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## **KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS**

### **AREA PLAN ON AGING**

**Kerr-Tar Area Agency on Aging  
Your Anchor for Aging**

**July 1, 2020 - June 30, 2024**

## **Table of Contents**

### **I. NARRATIVE**

#### **1. Executive Summary**

- a. Background
- b. Context
- c. Overview

#### **2. Goals, Objectives, Strategies, and Outcomes**

#### **3. Quality Management**

#### **4. Conclusion**

### **II. 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

KTAAA  
Regional Aging Plan 2020-2024

## I. NARRATIVE

### Executive Summary

#### a. Background

Kerr-Tar Area Agency on Aging (KTAAA) works within federal mandate to inform, advocate and plan for community based services on behalf of older adults. The Area Agency on Aging is part of the National Network set in place by the Older Americans Act of 1965. The Area Agency on Aging is part of the Kerr-Tar Regional Council of Governments, a regional planning organization that serves 21 local governments in a five county area of Triangle North. Members include Franklin, Granville, Person, Vance and Warren counties and the 16 cities and towns within them. KTAAA staff works with advisory committees in each county to serve the needs of older adults in the region. KTAAA supports our region's Senior Centers by providing program funding and serving as an interface with federal, state and local resources. Our service goal is to enable older adults aged 60 and better to live independently in their homes and communities of choice. KTAAA is required by federal and state law to submit a Regional Area Plan every four years. The plan provides important information for stakeholders and citizens and sets goals to benefit older adults and their caregivers in our region. This plan serves as a guide and work plan for KTAAA for the next four years.

It is the intention of KTAAA to be the region's Anchor for Aging, recognized as an integral community resource for older adults and their support networks. An anchor is defined as "a device to connect a vessel to the bed of a body of water to prevent the craft from drifting due to wind or current." (<https://en.wikipedia.org/wiki/Anchor>). The boating metaphor is pertinent to our region with all the beautiful lakes, and pertinent to aging since there are countless concerns and resources to be navigated to meet needs of older adults. KTAAA as the Anchor for Aging means that in the multi-faceted, complex realm of aging, our residents have a dependable resource for supporting their needs and enhancing their quality of life. The mission of KTAAA is to lead, develop and enhance community based services, opportunities and protections for older adults, persons with disabilities and family caregivers to enable them to live independent, healthy lives with improved quality of life in their community of choice for as long as possible. Our vision is to be the source for leadership, advocacy, planning and information to ensure the provision of services to build livable and senior friendly communities that are prepared to meet the challenges of a growing aging population. KTAAA offers a wide range of educational and social programs in conjunction with the region's Senior Centers and in other community settings. We continue to develop relationships with community partners so our programs will be known and available in a variety of settings that suit the needs of our residents. As an anchor provides stability and connection, KTAAA is a dependable and engaging resource for our region's older adults and their support networks.

Our region includes over 60,000 adults over age 65. KTAAA, through five county Senior Centers, two of which have smaller satellite sites, serves approximately 2,000 of these individuals in various activities and programs, and we currently serve an average of 800 meals per day through the centers. Our Senior Centers provide services and activities that support basic health, social interaction, education and transportation needs as well as serving as the meeting site for many deep friendships that have been shared for years. The Senior Centers are not accessible to everyone, due to distance or lack of transportation. There are older adults who are not interested in participating in a Senior Center's activities for their own reasons. KTAAA has the potential to reach those older adults

**KTAAA**  
**Regional Aging Plan 2020-2024**

by partnering with local organizations such as faith-based communities and other types of social groups. We plan to meet with multiple community organizations each year to determine how we might work together to offer a variety of classes and activities that appeal to a range of interests, offered at a variety of locations, to attract a broader participant base. We will seek ideas from other Area Agencies on Aging, thought leaders in the aging field and our region's residents.

North Carolina ranks 9<sup>th</sup> in the U.S. in overall population (at 10.6 million), and now ranks 29<sup>th</sup> in the U.S. in terms of the percentage of population over age 65 (16.3%) (<https://www.prb.org/which-us-states-are-the-oldest/>). The five counties in the Kerr-Tar region have populations ranging from 20,000 to almost 70,000. (<https://worldpopulationreview.com/states/north-carolina-population/#growthByCounty>)

Kerr Tar Regional Population by County			
County	2019	2039	% change
Franklin	69,112	91,096	31.8%
Granville	61,406	76,197	24.1%
Person	40,370	42,649	5.6%
Vance	45,969	47,099	2.5%
Warren	20,022	18,247	-8.9%

In the coming years, KTAAA will continue to see the growth of our aging population, especially at advanced age. The number of residents over age 65 is projected to grow by 34.5%, and the over-85 demographic will increase by 104.0%. These increases may seem daunting, and we will need to expand our vision and services in response. In real numbers, it means that our over-65 demographic will rise from approximately 48,376 to approximately 65,053 as the Boomer generation reaches that age. Our over-85 population will grow from approximately 4,728 individuals to approximately 9,644 in the region. With adequate planning and resources, KTAAA should be able to meet the needs of our region's older adults for the foreseeable future.

Kerr Tar Regional Population			
Age	2019	2039	Difference Between 2019- 2039
0-17	49,144	54,555	5,411
60+	60,228	80,791	20,563
85+	4,728	9,644	4,916

The five counties in Kerr-Tar have vastly different resources, economies, populations and demographics, and in the next twenty years the differences between them will continue to grow.

KTAAA  
Regional Aging Plan 2020-2024

Areas within each county may have excellent internet connectivity, while other areas have none at all. Public transportation is more available and accessible some counties. Resources such as grocery stores and medical practices are almost non-existent in parts of our region, while some areas have abundant choice. Because of the widely divergent population and resources, it is challenging to generalize about the region.

Characteristics: 65+	Franklin	Granville	Person	Vance	Warren	Kerr Tar
Living alone	22.3%	24.1%	26.7%	27.7%	30.7%	26.3%
Veterans	14.4%	11.5%	15.4%	15.9%	16.7%	14.8%
Have at least one type of disability	40.2%	39.2%	38.7%	38.2%	40.4%	39.3%
Have less than a high school diploma	24.2%	24.4%	23.8%	22.1%	26.7%	24.2%
Have a high school education, GED or alternative	36.1%	35.3%	41.5%	39.7%	29.7%	34.5%
Median household income	\$37,086	\$32,721	\$33,034	\$28,947	\$26,449	\$31,650
Income below the poverty level	10.1%	12.3%	11.5%	11.5%	13.3%	11.7%
In labor force	15.8%	15.0%	14.9%	17.1%	14.0%	15.4%

As we know from research and the Social Determinants of Health data, low income older adults are especially vulnerable to poor health outcomes because of many social and economic factors outside of KTAAA's control. Low income rates among older adults range from 12% to 26% in the counties in the region, resulting in a total of approximately 6,200 low income older adults across our five counties. While most of our services are not income-based, our programs are of great benefit to low income individuals who may be able to rely on our transportation services, low-to-no-cost activities, nutrition programs and in-home-aides. KTAAA plans to offer services to low-income communities by partnering with community representatives and other community organizations.

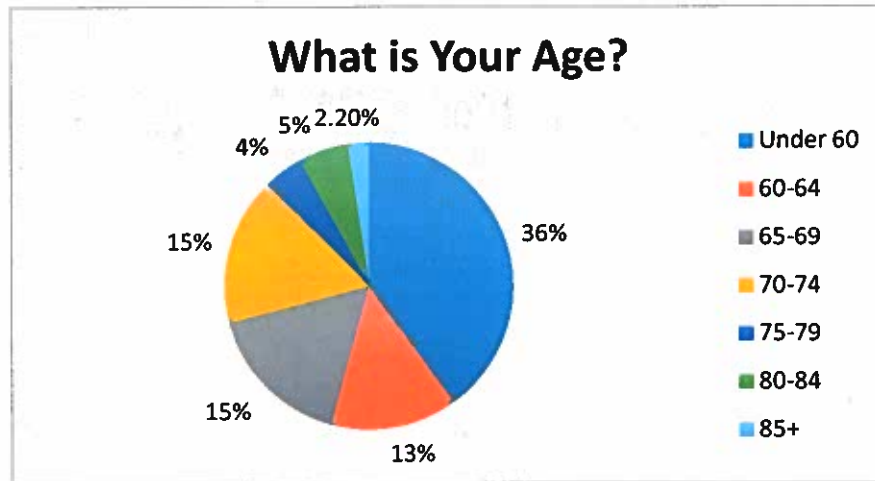
KTAAA's approach with our older adults must be tailored to each county's specific needs. Our Senior Center providers know their populations well, and take the lead in being responsive with their services and activities. KTAAA endeavors to support the particular needs and aspirations of all five counties. Working with our local providers and community partners makes this possible. The goals set in our 2020-2024 Area Plan can be tailored so that KTAAA is responsive to the particular needs of the counties. KTAAA's close relationship with our region's providers also ensures that the needs and aspirations of our older adults are supported in the coming years.

#### **b. Context**

As a service and advocacy organization, our duty is to be responsive to regional needs and aspirations with regard to aging and older adults. To assess these needs and aspirations, KTAAA canvassed the Regional Aging Advisory Committee (RAAC) in February 2020 to solicit input for the 2020-2024 Aging Plan. A ten-item survey was created and made available online and in paper format, which was promoted and circulated by RAAC volunteers, Senior Center staff, and members of other community organizations. Over 450 individuals from the region submitted survey responses over a two-month

KTAAA  
Regional Aging Plan 2020-2024

period. A wide range of ages responded, from under age 60 to age 90. The general public was included in the survey solicitation because aging issues affect more than just the older adults themselves.

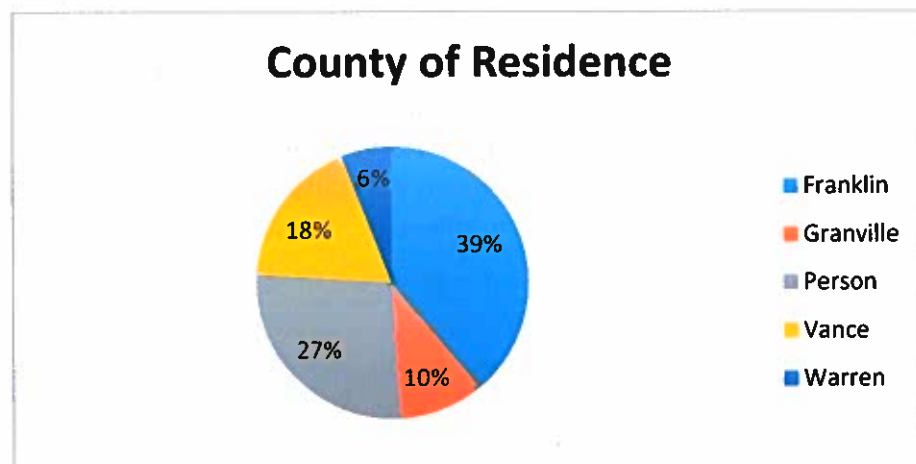


Family and friends, co-workers, community members and local businesses have valuable input into aging issues based on their personal and business relationships and experiences with older adults. Responses were tabulated using the online survey tool and manual review by AAA staff. Data tables and graphics were provided by UNCW Gerontology graduate student Laretta Lawlor.

Survey respondents represent a population of self-selecting residents who:

1. Answer surveys
2. Have some interest in aging issues
3. Feel they have something to contribute via their responses

Given these factors, it is possible that the 459 respondents do not completely represent the region's aging interests and needs. As with any survey, results have to be taken in context of how the results were obtained and the limitations of the analysis and interpretation of the results. With these considerations, we offer the following.



Franklin and Person Counties had the most survey respondents (39% and 27% respectively), then Vance (18%) and then Warren and Granville Counties, at 10% or less each. The overall results

KTAAA  
Regional Aging Plan 2020-2024

are therefore perhaps more representative of Franklin and Person Counties, and least representative of Granville and Warren Counties, based on the number of responses. Each county may have its own set of priorities and proposed solutions, which can be investigated. For the purposes of the regional plan, we will consider all responses collectively.

Top Regional Priorities as Defined by Respondents*	
Housing (affordable, rental, owner-occupied, repairs, etc.)	34%
Medical care and treatment	27%
Safety-security	25%
More community-based services (adult day care, home-delivered meals, in-home aide, etc.)	25%
Transportation	21%

The top aging priorities for the region, according to survey results, are: housing (affordable, rental, owner-occupied, repairs), medical care and treatment, safety and security, the desire for more community-based services (adult day care, home-delivered meals, in-home aide), and transportation. We have integrated these regional priorities into the goals targeted by the State Aging Plan, insofar as KTAAA has the means to address the priorities.

### c. Overview

The Aging Plan for 2020-2024 has a firm foundation in existing programs and services, and also embraces new ideas and innovation in aging. Technological and social advances are ubiquitous, and research with evidence-based results is available faster than ever before. Many of these innovations can be integrated into our approach to aging, resulting in greater benefits to older adults, and greater understanding of the process and experience of aging.

([https://files.nc.gov/ncdhhs/documents/SDOH-Screening-Tool\\_Paper\\_FINAL\\_20180405.pdf](https://files.nc.gov/ncdhhs/documents/SDOH-Screening-Tool_Paper_FINAL_20180405.pdf))

Social Determinants of Health (SDoH) is one of these innovative models that is filtering in to public awareness and health-care practices. Its foundation is research dating back more than ten years and demonstrates that multiple, complex factors in a person's life directly influence their health and overall well-being. The concept is simple, and implementation will be challenging because it requires us to expand long-held paradigms about health. The CDC defines the social determinants of health this way:

The social determinants of health are the conditions in which people are born, grow, live, work and age<sup>1</sup> as well as the complex, interrelated social structures and economic systems that shape these conditions.<sup>2</sup> Social determinants of health include aspects of the social environment (e.g., discrimination, income, education level, marital status), the physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status).<sup>2</sup>

## KTAAA Regional Aging Plan 2020-2024

(<https://www.cdc.gov/nchhstp/socialdeterminants/index.html>)

(1. WHO: About social determinants of health [external icon](#)

2. NCHHSTP: Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States [pdf icon](#) [PDF – 3 MB, 32 pages])

The SDoH domains are best understood as interconnected factors that influence individuals' health and health outcomes. The NC Department of Health and Human Services embraces the SDoH model, and focuses on food security, housing stability, access to transportation, and interpersonal safety, categories that encompass many of the five domains.

(<https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/about-healthy-opportunities>)

Many of these factors are well beyond the scope of what KTAAA can do, however, there are ways we can contribute to health and well-being in the daily lives of older adults. Many of the SDoH domains are addressed by our current programs and services. Nutrition programs, for example, relieve food insecurity. KTAAA provides transportation services for older adults for their general needs and medical appointments. Our Elder Abuse Awareness events and training support interpersonal safety. Our Evidence-Based Health Promotion programs, under Title IIID of the Older Americans' Act, provide education and activities to promote health, safety and overall well-being. All of our group activities provide much-needed opportunities for social connection. Other departments at Kerr-Tar Council of Governments support housing needs, so KTAAA can be instrumental in connecting participants to these resources.

KTAAA will incorporate the Social Determinants of Health in its programming and presentations so that SDoH becomes more known and understood within our region. We have recently begun a project with Duke's Population and Health Management team, for example, to present a series of Lunch and Learn programs to regional physicians' practices about SDoH. We will demonstrate how SDoH affects the health and well-being of all their patients, and provide tools and methods for staff to communicate effectively with patients from the SDoH perspective. KTAAA staff will all be trained so that SDoH tools and methods will be incorporated into all programs and events.

The Covid-19 Pandemic (through an Emergency Declaration in March 2020) has called for great adaptability in services and service delivery for the region's providers and older adults. Federal and state funding through the Families First Coronavirus Relief Act (April 2020) has allowed all the Area Agencies on Aging to initially increase nutrition services. Many participants were regularly attending Senior Center congregate lunches each week. When the Senior Centers closed due to the Emergency Declaration, most of these participants continued to be served, but meals were either picked up by the participant in a drive-by arrangement with the Senior Centers, or delivered to their home each day to observe the shelter in place recommendations. With the increased funding, our Senior Centers were able to provide multiple meals a day, including shelf-stable and frozen meals for a week or more at a time. Some Senior Centers were able to distribute fresh produce from local farmers, or meals from local restaurants. The centers distributed different kinds of "care packages" containing puzzle books, home care products, decks of cards, and many other items. Each Senior Center makes regular phone calls to their participants to check on them and let them know they are part of the Senior Center community.

A second emergency package, the Coronavirus Aid, Relief and Economic Security Act (CARES), (May 2020), provides funding for a broader array of services, including nutrition, other supportive services, family caregiver support, and ombudsman services. With CARES funding, KTAAA plans to partner with other organizations such as faith-based communities, low-income housing and



KTAAA  
Regional Aging Plan 2020-2024

geographic areas not currently served by the Senior Centers. The region faces several challenges with increasing services, including limited internet access, vast distances in rural areas, and a dearth of volunteers. We are considering a number of approaches and initiatives and will arrive at creative solutions.

Both the Families First and CARES funding is through September 2021. Services that KTAAA is able to provide under the emergency funding will therefore be temporary, but even temporary support may relieve stress and provide support for older adults during this difficult time. We cannot overlook the possibility that 15 months of services may make a profound difference in the lives of older adults.

The KTAAA Area Plan on Aging 2020-2024 provides a broad approach for supporting the myriad needs and aspirations of older adults in our region. We rely on the paradigm of the Social Determinants of Health, and on continued federal, state and local funding. We have a dedicated network of Senior Centers and community partners, and devoted participants whose lives are enriched by their connection with our providers. We seek to expand the breadth and depth of our contributions to the region.

## **2. Goals and Objectives, Strategies and Outcomes**

### **Safety and Protection**

**Safety and protection include a wide range of topics from physical safety to mental health supports. In addition to protecting older adults from physical, mental, and financial abuse and neglect, we seek to improve the ability of older adults to protect themselves by maintaining physical abilities, increasing risk awareness and being familiar with resources at their disposal.**

**Goal 1:** Older North Carolinians will be safe from abuse, neglect and exploitation, and have their rights protected.

#### **Objective 1.1: Regional emergency preparedness measures**

**Strategy:** KTAAA will distribute 500 emergency preparedness kits throughout the region

**Measure:** The kits will be clear plastic backpacks with shoulder straps, easy for older adults to carry. Emergency items in the kit will include: thermal blanket, emergency hand-crank radio/flashlight/USB charger, metal whistle, personal hygiene kit, rain poncho, HELP window sign, hand sanitizer, ice and heat instant packs, aarp emergency preparedness booklet, and File of Life envelope.

**Outcomes:** KTAAA will distribute 500 emergency preparedness kits to 100 older adults per county by mid-August 2020. Distribution will be via the Senior Centers.

#### **Objective 1.2: Incorporate Social Determinants of Health criteria into the region's comprehensive approach to well-being.**

**Strategy:** SDoH information will be interwoven with all Elder Abuse events: Elder Abuse affects the person's overall health and well-being far beyond their finances and physical injuries.

KTAAA  
Regional Aging Plan 2020-2024

**Measure(s):** Older adults participating in local events will be introduced to the Social Determinants of Health and how it is relevant to their health and wellbeing.

**Outcomes:** Event leaders will introduce and expound upon the domains of the Social Determinants of Health and their role in participants' lives.

**Strategy:** Regional Ombudsman will attend one SDoH workshop/training so s/he can effectively incorporate SDoH into programs and Community Advisory Committee (CAC) volunteer training.

**Measure(s):** Regional Ombudsman will complete at least one SDoH training.

**Outcomes:** Regional Ombudsman will learn and then share SDoH knowledge in all programs and staff/volunteer trainings.

**Strategy:** KTAAA staff will collaborate with Duke Population Health Management to design and present a series of Lunch and Learn sessions at multiple physicians' practices in the region, based on the Social Determinants of Health and their relationship to comprehensive well-being. The relationship between SDoH and reduction of risk for Elder Abuse will be explored in the sessions.

**Measure(s):** A series of Lunch & Learn sessions will be conducted by Duke PHMO and KTAAA, including Elder Abuse topics.

**Outcomes:** Staff in regional Physicians' practices will attend the Lunch & Learn series to incorporate SDoH principles and effective practices into their office culture.

**Strategy:** Kerr-Tar Ombudsman will ensure continued education on the risk factors for Elder Abuse among the disabled population.

**Measure:** Kerr-Tar Ombudsman will develop and implement an Elder Abuse Awareness three phase learning series that incorporates topics specific to the needs of the community and relate to Elder Abuse. These topics include factors such as Social Determinants of Health.

**Outcome:** Kerr-Tar Ombudsman will provide and/or host four trainings annually on topics related to Elder Abuse Awareness such as depression in older life, financial literacy and social connection in relation to SDOH, in four of our five counties.

**Strategy:** Kerr-Tar Ombudsman will work with Resident Council groups at LTC homes to promote awareness of the risk factors associated with Elder Abuse.

**Measure:** Kerr-Tar Ombudsman will plan and implement an education program for Resident Council groups in at least two LTC homes per county annually on Elder Abuse topics and quality of life.

**Outcome:** Ombudsman will follow up with LTC residents to ensure that the education program resulted in increased awareness about the risks of Elder Abuse, and how they can protect themselves from abuse, neglect and exploitation.

**Objective 1.3: Publicize EA Awareness through media (online, radio, print), training and events**

**Strategy:** KTAAA will sponsor advertisements on our regional transport vans.

**Measure(s):** KARTS and PATS vans will advertise EA information and help lines.

**Outcomes:** Area residents will see advertisements and have the opportunity to become aware of EA and resources.

**Strategy:** KTAAA will sponsor three billboard advertisements during the spring/summer of each year of the Plan, advertising Elder Abuse Awareness day and local resources for assistance.

**Measure:** Multiple billboard displays will be purchased throughout the counties.

KTAAA  
Regional Aging Plan 2020-2024

**Outcome:** Local residents will have the opportunity to view the billboards about Elder Abuse Awareness as they drive in the region.

**Strategy:** KTAAA will promote EA awareness events through regular public service announcements, media posts, media events and brochures at community events.

**Measures:** KTAAA will sponsor PSAs, media posts and media events each quarter to promote our Elder Abuse Awareness services and programs.

**Outcomes:** KTAAA will offer an annual EA Awareness community event, and PSAs, and media events throughout the year to inform the community of our support and services.

**Strategy:** EA awareness events will be conducted in the region: virtually if unable to do live events.

**Measure(s):** SCAM Jam events, which include EA awareness information, will be conducted around the annual EA Awareness day in June that includes a variety of speakers from local fraud networks, the AG's office, Legal Aid, and an SDoH expert.

**Outcomes:** A minimum of 50 regional residents will attend the EA Awareness events and learn about EA and resources. If the events cannot be held in person due to health restrictions, KTAAA will host virtual events.

**Strategy:** KTAAA will conduct staff and volunteer trainings on EA, including assessing EA risk, and how EA and SDoH are related.

**Measure(s):** A minimum of two EA trainings will be conducted for facility staff and volunteers that includes information about SDoH and well-being.

**Outcomes:** KTAAA will reach a minimum of 30 individuals via staff and volunteer trainings on EA with SDoH incorporated.

**Objective 1.4: Educate the community about the risks and dangers of social isolation.**

**Strategy:** Educate the community about the risks and dangers of social isolation, including the additional considerations under Covid-19 physical distancing observations, and how it relates to SDoH.

**Measure(s):** KTAAA will include information about social isolation in all programs, including staff and volunteer trainings.

**Outcomes:** Participants in KTAAA events and trainings will receive information about social isolation and its related health outcomes.

**Strategy:** Engage community resources that may provide well-check services, bi-weekly calls to home-bound older adults who may not be getting services from other avenues.

**Measure(s):** KTAAA will monitor and support community resources that work to reduce social isolation and its consequences.

**Outcomes:** Specific community resources will be identified that can work with KTAAA on projects designed to reduce social isolation.

**Strategy:** KTAAA Ombudsman will attend a workshop/training on social isolation so this information can be included in all training programs.

**Measure(s):** KTAAA Ombudsman will attend an SDoH training.

**Outcomes:** KTAAA will attend a training and then incorporate the material on social isolation in presentations.

## **Quality of Life**

Quality of life is a subjective measure of a person's sense of fulfillment with their life. Quality of life often overlaps with the concept of well-being. Well-being is also a subjective state, but it has been studied extensively and there are several factors which can be assessed to measure overall well-being. These factors include: a sense of meaning and purpose, physical health, relationships, and having basic needs met. KTAAA supports all of the components of well-being, and therefore quality of life, through its many programs.

**Goal 2:** Create opportunities for older adults and their families to lead active and healthy lives.

**Objective 2.1: Support activities and education throughout our region to enable older adults to lead active and healthy lives.**

**Strategy:** Promote and conduct Evidence-Based Health Promotion classes (Title IIID) in the region's Senior Centers. Title IIID programs support active and healthy lives through education and activities, including disease prevention, meaningful activity and exercise classes.

**Measure(s):** Each year, KTAAA will plan and conduct at least 8 IIID Health Promotion and Disease Prevention programs in the region.

**Outcomes:** At least 100 region residents will participate in IIID programs each year.

**Strategy:** KTAAA will create partnerships among community organizations that establish and support activities and education throughout our region to enable older adults to lead active and healthy lives.

**Measure(s):** Each year, KTAAA will cultivate community partnerships with a minimum of two new entities each year to reach more participants.

**Outcomes:** KTAAA will establish relationships with two new entities each year, which will serve as venues for classes and events.

**Objective 2.2: Support Quality of Life for Older Adults by securing transportation services that allow them to access a variety of community activities.**

**Strategy:** KTAAA has existing relationships with KARTS and PATS for transportation services that allows older adults to access a variety of community activities. Aging survey results indicate that regional residents are concerned about transportation services for older adults. KTAAA will explore where there may be gaps between current transportation programs and what residents want and need.

**Measure(s):** KTAAA Director and possibly staff will meet with PATS and KARTS to explore current status and possible need for change or expansion of transportation services.

**Outcomes:** At least one meeting with KARTS and PATS will occur during the 2020-21 fiscal year.

**Strategy:** The Regional Aging Advisory Committee (RAAC, mandated by ACL) will discuss transportation services to offer their guidance on any changes or expansion of services. (See Goal 3 and Objective 3.1 below.)

**Measure(s):** At least one RAAC meeting will include a discussion about local transportation.

**Outcomes:** At least one meeting will include this topic, and minutes will be recorded.

**Strategy:** Any suggestions or recommendations by the RAAC will be communicated to the COG and KARTS/PATS (regional transportation services) as appropriate.

KTAAA  
Regional Aging Plan 2020-2024

**Measure(s):** At least one follow-up meeting will be held with the COG, KARTS/PATS to discuss suggestions or recommendations,

**Outcomes:** Suggestions and recommendations will be communicated to the RAAC and interested residents.

**Objective 2.3: Explore innovations in activities and education throughout our region to enable older adults to lead active and healthy lives.**

**Strategy:** Conduct quarterly provider meetings (regional Senior Center Directors' meetings, organized by KTAAA) to introduce innovations and support implementation of programs that continue to challenge and develop the skills and talents of the diverse age group that makes up our older adult population.

**Measure(s):** Each quarterly provider meeting will include discussions of innovations in aging support and services and how to implement them.

**Outcomes:** Quarterly provider meetings will solicit commitment to implement innovations as appropriate for each Center.

**Strategy:** KTAAA staff will become proficient with the innovations so they can introduce and implement at Senior Centers and in Ombudsman/FCSP programs.

**Measure(s):** Ombudsman and FCSP staff will implement at least one innovative program each for products or services.

**Outcomes:** KTAAA Ombudsman and FCSP staff will acquire new skills with an innovative program, product or service and will deliver through events and trainings.

**Strategy:** KTAAA IID coordinator will learn how to conduct virtual programs for IID delivery.

**Measure(s):** KTAAA IID coordinator will conduct virtual programs for at least one program a year.

**Outcomes:** KTAAA will offer virtual IID programs each year.

**Strategy:** KTAAA will encourage Senior Centers and other community partners to provide computer/technology instruction to participants so they can take advantage of online and virtual resources as an option for overcoming social isolation.

**Measure(s):** KTAAA will provide information and support for Senior Centers and other community partners so they can provide instruction.

**Outcomes:** Senior Centers and other community partners will offer multiple computer/technology classes as their population requires. More participants will be able to take advantage of online and virtual offerings.

**Strategy:** Encourage Warren County Senior Center to develop their relationship with the Haliwa Saponi community with nutrition support to support community well-being.

**Measure(s):** The Haliwa-Saponi community will have the opportunity to join the HCCBG nutrition program.

**Outcomes:** The Warren County Senior Center will, if the Haliwa-Saponi community wants it, provide HCCBG services under the HCCBG.

## **Well Informed Communities**

Well-informed communities support members of all ages by meeting their needs and providing engagement, inspiration and connection with others. Older adults are often left out of community activities and consideration because of ubiquitous ageism. Through its Aging Plan, KTAAA seeks to

KTAAA  
Regional Aging Plan 2020-2024

integrate older adults into all aspects of community life, enriching the community itself. Older adults are a valuable, often untapped, resource that has much to offer in depth of experience as well as breadth of its numbers. An important component of Well-informed Communities is having an advocacy organization that bridges the community with aging agencies. The Regional Aging Advisory Committee (RAAC) serves as the advisory body to the Area Agencies on Aging as required by the Older Americans Act of 1965, As Amended, and further modified by the NC Division of Aging and Adult Services. It shall advise the AAA and its parent body, the Region K Council of Governments, concerning aging matters.

**Goal 3:** Support and encourage older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

**Objective 3.1:** KTAAA will promote inclusion of diverse groups and interests in all programs and activities.

**Strategy:** KTAAA will make available at all events information particular to diverse groups, including the LGBT community and the Spanish-speaking community.

**Measure(s):** KTAAA will secure relevant information and documents for support of the LGBT community, including participating in available trainings related to LGBT support in long-term care. KTAAA will secure information, forms and documents in Spanish to make available/distribute as needed at programs and community events.

**Outcomes:** KTAAA will have and provide resources to promote inclusion of diverse populations, including the LGBT and Spanish-speaking communities.

**Strategy:** KTAAA will encourage Warren County Senior Center to continue building relationship with Haliwa-Saponi community and provide services to eligible members.

**Measure(s):** KTAAA will provide support and resources to Warren County Senior Center for building their relationship, including offering classes and programs at their location.

**Outcomes:** If the tribe agrees to use KTAAA's support and services, KTAAA will include them in ongoing program planning.

**Objective 3.2:** Promote involvement in the Regional Aging Advisory Council (RAAC) by regional older adults. Endeavor to fill all county vacancies on the RAAC so that each county has dependable representation. Consider amending RAAC Bylaws to accommodate a feasible level of support through county representation.

**Strategy:** The RAAC will consider an adjustment to the Bylaws to reduce the number of required members so that a quorum is more consistently attained at quarterly meetings.

**Measure(s):** The RAAC will include this topic on the quarterly meeting agendas until resolution is accomplished.

**Outcomes:** RAAC will arrive at a suitable configuration of county membership to efficiently conduct business and represent the needs and interests of older adults.

**Strategy:** KTAAA, each county and other community partners will promote involvement and fill county vacancies so each county has dependable representation.

**Measure(s):** Each county lacking sufficient membership will be contacted and supported about finding the desired number of members.

**Outcomes:** Each county will have the desired membership.

KTAAA  
Regional Aging Plan 2020-2024

**Strategy:** Develop an efficient monitoring system for membership and attendance for the Region K RAAC.

**Measure(s):** KTAAA will have an efficient monitoring tool for membership and attendance in the 2020-21 fiscal year.

**Outcomes:** KTAAA will maintain and monitor RAAC membership and attendance.

**Objective 3.3: KTAAA will increase regional volunteer engagement in community aging advisory groups, and LTC volunteers.**

**Strategy:** KTAAA will assess current status of volunteer engagement in each of the agency's divisions to determine needs.

**Measure(s):** KTAAA will develop a volunteer recruitment plan based on the assessed needs.

**Outcomes:** KTAAA will have at least two new volunteers each year, who will be involved with the various volunteer committees in the counties.

**Objective 3.4: KTAAA will support integration of older adults into all aspects of community life through Age-Friendly and Dementia-Friendly initiatives.**

**Strategy:** KTAAA will conduct Age-Friendly and/or Dementia-Friendly information sessions at community venues and to local government bodies, including RAAC members.

**Measure(s):** KTAAA staff will conduct at least one regionally-inclusive Age Friendly or Dementia Friendly session annually.

**Outcomes:** A target of 20 people will participate in KTAAA Age-Friendly and/or Dementia-Friendly information sessions.

**Strategy:** Have at least one community apply for Dementia Friendly status by 2024. The process for attaining Dementia Friendly status takes several years in cooperation with the Division of Aging and Adult Services.

**Measure(s):** Take the necessary progressive steps each year to apply for and progress towards Dementia Friendly status by 2024.

**Outcomes:** There will be at least one community in our region that is working towards Dementia Friendly status by 2024.

**Strategy:** KTAAA will provide comprehensive resources to local communities to reinforce age-inclusiveness.

**Measure(s):** KTAAA will produce a resource guide to support all domains of SDoH and aging.

**Outcomes:** KTAAA's will complete and make available, in paper and online, a Resource Handbook by 2022.

**Objective 3.5: KTAAA will provide information sessions about home and community support services at community events.**

**Strategy:** KTAAA will meet regularly with HCCBG/County Aging Advisory Committees at each Senior Center to update them on any aging support and services news.

**Measure(s):** KTAAA Director will attend HCCBG/county advisory committee meeting for each county each year.

**Outcomes:** HCCBG committees will be informed and current with HCCBG practices.

**KTAAA**  
**Regional Aging Plan 2020-2024**

**Strategy:** KTAAA will conduct at least 2 events a year per county to include information sessions on HCCBG supports and services.

**Measure(s):** KTAAA will conduct a minimum of 10 events a year in the region, either live or virtually as conditions allow.

**Outcomes:** 10 events a year in the region on home and community supports and services.

**Objective 3.6:** KTAAA will hold a regional aging event featuring thought leaders, community resources and aging innovations, open to the entire community, to demonstrate the importance and benefits of integrating older adults into community life. (This objective is contingent upon the as yet unknown restrictions or limitations that may be in place regarding group events in the future.)

**Strategy:** KTAAA will assess interest, needs and resources for holding for a regional aging event between 2021 and 2024.

**Measure(s):** KTAAA will develop a proposal for a regional aging event.

**Outcomes:** Event proposal.

**Strategy:** KTAAA will plan specifics of the regional aging event.

**Measure(s):** KTAAA will secure speakers, venue, and all details of regional aging event.

**Outcomes:** Agenda, contracts.

**Strategy:** KTAAA will execute the event and evaluate.

**Measure(s):** The regional aging event will be held.

**Outcomes:** Participant surveys will be used to assess the benefits of the event.

## **Strong and Seamless Continuum of Services**

One of the challenges facing older adults and their families is an absence of coordinated, easy to navigate supports and services to meet their needs. There are networks of organizations and resources developing to overcome this gap, but at present there are still many challenges for older adults who do not have an advocate or are not technologically adept. KTAAA endeavors to meet the needs of individuals of all capability levels through a range of resources and services.

**Goal 4:** AAA will lead efforts to strengthen service delivery and capacity engaging community partners to increase and leverage resources.

**Objective 4.1:** Based on the regional Aging Survey results, KTAAA will identify gaps and needs in services for older adults; develop a plan; execute to deliver services.

**Strategy:** Evaluate, through community stakeholder conversations, including RAAC and county Aging Advisory Committees, whether the top priorities indicated by regional older adults who responded to the AAA Aging Survey are consistent with broader community priorities: housing, medical care and treatment, more community based services, and transportation.

**Measure(s):** Conduct community stakeholder discussions about regional gaps and needs between 2020-22.

**Outcomes:** Arrive at a comprehensive list of regional gaps and needs, and identify which ones are feasible for the AAA to champion.



KTAAA  
Regional Aging Plan 2020-2024

**Strategy:** KTAAA will develop a plan to bridge any broadly identified gaps in service delivery and community support that are within the purview of the AAA.

**Measure(s):** KTAAA will identify regional gaps and needs, both in general and specific to Covid-19.

**Outcomes:** KTAAA will create a written assessment of gaps and needs in local resources.

**Strategy:** KTAAA will partner with identified community resources to meet identified regional gaps and needs. If local resources are not available, KTAAA will assess the possibility of providing direct services to the region, as possible, during the Covid-19 pandemic, and possibly beyond.

**Measure(s):** KTAAA will meet identified community needs through a combination of local providers and by providing direct services.

**Outcomes:** KTAAA will deliver services through known and new local resources, and direct service by KTAAA if needed.

**Objective 4.2: Through Covid-19 funding (through September 2021), increase the number of older adults receiving nutritional support in the region.**

**Strategy:** In conjunction with the Senior Center providers, evaluate whether there are older adults in need who are not yet receiving nutrition services.

**Measure(s):** Collect estimates from Senior Center providers on the number of new participants they can reasonably accommodate during Covid funding (through September 2021).

**Outcomes:** Increase the number of nutrition participants in each county, served by each Senior Center provider.

**Strategy:** Evaluate, through community resources, other communities of older adults who may need nutrition services through an avenue other than the Senior Centers, due to their location, transportation, or other preferences.

**Measure(s):** Produce a list of older adults in communities or individuals who need nutritional support and could feasibly be served by KTAAA direct services.

**Outcomes:** KTAAA will have a plan for how to provide direct nutritional services for older adults in the region who are not being served with current approaches.

**Strategy:** KTAAA will recruit and register new nutrition clients for direct service.

**Measure(s):** KTAAA will have an outreach and enrollment plan for new nutrition clients for direct services.

**Outcome:** KTAAA will have a client list of for direct services.

**Strategy:** KTAAA will arrange the staffing, suppliers and distribution for providing direct nutrition services.

**Measure(s):** KTAAA staff will develop a plan and resource list for launching direct nutrition services.

**Outcome:** KTAAA will launch direct nutrition services.

**Strategy:** During the Covid funding period (July 2020-September 2021) KTAAA will partner with local farmers to provide fresh produce to older adults in the region during the Covid-19 pandemic, to support their nutrition and healthy aging.

**Measure(s):** KTAAA will identify and partner with local farms for specific quantities of produce boxes to be delivered on a specific schedule to older adults in the region who want to participate.

KTAAA  
Regional Aging Plan 2020-2024

**Outcomes:** KTAAA will provide produce boxes on a regular basis to regional older adults.

**Objective 4.3:** Conduct an evidence-based nutrition class that educates participants in the use of fresh produce, incorporating the local farmers' produce boxes, and conduct 6-month and one-year post-class evaluations. This Objective bridges the goals of promoting healthy aging and promoting a seamless continuum of services.

**Strategy:** Plan an evidence-based nutrition class for nutrition program participants who receive produce boxes via local providers or direct service from KTAAA.

**Measure(s):** Participants will be identified and recruited.

**Outcomes:** A plan will be developed to conduct this class.

**Strategy:** The plan will be the basis for a grant application to fund the class. The grant application will be through Triangle North Healthcare Foundation. KTAAA plans to submit this grant application for the summer 2020 grant cycle, with grants awarded in Fall 2020.

**Measure(s):** A Triangle North Healthcare Foundation grant application will be submitted for the Fall 2020 grant cycle.

**Outcomes:** A grant award to support this program.

**Strategy:** As soon as feasible given the Covid restrictions on group activities, conduct one or more of these nutrition classes.

**Measure(s):** Participants will receive customized guidance to integrate fresh produce into their daily meals.

**Outcomes:** Ongoing support will be provided to class participants; 6-month and one-year post-class evaluations will be conducted.

### **3. Quality Management**

Monitoring is an integral component of the Aging Plan. It is through programmatic and fiscal monitoring that the region can assess its effectiveness in delivering federal, state and local resources to Senior Centers and older adult participants. Appendix B, Section IV describes the monitoring procedures and mechanisms, and includes Exhibit 14 which is the monitoring schedule for the next four years. Regular monitoring serves as quality management of our programs and services. Since all North Carolina Area Agencies on Aging follow the same monitoring guidelines, the Department of Health and Human Services, Division of Aging and Adult Services has a way to assess services across NC's 100 counties and 16 regions.

### **4. Conclusion**

At the time of drafting this Aging Plan, the country is in the midst of the Covid 19 Pandemic, which has affected all age groups and changed how we as a society interact. Our aging network had to quickly adapt to ensure the safety and well-being of our participants, and we did it effectively. Senior Centers were closed to the public, daily congregate meals became drive-by pick up or delivery operations, regional advocacy groups had to meet without face-to-face contact, even visits to nursing facility residents had to be conducted virtually to protect the most vulnerable. We do not yet know what changes the pandemic will cause as we move forward. Social interaction, group activities and public transportation could all be different. The opportunities that lie within the crisis may be positive: now we know that our network is adaptable, that many of our participants are open to change, and that resources can be garnered to meet the region's needs. Technological advances changed from being optional to being mandatory as our organization met Covid challenges. This may ultimately be a benefit in terms of increasing accessibility for services and increasing potential connection with participants.

The mission of KTAAA is to serve older adults living in our region and support their well-being. The four goals in the Aging Plan outline how we will accomplish this: we will teach and train about safety from abuse, neglect and exploitation. We will create opportunities for older adults and their families to lead active and healthy lives. We will support and encourage older adults and their support systems to access information that helps them make informed choices about support services at home or in the community. AAA will lead efforts to strengthen service delivery and capacity engaging community partners to increase and leverage resources.

KTAAA endeavors to become the region's Anchor for Aging. We connect participants and organizations to regional resources, thereby promoting both individual well-being and regional interdependence and sustainability. When anyone has a question about aging supports, we want their first thought to be KTAAA.

## **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**

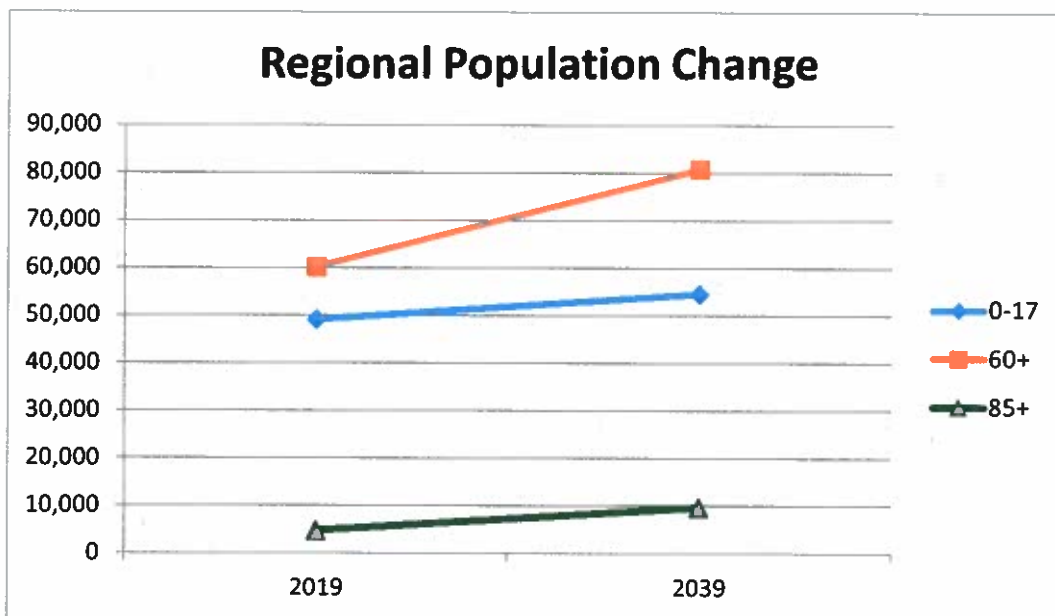
- Exhibit 11: Documentation of Area Agency on Aging Public Hearing
- Exhibit 12: Needs Assessment Regional Summary

#### **Section IV: Monitoring and Direct Services**

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

## APPENDIX A: Demographics

Kerr Tar Regional Population			
Age	2019	2039	Difference Between 2019-2039
0-17	49,144	54,555	5,411
60+	60,228	80,791	20,563
85+	4,728	9,644	4,916



Source: NC Office of State Budget and Management

KTAAA  
Regional Aging Plan 2020-2024

Franklin Aging Profile					
Ages	2019		2039		% Change (2019-2039)
	#	%	#	%	
<b>Total</b>	<b>69,112</b>		<b>91,096</b>		<b>31.8%</b>
0-17	14,766	21%	18,195	20%	11.3%
18-44	22,750	33%	28,749	32%	26.4%
45-59	14,858	21%	17,191	19%	15.7%
60+	16,738	24%	26,961	30%	61.1%
65+	11,976	17%	21,550	24%	79.9%
85+	1,172	2%	3,017	3%	157.4%

Granville Aging Profile					
Ages	2019		2039		% Change (2019-2039)
	#	%	#	%	
<b>Total</b>	<b>61,406</b>		<b>76,197</b>		<b>24.1%</b>
0-17	11,907	19%	13,595	18%	14.2%
18-44	20,524	33%	24,185	32%	17.8%
45-59	14,183	23%	15,077	20%	6.3%
60+	14,792	24%	23,340	31%	57.8%
65+	10,408	17%	18,569	24%	78.4%
85+	1033	2%	2,388	3%	131.2%

Person Aging Profile					
Ages	2019		2039		% Change (2014-2039)
	#	%	#	%	
<b>Total</b>	<b>40,370</b>		<b>42,649</b>		<b>5.6%</b>
0-17	8,273	20%	8,833	20%	6.8%
18-44	12,885	32%	13,076	32%	1.5%
45-59	8,270	20%	8,085	18%	-2.2%
60+	10,942	27%	12,655	30%	15.7%
65+	7,938	19%	10,365	24%	30.6%
85+	840	2%	1,629	3%	94.0%

KTAAA  
Regional Aging Plan 2020-2024

Vance Aging Profile					
Ages	2019		2039		% Change (2019-2039)
	#	%	#	%	
<b>Total</b>	<b>45,969</b>		<b>47,099</b>		<b>2.5%</b>
0-17	10,579	23%	10,793	22%	2.0%
18-44	15,230	33%	15,830	35%	3.9%
45-59	8,718	19%	8,313	16%	-4.6%
60+	11,442	25%	12,163	27%	6.3%
65+	8,405	18%	9,906	21%	17.9%
85+	1,010	2%	1,583	3%	56.7%

Warren Aging Profile					
Ages	2019		2034		% Change (2019-2039)
	#	%	#	%	
<b>Total</b>	<b>20,022</b>		<b>18,247</b>		<b>-8.9%</b>
0-17	3,619	18%	3,139	17%	-13.3%
18-44	6,414	32%	5,350	30%	-16.6%
45-59	3,675	18%	4,086	20%	11.2%
60+	6,314	32%	5,672	34%	-10.2%
65+	4,887	24%	4,663	28%	-4.6%
85+	673	3%	1,027	5%	52.6%
Source: NC Office of State Budget and Management					

Counties	White Alone	Black or African American	American Indian and Alaska Native Alone	Asian Alone	Hispanic of Latino Origin
Franklin	67.7%	25.3%	1.2%	0.6%	8.1%
Granville	61.0%	30.4%	0.6%	0.5%	7.8%
Person	68.2%	26.7%	0.5%	0.4%	4.2%
Vance	43.6%	50.1%	1.7%	0.6%	7.6%
Warren	40.1%	50.7%	5.8%	0.4%	3.8%

Source: American Community Survey 2018

**KTAAA**  
**Regional Aging Plan 2020-2024**

**Of Individuals Aged 65+ in the Kerr Tar Region:**

- More than 26% live alone and are vulnerable to social isolation
- Nearly 15% are Veterans
- Nearly 40% have one type of disability
- Nearly 25% did not graduate from high school
- The average household income for the region is \$31,650
- Only 11.7% live below the poverty line
- Only 15% are working

Characteristics: 65+	Franklin	Granville	Person	Vance	Warren
Living alone	22.3%	24.1%	26.7%	27.7%	30.7%
Veterans	14.4%	11.5%	15.4%	15.9%	16.7%
Have one type of disability	40.2%	39.2%	38.7%	38.2%	40.4%
Have less than a high school diploma	24.2%	24.4%	23.8%	22.1%	26.7%
Have a high school education, GED or alternative	36.1%	35.3%	41.5%	39.7%	29.7%
Median household income	\$37,086	\$32,721	\$33,034	\$28,947	\$26,449
Income below the poverty level	10.1%	12.3%	11.5%	11.5%	13.3%
In labor force	15.8%	15.0%	14.9%	17.1%	14.0%

Source: American Community Survey 2018



**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 Region K Planning and Service Area for the period July 1, 2020 through June 30, 2024.

It includes assurances and plans to be followed by the Kerr-Tar 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.

Nancy Francis  
Area Agency Director

6/25/2020  
Date

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

[Signature]  
Chairperson of the Regional Advisory Council on Aging

June 25, 2020  
Date

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

[Signature]  
Signature/Title

6-25-20  
Date

## **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 676B 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) –

**KTAAA**  
**Regional Aging Plan 2020-2024**

- 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—**



KTAAA  
Regional Aging Plan 2020-2024

- 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

KTAAA  
Regional Aging Plan 2020-2024

- 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

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Regional Aging Plan 2020-2024

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)(ii) which requires that legal representation as well as consultation and advice be provided for the Regional



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Regional Aging Plan 2020-2024

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].

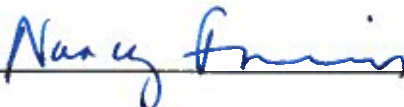
**DD)** There is the provision of the required initial training for new Community Advisory Committee members, ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements 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).

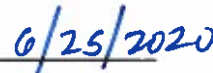
**FF)** It will notify the NC Division of Aging and Adult Services within 30 days of any complaints of discrimination or legal actions filed against the Area Agency on Aging or the Council of Governments in its treatment of applicants and employees pursuant to the AAA Policies and Procedures Manual,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



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.

Patricia S. Cox, Executive Director      June 25, 2020

Signature and Title of Authorized Official

Date

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Regional Aging Plan 2020-2024

**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.

 June 25, 2020

Signature and Title of Authorized Official

Date

KTAAA  
Regional Aging Plan 2020-2024

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm: Hicks + Wrenn PLLC  
111 Gilliam St.  
Oxford NC 27566

Period of Time Covered by Contract:  
July 1, 2020 - June 30, 2021

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:

 June 25, 2020  
Executive Director, Name of Council of Governments, Date

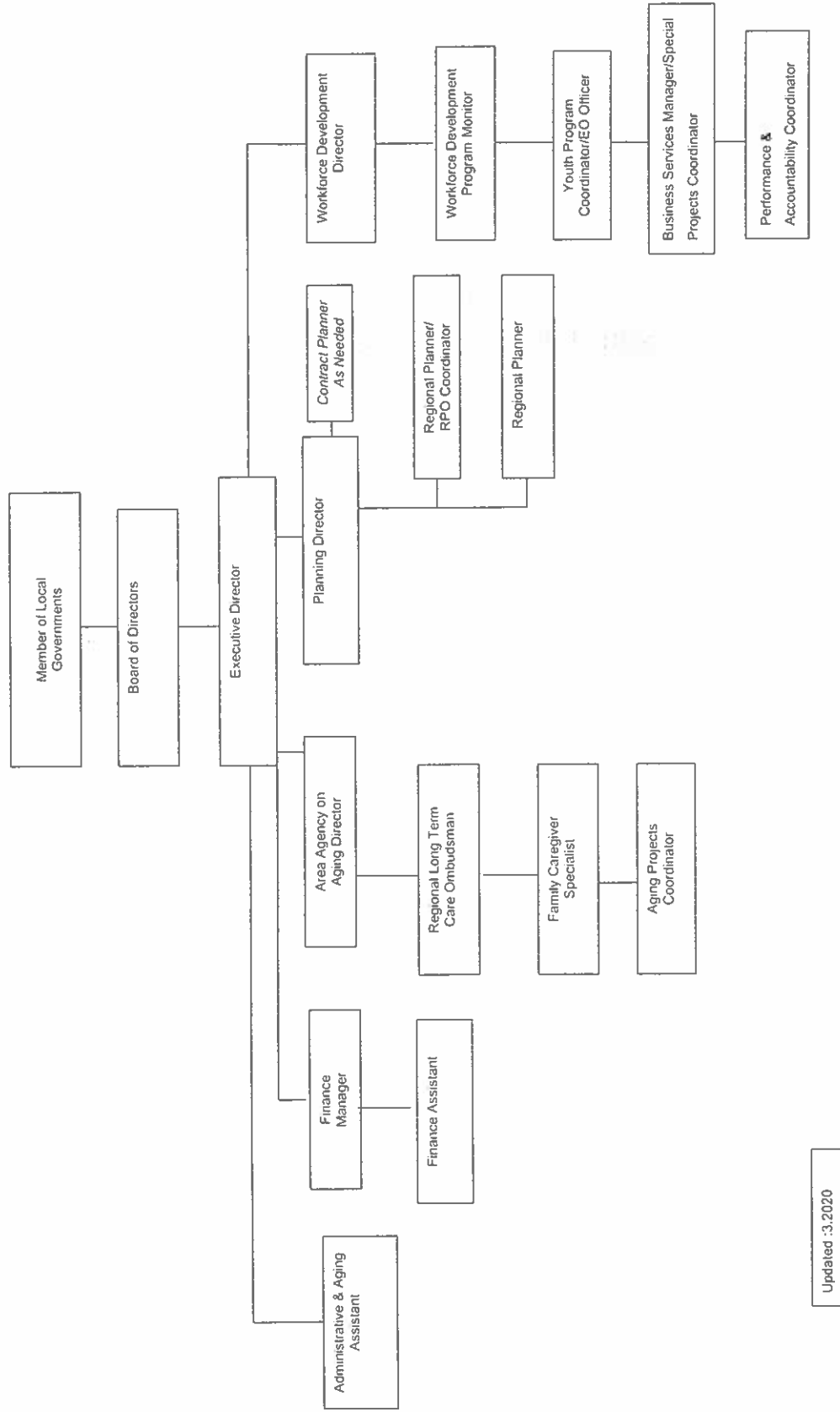
Nancy Francis 6/25/2020  
Area Agency on Aging Director, Date

 6/25/2020  
Legal Representative, Name of Firm, Date

KTAAA  
Regional Aging Plan 2020-2024

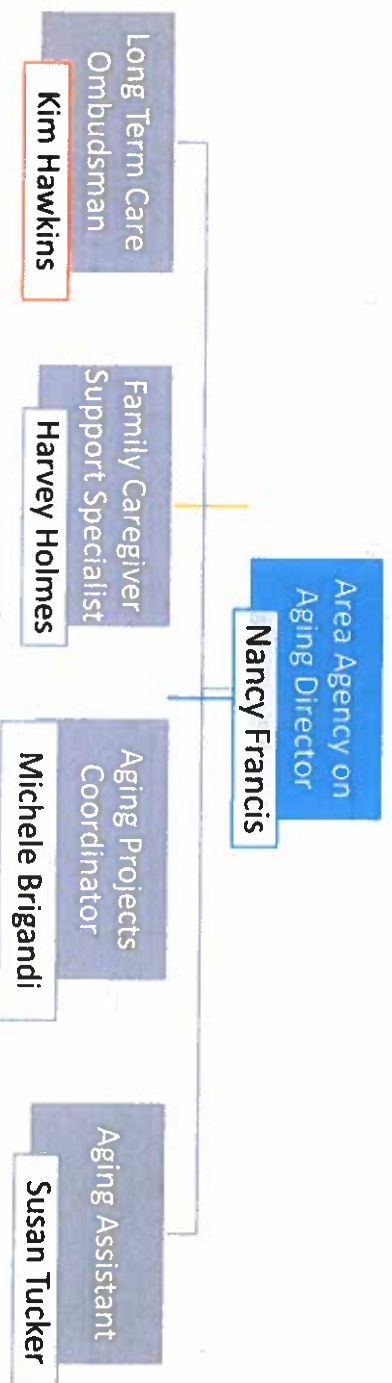
**Section II**  
**Administrative Matters**

# KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS



Updated :3.2020

**Exhibit 7: Organizational Chart of the Area Agency on Aging**



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## Exhibit 8: Area Agency on Aging Staffing Profile

Name	Position/Job Title	Race/ Ethnicity (see list below)	FTE/ Temp	Personnel Category (see list below)	List funding source	% of time spent on duties
1 Kim Hawkins	Ombudsman	1	FTE	5	Title III-B	85%
Susan Tucker	Aging Assistant	5	.5FTE	5	Title VII Elder Abuse Title IIIB Aging AAA	10% 90% 10%
2 Harvey Holmes	Family Caregiver Specialist	1	FTE	5	LCA MFP	5%
					Aging Caregiver 1 & 2	80%
					Aging AAA	4%
					Aging SMP-MIPPA	6%
Michele Brigandi	Aging Projects Coordinator	5	FTE	5	Title IIID	10%
					MIPPA	9%
					Aging P&A	80%
					Aging Caregiver	1%
Nancy Francis	AAA Director	5	FTE		Aging P&A	70%
					Title IIID	.5%
					Aging AAA	20%
					Aging Caregiver	.5%

### 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? four

#	Name		Gender M/F	County	Race/ Ethnicity	Position Code(s) (Note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
	Adams	Donnelle	M	Franklin	3	3,8,9,4	Unknown	12/31/22
	Thomas	Elaine	F	Franklin	5	2,6	Unknown	12/31/22
	Anderson	Ethel	F	Granville	5	2,6,9	Unknown	12/21/23
	Bryant	Sue	F	Granville	5	2,6,9	Unknown	12/31/20
	Mayfield	Sarah	F	Granville	3	1,2,3,6,7	Unknown	12/31/22
	Wheeler	Toni Ann	F	Granville	5	1,2,79	Unknown	12/31/22
	Allen	Robert H.	M	Person	5	5,2,	Unknown	12/31/22
	Girvin	Ethel	F	Person	5	2,6	Unknown	12/31/20
	Shotwell	Don	M	Person	5	2,6,9	Unknown	12/31/20
	Wright – Oliver	Louise	F	Person	3	2,3,4,6	Unknown	12/31/20
	Ebron	Donna	F	Vance	3	2,3	Unknown	12/31/22
	Crews	Henry	M	Vance	3	2,3,6	Unknown	12/31/22
	Butler – Tubbs	Sandra	F	Vance	3	1,2,3,6,7	Unknown	12/31/22
	Poole	Brenda	F	Vance	3	2,3	Unknown	12/31/22
	Solomon	Rachel	F	Vance	5	2	Unknown	12/31/20
	Williams	Lois	F	Vance	3	2,3,6	Unknown	12/31/22
	Broach	Virginia	F	Warren	3	2,3,6	Unknown	12/31/22
	Fleming, III	Ernest F.	M	Warren	5	2,6,9,10	Unknown	12/31/22
	Jefferson	Charles	M	Warren	3	2,3,6	Unknown	12/31/22
	Mann III	Julius J.	M	Warren	5	1,2,6	Unknown	12/31/20
	Speed	Sharon	F	Warren	3	2,3,6,8	Unknown	12/31/20
	Williams	Robin S.	M	Warren	3	2,3,8	Unknown	12/31/22

KTAAA  
Regional Aging Plan 2020-2024

<u>Race/Ethnicity Categories</u>
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

<u>Position Code/Description</u>
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 2021

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Kerr Tar Regional Council of Governments Area Agency on Aging PO Box 709 Henderson 27536	ALL			
Franklinton Senior Center 604 East Mason Street Franklinton 27525 (Franklin County Department on Aging)	Franklin	X		
Louisburg Senior Center 127 Shannon Village Louisburg 27549 (Franklin County Department on Aging)	Franklin	X		
Granville County Senior Services 107 Lanier Street Oxford 27565	Granville	X		
South Granville Senior Center Corner of 56 and Main Street Creedmoor 27522 (Granville County Senior Services)	Granville	X		
North Granville Senior Center 318 Highway 15 Stovall 27582 (Granville County Senior Services)	Granville	X		
Person County Senior Center 87 Semora Road Roxboro 27573	Person	X		

KTAAA  
Regional Aging Plan 2020-2024

Vance County Senior Center 126 S Garnett St Henderson 27536	Vance	X		
Warren County Senior Center 435 West Franklin Street Warrenton 27589 (Warren County Department on Aging)	Warren	X		

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

n/a

Date:

Place:

Summary of Major Comments:

## Section III

### Needs Assessment Overview

#### Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county

County	1	2	3
Franklin	Housing	Medical care - treatment	More community based services
Granville	Safety - security	Medical care - treatment	Mental health support
Person	Housing	Safety -security	Medical care - treatment
Vance	Housing	Transportation	Safety-security
Warren	Medical care – treatment	Housing	Safety - security



# Exhibit 13: Provision of Direct Services – Waiver Request

1. Name of the Organization: Kerr Tar Area Agency on Aging Fiscal Year: 2020-21

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Health Promotion Disease Prevention	401	Franklin Granville Person Vance Warren		X X X X X
Caregiving Training Programs	835	Franklin Granville Person Vance Warren		X X X X X
Caregiving Directed Vouchers	844	Franklin Granville Person Vance Warren		X X X X 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.

Nancy Francis  
Area Agency on Aging Director

Date 6/23/2020

NFrancis

June 15, 2020

## Provision of Direct Services (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: Kerr Tar Area Agency on Aging

Name of Service: Health Promotion Disease Prevention Service Code: 401 FY: 2020

### 1. Budget:

- A. For non-unit activities (including health promotion, medication management, senior center general purpose, Housing and Home Improvement, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.
- B. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DAAS-732) and the Service Cost Computation Worksheet (DAAS-732A) and the Labor Distribution Worksheet (DAAS-732A1).

### 2. Complete and attach Form DAAS-733 describing the method for targeting low-income minority and rural persons.

### 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:

KTAAA has a newly trained Matter of Balance Master Trainer who will conduct and oversee this class offering.

KTAAA plans to train at least two staff in more Evidence Based Health Promotion programs, including Tai Chi, a new offering in our region.

KTAAA is developing a teaching resource spreadsheet to be able to quickly suggest programs and respond to requests from Senior Centers and other community groups.

KTAAA is currently polling our Senior Centers for their needs and desires for EBHP classes and will base our final plans on their input.

### 4. For non-unit producing activities only (item #1A above) provide a brief narrative of the planned service and activities.

Conduct at least one Matter of Balance class in each of our 5 counties via our 8 Senior Centers.

Offer the Tai Chi class (with staff to be certified in August 2019) to senior center participants who have previously taken the Matter of Balance class.

Tentative plans: offer a minimum of 3 classes in different topics per Senior Center (total of 8 Senior Centers)

  
Area Agency on Aging Director

7/9/19  
Date

Approved Not Approved  
(circle one)

\_\_\_\_\_  
Director, NC DAAS Date



## Provision of Direct Services (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: Kerr Tar Area Agency on Aging

Name of Service: Caregiver Training Programs Service Code: 835 FY: 2020

### 1. Budget:

A. For non-unit activities (including health promotion, medication management, senior center general purpose, Housing and Home Improvement, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.

B. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DAAS-732) and the Service Cost Computation Worksheet (DAAS-732A) and the Labor Distribution Worksheet (DAAS-732A1).

2. Complete and attach Form DAAS-733 describing the method for targeting low-income minority and rural persons.

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.

With the limited funding available in our region, we assess that it is in the best interest of our older adults to keep the funds at the AAA to support the work of staff, certified leaders, the training of new leaders, and program expansion. With this funding we will continue to provide all materials and supplies to implement evidence-based Caregiver Training programs.

4. For non-unit producing activities only (item #1A above) provide a brief narrative of the planned service and activities.

AAA plans to continue to train and support staff in Caregiver Training programs. Funds will be used to market, recruit and train new lay leaders. We will also purchase supportive materials such as class delivery materials, books, cds and other supplies.

M. A. G. F. M.  
Area Agency on Aging Director

5/20/19  
Date

Approved Not Approved  
(circle one)

Director, NC DAAS

Date

## Provision of Direct Services (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: Kerr Tar Area Agency on Aging

Name of Service: Caregiver Directed Vouchers Service Code: 844 FY: 2020

### 1. Budget:

- A. For non-unit activities (including health promotion, medication management, senior center general purpose, Housing and Home Improvement, and the family caregiver support program), attach a line-item budget identifying all personnel involved, salaries, fringe, travel, equipment, indirect cost rate, and other expenses.
8. For unit-producing activities, funded by the HCCBG, attach the Provider Services Summary (DAAS-732) and the Service Cost Computation Worksheet (DAAS-732A) and the Labor Distribution Worksheet (DAAS-732A1).

2. Complete and attach Form **DAAS-733** describing the method for targeting low-income minority and rural persons.

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:

With the limited funding available in our region, we determined that it is in the best interest of our older adults to manage the Caregiver Directed Voucher program at the AAA. The AAA will serve as an additional source of vouchers if the funded providers are unable to obtain respite vouchers for clients.

4. For non-unit producing activities only (item #1A above) provide a brief narrative of the planned service and activities.

The AAA determined that it is in the best interest of our older adults to manage the Caregiver Directed Voucher program directly. The AAA will serve as an additional source of vouchers if the funded providers are unable to obtain respite vouchers for clients.

Nancy Francis  
Area Agency on Aging Director

5/20/19  
Date

Approved Not Approved  
(circle one)

\_\_\_\_\_  
Director, NC DAAS Date

# Exhibit 14: Provider Monitoring Plan 2020-2024

A.	B.	C.	D.	E.					F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**					Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	
050	Franklin County Department on Aging (2 sites)	Franklin	AAA									X	X	X	X	
	Congregate Nutrition		AAA	X				X	X							
	Home Delivered Meals		AAA	X			X	X	X	X						
	General Transportation		AAA Franklin Dept. on Aging	X		X		X	X		X					
	Medical Transportation		AAA Franklin Dept. on Aging	X		X		X	X		X					
	In Home Aide		AAA Franklin Dept. on Aging	X			X	X		X						
	SC Operations			X		X		n/a	n/a	n/a	n/a					
	Family Caregiver Support Program					X			X		X					

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

\*\*Scheduled as needed but at least once every three years; \*\*\* Scheduled as needed but at least every other year; \*\*\*\* Scheduled as warranted by annual risk evaluations.

## Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
070	Granville Co. Senior Services (3 Sites)	Granville	AAA									x	x	x	x
	Congregate Nutrition		AAA, Granville Senior Center	x			x		x		x				
	Home Delivered Meals		AAA, Granville Senior Center	x			x		x		x				
	General Transportation		AAA, Granville Senior Center			x		x							
	Medical Transportation		AAA, Granville Senior Center			x		x							
	In-Home Aide		AAA			x		x							
	Housing & Home Improvement		AAA, Granville Senior Center	x	x	x	x	x	x	x	x				
	SC Operations				x			n/a	n/a	n/a	n/a				
	Family Caregiver Support Program					x			x						

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

\*\*Scheduled as needed but at least once every three years; \*\*\* Scheduled as needed but at least every other year; \*\*\*\* Scheduled as warranted by annual risk evaluations.



## Exhibit 14: Provider Monitoring Plan

A.	B.	C.	D.	E.					F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**					Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	
077	Region K Community Assistance Corp./Person County Senior Center	Person	AAA									X	X	X	X	
	Congregate Nutrition		AAA Person County Senior Center			X			X		X					
	Home Delivered Meals		AAA Person County Senior Center	X			X		X		X					
	General Transportation		AAA Person County Senior Center			X		X		X						
	In-Home Aide		AAA	X			X		X		X					
	SC Operations					X		n/a	n/a	n/a	n/a					
	Family Caregiver Support Program			X			X		X		X					
073	Person County DSS	Person	AAA													
	In Home Aide		AAA				X	X		X		X	X	X	X	

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

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## Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
091	Vance County DSS	Vance	AAA									x	x	x	x
	Congregate Nutrition		AAA Vance Senior Center	x				x		x					
	Home Delivered Meals		AAA Vance Senior Center	x				x		x					
	General Transportation		AAA Vance Senior Center			x			x		x				
	Medical Transportation		AAA Vance Senior Center			x			x		x				
	In-Home Aide		AAA Vance Senior Center	x			x	x	x		x				
	SC Operations		AAA Vance Senior Center	x		x		n/a	n/a	n/a	n/a				
	Family Caregiver Support Program		AAA Vance Senior Center	x		x		x	x		x				

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

\*\*Scheduled as needed but at least once every three years; \*\*\* Scheduled as needed but at least every other year; \*\*\*\* Scheduled as warranted by annual risk evaluations.

## Exhibit 14: Provider Monitoring Plan

A.	B.	C.	D.	E.					F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**					Schedule for Unit Verification***				Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	
085	Warren County Senior Center	Warren	AAA									X	X	X	X	
	Congregate Nutrition		AAA	X		X		X	X		X					
	Home Delivered Meals		AAA	X		X		X	X		X					
	General Transportation		AAA	X			X	X		X						
			Warren Senior Center													
	Medical Transportation		AAA	X			X	X		X						
	SC Operations			X			X	n/a	n/a	n/a	n/a					
	Family Caregiver Support Program			X		X			X		X					
093	Warren County DSS	Warren	AAA												X	
	In-Home Aide		AAA	X	X	X	X	X	X	X	X					

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored. AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

\*\*Scheduled as needed but at least once every three years; \*\*\* Scheduled as needed but at least every other year; \*\*\*\* Scheduled as warranted by annual risk evaluations.



## Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
095	Legal Aide of NC	Franklin, Granville, Person, Vance, Warren	AAA	See note below x			x	x		x		x		x	

Monitoring was scheduled for 2019-2020 but not conducted due to Covid. Scheduling for 20-21 to catch up.

\*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging and Adult Services. If the AAA is the monitor and there is both a provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored: AAA-1 = AAA will monitor subcontractor, AAA-2 = provider will monitor subcontractor, AAA-3 = both AAA and provider will monitor subcontractor.

\*\*Scheduled as needed but at least once every three years; \*\*\* Scheduled as needed but at least every other year; \*\*\*\* Scheduled as warranted by annual risk evaluations.



**Exhibit 14A: List of Subcontractors**Provider Franklin Co Dept of Aging Region K FY 21Provider Code: 50 County Franklin

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Trinity Services Group, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate Nutrition & Home Delivery Meals	Rondra Dent: 285 T Kemp Rd., Louisburg, NC 27549 919-496-3655	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Maxim HealthCare Services, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Service Levels I & II	Sharon Leonard: 216D Bickett Blvd., Louisburg, NC 27549 919-496-3612	To assess all clients on what their needs are and if qualified do a plan of care by Registered Nurse of the client's individual need. Once client qualifies for assistance in the home an aide who has the required competency is placed in the home and given hours to work per week. Supervision of all aides are documented properly along with properly documented home visits. Accurate reporting of changes and referrals are reported to the Franklin County Department of Aging as needed appropriately.
KARTS	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation: Medical & General	Rob Brink: PO Box 246, Henderson, NC 27536; 252-438-2573	Furnish transportation by appropriate vehicle and licensed driver to elderly population 60 and above (with special vehicle for handicap clients) with approval from Franklin County Department of Aging staff.

**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 that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (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", and (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 Mattie H. Woodard Title: Senior Services Program Manager Date 8/28/2019

**Exhibit 14A: List of Subcontractors****Provider: Granville County Senior Services FY 2019-2020****Region K County: Granville**

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.

<b>Subcontractor Name</b>	<b>Type Agency</b>	<b>Subcontracted Service Name</b>	<b>Subcontractor Contact Name, Address &amp; Phone Number</b>	<b>Describe Scope of the Subcontract</b> (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
Morrison's Management	For Profit	Nutrition	Rick Childs 1010 College Street Oxford, NC 27565 919-690-3000	Preparation of menus according to standards. Preparation and delivery of meals.
KARTS	Part of Regional Government	Transportation	Irene Johnson PO Box 246 Henderson, NC 27536 252-438-2573 ijohnson@kartsnc.com	KARTS will provide efficient and cost effective transportation for passengers of Granville County Senior Services.
Maxim Healthcare	For Profit	In-Home Aide Level 3	Sharon Leonard 216 N. Bickett Blvd. Louisburg, NC 27549 919-496-3612	Maxim provides Home Health nursing services on a contract basis through licensed professional nurses and paraprofessional caregivers. Maxim, upon request, will provide nurse and home health aides for supplemental staffing services subject to availability of qualified personnel.

**Attest Statement:** Public/Non-Profit entities only: The subcontractor(s) listed above have been verified a) not be "suspended or debarred" by the state of North Carolina ([www.osbm.state.nc.us](http://www.osbm.state.nc.us)); b) do not owe unpaid taxes to the state of North Carolina ([www.epls.gov](http://www.epls.gov)); c) do not owe unpaid taxes to the Internal Revenue Service (<http://www.irs.gov/charities-&-non-profits/exempt-organizations-select-check>). IRS website instructions: click on the "Exempt Organizations Select Check Tool" then click on "Were Automatically Revoked" search by EIN#, Name, City, State, Zip or Exemption Type; d) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, For-Profit Subcontractors have provided a copy of their business license and Non-Profit Subcontractors are registered as a charitable (501c3) organization with the federal government.

*Kathy B May*

8-23-19

# Exhibit 14A: List of Subcontractors

Region   K   FY   20  

Provider: Person County Senior Center        Provider Code:   77   County        Person       

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Golden Corral	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Meals 180 / 020	Brad Rogers 40 Weeks Dr Roxboro 336-599-1780	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.  Provide RD approved meals for Congregate and Home Delivered Meals
United Health Home Care Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Services Level 2/3 042,045	Connie Bowes 343 S Madison Blvd. Roxboro NC 27573 336-322-3744	Provide RN assessments and supervision of Level 2 Home Aides for up to 10 hrs a week per client
Person Area Transportation (PATS)	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	General Transportation 250	Glen LaBar 304 S Morgan St. Roxboro 336-597-1771	Provides transportation to and from Senior Center -- also Medical Transportation when funding is available
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

**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 that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification

**Exhibit 14A: List of Subcontractors**

Region      K      FY      20     

Provider: Person County Senior Center      Provider Code: 77 County      Person     

of No Overdue Tax Debts", and (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 Margaret J. [Signature] Title: Aging Services Director Date 8/23/19

**Exhibit 14A: List of Subcontractors**Region K FY 2019-2020Provider: Vance County Senior Center Provider Code: 91 County Vance

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Vance County Sheriff	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Congregate Meals	Curtis Brame (252) 438-2200	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Preparation and delivery of meals
Vance County Sheriff	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Home Delivered Meals	Curtis Brame (252) 438-2200	Preparation and delivery of meals
Karts	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Rob Brink (252) 438-2573	General and Medical Transportation services
Maxim Healthcare	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Caregiver Support	Sharon Leonard (919) 496-3612	Provide CNA support as needed
Maxim Healthcare	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Aide Supervision	Sharon Leonard (919) 496-3612	Provide Supervision for In-Home Aides
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

**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 that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (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", and (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: Senior Center Manager Date 8-28-19



**Exhibit 14A: List of Subcontractors**Region K FY 20Provider: Warren County Senior CenterProvider Code: 085County Warren

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Bluedog Associates, Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition (congregate and home delivered meals)	Daniel Johnson 195 Callohill Drive Lovingson, VA 22949 800-933-3868	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
KARTS	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation (general and medical)	Irene Johnson Director P.O. Box 246 Henderson, NC 27536 252-438-2573	Creates menu plans according to North Carolina nutritional daily allowance standards. Divides Sun Meadows frozen entrees into customer cartons, along with loaf bread, canned fruit, powdered milk and juice and delivers to clients and senior center bi-weekly.  Provides efficient and cost effective transportation for senior clients of the Warren County Senior Center.

**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 that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (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", and (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 Ducky C. Stone Title: Director Date 8/23/19