2021 Annual Centralina Aging conference.</i>	
Strategy 7: <i>Partner with Centralina Planning for Healthy Communities conference and have presence to promote evidence-based programs annually.</i>	
Strategy 8: <i>Offer a minimum of 10 new virtual programming for CDSMP, CPSMP, DSMP and BBC for FY21. Increase virtual workshops by 5% each year after FY21</i>	
Strategy 9: <i>Offer a minimum of 2 CDSMP Tool Kit workshops annually targeting rural and underserved population without internet access.</i>	
Strategy 10: <i>Add virtual and toolkit options to FY21 RFP for providers</i>	
Objective 2.7 Using Mapping from Centralina Planning Department to identify areas of priority for evidence-based health promotion disease prevention programming	ANNUAL UPDATES Beginning end of FY21
Strategy 1: <i>Use Planning maps to Identify priority areas in two counties each year and offer a minimum of 2 disease-specific workshops, such as A Matter of Balance or Living Healthy with Diabetes, in those areas.</i>	
Objective 2.8: Increase awareness of Senior Nutrition issues such as food insecurities, food deserts, and senior hunger.	ANNUAL UPDATES

<p>Strategy 1: <i>Conduct 2 Senior Nutrition Education Events during the 4-year period (for example- a Senior Nutrition Summit)</i></p>	
<p>Strategy 2: <i>Conduct quarterly HCCBG Nutrition Provider meetings each year.</i></p>	
<p>Objective 2.8:</p> <p>Promote Falls prevention awareness, education, and programming in the region.</p> <ul style="list-style-type: none"> • Partnering with YMCA to introduce falls prevention and Matter of Balance workshops to their active senior adult groups. • Creating videos with falls prevention exercises to post on social media • Partnering with Paramedicine Department at Atrium Health to educate them about falls prevention and quick screening tools that they can use for fall risk among their patients. • Hold 2 falls prevention expos annually in different regions of CAAA service area 	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>CAAA will serve as lead for the Metrolina Falls Prevention Coalition by conducting monthly coalition meetings, administrative and financial support, organization of events, marketing, and recruitment of members.</i></p> <ul style="list-style-type: none"> • Convene monthly, interagency meetings of the Coalition. • Reconvene steering committee who will create a toolkit for use by faith community nurses within their respective faith communities. • Distribute toolkit to other professionals like PT, OT, and emergency room providers. • CAAA participates in meetings and serves as cochair of strategic plan committee for NC state falls coalition. • <i>In case of emergency, CAAA will use social media and video and conference calling in lieu of in-person meetings. Depending on the situation, all in-person meetings and events will be re-scheduled. We will work with our funded partners and other key agencies and organization to disseminate information.</i> 	
<p>Strategy 2: <i>Increase the number of Matter of Balance workshops by 5 % annually</i></p>	
<p>Strategy 3: <i>Conduct one Falls Prevention Awareness Expo annually.</i></p>	

<ul style="list-style-type: none"> • May 13, 2020 in conjunction with Stratford Richardson YMCA. September 2021, 2022, 2023 and 2024. • <i>In case of emergency, CAAA will use social media and video and conference calling in lieu of in-person meetings. Depending on the situation, all in-person meetings and events will be re-scheduled. We will work with our funded partners and other key agencies and organization to disseminate information.</i> 	
<p>Strategy 4: <i>Develop and distribute information on falls prevention to all 55 nutrition sites and 2,500 home delivered meal participants once during National Falls Prevention Awareness Week.</i></p> <ul style="list-style-type: none"> • A placemat will be created and distributed to 55 nutrition sites and 2,500 home delivered meal participants. 	
<p>Objective 2.9: Establish Centralina AAA as the NC EBHP Training Academy.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: Participate in the CDC Arthritis Grant as a subcontractor for the University of North Carolina Asheville from 2020-21.</p>	
<p>Strategy 2: Participate in the ACL grant as a subcontractor for the University of North Carolina Asheville from 2020-22.</p>	
<p>Strategy 3: Conduct 2 master trainer and 4 lay leader certification trainings</p>	
<p>Strategy 4: Develop and hold 1 leader retreat annually</p>	
<p>Strategy 5: CAAA EBHP support staff will maintain area of expertise by attending one national and one statewide conference annually such as SE4A, NANASP, NC AOA, NC ACT, ICAA, n4a, etc.</p>	
<p>Objective 2.10 Provide Medicare reimbursable DSMES education in Centralina Region</p>	<p>ANNUAL UPDATES</p>
<p>Strategy 1: Maintain Association of Diabetes Care and Education Specialists (ADCES) certification and membership</p>	
<p>Strategy 2: Manage and maintain Medicare enrollment of DSMES Service via PECOS</p>	

<p>Strategy 3: Maintain membership with Palmetto GBA - Medicare Administrative Contractor (MAC) of Jurisdiction M, Part B for Centralina's DSMT and MNT services</p>	
<p>Strategy 4: Utilize clearinghouse (Ability) for eligibility and revenue cycle management of DSMT and MNT</p>	
<p>Strategy 5: <i>Maintain 6 AADE certified leaders for 2016 and add 2 leaders with AADE certification annually.</i></p>	
<p>Strategy 6: Adhere to HIPPA compliance as required by certified entity status</p>	
<p>Strategy 7: Conduct at least 4 DSMES Services yearly and receive Medicare payment</p>	
<p>Strategy 8: Cross train 3 staff in the DSMES Service provision and billing process</p>	
<p>Objective 2.11 Provide education to the community on best practices to working with persons with disabilities.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Provide training on Disability Awareness Training in partnership with other local and state government agencies in at least 4 counties by 2025.</i></p>	
<p>Strategy 2: Plan one training session each year with at least 2 sessions in rural counties by 2025.</p>	
<p>Objective 2.12 Use SCSEP as a tool to provide ongoing training and job support to volunteers.</p> <p>50 slots will remain filled for the year, with participants in Cabarrus, Mecklenburg, and Union Counties. While enrolled, participants will serve up to 20 hours per week at an assigned non-profit, government or public agency and will be paid a stipend of \$7.25 per training hour. While training in their assignment, participants will attend SCSEP job club meetings while preparing for and seeking unsubsidized employment. As participants gain employment and are excited from SCSEP, new participants are enrolled into the opened slot to complete the same process.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Develop and facilitate a graduation process for enrolled participants.</i></p> <ul style="list-style-type: none"> • Before participants begin their training assignment, the Program Manager will facilitate a Training Plan Agreement and complete an Individual Employment Plan (IEP) to be updated every six months of enrollment. 	

<p>IEP's will document participant goals and planning as it relates to success within the training assignment, gaining employment and supportive services.</p> <ul style="list-style-type: none"> • Participants will engage in regularly scheduled job clubs and perform ongoing job searches to be submitted to the Program Manager once a month. • Job clubs will cover resume writing, job searches, networking, social media, mock interview, and professionalism in the workplace. Upon gaining unsubsidized employment, participants are successfully graduated from the SCSEP Program. 	
<p>Strategy 2: <i>Develop and conduct a certification process for "Older Worker/Senior Friendly" employers beginning 2020.</i> Curriculum should be completed by October 2020</p> <p>A one-day curriculum will be developed for Older Worker, Senior friendly Employers, resulting in a certification. Certification will cover topics related to Older workers such as:</p> <ol style="list-style-type: none"> 1. General Commitment and Workforce Policies 2. Organization Culture and Employee Relations 3. Workforce Planning and Composition 4. Employee Retention 5. Candidate Recruiting 6. Management Style and Practices 7. Training and Development 8. Job Content and Process Accommodations 9. Work Schedules, Arrangements and Time Off 10. Compensation Programs 	

<p>11. Healthcare Benefits</p> <p>12. Savings and Retirement Benefits</p>					
<p>Strategy 3: <i>Certify at least 2 employers as Senior Friendly employers each year beginning in 2021</i></p> <ul style="list-style-type: none"> • Program Manager will market Older Worker/ Senior Friendly Employee Certification with CCOG University, AAA, Social Media, Partners, and Word of Mouth. • As a result of marketing, local employer will register for scheduled trainings to be certified and publicly listed as Older Worker/ Senior friendly Employers. Sessions will begin by 2021 					
<p>Objective 2.14</p> <p>Promote "on the job" training opportunities among the private sector wherein, we can pay a portion of the employee's salary while an employer evaluates for a set period</p> <p>In collaboration with Senior Service America, Program Manager will create literature and agreement templates for OJT to share with local employers. Focused OJT areas will be Customer Service/ Call Center, Medical Office Assistance, Food Service, Banking, and Laborers and Freight, Stock, and Material Movers as these are the most in demand for the Mecklenburg Labor Market. Based on the participant IEP and employer training timeline, an OJT agreement will be made to ensure employers of SCSEP by end as it relates to quality of participants work. Plans will range from 3 months to a year, depending upon training agreement.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>				
<p>Strategy 1: <i>Have 2 new employers utilize the "on the job" concept in the first 2 years.</i></p> <p>According to the NC Works Labor Market review, below are local employers with the greatest number of job openings as of 1/22/2020. As the employers have been identified as having the greatest need for employee, the Program Manager will use them as target employers for the OJT Program. With appropriate literature and by in, these employers will be SCSEP OJT Employers of Choice.</p> <p>Employers by Number of Job Openings</p> <table border="1"> <thead> <tr> <th data-bbox="149 1393 682 1425">Employer Name</th> <th data-bbox="682 1393 1990 1425">Job Openings</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Employer Name	Job Openings			
Employer Name	Job Openings				

<ul style="list-style-type: none"> • Atrium Health 2,180 • Wells Fargo 941 • Bank of America Corporation 710 • Novant Health, Inc. 472 • Charlotte Mecklenburg Schools 380 	
<p>Strategy 2: <i>Have 2 SCSEP participants offered full time employment after participating in the "on the job" program by 2020</i></p> <p>All participants will have one on one IEP's and assessments every six months and based on work readiness, some will have IEP's every three months. Based on IEP, participants that are job ready, will submit eight job searches per month with an updated resume. SCSEP staff will conduct follow-up 's on job searches.</p> <ul style="list-style-type: none"> • SCSEP Staff will connect participants to Older Worker Friendly Employers and set up interviews for potential employment. • All participants must be enrolled with the local NC Works and/other One Stop Career Center. • In approaching all avenues of employment, participants will be placed. 	
<p>Objective 2.15</p> <p>Develop annual career fairs to connect older workers and individuals with disabilities to employment opportunities.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Develop an "Older Worker Summit" to be offered in the first 2 years (highlighting Veterans, Ex-Offenders).</i></p> <ul style="list-style-type: none"> • For FY 19-20 SCSEP will have continued collaborations with local Career Centers to connect SCSEP Participants to job fairs. • SCSEP is working to build an SCSEP Advisor team of participants, employers, host agencies, Higher Education Professionals and Workforce Specialists by January 2021. This Advisory board will be the basis for strategic planning of Career Fairs and other events targeted to Older Workers. • SCSEP's goal is to host a summit by July 2021. 	
<p>Strategy 2: <i>Increase the number of partners and participants by 5% that result from the summit work sessions.</i></p>	

<ul style="list-style-type: none"> For FY 19-20 SCSEP will have continued collaborations with local Career Centers to connect SCSEP Participants to job fairs. 	
<p>Objective 2.16 Strengthen relationships and expectations of local SCSEP host agencies.</p> <p>For FY 19/20, Host Agencies are required to re-submit updated training plans for each participant by February 21, 2020. Mid-year evaluations of participants are to be submitted to ensure clear lines of communication between Host Agency and SCSEP Staff.</p> <p>SCSEP Manager is always accessible via email or mobile for all Site Supervisors.</p>	ANNUAL UPDATES
<p>Strategy 1: <i>Hold at least 2 meetings each year with Host Agencies.</i></p> <ul style="list-style-type: none"> Site Supervisor meetings are mandatory to be held every quarter. These meeting allow for updates from SCSEP, Older Worker Friendly Trainings, feedback to SCSEP Staff, networking. 	
<p>Strategy 2: <i>Review Host Agency agreement for changes and updates annually.</i></p> <ul style="list-style-type: none"> Each Host Agency must submit a new Host Agency Agreement at the beginning of each fiscal year. The host agreement informs agency's that they must have, at least one monitoring per year and may be subject to a site visit whenever SCSEP sees need. SCSEP Program Manager will conduct site visit and evaluations to ensure continued standings with SCSEP and DOL. 	
<p>Strategy 3: <i>Host agencies must agree to one training and ongoing assistance with unsubsidized employment placement and make a commitment to hire at least one participant.</i></p> <ul style="list-style-type: none"> According to the Host Agency Agreement, Agency's may not place participants in a role that is a needed regular employee role. Agency's may train participants in preparation for such roll and offer an unsubsidized position upon training completion, but if a participant fills a role that is of a regular employee then they are no longer training and the agreement with SCSEP has been broken. 	

<ul style="list-style-type: none"> • To ensure proper training a preparation for unsubsidized employment. Participants may ONLY fulfill task listed on the signed training plan. • Agency’s must share job openings with participants and SCSEP Staff and participants must always check for openings with existing Host Agencies. • If participants are not considered for job openings and SCSEP staff observe no cause, the Host Agency agreement may become void and the agency may no longer be a SCSEP Host Agency. 	
<p>Strategy 4: <i>Assure a “good fit” between the preferences of the host agency and the needs of the participant by reviewing assessment and placement options both prior and at least once during placement.</i></p> <ul style="list-style-type: none"> • Great emphasis on “Job Training” will be consistently conveyed to host agencies and participants. Participants are encouraged to follow their interest, even if they do not have previous experience in the field. That is the beauty of training. Host Agency’s must be committed to the training and development of participants in new areas and cannot expect job ready participants. • With consideration of agency needs and participant interests, referred participants will have the basic skills and knowledge for a foundation to a successful training plan. 	

Goal 3. WELL INFORMED COMMUNITIES

<p>Objective 3.1: Maintain a variety of communication methods to increase access for everyone in our service area.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Maintain a log of contacts for the phone calls and will attempt to respond in a timely manner to consumers with a goal of a response within 24-48 hours of the initial contact.</i></p> <ul style="list-style-type: none"> • Enter information in Peer Place or NC 360 	

<p>Strategy 2. <i>Submit updates for use in social media (website, Facebook, Twitter) multiple times a week including events and pertinent information.</i></p>	
<p>Strategy 3: <i>Review and submit changes for events, contacts, services, and support to our media partner All About Seniors at least three times per year. Also utilize and continue partnership with SPIN (Senior Professional Industry Network) and SeniorsEngage.com: engage as you age platform.</i></p>	
<p>Strategy 4: <i>Maintain professional certifications that promote the highest level of customer service and accomplishment in at least the following:</i></p> <ul style="list-style-type: none"> • Options Counseling, Certified Information and Referral Specialist- Aging/Disability, American’s with Disabilities Act, ADA Coordinator certified trainer, Seniors’ Health Insurance Information Program, Dementia Practitioner, National Association of Social Workers, National Association of Certified Care Managers, Certified Dementia Practitioner, 	
<p>Strategy 5: <i>Make 100% of appropriate referrals to entities, local, state, national, and international.</i></p> <ul style="list-style-type: none"> • Phone log will indicate to whom the referral was made. 	
<p>Strategy 6: <i>Explore options to deliver information through various mediums, including Zoom for video webinar, 8x8 and 1 Source International for conference calling</i></p>	
<p>Strategy 7: <i>Evaluate NCCARE360 for closed loop referral system with local entities and partners.</i></p>	
<p>Objective 3.2</p> <p>Establish and/or maintain a wide variety of partnerships to ensure community education is accomplished in the region.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Assure that AAA materials are available in at least one large event per county each year.</i></p>	
<p>Strategy 2: <i>Ensure that AAA materials are available in at least one large event per county each year.</i></p> <ul style="list-style-type: none"> • Examples include Thrive at 55+, Aging Health Fairs, Resident Rights Events, Caregiver Summits, HPDP leaders retreat, Falls Prevention Expos, Alzheimer’s, and Parkinson’s conferences 	

<p>Strategy 3: <i>Work to increase collaborations (includes both funding and attending) connections with an existing group no less than 1 per county.</i></p> <ul style="list-style-type: none"> • Examples include AARP, Hospice, Transition Coalitions, DRR, Elder Abuse, Hospitals, etc. 	
<p>Strategy 4: <i>Host or conduct at least 12 educational programs each calendar year.</i></p> <ul style="list-style-type: none"> • Examples include the Annual Aging Conference, Elder Abuse, Healthy Living, Family Caregiver, and provider-based training opportunities and programs for long-term care communities. 	
<p>Strategy 5: <i>Continue as leadership for Dementia Friendly Charlotte Mecklenburg while increasing awareness about dementia and reducing the stigma attached to the disease process.</i></p> <ul style="list-style-type: none"> • CAAA will hold monthly meetings to continue efforts in Mecklenburg County. 	
<p>Strategy 6: <i>Co-locate SHIP and other materials at appropriate events, based on audience.</i></p> <ul style="list-style-type: none"> • <i>In case of emergency, CAAA will use social media and video and conference calling in lieu of in-person meetings. Depending on the situation, all in-person meetings and events will be re-scheduled. We will work with our funded partners and other key agencies and organization to disseminate information.</i> 	

Goal 4: STRONG AND SEAMLESS CONTINUUM OF SERVICES

<p>Objective 4.1:</p> <p>Work to increase community collaborations with existing organizations and initiatives</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Includes both funding and attending connections with an existing group no less than 1 per county. (Examples: AARP, Hospice, Transition Coalitions, DRR, Elder Abuse, Hospitals, etc.)</i></p>	
<p>Strategy 2: <i>CAAA staff will participate in community planning organizations such as Age-Friendly, Multidisciplinary Task Forces etc.</i></p>	

<p>Strategy 3: <i>Serve in a contributing capacity by participating in federal, state, local and county-based work groups regarding systems development for the DAAS Examples:</i></p> <ul style="list-style-type: none"> • <i>North Carolina Medicaid reform, No Wrong Door, development of new ombudsman policies and procedures including CAC redevelopment</i> 	
<p>Strategy 4: <i>CAAA will ensure that appropriate Aging Network representatives are included in CCOG planning efforts such as the Regional Transit Plan</i></p>	
<p>Objective 4.2</p> <p>AAA will collaborate with funded partners to ensure strong service delivery</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Provide ongoing continuing development through program specific meetings</i></p>	
<p>Strategy 2: <i>Provide opportunities for continued development through educational conferences</i></p>	
<p>Strategy 3: <i>Develop and distribute a monthly electronic director's update.</i></p>	
<p>Strategy 4: <i>Become embedded in NC CARE 360, Aunt Bertha Community Resource Hub and statewide Peer Place efforts</i></p>	
<p>Objective 4.3</p> <p>Centralina will develop and implement systems to ensure compliance with the NC DAAS program standards for all funded services.</p>	<p>ANNUAL UPDATES Beginning end of FY21</p>
<p>Strategy 1: <i>Participate as technical assistance advisor at HCCBG meetings during funding cycle.</i></p>	
<p>Strategy 2: <i>CAAA will conduct monitoring as required by NCDAAAS guidance</i></p>	

Goal 5: QUALITY MANAGEMENT

The Older American’s Act clearly defines the role of the Area Agency on Aging as to among other things

“serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;...”

Establishing a provider network that effectively and efficiently provides long-term services and supports as funded through the various older Americans act titles and in accordance with specific programmatic standards is one of centralized primary functions. The Centralina AAA understands the monitoring role as a cyclical process that allows red flags to be identified and technical assistance or training to be provided before issues become a compliance problem. Centralina AAA works to establish trust and collaboration to promote cooperation from the provider network. Aging specialists are assigned both to individual counties and services to ensure continuity through regular contact, ongoing observation, budgeting, provider communications, programmatic and fiscal monitoring, monitoring follow-up, and corrective actions, etc. This global view allows Centralina to provide **an intake to invoice** workflow. While there are program subject matter experts, monitoring is often accomplished as a team effort to minimize disruption on daily operations. A program lead is assigned to the team that conducts the on-site monitoring. As outlined in the service operations toolkit for new monitors, Centralina AAA:

Objective 5 Centralina will design and deliver a Quality Management system that provides an “intake to invoice” workflow to efficiently and effectively administer all funding associated with the Older American’s Act/Home and Community Care Block Grant/Family Caregiver and other funding sources.	ANNUAL UPDATES Beginning end of FY21
Strategy 1: <i>Maintains ongoing observations and periodic desk reviews as indicated as a result of contracts, budgets, cost computations, monthly reports, logs, audits, staff communications, monitoring follow-up, corrective actions, public and/or consumer input.</i>	
Strategy 2: <i>Conducts ongoing review of some contractor performance evaluations</i>	
Strategy 3: <i>Conducts annual provider risk assessments including any subcontractor evaluations</i>	
Strategy 4: <i>Develops and maintains an annual monitoring schedule and submits Exhibit 14 as part of the area agency on aging area plan</i>	

Strategy 5: <i>Conducts site visits associated with programmatic review, record review, unit verification etc.</i>	
Strategy 6: <i>Develops and disseminates assessment reports, follow-up including technical assistance, training, and action plans. This includes conducting closeouts as necessary</i>	
Strategy 7: <i>HIPPA Privacy and Security Compliance for the Medicare/Medicaid Certified programs under the Centralina Health Solutions.</i> <ul style="list-style-type: none"> • CAAA will participate in the PII weekly training for Security provided by the IT Vendor for CCOG • CAAA employees will work to maintain a Security Score of greater than 600 in the PII portal • CAAA employees will participate in Privacy Training as provided by the HIPPA Compliance officer on at least a quarterly basis • CAAA will conduct an annual review of the CAAA Centralina Health Solutions Privacy and Security compliance using approved tools and review findings with Aging Administrator and others as deemed appropriate. 	
Strategy 8: <i>Emergency Preparedness Planning</i>	

GOAL 6: COVID 19 ADDENDUM TO AREA PLAN FOR ALL FEDERAL/STATE RELIEF FUNDING AND PROGRAM AND SERVICE STANDARDS

Objective 6.1 Centralina will ensure compliance to DAAS requirements of Funded County Service Partners and internal direct services as outlined in DAAS directives, Administrative Letters, contracts, and technical assistance.	ANNUAL UPDATES Beginning end of FY21
Strategy 6.1 A. SAFETY AND SECURITY: Phased Re-opening Training <ul style="list-style-type: none"> • May 8 initial re-open training for local providers • May 22 – Phase 2 re-open training update • CAAA design and implement an agency Plan Review of all Phase 2 Re-Open Plans <ul style="list-style-type: none"> ○ Develop template for review ○ Conduct reviews and provide feedback 	
Strategy 6.1 B. Maintain effective communication, in a virtual environment, among and between funded partners, community collaborators and state/federal officials. <ul style="list-style-type: none"> • Weekly meeting with DAAS 	

<ul style="list-style-type: none"> • Weekly meeting with Region F funded partners • Weekly meeting with program specific regional staff (Nutrition, FCSP, Senior Center, Ombudsman) • Weekly meeting with NC4A • Monthly meeting the CCOG Executive Director 	
<p>Strategy 6.1 C. May 2020 Families First carry over to FY 21 for full funded planning, allocation, and monitoring</p> <ul style="list-style-type: none"> • Weekly contact with providers with lead agencies • Weekly contact with program specific providers • ARMS code training 	
<p>Objective 6.2 July 1, 2020 to September 31, 2021 UTILIZATION PLAN FOR CARES Relief Funds (Ombudsman, FCSP, Administration, Passthrough)</p> <p>The CAAA team will meet and develop strategies that will ensure the efficient and effective planning, allocation, distribution, managing and monitoring of the funds associated with CARES. This includes the following general activities for each sub-part</p> <ul style="list-style-type: none"> • County planning sessions to determine county need and provider capacity to provide service • Development of forms, policies, and procedures and tracking tools for dollar-based services • Establish a monthly reporting process and On-going communication with the individual services provider which will be in direct contract with the AAA • Establishment of a prior approval documentation trail for capital expenses above \$5000.00 	
<p>Strategy 6.2 A: CARES/Ombudsman Plan to expend CARES funds to enhance the ombudsman program ability to serve LTC residents during COVID crisis.</p> <ul style="list-style-type: none"> • Develop a spread sheet in first two month to include all codes and items anticipated for purchase • Track expenditures for the 16 months required to expend all funds. • Enhance technology needs for regional ombudsman to increase outreach to residents in first 6 months • Purchase of necessary PPE to ensure safety of ombudsman/volunteers as re-entry to facilities occur • Identify 3 areas of need for staff to continue meeting ombudsman mandates • Monthly contact with staff to assess needs of ombudsman/residents and facilities. • Develop policies and procedures to outline changes in ombudsman practice that are enhanced with CARES funds. 	

<p>6.2 B: CARES/FCSP</p> <ul style="list-style-type: none"> • Develop RFP for county-based service delivery. 	
<p>6.2 C: CARES/General Title III B Admin</p> <ul style="list-style-type: none"> • Request NGA to allocate funds to the CAAA for use in Administration of the CARES funding 	
<p>6.2 D: CARES/Passthrough to Providers</p> <ul style="list-style-type: none"> • Meet with individual counties to determine COVID related needs • Develop and implement a budget form to determine the county-based unit and non-unit-based expenditures • Develop forms for tracking non unit-based expenditures • Develop monitoring methods for monthly reporting and periodic desk audits 	

APPENDICES

A. Demographics

B. Area Plan Assurances and Required Documents

Section I: Verification of Intent and Assurances

- Exhibit 1: Verification of Intent
- Exhibit 2: Area Plan Assurances
- Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and Americans with Disabilities Act of 1990, including subsequent amendments
- Exhibit 4: Assurance of Compliance with the DHHS Regulation under Title VI of The Civil Rights Act of 1964, including subsequent amendments
- Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

Section II: Administrative Matters

- Exhibit 6: Organizational Chart of Regional Council of Governments
- Exhibit 7: Organizational Chart of the Area Agency on Aging
- Exhibit 8: Area Agency on Aging Staffing Profile
- Exhibit 9: Regional Advisory Council Membership and Participation
- Exhibit 10: Focal Point Organization

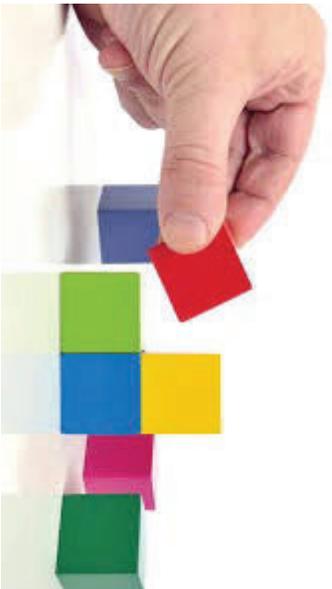
Section III: Needs Assessment Overview

- Exhibit 11: Documentation of Area Agency on Aging Public Hearing
- Exhibit 12: Needs Assessment Regional Summary

Section IV: Monitoring and Direct Services

- Exhibit 13: Provision of Direct Services Waiver Request
- Exhibit 14: Provider Monitoring Plan
- Exhibit 14A: List of Subcontractors

APPENDICES



APPENDIX A:

Demographics

Region F, like the state of North Carolina, is experiencing rapid growth and aging if its communities. Working to respond to these changes in demographics as well as increases in seniors needing services will require each county to adapt service delivery.

Anson County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	25,288		25,288		0%
0-17	5,111	20%	4,387	17%	-14.20%
18-44	8,908	35%	8,602	34%	-3.40%
45-59	5,126	20%	5,284	21%	3.10%
60+	6,143	24%	7,015	28%	14.20%
65+	4,462	18%	5,525	22%	23.80%
85+	573	2%	745	2.90%	30%
<hr/>					
65-74	2,600		2,799		8%
75-84	1,289		1,981		54%
85+	573		745		30%

Cabarrus County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	209,105		293,370		40.30%
0-17	51,395	25%	66,977	23%	30.30%
18-44	72,785	35%	99,906	34%	37.30%
45-59	45,652	22%	54,814	19%	20.10%
60+	39,317	19%	71,673	24%	82.30%
65+	27,843	13%	54,999	19%	97.50%
85+	2,847	1%	6,631	2.30%	132.9%
<hr/>					
65-74	16,889		30,108		78%
75-84	8,107		18,260		125%
85+	2,845		6,631		133%

Gaston County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	221,006		252,380		14.20%
0-17	49,511	22%	53,622	21%	8.30%
18-44	74,232	34%	85,161	34%	14.70%
45-59	47,896	22%	46,649	19%	-2.60%
60+	49,367	22%	66,948	27%	35.60%
65+	35,484	16%	52,710	21%	48.50%
85+	3,527	2%	6,209	2.50%	76.0%
65-74	21,565		28,225		31%
75-84	10,392		18,276		76%
85+	3,527		6,209		76%

Iredell County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	178,730		231,592		29.60%
0-17	39,047	22%	47,804	21%	22.40%
18-44	59,455	33%	74,377	32%	25.10%
45-59	40,941	23%	44,975	19%	9.90%
60+	39,287	22%	64,436	28%	64.00%
65+	28,095	16%	50,817	22%	80.90%
85+	2,459	1%	5,972	2.60%	142.9%
65-74	16,984		27,179		60%
75-84	8,652		17,666		104%
85+	2,459		5,972		143%



Lincoln County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	84,751		109,036		28.70%
0-17	17,292	20%	20,330	19%	17.60%
18-44	26,599	31%	32,890	30%	23.70%
45-59	20,089	24%	21,484	20%	6.90%
60+	20,771	25%	34,332	32%	65.30%
65+	14,776	17%	27,135	25%	83.60%
85+	1,237	1%	3,119	2.90%	152.1%
65-74	9,208		14,603		59%
75-84	4,331		9,413		117%
85+	1,237		3,119		152%

Mecklenburg County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	1,088,350		1,521,226		39.80%
0-17	259,471	24%	313,859	21%	21.00%
18-44	435,351	40%	563,841	37%	29.50%
45-59	215,243	20%	305,224	20%	41.80%
60+	178,285	16%	338,302	22%	89.80%
65+	122,780	11%	258,239	17%	110.30%
85+	13,109	1%	36,408	2.40%	177.7%
65-74	76,679		134,778		76%
75-84	32,992		87,053		164%
85+	13,109		36,408		178%



Rowan County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	141,802		155,503		9.70%
0-17	31,620	22%	32,896	21%	4.00%
18-44	47,541	34%	51,919	33%	9.20%
45-59	28,913	20%	27,622	18%	-4.50%
60+	33,728	24%	43,066	28%	27.70%
65+	24,455	17%	34,491	22%	41.00%
85+	2,801	2%	4,330	2.80%	54.6%
65-74	14,469		17,430		20%
75-84	7,185		12,731		77%
85+	2,801		4,330		55%

Stanly County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	63,328		73,367		15.90%
0-17	13,273	21%	14,348	20%	8.10%
18-44	20,447	32%	22,780	31%	11.40%
45-59	13,408	21%	13,788	19%	2.80%
60+	16,200	26%	22,451	31%	38.60%
65+	12,014	19%	18,184	25%	51.40%
85+	1,254	2%	2,310	3.10%	84.2%
65-74	7,076		9,277		31%
75-84	3,684		6,597		79%
85+	1,254		2,310		84%



Union County

Ages	2018		2038		% Change (2018-2038)
	#	%	#	%	
Total	232,465		349,929		50.50%
0-17	57,685	25%	81,653	23%	41.50%
18-44	77,952	34%	115,738	33%	48.50%
45-59	54,795	24%	63,721	18%	16.30%
60+	42,033	18%	88,817	25%	111.30%
65+	29,413	13%	69,557	20%	136.50%
85+	2,262	1%	8,100	2.30%	258.1%
65-74	18,450		38,826		110%
75-84	8,701		22,631		160%
85+	2,262		8,100		258%

Regional Data

County	White	African American	Hispanic or Latino	veterans	living alone	less than High School Graduate	one or more disabilities	below poverty level	100-199% poverty level	Median household income
Anson	61.1%	37.4%	0.0%	16.0%	31.3%	39.9%	42.3%	14.9%	33.4%	\$ 30,032
Cabarrus	85.1%	12.4%	2.5%	19.9%	23.5%	35.0%	35.9%	7.6%	19.9%	\$ 41,717
Gaston	86.7%	11.0%	1.6%	18.5%	26.7%	33.3%	38.9%	10.4%	26.6%	\$ 34,555
Iredell	88.9%	9.4%	2.1%	18.0%	22.1%	36.5%	33.3%	7.4%	22.0%	\$ 43,238
Lincoln	94.3%	4.4%	2.5%	19.6%	21.6%	34.4%	32.5%	9.9%	24.6%	\$ 37,455
Mecklenburg	69.1%	24.8%	4.1%	17.0%	26.9%	24.7%	30.7%	8.0%	17.9%	\$ 46,201
Rowan	86.3%	12.0%	1.5%	21.3%	24.8%	36.1%	38.4%	9.4%	25.7%	\$ 36,382
Stanly	91.1%	7.2%	1.1%	17.5%	24.9%	39.8%	32.2%	7.6%	28.3%	\$ 36,520
Union	86.8%	10.0%	3.3%	19.5%	18.9%	35.2%	32.2%	5.3%	17.1%	\$ 47,655





APPENDIX B:

Area Plan Assurances and Required Documents

SECTION I:

Verification of Intent and Assurances

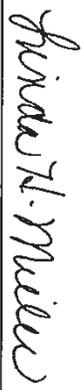
Exhibit 1

Verification of Intent

The Area Plan on Aging is submitted for the Planning and Service Area for the period July 1, 2020 through June 30, 2024.

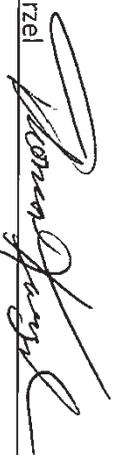
It includes assurances and plans to be followed by the Centralina Area Agency on Aging pursuant to the provisions of the Older Americans Act ("ACT") of 1965, including subsequent amendments. The identified Area Agency on Aging will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency on Aging assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as an advocate for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act and is hereby submitted to the State Unit on Aging for approval.



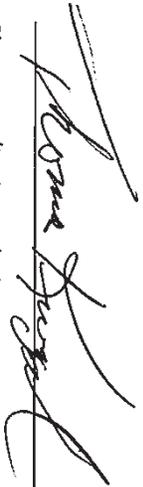
Area Agency Director
Date 5/1/20

The Regional Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.



Tom Kurzel
Chairperson of the Regional Advisory Council on Aging
Date 3/12/20

The governing body of the Area Agency on Aging has reviewed and approves the Area Plan



Signature/RFAAC Chair
Date 5/1/20

Exhibit 2 Area Plan Assurances

As part of the Area Plan on Aging, the Area Agency on Aging assures that:

- A)** It will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration for Community Living, Administration on Aging and the North Carolina Division of Aging and Adult Services.
- B)** It will cooperate with the North Carolina Department of Health and Human Services and the U.S. Department of Health and Human Services and participate in the implementation of special initiatives that may be developed.
- C)** Each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, Older individuals with limited English Proficiency, older individuals with greatest economic or social need, those at risk for institutional placement and older individuals residing in rural areas pursuant to Older American Act (OAA), 42 U.S.C. §3026(a)(4)(A).
- D)** It will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals pursuant to OAA, 42 U.S.C. §3026(a)(3)(E).
- E)** Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the Division of Aging and Adult Services as a part of the area plan review process pursuant to OAA, 42 U.S.C. §3026(a)(2):
 - Access - 30%
 - In-Home - 25%
 - Legal - 2%
- F)** Designation, when feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—
 - 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1983 and have maintained that status; or
 - 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 675B of the Community Services Block Grant Act; and:
 - 3) in grants, contracts, and agreements implementing the area plan the identity of each focal point, pursuant to OAA, 42 U.S.C. §3026(a)(3).

G) Each agreement with a service provider funded under Title III of the Act shall require that the provider pursuant to OAA, 42 U.S.C. §3026(a)(4) –

- 1) specify how the provider intends to satisfy the service needs of low-income minority elderly, older individuals with limited English proficiency, and older individuals residing in rural areas in the provider's service area;
- 2) to the extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- 3) meet specific objectives established by the Area Agency on Aging for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area (referred to in this Section as 'PSA').

H) Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers pursuant to OAA, 42 U.S.C. §3026(a)(4)(B) and 42 U.S.C. §3026(a)(6)(G), with special emphasis on—

- 1) older individuals with greatest economic and social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- 2) older individuals with severe disabilities;
- 3) older individuals with limited English proficiency;
- 4) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
- 5) older individuals at risk for institutional placement; and
- 6) older individuals who are Indians if there is a significant population in the planning and service area.

I) Pursuant to OAA, 42 U.S.C. §3026(a)(5),(16) and (17), It will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities. It will provide to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. It will include information detailing how it will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and other institutions that have responsibility for disaster relief service delivery.

J) In connection with matters of general policy arising in the development and administration of the Area Plan on Aging, the views of recipients of services under such plan will be taken into account pursuant to OAA, 42 U.S.C. §3026(a)(6)(A).

K) It will serve as an advocate and focal point for the elderly within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals pursuant to OAA, 42 U.S.C. §3026(a)(6)(B).

L) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(C) and where possible, it will 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. Where possible, preference will be given to entering into arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that—

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or came into

existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act.

M) It will make use of trained volunteers in providing services delivered to older individuals and individuals with disabilities needing such services and, if possible work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community settings pursuant to OAA, 42 U.S.C. §3026(a)(6)(C)(iii).

N) It will 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 the Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of business community, local elected officials, providers of veteran's health care (if a veterans health care facility is located in the Area Agency PSA), 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 pursuant to OAA, 42 U.S.C. §3026(a)(6)(D).

O) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(E) and OAA, 42 U.S.C. §3026(a)(12) It will establish effective and efficient procedures for coordination of services with entities conducting-

- 1) programs that receive assistance under the Older Americans Act within the PSA; and
- 2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA.
- 3)

P) In coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public health agencies and nonprofit private organizations pursuant to OAA, 42 U.S.C. §3026(a)(6)(F).

Q) Pursuant to OAA, 42 U.S.C. §3026(a)(7), It will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by:

- 1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- 2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- 3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- 4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public

and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

R) Pursuant to OAA, 42 U.S.C. §3026(a)(8)(C), case management services provided under Title III of the Act through the Area Agency on Aging will —

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

S) It will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under section 307(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year 2000 in carrying out such a program under Title VII of the Act pursuant to OAA, 42 U.S.C. §3026(a)(9).

T) Pursuant to OAA, 42 U.S.C. §3026(a)(10), it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under Title III of the Act.

U) It will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), pursuant to 42 U.S.C. §3026(a)(11) including—

- 1) information concerning whether there is a significant population of older Native Americans in the PSA 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 Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) 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 PSA, to older Native Americans.

V) If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, then the area agency on aging for the planning and service area will (a) utilize in the delivery of outreach services under section 3026(a)(2)(A) of the U.S.C., the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (b) will designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving

assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences pursuant to OAA, 42 U.S.C. §3027(a)(15).

W) Pursuant to OAA, 42 U.S.C. §3026(a)(13), It will maintain the integrity and the public purpose of services provided, and service providers, under Title III of the Act in all commercial and contractual relationships. It shall disclose to the Division of Aging and Adult Services and the Federal Assistant Secretary on Aging the identity of each non-governmental entity with which it has a contract or commercial relationship relating to the provision of services to older individuals as specified in the Act and the nature of such contract or relationship. It shall demonstrate the effectiveness and efficiency of services provided through these contract or commercial relationships as required by the Act. On the request of the Federal Assistant Secretary or the Division of Aging and Adult Services, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit).

X) Pursuant to OAA, 42 U.S.C. §3026(a)(15), Funds received under Title III will be used-

1) to provide benefits and services to older individuals, giving priority to older individuals identified in assurance C; and

2) in compliance with assurance W and the limitations specified in Section 3020c of the U.S.C. in which such section pertains to contracting and grant authority; private pay relationships; and appropriate use of funds.

Y) Preference in receiving services under Title III of the Act will not be given by it to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this Title pursuant to OAA, 42 U.S.C. §3026(a)(14).

Z) Pursuant to OAA, 42 U.S.C. §3027(a)(8), if it desires to provide directly any supportive, nutrition, or in-home services (as defined in Section 342) a waiver shall be requested as part of the Area Plan process and such request(s) will be evaluated based upon the following criteria--

- 1) provision of such services by the agency is necessary to assure an adequate supply of such services;
- 2) such services are directly related to the agency's administrative functions; or
- 3) such services can be provided more economically, and with comparable quality, by the agency.

Exhibit 13 provides information needed to meet this assurance. Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency on Aging, no waiver is required because State statute (G.S. 143B-181.17) places the program in the Area Agency on Aging. The NC Division of Aging and Adult Services will not require a waiver request for direct provision of Information and Options Counseling (I&OC) or Outreach.

AA) It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, Section 712(g)(1)(iii) which requires that legal representation as well as consultation and advice be provided for the Regional Ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan on Aging pursuant to OAA, 42 U.S.C. §3058(g).

BB) Each Regional Ombudsman reports regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsmen, provides information to the general public, and

maintains documentation of the required Program duties pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(C); and N.C.G. S. §143B-181.19(3), (7), and (9).

CC) Each Regional Ombudsman performs mandated duties to identify, investigate, and resolve complaints made by or on behalf of long-term care residents [pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(B)(iii); and N.C. G. S. §143B-181.19-.20].

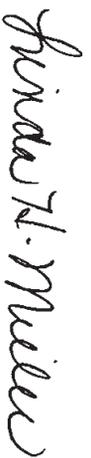
DD) There is the provision of the required initial training for new Community Advisory Committee members, ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements pursuant to N.C. G. S. §143B-181.19 (8), the Long-Term Care Ombudsman Program Policy and Procedures: Section (6)-(B)-(2), Pgs. 47-53 and; 45 CFR §§ 1324.13-(C)-(2).

EE) The Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate pursuant to OAA, 42 U.S.C. §§ 3058 (i).

FF) It will notify the NC Division of Aging and Adult Services within 30 days of any complaints of discrimination or legal actions filed against the Area Agency on Aging or the Council of Governments in its treatment of applicants and employees pursuant to the AAA Policies and Procedures Manual, Section 302.

GG) It will support the mission of the NC Senior Tar Heel Legislature in a manner prescribed by the Division of Aging and Adult Services and endorsed by the NC Association of Area Agencies on Aging pursuant to N.C. G.S. §143B-181.55.

HH) It will submit further assurances to the NC Division of Aging and Adult Services in the event of any change and/or addition to the regulations, policies, and procedures governing the Area Agency on Aging and its Area Plan.



5/1/20

Area Agency Director's Signature

Date

Exhibit 3

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and the Disabilities Act of 1990, including subsequent amendments

The Area Agency on Aging agrees to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and with the Americans with Disabilities Act of 1990.

Though the Area Agency on Aging should not make a survey of identifiable barriers to people with disabilities in the programs listed below, we do promise to follow a policy of "nondiscrimination against the handicapped" in providing or contracting for these services. If we find that present services or facilities provided by this agency or of those with whom we contract do discriminate against the handicapped, we promise to: (1) remedy the situation; (2) contract with another provider that does not discriminate if a resolution is not possible; and/ or (3) lastly, find a comparable service for the handicapped person. If option (3) is chosen, we shall take steps to ensure that no additional costs are incurred by the handicapped person and that the alternative service or facility is equally effective, affords equal opportunity, and does not segregate against handicapped individuals so that they are in a more restrictive setting than non-handicapped persons receiving the same service.

The purpose of this agreement is to ensure that all services and facilities obtained from contracts made through local services agencies are readily accessible to and usable by persons with disabilities.



5/1/20

Signature and Title of Authorized Official

Date

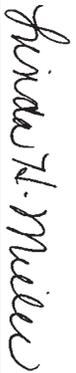
Exhibit 4

**Assurance of Compliance with the Department of Health and Human Services
Regulation under Title VI of The Civil Rights Act of 1964, including subsequent
amendments**

The Area Agency on Aging ("Applicant") will comply with Title VI of the Civil Rights Act of 1964 ("Title VI") (P.L.88-352) and subsequent amendments and all regulations imposed by the United States Department of Health and Human Services ("Department") (45 CFR Part 80) issued to effectuate Title VI. Therefore, no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and the Applicant gives assurance that it will immediately take any measure necessary to comply with any and all applicable federal rules and regulations.

If any real property or structure is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or its transferee, successor or assignee, for the period during which the real property or structure is used to comply with any all requirements of Title VI and applicable regulations. If any personal property is provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the personal property to comply with any and all requirements of Title VI and applicable regulations. In all other cases, this assurance shall obligate the Applicant for the period it is receiving Federal financial assistance extended to it by the Department to comply with any all requirements of Title VI and applicable regulations.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended including installment payments awarded to the Applicant on or after the signed date of the assurance. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations made in this agreement by the Applicant and the United States or the North Carolina Division of Aging and Adult Services shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees. The person(s) whose signature(s) appear below are authorized to sign and bind this assurance on behalf of the Applicant.



5/1/20

Signature and Title of Authorized Official

Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Shumaker, Loop and Kendrick, LLP
101 South Tryon Street
Suite 2200
Charlotte, NC 28280

Period of Time Covered by Contract:

July 1, 2020 through June 30, 2024

Scope of Services: Pursuant to 42 U.S.C. §3058g(g)

Division of Aging and Adult Services Administrative Letter 89-34

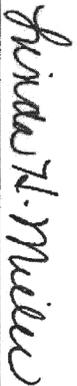
Key Elements of Contractual Agreement

1. Ensure that adequate legal counsel is available to each regional ombudsman for advice and consultation and that legal representation will be provided for the regional ombudsman against whom suit or other legal action is brought in connection with the performance of his/her official duties.
2. Ensure that each Regional Ombudsman as a designated representative of the state office has the ability to pursue administrative, legal and other appropriate remedies on behalf of residents in long-term care facilities (45 CFR §1327.15(j)).
3. Acknowledge that the communications between the ombudsman and legal counsel are subject to the attorney-client privilege (45 CFR §1327.15(j)(4).

AGREED UPON BY:



Executive Director, Centralina of Council of Governments
Date 6/24/20



Area Agency on Aging Director
Date 5/1/20



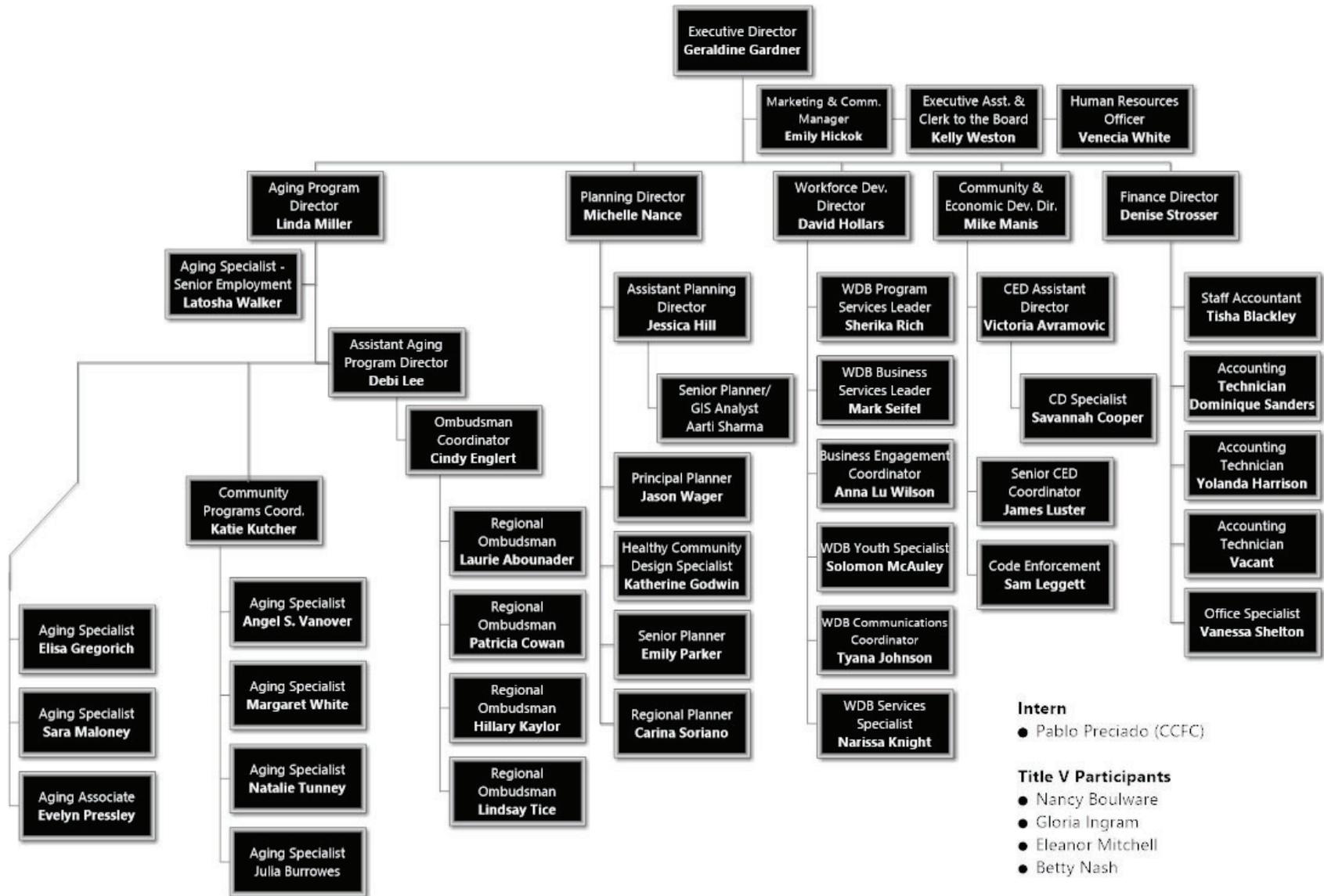
Legal Representative, Shumaker, Loop and Kendrick, LLP
Date 6/29/20

Section II
Administrative Matters





Exhibit 6: Organizational Chart of the Centralina Council of Governments



- Intern**
- Pablo Preciado (CCFC)
- Title V Participants**
- Nancy Boulware
 - Gloria Ingram
 - Eleanor Mitchell
 - Betty Nash

Exhibit 6: Organizational Chart of the Centralina Area Agency on Aging



Centralina AAA Organizational Chart
5/1/2020

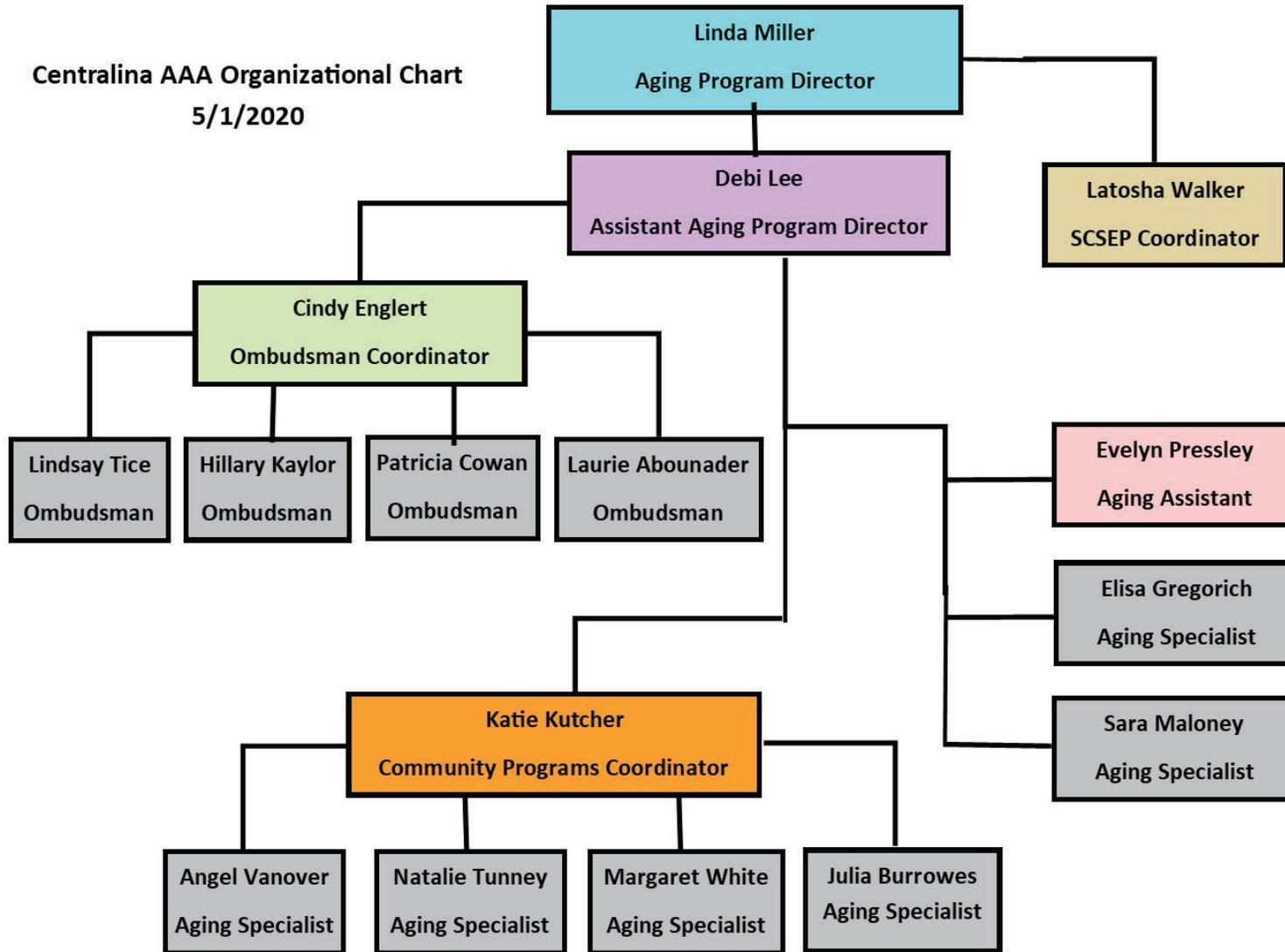


Exhibit 8: Area Agency on Aging Staffing Profile



	Name	Position/Job Title	Race/ Ethnicity <small>(see list below)</small>	FTE/ Temp	Personnel Category <small>(see list below)</small>	List funding source	% of time spent on duties
1	Laurie Abounader	Ombudsman	5	FTE	2,5	Ombudsman P&A Elder Abuse	85% 2% 13%
2	Julia Burrowes	Aging Specialist	5	FTE	2,5,6	P & A Title III-D HPDP MIPPA	35% 50% 15%
3	Patricia Cowan	Ombudsman	3	FTE	5	Ombudsman	100%
4	Cindy Englert	Ombudsman Coordinator	5	FTE	5	Ombudsman	100%
5	Elisa Gregorich	Aging Specialist	5	FTE	2,5,6	P and A LCA FCSP CMS Grant	50% 10% 15% 25%
6	Hillary Kaylor	Ombudsman	5	FTE	5	Ombudsman CMS Grant	95% 5%
7	Katie Kutcher	Aging Coordinator	5	FTE	2,5,6	P and A NC DOT Grant CMS Grant	60% 20% 20%
8	Debi Lee	Assistant Administrator	5	FTE	1	CMS Grant MIPPA SMP Ombudsman FCSP P and A	5% 25% 5% 15% 20% 30%
9	Sara Maloney	Aging Specialist/FCSP	5	FTE	2,5,6	FCSP P and A	80% 20%
10	Linda Miller	Administrator	5	FTE	1	AAA Support P and A	20% 80%

11	Evelyn Pressley	Program Assistant	3	FTE	4,7	P and A	100%
12	Lindsay Tice	Ombudsman	5	FTE	5	Ombudsman	100%
13	Natalie Tunney	Aging Specialist	5	FTE	2,5,6	FCSP NC DOT Grant P and A MIPPA	20% 20% 50% 10%
14	Angel Vanover	Aging Specialist	5	FTE	2,5,6	UNCA Grants HPDP Title III-D P and A FCSP	45% 40% 10% 5%
15	Latosha Walker	Aging Specialist/SCSEP	3	FTE	2,5	SCSEP (SSAI) P and A	85% 15%
16	Margaret White	Aging Specialist	5	FTE	2,5,6	HPDP P and A	60% 40%

(Please submit the amended exhibit annually)

Race/Ethnicity Categories

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. Hispanic
7. Some Other Race
8. Two or More Races

SUA Personnel Categories

1. Agency Executive/Management Staff
2. Planning
3. Development
4. Administration
5. Service Delivery
6. Access/Care Coordination
7. Clerical/Support Staff
8. Other

Exhibit 9: Regional Advisory Council Membership and Participation

Complete the list of current members of the Regional Advisory Council as indicated below.

How many times did the Regional Advisory Council meet during the past full state fiscal year? 4

#	Last name		Gender M/F	County	Race/ Ethnicity	Position Codes (note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
1	Clark	Joanne	F	Anson	5	2,6	NA	2022
2	DePietro	Angela	F	Anson	5	2,6	NA	2022
3	Spencer	Thomasina	F	Anson	3	2,3,6,7	NA	2022
4	Adams	Pat	F	Anson	5	2,6,7	NA	2021
5	Chandler	Jean	F	Cabarrus	5	2,7	NA	2020
7	Kurzel	Tom	M	Cabarrus	5	2,5	NA	2020
8	Mills	Ida	F	Cabarrus	5	2	NA	2021
9	Wiggins	Shirley	F	Gaston	5	2	NA	2021
10	Rivers	Pat	F	Gaston	5	2	NA	2022
11	Roberts, ND	John	M	Gaston	5	2	NA	2021
12	Grammer	Mandy	F	Gaston	5	2	NA	2021
13	Bair	Denise	F	Iredell	5	2	NA	2021
14	Barrier	Barbara	F	Iredell	5	2	NA	2020
15	Sides	Sue Jane	F	Lincoln	5	2,6	NA	2021
16	Sides	Richard	M	Lincoln	5	2,6	NA	2021
17	Atkinson	Deborah	F	Mecklenburg	3	2,3	NA	2022
18	Dean	Jeffrey	M	Mecklenburg	5	9	NA	2022
19	Solomon	Eileen	F	Rowan	5	2	NA	2021
20	Jackson	Kina	F	Rowan	5	9	NA	2021
21	Bruce	Alex	M	Rowan	5	2	NA	2021
22	Abernathy	Janice	F	Stanly	5	2,6	NA	2020
23	Bernacki	James B.	M	Stanly	5	2,6	NA	2020
24	Eudy	Joan	F	Stanly	5	2,6	NA	2020

25	Domanski	Kathleen	F	Union	5	2,6,7	NA	2021
26	Kindley	Patricia	F	Union	5	2,7,10	NA	2020
27	Galusha	Aleta	F	Union	5	2	NA	2021

- Race/Ethnicity Categories**
1. American Indian/Alaskan Native
 2. Asian
 3. Black/African American
 4. Native Hawaiian/Pacific Islander
 5. White
 6. Hispanic
 7. Some Other Race
 8. Two or More Races

- Position Code/Description**
1. Older Americans Act Recipient
 2. Age 60 or older Representative
 3. Minority Individual Representative
 4. Veteran's Affairs Representative
 5. Chairperson of the Council Representative
 6. Rural Area Representative
 7. Family Caregiver Representative
 8. Service Provider Representative
 9. Business Community Representative
 10. Local Elected Official

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Anson County COA Wadesboro, NC 28170	199 HWY 742 S. Anson			x
Cabarrus County DHS Kannapolis, NC 28083	1303 S. Cannon Blvd., Cabarrus			x
Gaston County DHHS Gastonia, NC 28053	330 Dr. ML King, Jr Way Gaston			x
Iredell COA Statesville, NC 28687	344 E. Front Street Iredell			x
Lincoln County Senior Services Department Lincoln, NC 28092	612 Center Drive Lincoln			x
Mecklenburg County DSS Charlotte, NC 28208	3205 Freedom Drive, Mecklenburg			x
Rufty-Homes Senior Center Salisbury, NC 28144	1120 S. ML King, Jr Blvd Rowan	x		
Stanly County Senior Services Department Albemarle, NC 28001	283 N. Third Street Stanly			x

Centralina AAA Suite 100, Charlotte, NC 28602	9815 David Taylor Dr	Union			x
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Section III

Needs Assessment Overview



Exhibit 11: Documentation of Area Agency on Aging Public Hearing (if applicable)

Date:

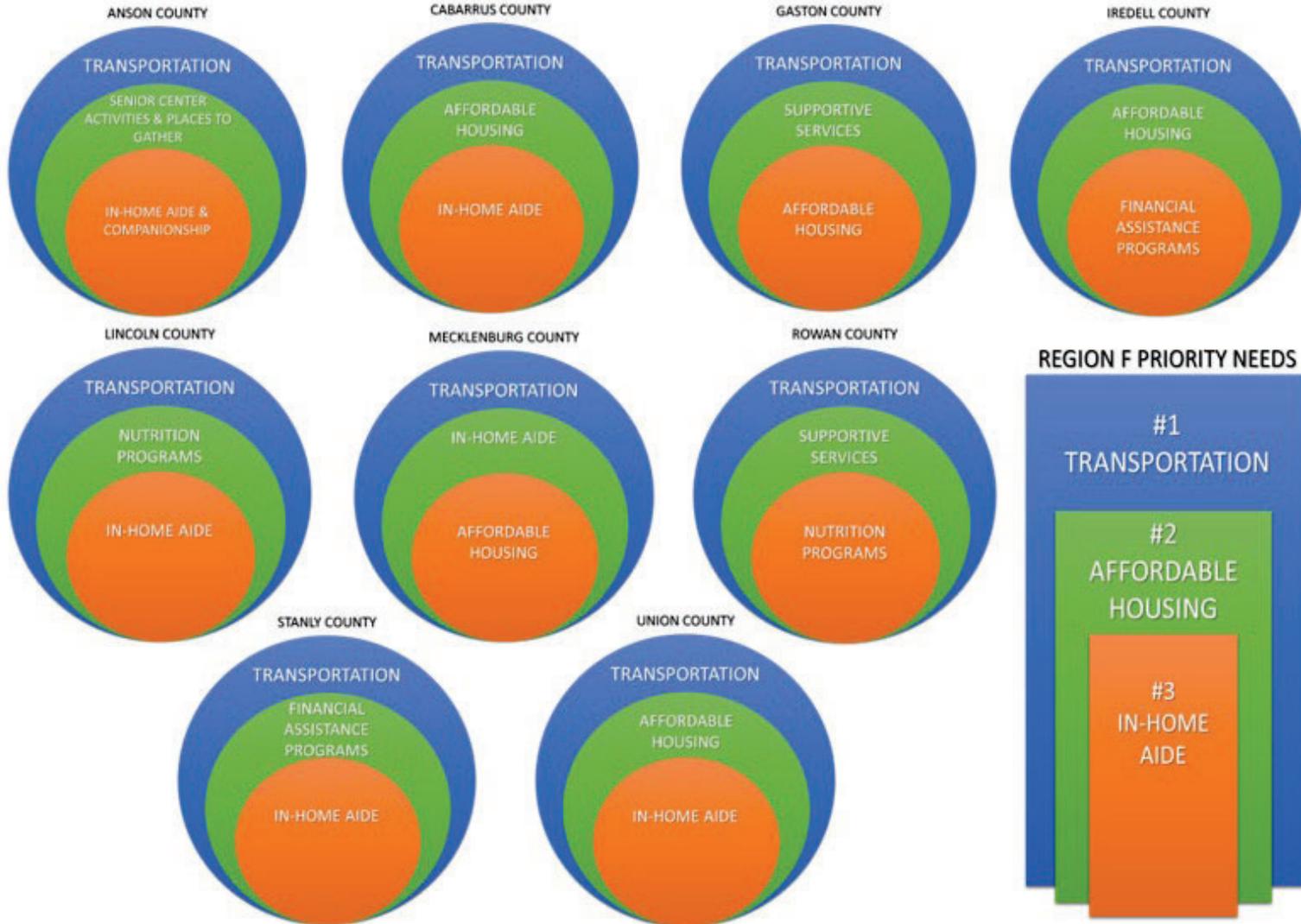
Place:

Summary of Major Comments:

NOT APPLICABLE

Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county



Section IV Monitoring and Direct Services



Exhibit 13: Provision of Direct Services Waiver Request

As specified in OAA, 42 U.S.C. §3027(a)(8)(A) and Section 304 of the AAA Policies and Procedures Manual, Area Agencies on Aging shall not provide supportive services, in-home services, or nutrition services directly without state approval. It is the policy of the Division not to approve direct service provisions by AAAs except when no other qualified entity is available or willing to provide services. The following form must be submitted to the Division of Aging and Adult Services by May 1st.

1. Name of the Organization: Centralina Area Agency on Aging Fiscal Year: 21
2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Family Caregiver Support Services	835	All		X
Title III-D Health Promotion Disease Prevention	401	All		X

By signing below the AAA Director is affirming that affected local interests (e.g., Board of County Commissioners, local HCCBG planning committee) agree with this plan for services.

Brinda T. Miller _____ Date 6/24/20 _____
 Area Agency on Aging Director

Exhibit 13: Provision of Direct Services Waiver Request (Continued)

The information requested below is required for each service that the Area Agency on Aging requests approval to provide directly.

Name of the Organization: **Centralina Area Agency on Aging** Region **F**

Name of Service:

- | | | |
|--|--------------------------|---------------|
| 1. Family Caregiver Support Program | Service Code: 835 | FY: 21 |
| 2. Title II-D Health Promotion Disease Prevention | Service Code: 401 | FY: 21 |

3. Budget:

A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.

B. Non-Block Grant services (including legal services, Ill-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:

i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.

ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.

iii. Evidence-based Health Promotion (Ill-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide Ill-D services will submit a non-unit budget using the same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for Ill-D services. AAAs may include indirect as a line-item expense.

2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons. See *page 38*.

3. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:

FCSP – At this time we have a stable provider in each county to provide FCSP.

EBHP - We have been delivering evidence-based health programs (EBHP) throughout the region since 2007. We partner with numerous organizations, agencies, non-profits, government, faith-based and civic organizations to provide a wide array of workshops in the community. Partners provide staff or volunteers who can be trained as leaders, provide sites for workshop, and can also partner to sponsor a workshop through the purchase of materials, books, and refreshments as needed. Currently Centralina has over 100

different partners in the region. This numbers grows each year as we reach new partners, volunteers, and sponsors. Centralina is known throughout the state for our EBHP since it is well-established and well-respected.

We continue to do marketing and outreach to acquire new partners and developing community partners is often time consuming. However, to sustain the EBHP it is a priority at Centralina and staff who work on the EBHP place great importance on collaboration. We will continue to focus heavily on healthcare organizations, hospital systems, local government, and faith-based organizations.

Since the pandemic has required development of virtual workshop options, we will do increased outreach to the community and partnering organizations to educate them on the new models. Since we also provide approximately 35% of the Title III-D funds to subcontractors in our region to deliver workshops, we will also do training to ensure that we are able to deliver the virtual models throughout the region.

4. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

FCSP – Centralina Area Agency on Aging will provide FCSP services such as information and assistance services, education, marketing and outreach, and conduct the EBHP Building Better Caregivers throughout the region which includes training leaders, teaching workshop directly, purchase of all supplies and recruitment of participants, volunteers, and partners. The Centralina model provides a combination of some funds kept in house and the remainder of the funds allocated to contracted providers.

HPDP - Centralina has a hybrid model of service delivery in which approximately 35% of the funds are given out to the region through an RFP process and the remainder is kept in-house to deliver workshops, recruit and train leaders, overall volunteer management, monitor fidelity and workshop standards, and purchase all materials and supplies needed. Consistently we deliver 85-110 workshops each year with this model. It is extremely successful. We maintain about 100 leaders and/or coaches who volunteer to lead workshops in the community. Other activities include outreach and marketing, partnership development, business acumen activities, recruit and market classes in the region, development of materials to market, sponsorship development, community education and increase awareness of the EBHP. We will also promote new models of the workshops this year due to the Covid-19 pandemic.

Goals for FY21 include 59 workshops taught by partnering agencies, at least one EBHP in every county, at least 6 leader trainings during the year, increase partnerships by 10%, train each county on new virtual models, and expend 100% of HPDP funds.

Shirley W. Miller

Area Agency on Aging Director Date 6/24/20

Approved Not Approved (circle one)

NC DAAS Director Date

FCSP and HPDP
Outreach Methodology
July 1, 2020 through June 30, 2022

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency (Older Americans Act, Section 305(a)(2)(E))

Centralina Area Agency on Aging

Region F : Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low income, low-income (including low income minority elderly), rural elderly and elderly with limited English proficiency will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

Centralina Area Agency on Aging will partner throughout the community to reach low income, rural and minority older adults as well those with limited English proficiency.

Partners will include (but not be limited to) local Health Departments, faith-based communities, healthcare providers who serve Medicare and dually eligible clients, Disability Rights and Resources, all county Departments of Social Services, Vocational Rehab, non-profit organizations serving same clients, clinics and Federally Qualified Health Centers, low income housing agencies, Crisis Assistance Ministries and food banks. Programming such as the EBHP, SCSEP, and FCSP have a focus on reaching minority and rural older adults as well as a NC DOT grant for transportation in rural areas of our region. Centralina staff participates in health fairs, community events, and other outreach activities that contribute to increasing awareness of AAA services within these targeted communities.

Select Region Below

F-Centralina

Select Program Below

Title III-E Family Caregiver Support Program

Select Fiscal Year Below

2020-21

Allocation Details

Total Allocation Including Match and Other Revenue
Amount Passed Through to Partner Agencies

\$ 763,317.00
\$ 528,986.00

Amount for Direct Service Provision

\$ 234,331.00

Budget Overview

Fringe Benefits (Specify Rate to Right to Compute Amount)

\$ 47,497.45

Specify Rate: 55%

Indirect Cost

\$ 82,697.00

Specify Rate: 62%

Direct Program Support (Complete Details Below)

\$ 17,777.00

Total Cost

\$ 234,330.45

Category Details

Personnel (List Staff Titles Below) Amount % of Time Worked

Personnel Salary Cost (Complete Details Below)

\$ 86,359.00

Sara Maloney	\$ 37,722.00	77%
Natalie Tunney	\$ 15,130.00	34%
Debi Lee	\$ 23,278.00	23%
Elisa Gregorich	\$ 3,313.00	7%
Julia Burrowes	\$ 4,260.00	10%
Angel Vanover	\$ 2,671.00	5%
Total Personnel	\$ 86,374.00	

Direct Program Support (Select Applicable Below) Amount

Meeting Expenses/Conference Costs	\$ 750.00
Printing	\$ 1,000.00
Supplies	\$ 7,290.00
Other (Specify in Cell to Right of Amount) Training Costs	\$ 3,074.00
Other Travel	\$ 2,500.00
Outreach/Promotions	\$ 2,563.00
Telephone	\$ 600.00
Total Direct Program Support	\$ 17,777.00

Exhibit 14: Provider Monitoring Plan

rev 6/12/20

2021 - 2024 AREA PLAN ON AGING

Prov. Code	EXHIBIT 14: PROVIDER MONITORING PLAN FY 2021 Community Service Providers and Funded Services:	County Served	Monitoring Agency*	Schedule for Programmatic Review**					Schedule for Unit Verification***				
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24		
5	Anson County Council on Aging -Transportation -In-Home Aide I -Congregate -Home Delivered -Disease Prevention Health Promotion -Caregiver Services	Anson	AAA-3			X			X		X		
		Anson	AAA	X		X		X		X		X	
		Anson	AAA-1	X		X		X		X		X	
		Anson	AAA-1	X		X		X		NA		NA	
		Anson	AAA	X		X		X		X		X	
12	Cabarrus Dept of Human Services -Adult Day Health -Congregate Meals -Supplemental-Congregate -In-Home Aide II	Cabarrus	AAA-2		X			X		X		X	
		Cabarrus	AAA-2		X		X		X		X		
		Cabarrus	AAA-1		X		X		X		X		
		Cabarrus	AAA	N/A		N/A		N/A		N/A		N/A	
		Cabarrus	AAA-2		X		X		X		X		X
	In Home Aide III -Caregiver Services	Cabarrus	AAA-2		X		X		X		X		
		Cabarrus	AAA		X		X		X		X		
11	Cabarrus Co. Public Transportation Dep -Transportation	Cabarrus	AAA			X		X		X			
10	Transportation-Medical Cabarrus Co. Dept. of Commerce -Housing Home Improvement	Cabarrus	AAA			X		X		X			
		Cabarrus	AAA		X		X		X		X		
19	Cabarrus Active Living & Parks -Senior Center Operations -Health Promotion/Disease Prevention	Cabarrus	AAA				X		X		X		
		Cabarrus	AAA	X (Covid)				X		NA		NA	
0	Legal Aid of North Carolina -Legal Services	ACGILRSU	AAA	X			X		X		X		
3	Meals on Wheels of Cabarrus County -HDM -HDM NSIP Only	Cabarrus	AAA-1			X		X		X		X	
		Cabarrus	AAA	NA		NA		NA		NA		NA	
36	Gaston Department of Social Services -Transportation -Transportation-Medical -In-Home Aide I -In-Home Aide II -In-Home Aide III -Adult Day Care(New FY19) -Congregate Meals -Home Delivered Meals -Home Delivered Meals -Caregiver Services	Gaston	AAA			X		X		X		X	
		Gaston	AAA			X		X		X		X	
		Gaston	AAA		X		X		X		X		
		Gaston	AAA-2		X		X		X		X		
		Gaston	AAA-1		X		X		X		X		
		Gaston	AAA-1		X		X		X		X		
		Gaston	AAA-2		X		X		X		X		
		Gaston	AAA-2		X		X		X		X		
		Gaston	AAA-1		X		X		X		X		
		Gaston	AAA-2		X		X		X		X		
37	Gaston Parks & Recreation -Health Promotion/Disease Prevention	Gaston	AAA			X		X		NA		NA	
		Gaston	AAA				X		NA		NA		
48	Iredell Council on Aging [Senior Center of Excellence] -Transportation -Transportation -Medical -Adult Day Care -In-Home Aide I -In-Home Aide II - new FY20 -Congregate Meals -Home Delivered Meals -Senior Center Operations -Health Promotion/Disease Prevention -Caregiver Services	Iredell	AAA-1	X				X		X		X	
		Iredell	AAA-1	X				X		X		X	
		Iredell	AAA-2		X			X		X		X	
		Iredell	AAA-2		X			X		X		X	
		Iredell	AAA-2		X			X		X		X	
		Iredell	AAA-1		X			X		X		X	
		Iredell	AAA-1		X			X		X		X	
		Iredell	AAA	X (Covid)		X		X		NA		NA	
		Iredell	AAA		X		X		X		NA		NA
		Iredell	AAA		X		X		X		NA		NA
		Iredell	AAA		X		X		X		NA		NA
		Iredell	AAA-1		X		X		X		X		
		Iredell	AAA-1		X		X		X		X		
		Iredell	AAA-1		X		X		X		X		
		54	Lincoln Senior Services Department -Transportation -Transportation - medical -Nutrition (Voucher Program)	Lincoln	AAA-1		X		X		X		X
Lincoln	AAA-1				X		X		X		X		
	-Senior Center Operations -Health Promotion/Disease Prevention -Caregiver Services	Lincoln	AAA			X		X		NA		NA	
		Lincoln	AAA			X		X		NA		NA	
		Lincoln	AAA			X		X		X		X	
		Lincoln	AAA			X		X		X		X	
55	Lincoln Department of Social Services -In-Home Aide I -In-Home Aide II	Lincoln	AAA-2		X		X		X		X		
		Lincoln	AAA-2		X		X		X		X		
14	Meck Co-Parks & Rec(formerly Char-Meck) -Senior Center Operations (3 sc) -Health Promotion/Disease Prevention	Mecklenburg	AAA		X (Covid)		X		X		NA		
		Mecklenburg	AAA			X		X		NA		NA	
9	Casalis Senior Program- Levine JCC												

LEFT BLANK INTENTIONALLY

Exhibit 14A: List of Subcontractors - Instructions

List each subcontractor in the chart below. For the purpose of Subcontractor Monitoring, a subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider’s HCCBG grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services.

Do not list vendors that provide services through a “purchase of service.” These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Here are some service-specific examples to illustrate whether or not a subcontractor should be listed on Exhibit 14A.

Service	SUBCONTRACT OR PURCHASE OF SERVICE?
In-Home Aide	If a human service agency (provider) receives the IHA allocation and contracts with a home health or home care agency, it is a subcontract and <u>not</u> a purchase of service. Even if the subcontract only delegates just the tasks on a plan of care for clients, the agency is still a subcontractor because grant requirements (service standards) related to service delivery must be met as part of the scope of work. An example would be the aide competency and supervision requirements in the standards that are often outsourced to the home health or home care agency that employs the aides.
Nutrition	Subcontracts with commercial kitchens or restaurants to prepare meals are never just “purchase of service” arrangements because there are grant requirements that must be met as part of the caterer’s scope of work (e.g., approved menus, protocols for menu substitutions, documentation requirements for end of preparation time, documentation of each food item delivered, daily sanitizing of food delivery carriers by the food service provider, etc.). A contract between the HCCBG nutrition provider and a local dairy to deliver pints of milk once a week is just a purchase of goods and services and would not need to be listed because those pints of milk could be bought at any store. A purchase of service is when goods and/or services are sold to all purchasers without special conditions or requirements related to the grant.
Adult Day Services (Adult Day Care, Adult Day Health or ADC/ADH Combination Programs)	A human service agency that receives the allocation and contracts with an ADC/ADH center to provide services has a subcontract, not a purchase of service, because there are grant requirements that must be met as part of the center’s scope of work. An ADC/ADH center that provides services directly, but also contracts with another ADC/ADH center to provide adult day services has a subcontract with that center.

Health Promotion	If an agency funded for health promotion hires an exercise instructor, that person is a vendor, not a subcontractor.
Transportation	If a county human service agency receives the grant allocation and contracts with the county transportation system to provide rides, it should be treated as a subcontract* and not a purchase of service because there are grant requirements that the transportation system is responsible for assuring. For example, the HCCBG vehicle and driver documentation requirements should be specified in the written contract/agreement and should match the requirements in the transportation service standard.
Family Caregiver Support Program	If the provider with the FCSP allocation outsources <u>any</u> service requirements, including eligibility determination, then it is a subcontract relationship that should be reported on Ex. 14A. For example, a county department of aging has a contract with the AAA to provide respite services. The county department takes all calls from caregivers regarding respite and routes the callers to the respite providers to determine if they are eligible for the service based on FCSP eligibility. In this case the respite providers would be subcontractors because they are not merely providing the service, but have a role in determining who receives the service. On the other hand, if the FCSP service provider (the one receiving the allocation) determines eligibility, then the respite provider is just a vendor because currently there are no service standard requirements that have to be met for FCSP and no service requirements would be outsourced to the vendor.

* When a county agency with a HCCBG allocation for any service uses another county agency to carry out the grant's requirements, the arrangement should be treated like a subcontract. There should be a written agreement that details what grant requirements have been outsourced to the second county agency and other pertinent details. Written agreements/contracts make it clear to the HCCBG provider, its subcontractor, and the AAA who is responsible for what requirements. The stipulations provide a framework for the monitoring of grant requirements and identify which entity is responsible for the documentation of grant activities.

Exhibit 14A: List of Subcontractors:

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Anson

Provider Name: Anson County Council On Aging

Provider Code: F005

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Compass	For Profit	Bateman	3110 W. Pinhook Rd. Suite 201 Lafayette, LA 337-593-0433	Preparation and delivery of homedelivered and congregate meals.
ACTS	Government	ACTS	HWY 74 West Wadesboro, N.C. 28170 704-694-2596	Provide nutrition transportation to senior citizens attending the nutrition sites in Anson County.

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501(c)3) organization with the federal government

Provider Signature: Wanda Lambert Title: Director Date: 6/27/19

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Cabarrus

Provider Name:

Cabarrus DHS

Provider Code: F012

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Senior Helpers	For-Profit	In-Home Aide Services II & III	Sandy Mullins 1000 Copperfield Blvd NE Concord, NC 28025 704-792-1001	Provision of In-Home Aide Services Level II & III
ResCare Homecare	For-Profit	In-Home Aide Services II & III	Dana Ramsey 320 Copperfield Blvd Concord, NC 28025 704-793-4220	Provision of In-Home Aide Services Level II & III
Interim Homecare	For-Profit	In-Home Aide Services II & III	Julie Conrad 250 Branchview Dr. Concord, NC 28025 704-788-3483	Provision of In-Home Aide Services Level II & III
Coltrane L.I.F.E. Center	Non-Profit	Adult Day Care Adult Day Health	Susan Caudle 321 Corban Ave., SW Concord, NC 28025 704-788- 1215	Provision of Adult Day Care and Adult Day Health Services
University Adult Care	For-Profit	Adult Day Care Adult Day Health	Ruby Kumar 1324 John Kirk Dr. Charlotte, NC 28263 704-510-0030	Provision of Adult Day Care and Adult Day Health Services
Bateman Community Living	For-Profit	Congregate Nutrition	Bob Santana 300 S Tryon St. Ste 400 Charlotte, NC 28202 704-424-1071	Preparation and delivery of meals to Congregate Nutrition sites

Assurance Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCRG Services. In addition, all subcontractors are registered as a charitable (501(c)(3)) organization with the federal government.

Provider Signature:

Karen S. Calhoun

Title: Director

Date: 5/29/2019

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Gaston

Provider Name:

Gaston DHS

Provider Code: 624

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision etc.)
American Foods (formerly Mooresridge, Inc.)	For Profit	Meals for the adult nutrition program	Water Moore, 1998 Connelly Springs Rd. Lenoir, NC 28645, 828 728 0919	Menu planning and certification meals meet nutrition program meal pattern requirements. Preparation and delivery of meals.
Personal Home Care of NC & Touched by Angels	For Profit	IHAS	Nonna Belovs, 1513 Mockingbird Ln. Suite 415 Charlotte, NC 28209, 704-552-5555	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments
BrightStar of Gastonia	For Profit	IHAS	Carl Sanders, 3810 S. New Hope Rd. Suite D Gastonia, NC 28056 704-691-0280	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.
Complete Care Services, Inc.	For Profit	IHAS	Annette Fain 404 W. Warren St. Shelly, NC 28150 704-480-9340	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.
Gaston County ACCESS	Government	Medical, General, & Day Care Transportation	Cheree Wilson 818 W. Mauney St Gastonia, NC 28052 704-688-3303	Provision of transportation to and from appointments and services.
Bayada	For Profit	IHAS	Tom Minowicz, 1105-3 E Dixon Blvd, Shelly NC 28152, 704-669-4000	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments
CNC-ACCESS (dba Rescare)	For Profit	IHAS	Mary Witherington, 825 Majestic Ct., Ste. E., Gastonia 28054, 704-854-4800	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments

Assurance Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-33, 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out the services of addition. I, PAOLO, am registered as a charitable (501)(c)(3) organization with the federal government. Provider Signature: PAOLO Title: Administrator Date: 6-28-19

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Iredell

Provider Name: Iredell- COA

Provider Code: F049

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
ICATS	Government	Transportation	Brad Johnson, Director 2811 Ebony Circle Statesville 704 873 9383	Provide trips/rides meeting HCCBG service standards
ElderCenter	NonProfit	Adult Day Care	Tammy Money, Director 502 Breward Street Statesville 704 873 0720	Screen for initial eligibility (age, etc., provide assessment for determining plan of care while at ADC)
Canteen	For Profit	Nutrition Services	Tristan Fulbright, Culinary Dir, Bateman Culinary Center, Charlotte 980.721.8565	Preparation and delivery of meals
Comfort Keepers	For Profit	Inhome Services	Brooks Reynolds, Owner 8000 Corporate Ctr Drive #109 Charlotte 28228 704 6300 370	Supervision and competency testing of inhome aides, provision of inhome services
Home Instead	For Profit	Inhome Services	Tracey Gibson, Owner 117 N. Center St Statesville 28677 705 924 69909	Supervision and competency testing of inhome aides, provision of inhome services

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. 5143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: [Signature] Title: Executive Director Date: 7/18/19

Exhibit 14A: List of Subcontractors

Region F - FY 20

County: Lincoln

Provider Name:

Lincoln County Senior Services

Provider Code:F054

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Capt. Pete's	For Profit	Capt Pete's	P.O. Box 692 Denver NC 28037 704-240-8006	Resturant voucher congregate site
Café Med	For Profit	Atruim Hospital-Lincoln	P.O. Box 677 Lincolnton, NC 28093 980-212-2000	Resturant voucher congregate site
Fatz Cafe	For Profit	Fatz	4324 Wade Hampton Blvd Suite 13, Taylors, SC 29687 704-732-7155	Resturant voucher congregate site
Sports Page	For Profit	Sports Page	179 Cross Center Road Denver, NC 28037 704-827-6283	Resturant voucher congregate site
Italianno's	For Profit	Cheer's and Wings Inc	1611 N. Aspen Street Lincolnton, NC 28092 704-732-3118	Resturant voucher congregate site
TLC	Government	Transportation Lincoln County	435 Salem Church Rd Lincolnton, NC 704-736-9626	Transportation Provider

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature:

Katharine Rain

Title: Director

Date:

8-28-19

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Mecklenburg

Provider Name: Mecklenburg County Department of Social Services

Provider Code: F060

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Adult Care and Share Center, Inc.	Non-Profit	ADC/ADHC	Ms. Beth Sharpe 8709 Idlewild Rd. Charlotte, NC 28212 704-587-2700	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Blessed Assurance Adult Day & Health Center	Non-Profit	ADC/ADHC	Mr. Nate Huggins 13001 Idlewild Rd. Matthews, NC 28105 704-845-1359	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Gracious Living Adult Day and Health Care Center Corporation	Profit	IHA HM-I,II IHA PC-II, III	Mrs. Michele Allgood 17220 Norcross Dr., Suite 120 Huntersville, NC 28078 704-997-5032	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Loving Touch Adult Day Care & Day Health Center, Inc.	Profit	IHA HM-I,II IHA PC-II, III	Mrs. Joyce Freeman 1302 Beatles Ford Rd. Charlotte, NC 28218 704-331-0015	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Rae's Playce	Non-Profit	ADC/ADH	Mrs. Ruby Works 5010 Albemarle Rd. Charlotte, NC 28205 704-583-3334	Client assessment Service plan development Direct provision of AD service in accordance to Standards
University Adult Day Care & Health Center	For Profit	ADC/ADHC	Mrs. Ruby Kumar 1324 John Kirk Dr. Charlotte, NC 28282 704-510-0030	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Comfortkeepers	For Profit	IHA HM-I,II IHA PC-II, III	Ms. Lori Eberly 8815 University East Dr. #110, Charlotte, NC 28213 704-598-0062	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Homewatch Caregivers	For Profit	IHA HM-I,II IHA PC-II, III	Michael Riley 8501 University Executive Park Dr., Suite 120, Charlotte, NC 28282	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Interim	For Profit	IHA HM-I,II IHA PC-II, III	Ms. Julie Conrad, Regional Director 330 Billingsley Rd Ste 207 Charlotte, NC 28211	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Bateman-Ellor North America	For Profit	Hot meals for congregate program	Magi Brettler 337-593-0433 x3 4808 Chesapeake Drive Charlotte, NC 28218	Preparation and Delivery of meals
ResCare Home Care	For Profit	IHA HM-I,II IHA PC-II, III	Mary Witherington 704-559-8125 834 Tyvola Road, Ste. 108 Charlotte, NC 28217	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Valley Services - DBA Traditions	For Profit	Hot meals for Home delivered meals	100 Valley Drive Pearl, MS 39208 Scott Ball 601-684-3172	Preparation and Delivery of meals
Premier Home Health Care	For Profit	IHA HM-I,II IHA PC-II, III	4530 Park Rd. Suite 107 Charlotte, NC 28209 Kevin Cheek 704-521-4801	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Bayada Home Health Care	Non-Profit	IHA HM-I,II IHA PC-II, III	8801 J.M. Keynes Drive, Suite 205 - Charlotte NC 28282 Spencer Mitchell 704-971-4800	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Quebedue Tax Debits". D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCRRG Services. In addition, Non-Profit Subcontractors are

Exhibit 14A: List of Subcontractors

Region F - FY 2020

ROWAN

Provider Name: RUFTY-HOLMES SENIOR CENTER

Provider Code: F082

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Divine Appetit	For Profit	Congregate Nutrition	Andrea Lawson Divine Appetit 87 McCachern Blvd., Concord, NC 28025	Preparation and delivery of bulk meals to six congregare nutrition sites

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature:  Title: Director Date: May 6, 2019

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Rowan

Provider Name: Rowan Transit Systems

Provider Code: F081

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
MV Transportation	For-Profit	Transportation	Vincent Caldara 2726 Old Concord Rd Salisbury, NC 28145 704-216-8892	MV Transportation Inc. (MV) provides turn key transportation services for Rowan County while maintaining all Federal, State and Local requirements that pertain to public transportation. The service provider MV Transportation is responsible for recruiting, hiring, supervising and managing qualified drivers who are at least 18 years of age or older. The service provider MV Transportation is responsible for ensuring the drivers have valid license for the vehicle driven. The service provider MV Transportation is responsible for maintaining a vehicle log on each vehicle in the fleet, which includes vehicle make and model, equipment on board, inspection, warranty work, maintenance and mechanical repairs. The drivers of the service provider MV Transportation do not handle consumer contributions directly, but deliver donations and/or fare boxes daily to the MV Transportation office.

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature:  **Title: Director** **Date:** 4-22-19

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Rowan

Provider Name:

Meals on Wheels of Rowan, Inc

Provider Code: F079

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
***Golden Corral, Lexington, NC *** Recommendation to Board for Approval on May 30, 2018- Confidential	For-Profit	Foodservice Provider	"Anthony Jessup 336-357-3383 cell 336-425-2430 1507 Cotton Grove Rd, Lexington, NC 27292 "	Preparation and Deliver of Meals Menu Assistance, Nutritional Analysis, etc.

Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: Cindy B. Jurek Title: **Executive Director** Date: 5-22-19

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Stanly

Provider Name:

Senior Services Department

Provider Code: F086

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Alliance Health and Homecare	For-Profit	In-Home Aide	Carlene Bowder 1919 W. Main St. Albemarle, NC 28001 704-983-0959	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
Bayada Home Health Care	For-Profit	In-Home Aide	Karen Grochowsky 731 N. Second St. Suite C Albemarle, NC 28001 704-982-7070	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
ResCare Home Care	For-Profit	In-Home Aide	Beth Barger 731 N. Second St Suite A, Albemarle NC 28001 704-984-6122	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
TLC at Home	For-Profit	In-Home Aide	Lindsey Chilton 2211 W. Main St. Albemarle, NC 28001 704-986-4852	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
SCUSA	Government	Transportation	Randy Shank, 1000 N. First St., Suite 15 Albemarle, NC 28001, 704-986-3790	General and medical transportation within Stanly County for seniors 60+
Golden Corral of Lexington	For-Profit	Nutrition	Anthony Jessup, Golden Corral of Lexington, 1507 Cotton Grove Rd, Lexington, NC 27292. (336) 357-3383	Prepare meals for nutrition program (Cong and HD)

Assurance Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCFBG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government

Provider Signature: Rebecca L. Weemhoff Title: Senior Services Director Date: May 29, 2019

Exhibit 14A: List of Subcontractors

Region F - FY 2020

County: Union

Provider Name:

Union County Human Services / *SR Services*

Provider Code: F090/F091

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Bayada Home Health Care	For-Profit	In Home Aide	Brooke Bartlett (704) 971-4600 8801 J.M. Keynes Drive, Suite 205 Charlotte, NC 28262	IHA: Follows an IHA Plan of Care prepared by UCDSS SW.
Premier Health Care	For-Profit	In Home Aide	Tocarra Heatley (704) 521-4901 4580 Park Road, #107 Charlotte, NC 28209	IHA: Follows an IHA Plan of Care prepared by UCDSS SW.
Neighborhood Nurses	For-Profit	In Home Aide	Joe Pennigar (704) 292-1234 River Rd. N 28110 1821 Rocky Monroe, NC	IHA: Follows an IHA Plan of Care prepared by UCDSS SW.
New Testament Baptist ADC	Non-Profit	Adult Daycare	Cindy Owen 2603 Goldmine Road Monroe, NC 28110	Adult Daycare provider follows Service Plan prepared by UCDSS SW.
Aramark	For-Profit	Congregate/HDM Nutrition	Glenn Adams 704-233-0231 Facility 980-475-2700 Cell UCSO Jail, Presson Road	Meal preparation and delivery of bulk food to the dining sites

Assurance Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCFRG Services. In addition, all subcontractors are registered as a charitable (501(c)(3)) organization with the federal government.

Provider Signature: *Garet E. Payne* Title: Assistant Director Date: May 8, 2019