



Albemarle Commission
Area Agency on Aging

"ADVANCING EQUITY IN AGING"

REGIONAL PLAN ON AGING
2024-2028



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Albemarle Commission Area Agency on Aging



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Executive Summary

Mandated by the Older American's Act (OAA) of 1965, the Albemarle Commission Area Agency on Aging (ACAAA) is part of the larger national Aging Network charged with providing a range of community-based services and supports needed to assist older adults in remaining independent, and in the community, for as long as safely possible. The AAA serves as an advocate for older and disabled adults residing in the community, as well as in the long-term care settings. Additionally, the AAA offers supportive services to family and informal caregivers, providing care to older or disabled adults within the community.

The AAA is a service of the Albemarle Commission Council of Governments, a regional planning organization which serves to improve the lives of citizens residing in the Albemarle Region. The AAA serves older adults, their caregivers, and their families in the counties of Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell and Washington. Collectively, this service area is known as Region R.

“The mission of the AAA is to empower senior adults to enhance their quality of life through training, education, mediation, advocacy and coordination of services.”

As the need for services continues to grow in Northeastern NC, the AAA continues to explore innovative and creative ways to better serve older adults with the greatest needs. Despite budgetary challenges and restrictions, the AAA is committed to working with local and state partners to better enhance the quality of life of countless older adults residing in the Albemarle Region.

The AAA is required by federal and state law to submit a Regional Area Plan every four years. This Area Plan reflects the goals, objectives, and activities of the AAA over the four-year planning cycle, 2024-2028. The Plan is consistent with the Older Americans Act (OAA) legislation and the guidelines set forth by the North Carolina Division of Aging.

This four-year plan serves as the framework that the AAA will utilize to address the many challenges and changes that are eminent when serving the aging population and their caregivers. The AAA will track and report on progress on an annual basis. The results will be reviewed by our Regional Advisory Council (RAC). Progress will be assessed, and updates and/or changes will be made if deemed necessary. Most importantly, the Area Plan seeks to inform the general public and regional policymakers, of the development of comprehensive and coordinated systems of service delivery. The plan also provides descriptions of the mode of delivery of supportive services designed to foster independence and improve the quality of life for older adults and their families throughout northeast North Carolina. In addition, the plan provides descriptions of the individual services which are available in each county of the region.

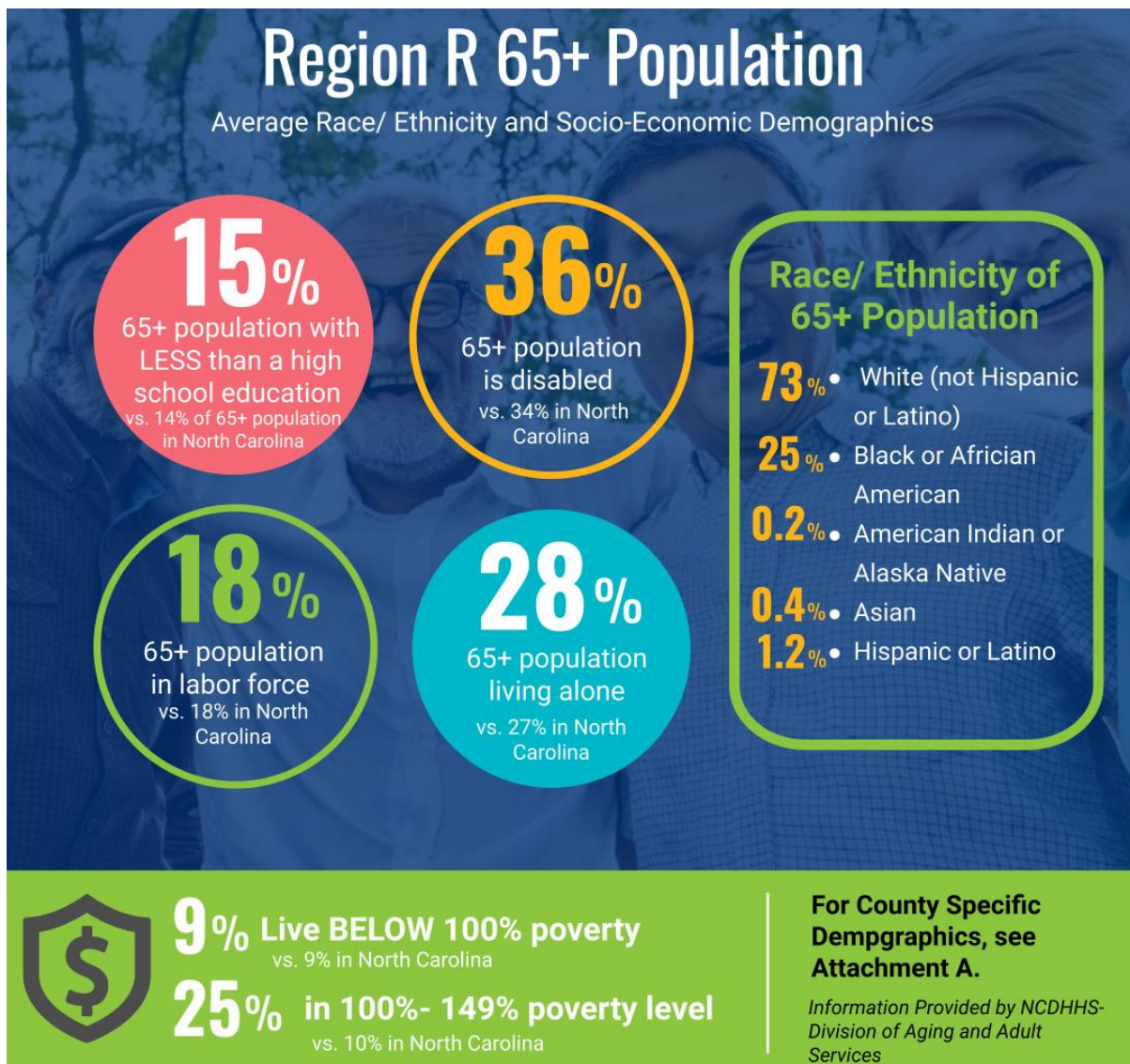


Context

Demographics:

As reflected in the North Carolina State Plan on Aging-2023-2027, North Carolina ranks ninth nationwide in population of adults age 65 or older. As the older adult population in North Carolina continues to grow, it is estimated at 2031, there will be more individuals aged 65 and over than children under 18 in the state.

Specifically, in Region R, the older adult population continues to grow as the younger population remains stagnant and even decreases in some counties. It is projected that the **overall** population in Region R will increase by 19% by the year 2042. Among this increase, it is expected that 30% of the total population in the Albemarle Commission service area will be aged 60 and over compared to 18% of children under the age of 18. Below is a breakdown of the race and socio-economic demographics of the region compared to the state average. For specific county demographics, see Attachment A of this document.



Needs Assessment:

The AAA underwent an intense process of planning to provide the foundation for developing this Regional Area Plan on Aging: “Advancing Equity in Aging.” A needs assessment survey was developed and distributed throughout all 10 counties in our service area. Input was received from aging service providers, older adults, caregivers, government officials and many others. Data collected from these surveys, along with demographic data, existing County Plans and the 2023-2027 State Plan were used in the development of this plan.



This plan was reviewed and approved by the Regional Advisory Council (RAC) and the Albemarle Commission Board of Delegates.

Quality Management:

During the four-year plan period, the Albemarle Commission AAA will strive for excellence in quality management. This is accomplished through internal, informal monitoring of programs and provider agencies by program staff, as well as oversight by the Director of the AAA.

Formal programmatic and fiscal monitoring of contracted providers, as required by the Division of Aging, is performed by the lead monitor. This is accomplished by utilizing Exhibit 14 of the Area Plan, and the requirements set forth by the Division of Aging, which outline in detail, the monitoring schedule for the four years of the plan. Standards for each service to be monitored, are outlined, updated and provided by the Division of Aging, along with a comprehensive monitoring tool.

The lead monitor also utilizes the Aging Resource Management System (ARMS) to track funding utilization of contracted providers, and then assist them with accurate and optimal usage. The lead monitor conducts a risk assessment on each contracted provider before preparing their contract. The lead monitor then monitors the provider contracts, which outline services provided which are reimbursable, as well as specific service allocations. This monitoring process continues for the duration of the contract.

Through constant communication with our providers, and staff coordination, quality of service provision and budget management are accomplished.

Area Agency on Aging staff also attends all pertinent programmatic meetings or trainings provided by the Division of Aging, in order to educate themselves on changes to the parameters or standards of individual services or programs.

Goals, Objectives, Strategies, and Expected Outcomes



Safety and Protection

Goal 1: Protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation using a multi-disciplinary approach.

Objective 1.1: Maximize collaboration, outreach, and training to reduce or prevent abuse, neglect or exploitation of older adults.

| Strategy: | Measure(s): |
|---|---|
| Partner with local partners, stakeholders and law enforcement to educate the community on how to recognize and report elder abuse, neglect and exploitation. | <ul style="list-style-type: none"> • Conduct annual elder abuse trainings for Home Delivered Meals volunteers throughout the region. • Conduct at least 5 educational training events annually on elder abuse, neglect and exploitation prevention to community members and long-term care residents throughout the region. • Continue to coordinate the annual <i>Abuse in Later Life Seminar</i> aimed at educating professionals about elder abuse, neglect and exploitation. |
| Collaborate with state and local partners to educate the public on senior financial exploitation and scams. | <ul style="list-style-type: none"> • Partner with the Attorney General’s Office, Secretary of State’s Office, Department of Insurance and local law enforcement to hold <i>Scam Jam</i> events in each county before June 30, 2028. • Host <i>Money Smarts for Older Adults</i> workshops throughout the region to encourage advanced planning and informed financial decision-making. |
| Collaborate with local Multi-Disciplinary Teams (MDT) and encourage other counties to pursue establishing a similar approach to elder abuse prevention and awareness. | <ul style="list-style-type: none"> • Participate in current MDT committees. • Track and support efforts to establish new MDT committees in other counties. |

Objective 1.2: Educate the general public about the seriousness and prevalence of elder abuse, neglect and exploitation through advocacy and education.

| Strategy: | Measure(s): |
|--|--|
| Expand World Elder Abuse Awareness Day activities throughout the region. | <ul style="list-style-type: none"> • Continue to coordinate the annual “<i>Walk Toward Awareness</i>,” World Elder Abuse Awareness Walk to educate the community about how to recognize and report elder abuse. |

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| | <ul style="list-style-type: none"> • Coordinate World Elder Abuse Awareness Day activities/ outreach with local Community Advisory Council (CAC) Members and local Long-Term Care Facilities throughout the region. |
| Educate Medicare beneficiaries on the importance of Medicare fraud, including how to protect, detect and report Medicare Fraud. | <ul style="list-style-type: none"> • Do at least 10, unless otherwise specified in the SMP grant, outreach and education events annually. • Provide education and information to beneficiaries throughout the region, including home bound clients and individuals residing in long-term care facilities. |
| Educate the general public about the signs of elder abuse and reporting requirements. | <ul style="list-style-type: none"> • Create a public awareness campaign to include various types of publications and outreach materials by FY 26. |

Objective 1.3: Long-term care residents and their families will be supported through education, training and advocacy.

| Strategy: | Measure(s): |
|---|--|
| The Long-Term Care Ombudsman (LTCO) Program will serve as an advocate for residents of long-term care facilities and their families. | <ul style="list-style-type: none"> • The Regional Ombudsman will report all case management details in the National Ombudsman Reporting System (NORS) regularly. • The LTCO Program will continue to recruit, train and offer support to the local Community Advisory Council's (CAC) in each county to better support residents of long-term care facilities. |
| The AAA will provide support, training, education and staff development opportunities to better enhance the workforce of agencies providing services and supports to older and disabled adults. | <ul style="list-style-type: none"> • The LTCO Program will facilitate resident's rights trainings for staff of long-term care facilities throughout the region. • The LTCO will provide various in-service trainings aimed at educating direct care staff on a variety of issues impacting older adults. • The LTCO Program will facilitate at least 2 LGBTQ trainings annually for long-term care staff. • The AAA will host an all-day conference aimed at educating professionals that work with older adults and their caregivers by June 2026. • Long-term care staff will be invited to upcoming educational workshops, training events and seminars aimed at professionals. • The AAA will continue to offer educational opportunities to local community-based providers |

Goal 1 Expected Outcomes:

- The AAA will increase knowledge and awareness of elder abuse, neglect and exploitation of older adults throughout the region.
- The AAA will increase awareness regarding the rights of residents of long-term care facilities.



Healthy Aging and Quality of Life

Goal 2: Support programs and partnerships that improve the health and well-being of Older North Carolinians.

Objective 2.1: Promote community-based services to support older adults and their caregivers.

| Strategy: | Measure(s): |
|---|--|
| Support local Senior Centers through technical assistance, educational programs, wellness activities and staff development. | <ul style="list-style-type: none">• Provide grant opportunities to local senior centers to include Senior Center General Purpose funding and Title III-D Health Promotion Funding to enhance programming and activities.• Provide on-going technical assistance to senior centers seeking Senior Center Operations and Program Evaluation (SCOPE) Certification.• Provide presentations to local senior center participants on a variety of topics to include advance directives, Alzheimer's and related dementias, caregiving, various sensitivity opportunities, elder abuse, home safety, etc. |
| Educate various stakeholders and referral sources throughout the region about AAA and HCCBG services. | <ul style="list-style-type: none">• Provide educational opportunities to local partners, providers and the general public about AAA and HCCBG services. |

Objective 2.2: Provide health and wellness programs that empower older adults and promote healthy lifestyles.

| Strategy: | Measure(s): |
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| Offer events and programs that emphasize the importance of the health and wellness of older adults and their caregivers. | <ul style="list-style-type: none">• Continue to coordinate and support the Albemarle Senior Games.• Continue to participate in the Senior's Farmers Market Voucher Program and nutrition education. |

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| | <ul style="list-style-type: none"> • Incorporate health and wellness education training to our annual AAA conference. • Continue to provide health and wellness educational information and one-on-one case management with homebound clients, as needed. • Coordinate a Dental Health awareness campaign and outreach event for homebound clients during National Dental Hygiene Month (October). |
| Expand access to and increase participation in Evidence Based Health Promotion (EBHP) and disease prevention programs. | <ul style="list-style-type: none"> • Provide at least 4 EBHP programs annually, such as Living Healthy, Living Healthy with Diabetes, Matter of Balance or Powerful Tools for Caregivers. • Conduct at least 5 Respecting Choices programs annually. • Continue to provide Healthy IDEAS for individuals who may be experiencing depression. • Explore Medicare Accreditation to offer Diabetes Self-Management Training (DSMT) and Medical Nutritional Therapy (MNT) to eligible Medicare beneficiaries. |
| Expand educational opportunities to address the issues and negative impacts of fall related injuries among older adults. | <ul style="list-style-type: none"> • Partner with local rehab facilities and physician offices to refer patients who have recently fallen to local Matter of Balance (MOB) classes. • Provide fall prevention education at the local aging conference or as a regional workshop by June 2025. • Increase the importance of fall prevention during the annual Fall Prevention Awareness week in September. |

Objective 2:3 Create opportunities for older adults to engage in their local communities through volunteer and job training opportunities

| Strategy: | Measure(s): |
|---|---|
| Promote volunteerism and active community engagement. | <ul style="list-style-type: none"> • Increase the number of volunteer opportunities offered by the AAA in each county. • Ensure that all AAA volunteer committees are filled with active, engaged and committed volunteers. |
| Increase employment and training opportunities for older adults seeking to re-enter or remain in the workforce. | <ul style="list-style-type: none"> • Partner with the Northeastern Workforce Development Board (NWDB) and Senior Community Service Employment Program (SCSEP) to provide annual training opportunities specific for older adults seeking to re-enter or remain in the workforce. |

Objective 2:4 Create public awareness of the issues that impact senior’s health and overall well-being.

| Strategy: | Measure(s): |
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| Participate in the annual March for Meals campaign to bring awareness to the issues of senior hunger and isolation. | <ul style="list-style-type: none"> • Continue to increase participation during the local Community Champions week by recruiting more elected officials and local celebrities to deliver meals throughout the region. • Increase the March for Meals awareness activities to make the campaign more viable to the community. |
| Advocate on the local and state level for change in services and supports that impact the lives of older adults and their caregivers. | <ul style="list-style-type: none"> • Staff will continue to serve on various local and state advocacy committees that address the on-going needs of older adults and their caregivers. • The AAA will continue to support the local Senior Tar Heel Legislature (STLH) Delegates and Alternates in their work to advocate for positive legislative impact on older North Carolinians, particularly in Region R. • The AAA will continue to work with CAC Committees to advocate for the rights of residents residing in long-term care facilities throughout the region. |
| Collaborate with partners to bring awareness to issues impacting the overall wellbeing of older adults and their caregivers. | <ul style="list-style-type: none"> • Partner with local Health Department to coordinate workshops addressing the growing concern of opioid and other addictions among older adults and caregivers. • Coordinate at least 2 positive mental health workshops/ seminars throughout the region annually aimed at older adults and caregivers. • Partner with local Division of Services for the Blind and Division of Deaf and Hard of Hearing to support seniors and caregivers experiencing low vision or vision loss and hearing loss. |

| Goal 2 Expected Outcomes: |
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| <ul style="list-style-type: none"> • The AAA will increase knowledge and awareness of evidence-based health promotion programs for older adults in Region R. • The AAA will increase awareness and opportunities for older adults to engage in meaningful volunteer activities throughout the region. • Increase the awareness and utilization of community-based services and supports for older adults in Region R. |



Housing and Homelessness

Goal 3: Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, supports, and housing opportunities.

Objective 3:1 Explore and expand home repair/modification programs to enable older adults to remain independent and age in place.

| Strategy: | Measure(s): |
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| Utilize the HCCBG and the Choosing Home program to meet the needs of older adults needing home modifications in order to safely age in place. | <ul style="list-style-type: none"> Track the utilization of HCCBG and Choosing Home funding to support older adults with the greatest need. Provide essential housing services to support older adults who choose to age in place, including home modifications and improvements. |
| Partner with the Albemarle Commission Housing Program to address the housing and weatherization needs of qualified older adults. | <ul style="list-style-type: none"> Track the number of older adults served through the ACCOG Housing Program. Refer eligible clients to the ACCOG Housing program. |
| Increase awareness of home improvement programs and services available to older adults. | <ul style="list-style-type: none"> Incorporate information about home modifications services and programs into our annual conference by FY 26. Partner with other agencies by referring possible clients to their housing programs. Maintain a list of active housing programs in order to make referrals, as needed. |
| Explore and expand housing services and aging in place opportunities through various grant opportunities. | <ul style="list-style-type: none"> Seek and apply for various housing related grant opportunities to support older adults as they age in place. |

Objective 3:2 Educate older adults and their caregivers about community-based services and supports.

| Strategy: | Measure(s): |
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| Provide outreach and education about the availability and importance of community-based services. | <ul style="list-style-type: none"> AAA staff will update and maintain the local Senior Services Resource Directory and distribute, as necessary. AAA staff will refer clients, as appropriate, to local HCCBG service providers for supportive services. |

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| | <ul style="list-style-type: none"> • AAA staff will continue to advocate for the unique needs and challenges faced in rural communities. • The AAA will utilize various outreach methods to promote programs and services. |
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| Goal 3 Expected Outcomes: | |
| <ul style="list-style-type: none"> • Increased availability and affordability of aging-in place housing options for older adults through direct services and referrals. • Reduce the need for institutional care by providing necessary aging in place home modifications. • Increase AAA staff knowledge regarding available housing resources throughout the region. • Promote the importance of community-based services among the older adult population. | |



Caregiving and Workforce Development:

Goal 4: Advance equity, accessibility, and inclusion through informal and formal caregiving support.

Objective 4:1 Strengthen, support and expand the direct care workforce in Region R.

| Strategy: | Measure(s): |
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| Increase employment training opportunities for direct care workers servicing older adults. | <ul style="list-style-type: none"> • Track the number of training opportunities conducted for direct care workers throughout the region. • Increase the number of sensitivity programs conducted to various organization and groups. • Partner with NWDB to promote training opportunities, such as CNA trainings, to providers and partners throughout the region. |
| Promote careers and recruitment in direct care services. | <ul style="list-style-type: none"> • Partner with NWDB and direct service providers to conduct job fairs throughout the region, as needed. • Promote careers in the aging network to local high schools with career planning programs. |

Objective 4:2 Strengthen access, services and supports available to family and informal caregivers.

| Strategy: | Measure(s): |
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| Increase training opportunities to family and informal caregivers throughout the region. | <ul style="list-style-type: none"> Track the number of caregivers utilizing Trualta's online training services. Conduct quarterly caregiver educational opportunities for family and informal caregivers. |
| Provide supportive services to caregivers caring for individuals with Alzheimer's or a related dementia. | <ul style="list-style-type: none"> Track the number of family or informal caregiver clients served through the Family Caregiver Support Program and Project C.A.R.E. |
| Increase awareness of services and supports available for caregivers throughout the region. | <ul style="list-style-type: none"> Conduct at least 5 informational programs or outreach efforts annually. |

Objective 4:3 Raise awareness of the impact and challenges of Alzheimer's disease and related dementias throughout the region.

| Strategy: | Measure(s): |
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| Promote and support dementia friendly communities in Region R. | <ul style="list-style-type: none"> Expand dementia friendly initiatives in Region R by promoting and supporting local efforts. Continue to participate in existing and established dementia friendly initiatives. |
| Train Dementia Friends across the region to increase awareness and support for those living with Alzheimer's disease and related dementias. | <ul style="list-style-type: none"> Track the number of Dementia Friends trained annually. Expand current Dementia Friends outreach efforts throughout the region. |
| Offer sensitivity programs, such as Virtual Dementia Tour (VDT), to local providers, organizations community service entities. | <ul style="list-style-type: none"> Track the number of VDT programs offered throughout the region. Partner with Trillium to expand services to local first responders through CIT trainings. |
| Continue to coordinate and expand the <i>Run to Remember 5K and Fun Run</i> to raise awareness about Alzheimer's Disease and related dementias and funding to support local caregivers. | <ul style="list-style-type: none"> Track the number of participants and funds raised annually. Seek ways to increase participation and awareness annually. |

Objective 4:4 Ensure caregivers have the needed services and supports to effectively care for their loved one and themselves.

| Strategy: | Measure(s): |
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| Expand services to eligible family caregivers in need of a respite. | <ul style="list-style-type: none"> Track the number of respite hours provided through FCSP, ARPA and Project C.A.R.E to eligible caregivers in Region R. |

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| | <ul style="list-style-type: none"> Expand the number of new clients served annually. |
| Expand supplemental services provided through the FCSP and ARPA. | <ul style="list-style-type: none"> Track the number of supplemental services provided to eligible caregivers, in need. |
| Provide education and training opportunities about the importance of selfcare for caregivers. | <ul style="list-style-type: none"> Provide training opportunities about the importance of selfcare annually. Expand educational resources available for caregivers in need. |

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| <p>Goal 4 Expected Outcomes:</p> <ul style="list-style-type: none"> Increase the availability of skilled and qualified direct care workforce to meet the needs and growing demand for services. Improve the quality of care for older adults throughout the region. Improve the confidence and capabilities of family and informal caregivers through training and education. Increase the public’s awareness and understanding of impacts and challenges of Alzheimer’s disease and related dementias. Increase the available services and supports available for caregivers and for individuals living with Alzheimer’s disease and related dementias. Increase the number of caregivers supported annually through respite, supplemental services and counseling services. Provide caregivers the necessary resources and supports necessary to keep their loved ones at home. |
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Long-term Preparedness Planning:

Goal 5: Incorporate innovative practices and create reliable systems and infrastructure that prepare us for the future of NC, all while recognizing the need for communication equity to help foster involvement from all stakeholders.

Objective 5:1 Evaluate current system and infrastructure to ensure the needs of the older adult population is being met.

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| Strategy: | Measure(s): |
| Continue to review and maintain a Senior Resource Directory to ensure AAA staff is aware of available resources and referral sources. | <ul style="list-style-type: none"> Update the Senior Resource Directory annually to ensure staff are familiar with the most current services and supports available to older adults and their caregivers |

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| Expand available services and supports to meet the unique needs of older adults and their caregivers. | <ul style="list-style-type: none"> Seek other grant opportunities to address the unmet needs of older adults and caregivers in our region. |
| Work with the Senior Tar Heel Legislature to ensure needs of older adults are recognized and supported at the state level. | <ul style="list-style-type: none"> Meeting with STHL represented quarterly to discuss needs and priorities in Region R. Support local STHL representatives in Region R by attending local and state legislative meetings. |
| Strengthen support for low income older adults and their caregivers residing in rural communities. | <ul style="list-style-type: none"> Advocate for systematic change at the local, state and federal level to ensure the needs of older adults residing in rural area are being met. |
| Continued engagement in North Carolina's development of a community care hub. | <ul style="list-style-type: none"> Continue to support efforts to expand services and supports through the implementation of a community care hub. |

Objective 5:2 Review and update, as needed, operational efficiencies for services and supports.

| Strategy: | Measure(s): |
|--|---|
| Ensure that staff are well educated and versed in available services and supports. | <ul style="list-style-type: none"> Invite professionals from partnering agencies to monthly staff meetings to discuss their services and supports for potential referrals and/or partnerships. |
| Review and update the AAA policies and procedures. | <ul style="list-style-type: none"> Review and update the AAA policies and procedures by the end of FY 2025 to ensure our policies and procedures align with our mission. Evaluate current reporting systems to ensure efficiency and effectiveness. |
| Ensure that funded community service providers are providing the highest quality of care for older adults. | <ul style="list-style-type: none"> Review and update the AAA monitoring schedule and risk assessment policy annually. |

Objective 5:3 Expand efforts to support older adults and caregivers with emergency management and disaster preparedness planning, response and recovery.

| Strategy: | Measure(s): |
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| Promote effective collaboration with local Emergency Management offices to ensure the safety of older adults during a natural or man-made disaster. | <ul style="list-style-type: none"> Update the AAA emergency plan to include contacts with local Emergency Management offices. Contact Emergency Management offices before a pending disaster to ensure preparedness and effective repose efforts. |

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| <p>Strengthen Emergency Preparedness by educating older adults and their caregivers about the importance of emergency planning.</p> | <ul style="list-style-type: none"> • Continue to encourage and assist home delivered meals and FCSP clients to register for the special needs registry in their respective county. • Collaborate with Emergency Management to incorporate emergency planning into the annual AAA conference or workshops throughout the region. • Pending a weather-related emergency, the AAA will work closely with local Emergency Management Services to ensure plans are in place to provide services and support to older adults in need throughout the region. • Review and update the AAA emergency plan annually. |
| <p>Educate older adults and their caregivers on the importance of emergency preparedness.</p> | <ul style="list-style-type: none"> • Continue to educate family caregivers about the importance of emergency and future planning. • Collaborate with Emergency Management to incorporate emergency planning into the annual AAA conference or workshops throughout the region. |

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| <p>Goal 5 Expected Outcomes:</p> <ul style="list-style-type: none"> • Improved sustainability planning and program evaluation for aging services and supports by identifying strengths, challenges and opportunities for improvement. • Increased awareness of the challenges that older adults and their caregivers face in rural, underserved communities. • Ensured accountability of the AAA's oversight in funding to support the aging population. • Increased communication and access to emergency planning and preparedness. |
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Advancing Equity:

Goal 6: Advance equity by supporting and encouraging 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 6:1 Foster equity and inclusion by prioritizing underrepresented populations of the greatest social and economic need.

| Strategy: | Measure(s): |
|--|--|
| Prioritize low income, rural and minority populations for HCCBG services. | <ul style="list-style-type: none"> Assist community service providers with ensuring older adults with the greatest social and economic need are prioritized accordingly. Provide technical assistance, as needed, to ensure that community service providers have the necessary tools to prioritize clients and waiting lists. |
| Expand LGBTQ+ trainings available to community-based providers and residential care facility staff. | <ul style="list-style-type: none"> Track the number of trainings provided annually. |
| Empower residents of long-term care facilities to exercise autonomy over their lives in long term care settings. | <ul style="list-style-type: none"> Track the number of resident's rights training conducted quarterly. |
| Collaborate with state and local partners to increase services and supports available to the deaf/blind community. | <ul style="list-style-type: none"> Track the number of programs provided targeting the deaf/blind population, their caregivers, professionals and the general public. |

Objective 6:2 Advance digital equity and connectivity literacy by supporting a comprehensive person-centered, community involved approach.

| Strategy: | Measure(s): |
|--|---|
| Work with Division of Aging and North Carolina Department of Information Technology (DIT) to develop a digital navigation program in Region R. | <ul style="list-style-type: none"> Track and measure the successful implementation of a Digital Navigator program Track the number of participants reached by the Digital Navigation Project. |
| Partner with the Albemarle Commission to establish an effective digital equity and inclusion program throughout the region. | <ul style="list-style-type: none"> Pending approval of a DIT grant, the AAA will partner with the ACCOG to expand out outreach to older adults needing digital support. |
| Explore opportunities to expand the AAA's Social Isolation and Loneliness pilot project through digital access and connectivity. | <ul style="list-style-type: none"> Seek and apply for various grant opportunities to expand the pilot project through FY 2026. |

| Goal 6 Expected Outcomes: |
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| <ul style="list-style-type: none"> Improved access to information and resources for aging populations. Enhanced knowledge and skill of professionals in the aging network about issues around inequality. Increased awareness of services and support available to aging populations. Increased rate of services provided to prioritized older adults. Increased digital and connectivity literacy among older adults. Improved access to digital resources and technology among the older adult population. |

Conclusion

The Albemarle Commission Area Agency on Aging continues to be committed to meeting the needs of our growing older adult population, as well as their caregivers, throughout rural northeast North Carolina. The six goals and related objectives outlined in this Plan, serve as our vision, and as guidance for moving the region forward and better serving the older adults who reside within our 10- county service area.

To achieve the goals outlined in this plan, we will work together with local, state and federal partners as well as our volunteers, to bring awareness to the issues that older adults face daily. Collectively, we can affect positive change in the lives of older adults and their families.

As we continue to face economic challenges and limited resources, the Area Agency on Aging is committed to providing the much-needed services and supports that many adults rely on to remain independent and healthy. By putting these goals at the forefront of our planning and decision making, we will assure that the safety and protection of our most vulnerable citizens is a priority. We will strive to implement programs and educational opportunities that will promote active and healthy living. We will engage with the communities that we serve to offer education about choices and opportunities available. In addition, we will work diligently to provide services and supports that improve the overall quality of life for older adults in our region and their caregivers.

ATTACHMENTS

A. Demographics

B. Area Plan Assurances and other required documents

Section 1: Verification of Intent and Assurances

- Exhibit 1: Verification of Intent
- Exhibit 2: Area Plan Assurances
- Exhibit 3: Assurance of Compliance with Section 504 of Rehabilitation Act and Americans with Disabilities Act
- Exhibit 4: Assurance of Compliance with the Civil Rights Act
- Exhibit 5: Assurance of Legal representation for Regional Ombudsman

Section 11: Administrative Matters

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

Section 111: Needs Assessment Overview

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

Section 1V: Monitoring and Direct Services

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

Demographics:

| Camden | | | | | |
|--------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 10,813 | | 13,173 | | 22% |
| 0-17 | 1,980 | 18% | 2,244 | 17% | 13% |
| 18-44 | 3,762 | 35% | 4,082 | 31% | 9% |
| 45-59 | 2,310 | 21% | 2,883 | 22% | 25% |
| 60+ | 2,761 | 26% | 3,964 | 30% | 44% |
| 65+ | 1,970 | 18% | 3,110 | 24% | 58% |
| 85+ | 190 | 2% | 456 | 3% | 140% |

| Chowan | | | | | |
|--------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 13,760 | | 13,927 | | 1% |
| 0-17 | 2,771 | 20% | 2,990 | 21% | 8% |
| 18-44 | 4,356 | 32% | 4,429 | 32% | 2% |
| 45-59 | 2,210 | 16% | 2,771 | 20% | 25% |
| 60+ | 4,423 | 32% | 3,737 | 27% | -16% |
| 65+ | 3,471 | 25% | 2,971 | 21% | -14% |
| 85+ | 526 | 4% | 586 | 4% | 11% |

| Currituck | | | | | |
|-----------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 30,814 | | 59,372 | | 93% |
| 0-17 | 5,986 | 19% | 10,883 | 18% | 82% |
| 18-44 | 9,973 | 32% | 18,292 | 31% | 83% |
| 45-59 | 7,020 | 23% | 13,434 | 23% | 91% |
| 60+ | 7,835 | 25% | 16,763 | 28% | 114% |
| 65+ | 5,326 | 17% | 12,400 | 21% | 133% |
| 85+ | 382 | 1% | 1,222 | 2% | 220% |

| Dare | | | | | |
|-------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 37,865 | | 43,464 | | 15% |
| 0-17 | 6,534 | 17% | 6,857 | 16% | 5% |
| 18-44 | 11,677 | 31% | 13,130 | 30% | 12% |
| 45-59 | 7,512 | 20% | 8,929 | 21% | 19% |
| 60+ | 12,142 | 32% | 14,548 | 33% | 20% |
| 65+ | 9,113 | 24% | 11,485 | 26% | 26% |
| 85+ | 874 | 2% | 2,098 | 5% | 140% |

| Gates | | | | | |
|-------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 10,422 | | 10,633 | | 2% |
| 0-17 | 1,848 | 18% | 1,656 | 16% | -10% |
| 18-44 | 3,487 | 33% | 3,217 | 30% | -8% |
| 45-59 | 1,930 | 19% | 2,614 | 25% | 35% |
| 60+ | 3,157 | 30% | 3,146 | 30% | 0% |
| 65+ | 2,318 | 22% | 2,630 | 25% | 13% |
| 85+ | 314 | 3% | 454 | 4% | 45% |

| Hyde | | | | | |
|-------|-------|-----|-------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 4,593 | | 3,564 | | -22% |
| 0-17 | 778 | 17% | 696 | 20% | -11% |
| 18-44 | 1,462 | 32% | 985 | 28% | -33% |
| 45-59 | 955 | 21% | 602 | 17% | -37% |
| 60+ | 1,398 | 30% | 1,281 | 36% | -8% |
| 65+ | 1,095 | 24% | 997 | 28% | -9% |
| 85+ | 156 | 3% | 224 | 6% | 44% |

| Pasquotank | | | | | |
|------------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 40,938 | | 40,731 | | -1% |
| 0-17 | 9,062 | 22% | 8,661 | 21% | -4% |
| 18-44 | 15,209 | 37% | 15,326 | 38% | 1% |
| 45-59 | 7,081 | 17% | 6,965 | 17% | -2% |
| 60+ | 9,586 | 23% | 9,779 | 24% | 2% |
| 65+ | 6,926 | 17% | 7,538 | 19% | 9% |
| 85+ | 678 | 2% | 1,096 | 3% | 62% |

| Perquimans | | | | | |
|------------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 13,112 | | 13,411 | | 2% |
| 0-17 | 2,347 | 18% | 2,263 | 17% | -4% |
| 18-44 | 3,908 | 30% | 3,825 | 29% | -2% |
| 45-59 | 2,167 | 17% | 2,597 | 19% | 20% |
| 60+ | 4,690 | 36% | 4,726 | 35% | 1% |
| 65+ | 3,740 | 29% | 3,892 | 29% | 4% |
| 85+ | 574 | 4% | 863 | 6% | 50% |

| Tyrrell | | | | | |
|---------|-------|-----|-------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 3,358 | | 3,030 | | -10% |
| 0-17 | 642 | 19% | 684 | 23% | 7% |
| 18-44 | 1,056 | 31% | 860 | 28% | -19% |
| 45-59 | 614 | 18% | 530 | 17% | -14% |
| 60+ | 1,046 | 31% | 956 | 32% | -9% |
| 65+ | 777 | 23% | 751 | 25% | -3% |
| 85+ | 169 | 5% | 160 | 5% | -5% |

| Camden | | | | | |
|--------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 10,813 | | 13,173 | | 22% |
| 0-17 | 1,980 | 18% | 2,244 | 17% | 13% |
| 18-44 | 3,762 | 35% | 4,082 | 31% | 9% |
| 45-59 | 2,310 | 21% | 2,883 | 22% | 25% |
| 60+ | 2,761 | 26% | 3,964 | 30% | 44% |
| 65+ | 1,970 | 18% | 3,110 | 24% | 58% |
| 85+ | 190 | 2% | 456 | 3% | 140% |

| Chowan | | | | | |
|--------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 13,760 | | 13,927 | | 1% |
| 0-17 | 2,771 | 20% | 2,990 | 21% | 8% |
| 18-44 | 4,356 | 32% | 4,429 | 32% | 2% |
| 45-59 | 2,210 | 16% | 2,771 | 20% | 25% |
| 60+ | 4,423 | 32% | 3,737 | 27% | -16% |
| 65+ | 3,471 | 25% | 2,971 | 21% | -14% |
| 85+ | 526 | 4% | 586 | 4% | 11% |

| Currituck | | | | | |
|-----------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 30,814 | | 59,372 | | 93% |
| 0-17 | 5,986 | 19% | 10,883 | 18% | 82% |
| 18-44 | 9,973 | 32% | 18,292 | 31% | 83% |
| 45-59 | 7,020 | 23% | 13,434 | 23% | 91% |
| 60+ | 7,835 | 25% | 16,763 | 28% | 114% |
| 65+ | 5,326 | 17% | 12,400 | 21% | 133% |
| 85+ | 382 | 1% | 1,222 | 2% | 220% |

| Dare | | | | | |
|------|------|---|------|---|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |

| | | | | | |
|-------|--------|-----|--------|-----|------|
| Total | 37,865 | | 43,464 | | 15% |
| 0-17 | 6,534 | 17% | 6,857 | 16% | 5% |
| 18-44 | 11,677 | 31% | 13,130 | 30% | 12% |
| 45-59 | 7,512 | 20% | 8,929 | 21% | 19% |
| 60+ | 12,142 | 32% | 14,548 | 33% | 20% |
| 65+ | 9,113 | 24% | 11,485 | 26% | 26% |
| 85+ | 874 | 2% | 2,098 | 5% | 140% |

| Gates | | | | | |
|-------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 10,422 | | 10,633 | | 2% |
| 0-17 | 1,848 | 18% | 1,656 | 16% | -10% |
| 18-44 | 3,487 | 33% | 3,217 | 30% | -8% |
| 45-59 | 1,930 | 19% | 2,614 | 25% | 35% |
| 60+ | 3,157 | 30% | 3,146 | 30% | 0% |
| 65+ | 2,318 | 22% | 2,630 | 25% | 13% |
| 85+ | 314 | 3% | 454 | 4% | 45% |

| Hyde | | | | | |
|-------|-------|-----|-------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 4,593 | | 3,564 | | -22% |
| 0-17 | 778 | 17% | 696 | 20% | -11% |
| 18-44 | 1,462 | 32% | 985 | 28% | -33% |
| 45-59 | 955 | 21% | 602 | 17% | -37% |
| 60+ | 1,398 | 30% | 1,281 | 36% | -8% |
| 65+ | 1,095 | 24% | 997 | 28% | -9% |
| 85+ | 156 | 3% | 224 | 6% | 44% |

| Pasquotank | | | | | |
|------------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 40,938 | | 40,731 | | -1% |
| 0-17 | 9,062 | 22% | 8,661 | 21% | -4% |
| 18-44 | 15,209 | 37% | 15,326 | 38% | 1% |
| 45-59 | 7,081 | 17% | 6,965 | 17% | -2% |
| 60+ | 9,586 | 23% | 9,779 | 24% | 2% |
| 65+ | 6,926 | 17% | 7,538 | 19% | 9% |

| | | | | | |
|-----|-----|----|-------|----|-----|
| 85+ | 678 | 2% | 1,096 | 3% | 62% |
|-----|-----|----|-------|----|-----|

| Perquimans | | | | | |
|------------|--------|-----|--------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 13,112 | | 13,411 | | 2% |
| 0-17 | 2,347 | 18% | 2,263 | 17% | -4% |
| 18-44 | 3,908 | 30% | 3,825 | 29% | -2% |
| 45-59 | 2,167 | 17% | 2,597 | 19% | 20% |
| 60+ | 4,690 | 36% | 4,726 | 35% | 1% |
| 65+ | 3,740 | 29% | 3,892 | 29% | 4% |
| 85+ | 574 | 4% | 863 | 6% | 50% |

| Tyrrell | | | | | |
|---------|-------|-----|-------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 3,358 | | 3,030 | | -10% |
| 0-17 | 642 | 19% | 684 | 23% | 7% |
| 18-44 | 1,056 | 31% | 860 | 28% | -19% |
| 45-59 | 614 | 18% | 530 | 17% | -14% |
| 60+ | 1,046 | 31% | 956 | 32% | -9% |
| 65+ | 777 | 23% | 751 | 25% | -3% |
| 85+ | 169 | 5% | 160 | 5% | -5% |

| Washington | | | | | |
|------------|--------|-----|-------|-----|--------------------|
| | 2022 | | 2042 | | |
| Age | # | % | # | % | % Change 2022-2042 |
| Total | 10,595 | | 8,773 | | -17% |
| 0-17 | 2,260 | 21% | 2,174 | 25% | -4% |
| 18-44 | 2,812 | 27% | 2,530 | 29% | -10% |
| 45-59 | 1,839 | 17% | 1,546 | 18% | -16% |
| 60+ | 3,684 | 35% | 2,523 | 29% | -32% |
| 65+ | 2,948 | 28% | 2,133 | 24% | -28% |
| 85+ | 439 | 4% | 509 | 6% | 16% |

| Washington | | | | | |
|------------|------|--|------|--|--|
| | 2022 | | 2042 | | |

| Age | # | % | # | % | % Change 2022-2042 |
|-------|--------|-----|-------|-----|--------------------|
| Total | 10,595 | | 8,773 | | -17% |
| 0-17 | 2,260 | 21% | 2,174 | 25% | -4% |
| 18-44 | 2,812 | 27% | 2,530 | 29% | -10% |
| 45-59 | 1,839 | 17% | 1,546 | 18% | -16% |
| 60+ | 3,684 | 35% | 2,523 | 29% | -32% |
| 65+ | 2,948 | 28% | 2,133 | 24% | -28% |
| 85+ | 439 | 4% | 509 | 6% | 16% |

| County | 65+ White | 65+ African American | 65+ American Indian or Alaska Native | 65+ Asian | 65+ Hispanic or Latino |
|------------|-----------|----------------------|--------------------------------------|-----------|------------------------|
| Camden | 81% | 13% | 0% | 2% | 0% |
| Chowan | 69% | 28% | 0% | 0% | 2% |
| Currituck | 90% | 7% | 1% | 0% | 0% |
| Dare | 94% | 2% | 0% | 0% | 2% |
| Gates | 63% | 35% | 0% | 0% | 3% |
| Hyde | 65% | 33% | 0% | 0% | 0% |
| Pasquotank | 67% | 30% | 1% | 1% | 1% |
| Perquimans | 78% | 17% | 0% | 1% | 2% |
| Tyrrell | 63% | 36% | 0% | 0% | 1% |
| Washington | 57% | 42% | 0% | 0% | 1% |

| | 100% Poverty | 100-199% Poverty | Speak English less than "Very Well" | Veterans | Living Alone | Less Than High School Education | High School Graduate | Disabled | Median Household Income | In Labor Force |
|------------|--------------|------------------|-------------------------------------|----------|--------------|---------------------------------|----------------------|----------|-------------------------|----------------|
| Camden | 5% | 24% | 1% | 19% | 21% | 12% | 38% | 37% | \$ 42,132.00 | 10% |
| Chowan | 11% | 21% | 1% | 17% | 29% | 14% | 30% | 32% | \$ 46,329.00 | 18% |
| Currituck | 7% | 14% | 1% | 23% | 23% | 8% | 36% | 30% | \$ 59,440.00 | 18% |
| Dare | 5% | 8% | 1% | 18% | 28% | 6% | 19% | 22% | \$ 71,391.00 | 24% |
| Gates | 21% | 23% | 0% | 17% | 34% | 18% | 43% | 40% | \$ 36,000.00 | 17% |
| Hyde | 6% | 41% | 0% | 9% | 34% | 17% | 44% | 26% | \$ 31,804.00 | 26% |
| Pasquotank | 10% | 23% | 1% | 19% | 27% | 15% | 26% | 37% | \$ 46,528.00 | 18% |
| Perquimans | 9% | 22% | 1% | 20% | 24% | 17% | 32% | 35% | \$ 53,802.00 | 11% |
| Tyrrell | 5% | 41% | 0% | 17% | 26% | 21% | 29% | 50% | \$ 34,238.00 | 19% |
| Washington | 11% | 37% | 0% | 15% | 34% | 25% | 35% | 52% | \$ 34,538.00 | 17% |
| Average | 9% | 25% | 1% | 17% | 28% | 15% | 33% | 36% | \$ 45,620.20 | 18% |
| NC | 10% | 20% | 3% | 16% | 27% | 13% | 30% | 34% | \$ 49,781.00 | 17% |

Area Plan Assurances and Required Documents:

SECTION I:

Verification of Intent and Assurances

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 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 agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. - 42 U.S.C. §3026(a)(4)(C)

D) It will report annually to the NC Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals. - 42 U.S.C. §3026(a)(13)(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 NC Division of Aging and Adult Services as part of the area plan review process:

Access - 30%

In-Home - 25%

Legal - 2%

- 42 U.S.C. §3026(a)(2)F) Designation, where 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 1981 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.

It will specify in grants, contracts, and agreements implementing the area plan the identity of each focal point.

42 U.S.C. §3026(a)(3), 42 U.S.C. §(6)(C)

G) It will set specific objectives for providing services to older individuals with the greatest economic or social needs and those at risk for institutional placement, to include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. - 42 U.S.C. §3026(a)(4)

H) Each agreement with a service provider funded under – the Act shall require that the provider—

- 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'). -42 U.S.C. §3026(a)(4)

I) Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers, 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, also referred to as Native Americans, if there is a significant population in the planning and service area.

- 42 U.S.C. §3026(a)(4)(B), 42 U.S.C. §3026(a)(6)(G)

J) 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.

- 42 U.S.C. §3026(a)(5), (16), and (17)

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

L) 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. - 42 U.S.C. §3026(a)(6)

M) Where possible, it will enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. Where possible, preference will be given to entering into arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that-

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
- 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 676 B of the Community Services Block Grant Act. - 42 U.S.C. §3026(a)(6)(c)

N) 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. - 42 U.S.C. §3026(a)(6)(c)

O) 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. - 42 U.S.C. §3026(a)(6)(D)

P) 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. - 42 U.S.C. §3026(a)(6)(E), and 42 U.S.C. §3026(a)(12)

Q) 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. - 42 U.S.C. §3026(a)(6)(F)

R) It will facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by:

- 1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- 2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- 3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- 4) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers/Connections, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. - 42 U.S.C. §3026(a)(7)

S) 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). - 42 U.S.C. §3026(a)(8)(C)

T) It will provide assurances that the agency, in carrying out the State Long-Term Ombudsman Program under 42 U.S.C. §3027(a)(9), will expend not less than the total amount of funds appropriated under the Act and expended by the agency in fiscal year-2019 in carrying out such a program under Title VII of the Act- 42 U.S.C. §3026(a)(9)

U) It will provide a grievance procedure for older individuals who are dissatisfied with or denied services under Title III of the Act. - 42 U.S.C. §3026(a)(10)

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

W) 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 -42 U.S.C. §3026(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (b) will designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. - 42 U.S.C. §3027(a)(15)

X) 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). - 42 U.S.C. §3026(a)(13)

Y) 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 G; and

2) in compliance with assurance X and the limitations specified in Section 212 of the Act, pertaining to contracting and grant authority; private pay relationships; and appropriate use of funds (see Appendix C for details on Section 212) -42 U.S.C. §3026(a)(15)

AA) 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. - 42 U.S.C. §3026(a)(14)

BB) 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.
- 42 U.S.C. §3027(a)(8)(A)

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, no waiver is required because State statute (G.S. 143B-181.-19) places the program in the Area Agency. 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. -
42 U.S.C. §3027(a)(8)(C)

CC) It will complete Exhibit 5 to assure compliance with the 1987 Amendments to the Act, -including requirements as expressed in 45 C.F.R. §1327.15 which requires that legal representation as well as consultation and advice be provided for the Regional Ombudsman. The assurance is required on an ongoing basis and is to be submitted as part of the Area Plan. -45 C.F.R. §1327.15

DD) 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. 42 U.S.C. § 3058g(5)(C); G. S. §143B-181.19(3), (7),and(9)

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

FF) 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 G. S. §143B-181.19(b)(8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]

GG) 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. 42 U.S.C. § 3058 (i)

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

II) 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. G.S. §143B-181.55

JJ) It will be in compliance with all other requirements stated -in 42 U.S.C. §3026 and as applicable to the Older Americans Act.

KK) 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 (also known as 29 U.S.C. 794), as amended, and the American Disabilities Act of 1990, as amended

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, as amended.

Though the Area Agency on Aging will 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, (1) first, to try to remedy the situation; (2) second, to contract with another provider that does not discriminate; or (3) third, if an alternative is not available or feasible, to find a comparable service for the handicapped person. If the last course (3) is chosen, we shall take steps to ensure that no additional costs are incurred by the handicapped person and that the service is both equally effective, affords equal opportunity, and does not segregate handicapped individuals such 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.

Signature and Title of Authorized Official

Date

Exhibit 4: Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of The Civil Rights Act of 1964

The Area Agency on Aging (herein called the "Applicant") will comply with Title VI of the Civil Rights Act of 1964 -42 U.S.C. §2000d et seq., as amended, and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that in accordance with Title VI of that Act and Regulation, 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 be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon 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 in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

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 after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Signature and Title of Authorized Official

Date

Exhibit 5: Assurance of Legal Representation of Regional Ombudsman

Name and Address of Attorney/Firm:

Hornthal Riley Ellis & Maland
301 E Main St
Elizabeth City, NC 27909
(252) 335-0871

Period of Time Covered by Contract:

Scope of Services: -45 C.F.R. §1327.15

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 C.F.R. 1327.15(j)).

AGREED UPON BY:

Michael Ervin, Executive Director, Albemarle Commission

Date

Laura Alvarico, Area Agency on Aging Director

Date

Legal Representative, HRE&M

Date

Section II
Administrative Matters

Exhibit 6: Organizational Chart of Single Organizational Unit



Albemarle Commission

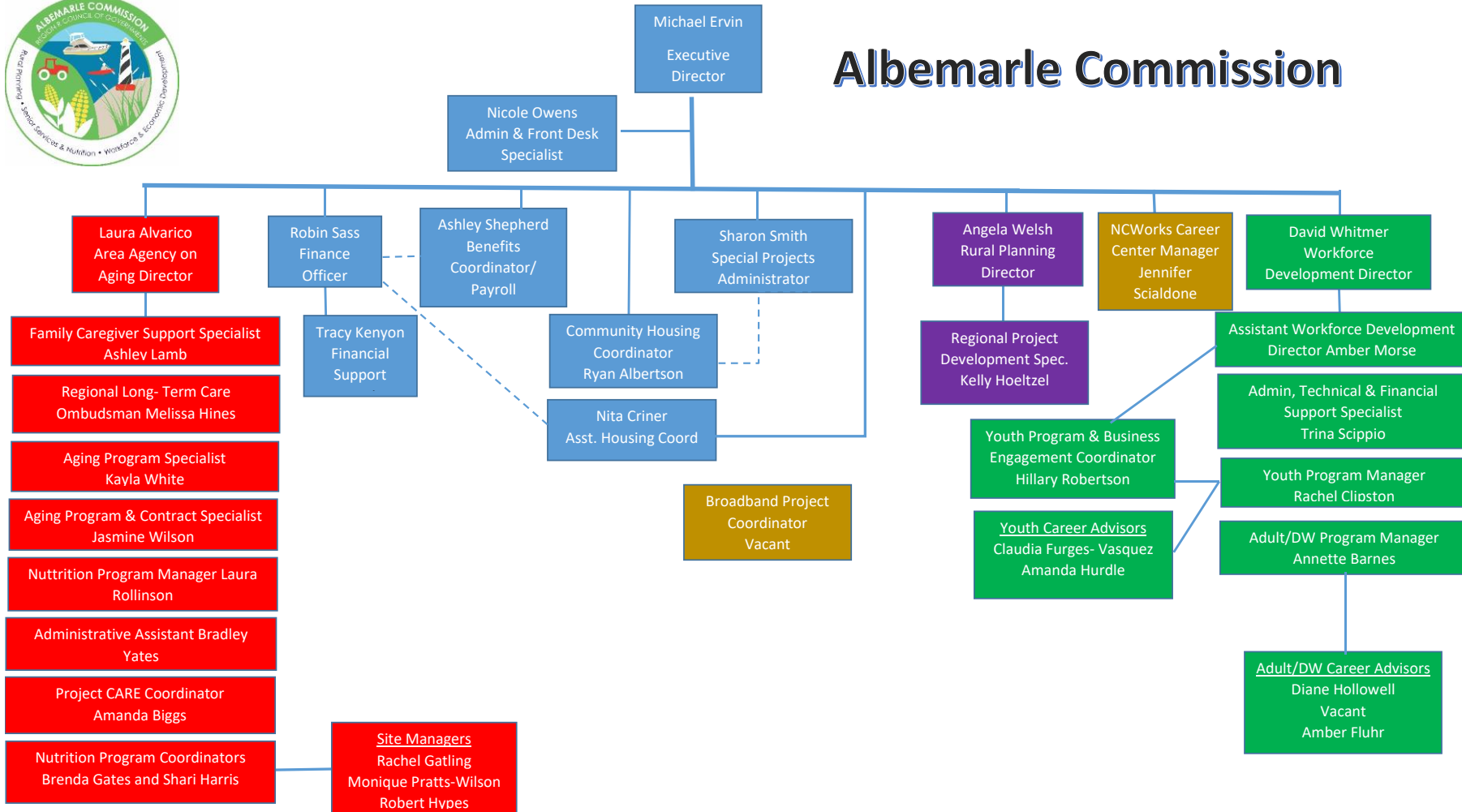


Exhibit 7: Organizations Chart of Area Agency on Aging

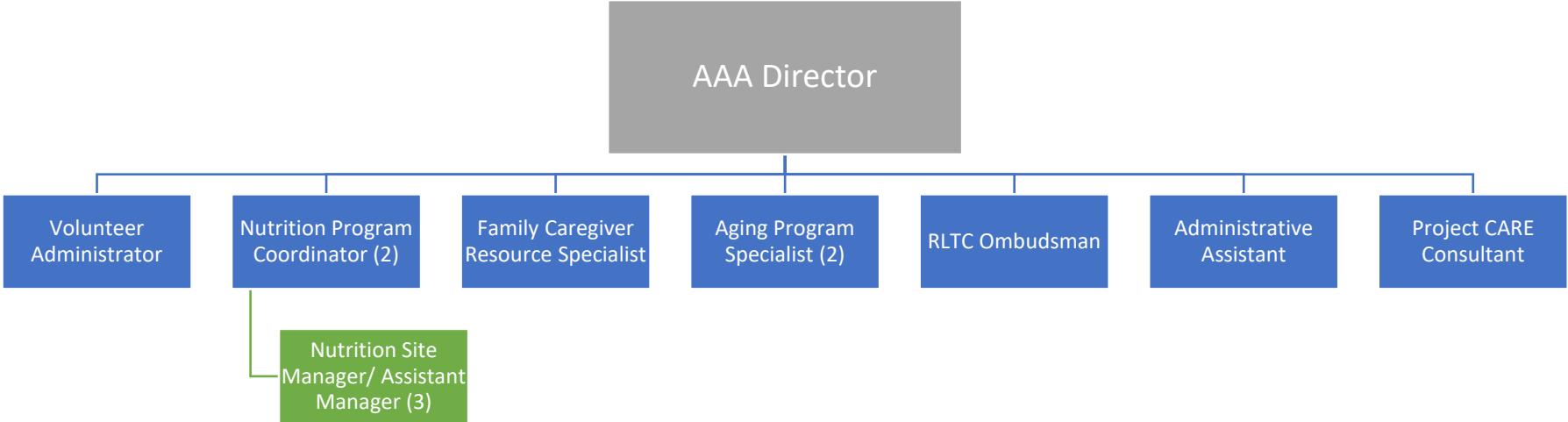


Exhibit 8: Area Agency on Aging Staffing and Volunteer List

| | Staff Name | Staff Position | Race/ Ethnicity | FTE/PTE | List funding source | % of time spent on duties |
|----|-----------------------|--|--------------------|---------|---------------------------------|------------------------------|
| 1 | Laura Alvarico | Director | 5 | FTE | P&A | 90% |
| | | | | | Ombudsman | 10% |
| 2 | Amanda Biggs | Project CARE Consultant | 3 | FTE | Project CARE | 100% |
| 3 | Brenda Gates | Nutrition Program Coordinator | 5 | FTE | III-C Senior Nutrition Program | 100% |
| 4 | Shari Harris | Nutrition Program Coordinator | 3 | FTE | III-C Senior Nutrition Program | 100% |
| 5 | Melissa Hines | Regional LTC Ombudsman | 5 | FTE | Ombudsman | 100% |
| 6 | Ashley Lamb | Family Caregiver Support Specialist | 5 | FTE | III-E FCSP | 100% |
| 7 | Laura Rollinson | Volunteer Administrator | 5 | FTE | III-C Senior Nutrition Program | 100% |
| 8 | Kayla White | Aging Program Specialist | 5 | FTE | III-D | |
| 9 | Jasmine Wilson | Aging Program Specialist | 3 | FTE | | |
| 10 | Bradley Yates | Administrative Assistant | 5 | FTE | | |
| 11 | Rachel Gatling | Nutrition Site Manager | 3 | PTE | III- C Senior Nutrition Program | 100 % |
| 12 | Robert Hypes | Assistant Nutrition Site Manager | 5 | PTE | III- C Senior Nutrition Program | 100 % |
| 13 | Monique Pratts-Wilson | Nutrition Site Manager | 6 | PTE | III- C Senior Nutrition Program | 100 % |

Race/Ethnicity Categories

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

| | |
|------------------------------------|--|
| Number of Volunteers | |
| Number of Volunteer Hours Provided | |

Exhibit 9: Regional Advisory Council Membership and Participation

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

| # | Name | | Gender | County | Position Code(s) (Note all that apply) | Organizational Affiliation(s) |
|----|----------|----------|--------|------------|---|-----------------------------------|
| | Last | First | | | | |
| 1 | Jolley | Laura | F | Camden | 6, 8 | Camden County Senior Center |
| 2 | Wescott | Gwen | F | Camden | 2, 6 | |
| 3 | Elliott | Glorious | F | Chowan | 1, 2, 3, 6 | STHL |
| 4 | Taylor | Sandra | F | Chowan | 6, 8 | Chowan County Senior Center |
| 5 | Joseph | Stacy | F | Currituck | 6, 8 | Currituck County Senior Center |
| 6 | Vacant | | | | | |
| 7 | Pace | Sandy | F | Dare | 8 | Virginia Tillett Community Center |
| 8 | Vacant | | | | | |
| 9 | Gibson | Carrie | F | Gates | 2, 3, 6 | |
| 10 | Vacant | | | | | |
| 11 | Moore | Jan | F | Hyde | 2, 6, 10 | STHL |
| 12 | Adams | Teresa | F | Hyde | 6 | |
| 13 | Vacant | | | | | |
| 14 | Vacant | | | | | |
| 15 | Gregory | Beverly | F | Perquimans | 6, 8 | Perquimans County Senior Center |
| 16 | Hutto | Jo-Ellen | F | Perquimans | 1, 2, 6 | STHL |
| 17 | Bullock | Darian | F | Tyrrell | 6, 8 | Tyrrell County Senior Center |
| 18 | Griswell | Nina | F | Tyrrell | 3, 6, 10 | |
| 19 | Collier | Rene | F | Washington | 3, 6, 8 | Washington County Senior Center |
| 20 | Spiewak | Gail | F | Washington | 2, 5, 6 | STHL |

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

Position Code/Description

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

Exhibit 10: Focal Point Organization

| Designated Focal Point Agency | | Check if | | |
|--|------------|----------------------------|--------------------------|-------|
| Name/Address | County | Multipurpose Senior Center | Community Action Program | Other |
| Camden County Senior Center 117 North Hwy 43, Camden, NC 27921 | Camden | Yes | | |
| Chowan County Senior Center 204 E Church St., Edenton, NC 27932 | Chowan | Yes | | |
| Currituck County Senior Center 130 Community Way, Barco, NC 27929 | Currituck | Yes | | |
| Thomas A Baum Center 300 Mustian St., Kill Devil Hills, NC 27948 | Dare | Yes | | |
| Gates County Department of Social Services 122 Main St., Gatesville, NC 27938 | Gates | | | DSS |
| Mattamuskeet Senior Center 160 Juniper Bay Rd., Swan Quarter, NC 27885 | Hyde | Yes | | |
| Elizabeth City/ Pasquotank County Senior Center 200 E Ward St., Elizabeth City, NC 27909 | Pasquotank | Yes | | |
| Perquimans County Senior Center 1072 Harvey Point Rd., Hertford, NC 27944 | Perquimans | Yes | | |
| Tyrrell County Senior Center 406 Bridge St., Columbia, NC 27925 | Tyrrell | Yes | | |
| Washington County Senior Center 198 NC Hwy 45 N, Plymouth, NC 27962 | Washington | Yes | | |

Section III
Needs Assessment Overview

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

Date:

Place:

Summary of Major Comments:

Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county

| County | 1 | 2 | 3 |
|------------|----------------------------------|-------------------------------|-------------------------------|
| Camden | Affordable Medications | Caregiver Support and Respite | Access to In-Home Care |
| Chowan | Affordable Medications | Caregiver Support and Respite | Access to In-Home Care |
| Currituck | Affordable Medications | Access to In-Home Care | Access to Medical Care |
| Dare | Access to In-Home Care | Access to Medical Care | Affordable Medication |
| Gates | Affordable Medications | Caregiver Support and Respite | Transportation |
| Hyde | Home Repair/ Safety Improvements | Access to In-Home Care | Caregiver Support and Respite |
| Pasquotank | Affordable Medications | Access to In-Home Care | Caregiver Support and Respite |
| Perquimans | Affordable Medications | Caregiver Support and Respite | Access to In-Home Care |
| Tyrrell | Home Repair/ Safety Improvements | Access to Medical Care | Access to In-Home Care |
| Washington | Affordable Medications | Access to In-Home Care | Transportation |

Section IV:
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

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

1. Name of the Organization: Albemarle Commission Area Agency on Aging Fiscal Year: 2024-25

2. Summary of Service Information:

| Name of Service | Service Code | Affected Counties | Nature of Request | |
|---------------------------------------|---------------------------|-------------------|-------------------|--------------|
| | | | New | Continuation |
| Congregate Nutrition | 180, 181 | All | | Yes |
| Home Delivered Meals | 020, 021 | All | | Yes |
| FCSP- Respite | 841-844, 847-849 | All | | Yes |
| FCSP- Supplemental | 851-864 | All | | Yes |
| FCSP- Information, Access, Counseling | 811-814, 821-824, 831-836 | All | | Yes |
| Title III-D | 401 | All | | Yes |

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.

Area Agency on Aging Director

Date

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

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

Name of the Organization: Albemarle Commission Area Agency on Aging

Name of Service: Senior Nutrition (Congregate, HDM, Supplemental and NSIP) Service Code: 180,181, 020, 021 FY: 2024-25

1. Budget:

- A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
- B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
 - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
 - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.

- 2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons. See attached
- 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: Region R has been in DS for nutrition services for over 30 years due to lack of community infrastructure and funding.
- 4. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

| | | | | |
|-------------------------------|------|--------------------------|-------------------|------|
| | | Approved Not Approved | | |
| Area Agency on Aging Director | Date | (circle one) | Director, NC DAAS | Date |

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

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

Name of the Organization: Albemarle Commission Area Agency on Aging

Name of Service: FCSP Service Code: 811-814, 821-824, 831-836, 841-844, 847-849, 851-864 FY: 2024-25

2. Budget:

- C. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.
 - D. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA’s direct service waiver request:
 - i. Legal services – The AAA shall submit a short, written narrative description of the type of legal services to be produced, how fees will be charged and reimbursed, the process for payment and reimbursement, and the reason the AAA is requesting a direct service waiver.
 - ii. Family Caregiver Support Program – The FCSP includes both non-unit and unit-based services. All AAAs requesting a waiver to provide FCSP direct services, whether non-unit or unit-based, will submit a budget for each service using the same forms as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding (no match required) by FCSP service. AAAs may include indirect as a line-item expense.
 - iii. Evidence-based Health Promotion (III-D) – Evidence-based Health Promotion (401) is reimbursed as a non-unit service. All AAAs requesting a direct service waiver to provide III-D services will submit a non-unit budget using the same form as used for HCCBG services, i.e., the 732A1 for salary expenses, the 732A for cost computations, and a 732 to show total funding (grant plus match) for III-D services. AAAs may include indirect as a line-item expense.
5. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons. See attached
6. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year: Region R has been in DS for FCSP programs for over 10 years due to lack of community infrastructure and funding.
7. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

| | | | |
|-------------------------------|-------|--|--|
| _____ | _____ | Approved Not Approved (circle one) | _____ |
| Area Agency on Aging Director | Date | | Director, NC DAAS _____ Date |

| | | |
|---|---------------------|---------------------------------|
| Select Region Below | | |
| | | |
| Select Program Below | | Select Fiscal Year Below |
| Title III-D Health Promotion/Disease Prevention | | 2024-25 |
| Allocation Details | | |
| Total Allocation Including Match and Other Revenue | \$ 19,762.00 | |
| Amount Passed Through to Partner Agencies | \$ 5,700.00 | |
| Amount for Direct Service Provision | \$ 14,062.00 | |
| Budget Overview | | |
| Personnel Salary Cost (Complete Details Below) | \$ 8,072.00 | |
| Fringe Benefits (Specify Rate to Right to Compute Amount) | \$ 2,986.64 | Specify Rate: 37% |
| Indirect Cost | \$ 3,004.00 | Specify Rate: 26% |
| Direct Program Support (Complete Details Below) | | |
| Total Cost | \$ 14,062.64 | |
| Category Details | | |
| Personnel (List Staff Titles Below) | Amount | % of Time Worked |
| Kayla White, Aging Program Specialist | \$ 8,072.00 | 15% |
| Fringe Benefits | \$ 2,986.00 | |
| Indirect Cost | \$ 3,004.00 | |
| | | |
| | | |
| Total Personnel | \$ 14,062.00 | |
| Direct Program Support (Select Applicable Below) | Amount | |
| | | |
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| | | |
| Total Direct Program Support | \$ - | |

| | | |
|---|----------------------|---------------------------------|
| Select Region Below | | |
| R-Albemarle Commission | | |
| Select Program Below | | Select Fiscal Year Below |
| Title III-E Family Caregiver Support Program | | 2024-25 |
| Allocation Details | | |
| Total Allocation Including Match and Other Revenue | \$ 124,755.00 | |
| Amount Passed Through to Partner Agencies | | |
| Amount for Direct Service Provision | \$ 124,755.00 | |
| Budget Overview | | |
| Personnel Salary Cost (Complete Details Below) | \$ 58,348.00 | |
| Fringe Benefits (Specify Rate to Right to Compute Amount) | \$ 19,254.84 | Specify Rate: 33% |
| Indirect Cost | \$ 20,176.74 | Specify Rate: 26% |
| Direct Program Support (Complete Details Below) | \$ 26,976.00 | |
| Total Cost | \$ 124,755.58 | |
| Category Details | | |
| Personnel (List Staff Titles Below) | Amount | % of Time Worked |
| Family Caregiver Resource Specialist | \$ 58,348.00 | 100% |
| | | |
| | | |
| | | |
| | | |
| Total Personnel | \$ 58,348.00 | |
| Direct Program Support (Select Applicable Below) | Amount | |
| Printing | \$ 1,000.00 | |
| Meeting Expenses/Conference Costs | \$ 1,500.00 | |
| Other (Specify in Cell to Right of Amount) | \$ 24,476.00 | Respite |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total Direct Program Support | \$ 26,976.00 | |

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**** | | | | |
|---------------------|---|--------------------------|-----------------------------|---|-------|-------|-------|--|-------|-------|-------|---|-------|-------|-------|--|
| | | | | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 | |
| 010 | Albemarle Commission | | | | | | | | | | | | | | | |
| | Congregate Meals | All | DIVISION OF AGING | | | | | | | | | | | | | |
| | Home Delivered Meals | All | DIVISION OF AGING | | | | | | | | | | | | | |
| | HD NISP- Only | All | DIVISION OF AGING | | | | | | | | | | | | | |
| | Title III-D Disease Prevention HP | All | DIVISION OF AGING | | | | | | | | | | | | | |
| | FCSP- Institutional Respite | All | DIVISION OF AGING | | | | | | | | | | | | | |
| | FCSP- Supplemental Services | All | DIVISION OF AGING | | | | | | | | | | | | | |
| 050 | All Ways Caring | | | | | | | | | | | | | | | |
| | In Home Aide Level II, II, III | Chowan | AAA | X | | X | | X | | X | | | | | | |
| | In Home Aide Level II, II, III | Gates | AAA | X | | X | | X | | X | | | | | | |
| | In Home Aide Level II, II, III | Perquimans | AAA | X | | X | | X | | X | | | | | | |
| 041 | Camden Co Center for Active Adults | | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Camden | AAA | X | X | X | X | | | | | | | | | |
| 025 | Chowan Co. Senior Center | | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Chowan | AAA | 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**** | | | |
| | | | | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 |
| 022 | Coastal Home Care Agency | | | | | | | | | | | | | | |
| | In Home Aide Level II (PC/HM) | Hyde | AAA | | x | | x | | x | | X | | | | |
| | In Home Aide Level I, II | Tyrrell | AAA | | X | | x | | x | | x | | | | |
| | In Home Aide Level I, II | Washington | AAA | | x | | x | | x | | x | | | | |
| 027 | Currituck Co DSS | | | | | | | | | | | | | | |
| | In Home Aide Level I, II | Currituck | AAA-2 | | | | | | | | | | | | |
| 127 | Currituck Co DSS | | | | | | | | | | | | | | |
| | In Home Aide Level I, II | Currituck | AAA-2 | | | | | | | | | | | | |
| 026 | Currituck Co. Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Currituck | AAA | x | x | x | X | | | | | | | | |
| 028 | Dare Co. DHHS | | | | | | | | | | | | | | |
| | In Home Aide Level II, II, III | Dare | AAA-2 | | x | | x | | x | | X | | | | |
| | Legal Services | Dare | AAA-2 | | X | | x | | x | | x | | | | |
| 017 | Elizabeth City/ Pasq. Co Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Pasquotank | AAA | x | x | x | X | | | | | | | | |
| 014 | Fessenden Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Dare | AAA | x | x | x | x | | | | | | | | |

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| 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**** | | | |
|---------------------|---|--------------------------|-----------------------------|---|-------|----------|-------|--|-------|----------|-------|---|-------|-------|-------|
| | | | | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 |
| 038 | Gates Co. Inter-Regional Transit System | | | | | | | | | | | | | | |
| | Medical Transportation | Gates | AAA | | X | | X | | X | | X | | | | |
| | General Transportation | Gates | AAA | | X | | X | | X | | X | | | | |
| 048 | Hyde Co DSS | | | | | | | | | | | | | | |
| | Medical Transportation | Hyde | AAA | X | | X | | X | | X | | | | | |
| 051 | Hyde Transit | | | | | | | | | | | | | | |
| | General Transportation | Hyde | AAA | X | | X | | X | | X | | | | | |
| | General Transportation | Tyrrell | AAA | X | | X | | X | | X | | | | | |
| 080 | Inter- County Public Trans Authority | | | | | | | | | | | | | | |
| | General Transportation | Camden | AAA | | X | | X | | X | | X | | | | |
| | General Transportation | Currituck | AAA | | X | | X | | X | | X | | | | |
| | General Transportation | Chowan | AAA | | X | | X | | X | | X | | | | |
| | General Transportation | Pasquotank | AAA | | X | | X | | X | | X | | | | |
| | General Transportation | Perquimans | AAA | | X | | X | | X | | X | | | | |
| 070 | Legal Aid of NC- Ahoskie | | | | | | | | | | | | | | |
| | Legal Services | Camden | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |
| | Legal Services | Chowan | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |
| | Legal Services | Currituck | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |
| | Legal Services | Gates | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |
| | Legal Services | Pasquotank | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |
| | Legal Services | Perquimans | AAA-1 | Region Q | | Region R | | Region Q | | Region R | | | | | |

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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**** | | | |
| | | | | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 | 24/25 | 25/26 | 26/27 | 27/28 |
| 060 | Legal Aid of NC- Greenville | | | | | | | | | | | | | | |
| | Legal Services | Hyde | AAA-1 | Region Q | | Region Q | | Region Q | | Region Q | | | | | |
| | Legal Services | Tyrrell | AAA-1 | Region Q | | Region Q | | Region Q | | Region Q | | | | | |
| | Legal Services | Washington | AAA-1 | Region Q | | Region Q | | Region Q | | Region Q | | | | | |
| 098 | Mattamuskeet Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Hyde | AAA | X | X | X | X | | | | | | | | |
| 043 | Perquimans Co Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Perquimans | AAA | X | X | X | X | | | | | | | | |
| 016 | Quality Home Staffing, Inc | | | | | | | | | | | | | | |
| | In Home Aide Level I, II, III | Camden | AAA | X | | X | | X | | X | | | | | |
| | In Home Aide Level II | Gates | AAA | X | | X | | X | | X | | | | | |
| | In Home Aide Level II, III | Pasquotank | AAA | X | | X | | X | | X | | | | | |
| 042 | Thomas A Baum Senior Ctr | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Dare | AAA | X | X | X | X | | | | | | | | |
| 085 | Tyrrell Co Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Tyrrell | AAA | X | X | X | X | | | | | | | | |
| 029 | Virginia Tillett Community Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Dare | AAA | X | X | X | X | | | | | | | | |
| 094 | Washington Co DSS | | | | | | | | | | | | | | |
| | In Home Aide Level II, II | Washington | AAA-2 | X | | X | | X | | X | | | | | |
| 092 | Washington Co Senior Center | | | | | | | | | | | | | | |
| | Title III-D- DP/HP | Washington | AAA | X | X | X | X | | | | | | | | |

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Exhibit 14A: List of Subcontractors - Instructions

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

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

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

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

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

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

Exhibit 14A: List of Subcontractors

Region R FY 2025

Provider Albemarle Commission AAA Provider Code: R010 County Region R

| Subcontractor Name | Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government | Subcontracted Service | Subcontractor Contact Name, Address & Phone Number | Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, 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. |
|------------------------|--|-----------------------|---|--|
| Captain Bob’s Catering | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government | Nutrition | Sharon Lane 310 Ocean Hwy Hertford, NC 252-426-1811 | Subcontractor will be responsible for preparing and delivering meals to congregate and home delivered meals pick-up sites as approved by the AAA and contracted dietitian. |
| Eastern 4-H | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government | Nutrition | Samantha Roughton 100 Clover Way Columbia, NC 252-797-4800 | Subcontractor will be responsible for preparing and delivering meals to congregate and home delivered meals pick-up sites as approved by the AAA and contracted dietitian. |
| Trinity | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government | Nutrition | JoZanne Black 413 Maple Rd. Maple, NC 252-453-0823 | Subcontractor will be responsible for preparing and delivering meals to congregate and home delivered meals pick-up sites as approved by the AAA and contracted dietitian. |
| Montero’s Restaurant | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government | Nutrition | Andy Montero McAuther St. Elizabeth City, NC 252-331-1067 | Subcontractor will be responsible for preparing and delivering meals to congregate and home delivered meals pick-up sites as approved by the AAA and contracted dietitian. |

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:** _____ **Date** _____