



**Eastern Carolina Council
Area Agency on Aging**

An Age of Opportunity

**Area Plan on Aging
July 1, 2020 to June 30, 2024**

Table of Contents

I. NARRATIVE

1. Executive Summary

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

2. Goals, Objectives, Strategies, and Outcomes

3. Quality Management

4. Conclusion

II. APPENDICES

A: Demographics

B: Area Plan Assurances and Required Documents

Section I: Verification of Intent and Assurances

Exhibit 1: Verification of Intent

Exhibit 2: Area Plan Assurances

Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and Americans with Disabilities Act of 1990, including subsequent amendments

Exhibit 4: Assurance of Compliance with the DHHS Regulation under Title VI of The Civil Rights Act of 1964, including subsequent amendments

Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

Section II: Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

Exhibit 7: Organizational Chart of the Area Agency on Aging

Exhibit 8: Area Agency on Aging Staffing Profile

Exhibit 9: Regional Advisory Council Membership and Participation

Exhibit 10: Focal Point Organization

Section III: Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

Exhibit 12: Needs Assessment Regional Summary

Section IV: Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

Exhibit 14: Provider Monitoring Plan

Exhibit 14A: List of Subcontractors

I. NARRATIVE

1. Executive Summary: An Age of Opportunity

The Administration for Community Living defines an Area Agency on Aging as a “public or private agency designated by the state to coordinate and offer services that help older adults remain in their homes if that is their preference, aided by services such as home-delivered meals, homemaker assistance, and whatever else it may take to make independent living a viable option. By making a range of supports available, AAA’s make it possible for older individuals to choose the services and living arrangements that suit them best.” (ACL website). The planning service area for Eastern Carolina Council consists of Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico and Wayne counties. Our functions include:

- Administer federal, state, and local funding in partnership with local agencies to provide services that allow older adults to remain in their communities for as long as they choose.
- Monitor all funded programs to ensure quality assurance of program standards and that financial requirements are met.
- Administer the Regional Long-Term Care Ombudsman Program.
- Administer the Family Caregiver Support Program.
- Administer Evidence Based Health Promotion Programs
- Collaborate with county aging planning boards to develop a comprehensive plan for services for each county in the region.
- Provide training and technical assistance concerning aging issues and resources.

The vision of Eastern Carolina Council Area Agency on Aging (ECCAAA) is that older adults and their families will be valued and supported by their community. To support the vision of ECCAAA the mission statement further states that Eastern Carolina Council Area Agency on Aging will advocate, plan, develop, and support a comprehensive system of quality services designed to attain and preserve quality of life, health, and independence of older adults, individuals with disabilities and caregivers.

The theme for the 2020-2024 Area Plan, “An Age of Opportunity”, is an apt description of the goals listed in this plan. The 2020-2024 plan contains objectives and strategies that will chart the course toward building new services while maintaining the core services that are mandated by the Older Americans Act.

a. Background

In developing the plan, ECCAAA incorporated the views and interests of local aging planning committees, the Regional Aging Advisory Council, consumers of Older Americans Act services, Senior Tar Heel Legislature, local service providers, the Eastern Carolina Council Board of Directors and other partners within the aging network to acquire input. One tool used to gather information is a survey created using Survey Monkey and distributed throughout the region, electronically and by hardcopy. Other resources that were used to complete this work are: Area Agency Performance Standards, County Profiles, the 2016-2020 Area Plan and the 2019-2023 State Aging Services Plan.

The primary purpose of the survey was to gather data on perceived service gaps in each county of the region. Respondents were asked to rate services based on need using a scale. The choices were “extreme need for service”, “need being met”, “somewhat needed”, “service not needed” and “uncertain”. A total of one hundred and eighty-three surveys were completed. Of the 183 surveys, 68% were female and 32% were male. A majority of the respondents were over the age of 60.

Data from the survey was used to identify the top three needs of older adults, adults with disabilities and caregivers in the region. Two services were identified being a top need in the region. Survey results indicate that both in-home aide (67%) and home repairs (67%) were the top needs in the region. Transportation (65%) was second and caregiver support (52%) was the third highest need.

b. Context

There is a huge demographic shift taking place in North Carolina. This holds true in eastern North Carolina, particularly in Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico and Wayne counties. According to the North Carolina Office of Budget and Management, 16% of the overall population in this region is age 60 and over. Additionally, the older adult population will grow by 28% between 2018 and 2038, with the fastest growth occurring in the 85+ population.

Eastern Carolina Council is predominately rural. Much of the population of this region live in small towns and must travel to city hubs for goods and services. Although this commute is part of normal everyday life, it does become an obstacle when the individual can no longer drive and must depend on others for transportation. The North Carolina Office of Budget and Management state that 43% of older adults living in this region are considered disabled and 10% live under the poverty level. Both statistics grossly exacerbate obstacles to service delivery and access to services.

Eastern Carolina Council’s planning and service area is home to six military installations, Cherry Point Air Station, Camp Lejeune, Seymour Johnson Air Force Base and three Coast Guard Stations (Fort Macon, Hobucken and Emerald Isle). This presents several unique opportunities for ECCAAA and our local service providers. First, many active military personnel either stay or return to this area once they retire. 24% of Eastern Carolina Councils’ older adult population has served to protect our country. Second, many military families are long distance caregivers. Eastern Carolina Council Area Agency on Aging is dedicated to provide support for these caregivers. Third, many active duty service men and women and their families volunteer time with local service providers serving seniors living their communities.

c. Overview: The Area Plan on Aging identifies four focus areas that encompass:

- ❖ Safety and protection of vulnerable older adults
- ❖ Opportunities to lead active and healthy lives
- ❖ Communities that are well-informed about choices and opportunities
- ❖ A strong and seamless continuum of services and supports

Goals and Objectives, Strategies and Outcomes

Safety and Protection

Elder abuse is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older adult.”

Elder Abuse is an underrecognized form of family violence that can have devastating and life-threatening consequences. Elder abuse cases continue to rise in North Carolina and nationally. This increase in reporting could be attributed to greater knowledge on how to report or it could be attributed to a rise in the crimes being perpetrated against our older adult population.

Elder abuse includes physical, emotional, and sexual abuse as well as neglect, exploitation, and abandonment. Perpetrators include spouses, adult children, other family members, staff at long-term care (LTC) facilities or in-home caregivers. There are several barriers to reporting elder abuse including fear of retaliation, fear of being displaced, shame, lack of access to reporting, and cognitive issues of the older adult. Approximately 1 in 10 older adults have experienced some form of elder abuse but it is estimated that only 1 in 14 cases are reported.

The effects of abuse are devastating on our older adults. Abuse results in increased rates of depression, mental health issues, and increased mortality rates. Older adults that are victims of abuse are more likely to be admitted into long-term care facilities and are twice as likely to be hospitalized. Financial exploitation costs older adults 2.9 billion dollars annually. This is often retirement accounts and savings that are needed to sustain the individual. These funds are often not recovered resulting in poverty.

Abuse can happen to any older adult, especially those who depend on others for help with activities of daily living. Many older adults are often subjected to abuse in their own home, at the hands of a family member or trusted friend. Family members make up sixty percent of perpetrators. Both the demands of caregiving and the needs of the older adult can create situations in which abuse is more likely to occur. According to research by Vande Weerd, C., & Paveza, G. (2006), approximately 5.1 million Americans over the age of 65 have some form of dementia. Unfortunately, this population has a fifty percent probability of being a victim of abuse because of impairments in memory, diminished communication abilities and lack of judgment. This is due to the behaviors and care needs, but also, they are at high risk of financial exploitation as they lose the ability to manage finances.

While ninety percent of older adults continue to live in the community where abuse is most prevalent, our long-term care facility residents are not immune to the risk of abuse. Seven percent of all complaints about institutional facilities reported to the Ombudsman program were complaints of abuse, neglect, or exploitation. Nearly 1 in 3 U.S. nursing homes were cited for violations of federal standards that had potential to cause harm or that had caused actual harm to a resident during a two-year study. Nearly 1 out of 10 homes had violations that caused residents harm, serious injury, or placed them in jeopardy of death.

Scams targeting senior citizens are on the rise. These scams manifest in phishing emails, telemarketing and mail schemes. Boldly, many scammers go door to door with handyman repair schemes or selling fake annuities. Many older adults are on fixed incomes with many eligible for SNAP and other supportive programs benefits. These seniors who are victims of financial exploitation have an increased likelihood of being placed in a facility

Eastern Carolina Council Area Agency on Aging will use a multifaceted approach to combat all types of elder abuse, neglect, and exploitation of our most treasured asset, our older adults. Each team member has a role to play in the protection of our seniors. All team members will work to educate the public about elder abuse, neglect, and exploitation. Information shared will focus on steps consumers can take to prevent abuse, signs that may indicate someone is being abused, and how to report suspected abuse.

The Family Caregiver Support Program will collaborate with local providers to educate, inform and support informal caregivers to prevent burnout that can lead to unintentional harm. Support groups, counseling, education and respite services are key in decreasing the potential of abuse among this vulnerable population. The Ombudsman Program will educate residents, families, and staff, and students of health career pathways on Residents' Rights, abuse, and mandated reporting. The Ombudsman Program will support residents and assist with abuse reporting to ensure the protection of residents in long-term care. The Ombudsman Program will hold elder abuse awareness events across the region on identifying, preventing, and reporting abuse across the region through 2024.

ECCAAA will continue advocacy efforts, along with local, state and national partners to strengthen the Adult Protective Services program with adequate funding and build stronger partnerships with law enforcement to prosecute offenders. By approaching the safety and protection of our older adults from multiple avenues, we hope to reduce the prevalence of abuse and ensure that our seniors are safe.

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

Objective 1.1: Maximize collaboration, outreach and training to prevent abuse, neglect and exploitation.

Strategy: Provide Elder Abuse prevention education to consumers and professionals.

Measure: Facilitate three Elder Abuse Prevention events annually to educate older adults, adults with disabilities, caregivers and other stakeholders.

Measure: Recognize World Elder Abuse Awareness Day (June 15) annually.

Measure: Collaborate with stakeholders in each county to develop a local Elder Abuse Awareness Taskforce through 2024.

Outcomes: The community will understand how to identify, prevent and report elder abuse.

Measure: ECCAAA will provide four Dementia Live Simulation Trainings to local communities.

Outcomes: The community will understand how dementia increases the risk of elder abuse.

Measure: Collaborate with local stakeholders to conduct an educational presentation annually for older adults, adults with disabilities and caregivers on preventing, identifying and reporting requirement responsibilities for suspected abuse.

Measure: Collaborate with local Department of Social Services to conduct an annual professional's presentation on identifying elder abuse, professional responsibilities in reporting suspected abuse and investigation processes.

Measure: The Ombudsman Program staff will provide five trainings to long-term care staff, family council meetings, and resident council participants on elder abuse.

Measure: Disseminate Elder Abuse prevention educational material and resources to at least nine health fairs and/or other community engagement events annually.

Outcomes: The community will know how to identify and report elder abuse.

Objective 1.2: Disseminate information on fraud alerts and publicized scams.

Strategy: Share fraud alerts with professionals, older adults, adults with disabilities and community members.

Measure: Utilize all ECCAAA distribution lists to share information with regional providers, long-term care facilities and other community stakeholders through 2024.

Measure: ECCAAA will disseminate material to consumers through one-on-one meetings, support groups and community engagement events through 2024.

Measure: ECCAAA will post fraud alerts and scam information to ECC virtual platforms.

Outcomes: Community members and stakeholders will have current and accurate fraud and scam information.

Objective 1.3: Educate long-term care communities to include staff, residents and families in the region in all settings on types of abuse, reporting requirements and strategies for abuse prevention.

Strategy: The Ombudsman Program will educate residents of long-term care communities and their families on identifying abuse, types of abuse and the state mandate for reporting abuse through 2024.

Measure: The Ombudsman Program will disseminate Residents' Rights publications through resident council meetings, one on one visits and family council meetings.

Measure: The Ombudsman Program will make three presentations per year on Residents' Rights.

Outcomes: Long-term care communities will be educated on Residents' Rights.

Strategy: The Ombudsman Program will educate long-term care staff on identifying abuse, types of abuse and reporting requirements.

Measure: The Ombudsman Program will provide five annual presentations to long-term care community staff on elder abuse awareness, prevention and reporting suspected abuse.

Outcome: Long-term care community staff will be educated on elder abuse prevention and reporting procedures.

Strategy: The Ombudsman Program will develop an Elder Abuse Awareness brochure.

Measure: The Ombudsman Program will develop an Elder Abuse Awareness brochure to disseminate to local providers, community groups and stakeholders through 2024.

Measure: The Ombudsman Program will conduct five community education events through 2024.

Outcomes: Community members and stakeholders will be educated on elder abuse awareness.

Strategy: The Ombudsman Program and FCSP program will educate professionals and caregivers of older adults and adults with disabilities on caregiver rights, elder rights, abuse, neglect, and exploitation through 2024.

Measure: The Ombudsman Program and FCSP will provide three Dementia Live Simulations annually for professionals and caregivers of older adults, adults with disabilities and caregivers.

Outcomes: Community members and stakeholders will be educated on dementia and elder abuse awareness.

Objective 1.4: Strengthen working partnerships with state and local officials for reporting resident mistreatment or abuse.

Strategy: The Ombudsman Program will collaborate with local Adult Home Specialists to strengthen working relationships and to share concerns as they arise.

Measure: The Ombudsman Program will invite Adult Home Specialist to CAC meetings.

Outcomes: Increase collaborations between agencies.

Strategy: The Ombudsman Program will participate in DHSR and DSS annual and complaint surveys.

Measure: The Ombudsman Program will broker their services by submitting reports on behalf of residents when facilities are reluctant to make changes or report mistreatment as required.

Measure: The Ombudsman Program will participate in regulatory surveys conducted by DHSR and DSS.

Outcomes: Increased collaboration between the Ombudsman Program and regulatory agencies.

Quality of Life

Eastern Carolina Council Area Agency on Aging strives to educate older adults, adults with disabilities and caregivers about important health information. ECCAAA will work to increase awareness and understanding of choices and opportunities to enhance the overall quality of life for older adults. Strategies that will be used to bring awareness and education to older adults include fall prevention programs, caregiver resources, health promotions and disease prevention programs.

The leading cause of death in older adults in the US is chronic disease. These chronic diseases include heart disease, chronic respiratory diseases, diabetes, Alzheimer's disease, and related dementias. Chronic diseases can limit a person's ability to perform activities of daily living causing loss of independence resulting in the need for in-home care or placement in a long-term care facility.

Falls are the leading cause of fatal and nonfatal injuries among older adults which result in hip fractures, head traumas and even death. The fear of falling can lead to the older adults limiting their activities which in turn can increase the likelihood of falls, further physical decline, depression and social isolation.

Chronic disease and falls are preventable. Programs such as A Matter of Balance and Chronic Disease Self-Management are examples of evidence-based health promotion programs (EBHP) that improve well-being in older adults. These programs teach older adults' behavioral strategies to improve health, functional status and overall wellbeing.

Regular physical activity and exercise are essential to the mental and physical health of almost everyone, especially older adults. Eastern Carolina Council Area Agency on Aging promotes Senior Games to encourage socialization, athletics and recreational activity for adults 50 years and older. Senior Games strives to promote and create an interest in lifetime sports, recreation and physical activity as a means of enhancing quality of life.

Efforts to promote optimal health and prevent caregiver burnout is essential in improving the health and well-being of older adults. Supporting caregivers will continue to be an important strategy as we plan for the future. The Family Caregiver Support Program provides an array of services and support to caregivers throughout the region to assist them in their caregiving role. ECCAAA collaborates with community partners to provide programs such as Powerful Tools for Caregivers and Grandparents Raising Grandchildren Parenting the Second Time Around (PASTA) to local caregivers. Classes provide caregivers with tools such as self-care, emotional management, self-confidence and community resource assistance. These evidence-based classes offer a unique combination of elements to help caregivers take better care of themselves while caring for a friend or relative

ECCAAA promotes volunteerism and citizen advocacy for older adults. Volunteering increases self-confidence providing a natural sense of accomplishment and improving an individual's sense of pride and identity. Volunteers are essential to ensuring the voices of our older adults are heard and represented. Regional Aging Advisory Council, Senior Tarheel Legislators and Community Advisory Committees are all volunteer programs designed to advocate for the rights and protections of older adults, adults with disabilities and caregivers.

The purpose of the Regional Aging and Advisory Committee (RAAC) is to provide guidance and direction for programming and services for the Area Agency on Aging. The Senior Tar Heel Legislature is tasked with representing the needs of seniors in their local communities to the North Carolina General

Assembly. Community Advisory Committee's (CAC) primary function is to maintain the rights of residents living in nursing homes, adult care homes, and family care homes. The committee serves as the link between the community and the facilities, seeking to increase community involvement while promoting community education and awareness of the needs of the resident in these facilities. CAC's are designated by the State Long-term Care Ombudsman Program and appointed by their county commissioners. The Ombudsman Program provides ongoing training and technical assistance to the volunteers.

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

Objective 2.1: Expand access to and increase participation in evidence-based health promotion and disease prevention (EBHP) programs.

Strategy: Expand partnerships with low-income senior housing to encourage participation in healthy initiatives.

Measure: Collaborate with local EBHP providers to facilitate one EBHP workshop at four senior housing complexes in the region through 2024.

Measure: Through contracts with local partners, provide four EBHP programs annually through 2024.

Outcomes: Older adults and caregivers will become healthier.

Measure: FCSP will collaborate with two counties per year to facilitate a "Powerful Tools for Caregivers" class through 2024.

Measure: FCSP will provide one Grandparents Raising Grandchildren - Parenting the Second Time Around class in the region through 2024.

Outcomes: Caregivers will be educated and supported in their roles.

Strategy: Initiate virtual EBHP classes throughout Region P.

Measure: One provider per year will host a virtual EBHP class.

Outcomes: Community members will be able to access EBHP programs virtually in the setting of their choice.

Strategy: Bill Medicare for Diabetes Self-Management Program offerings to increase EBHP revenue.

Measure: Obtain DSMES accreditation.

Outcomes: ECCAA will receive DSMES accreditation through Medicare by 2024.

Objective 2.2: Promote engagement in health and wellness programs and initiatives.

Strategy: Promote the four local sanctioned Senior Games (Carteret, Neuse River, Onslow and Wayne)

Measure: Assign a ECCAAA staff member to participate on steering committees for each local Senior Games in each year they are held through 2024.

Outcomes: Local Senior Games committee members will gain assistance from ECCAAA staff.

Measure: Promote each local sanctioned Senior Games on ECCAAA webpage and social media page.

Outcomes: Participation in Senior Games will increase.

Strategy: Promote the health and well-being of family caregivers.

Measure: Facilitate two Powerful Tools for Caregiver classes annually.

Measure: FCSP will provide one Grandparents Raising Grandchildren-Parenting the Second Time Around classes annually.

Measure: Facilitate three Dementia Live community events annually.

Outcomes: Caregivers will be better informed about self-care.

Measure: Family Caregiver Support Specialist will provide two annual technology presentation for caregivers and professionals to promote assistive technology and independent living.

Measure: Family Caregiver Support Specialist will build assistive technology libraries in each county by 2024.

Outcomes: Caregivers and professionals will be educated on assistive technology.

Measure: Family Caregiver Support Program Specialist will facilitate three presentations to educate caregivers and professionals on the benefits and use of robotic companion pets to assist with quality of life and social isolation for individuals with cognitive impairment.

Outcomes: Participants will be educated on the benefits of robotic companion pets.

Objective 2.3: Promote volunteerism and other active engagement.

Strategy: Promote volunteer opportunities throughout the region.

Measure: Post volunteer opportunities and links to the ECCAAA webpage through 2024.

Outcomes: ECCAAA will have an increase in volunteers.

Measure: Host an annual volunteer appreciation event for ECCAAA volunteers.

Outcomes: Volunteers will receive recognition and appreciation for their volunteerism at ECCAAA.

Strategy: Provide volunteer opportunities to advocate on behalf of older adults and adults with disabilities.

Measure: ECCAAA will support advocacy efforts of the Regional Aging Advisory Council (RAAC) to promote citizen involvement to advocate for older adults, adults with disabilities and caregivers.

Measure: ECCAAA will support advocacy efforts of the Senior Tar Heel Legislature to promote citizen involvement to advocate for older adults, adults with disabilities and caregivers.

Outcomes: Funding for services benefiting older adults, adults with disabilities and caregivers will increase.

Measure: ECCAAA will support advocacy efforts of the Community Advisory Committee (CAC) members to ensure Residents' Rights are maintained in long-term communities across the region.

Outcomes: CAC members will be educated on resident rights in long-term care communities.

Well Informed Communities

Studies show that seniors who stay socially active and engaged in their communities experience a variety of benefits to include better cognitive function, decreased isolation and improved physical well-being. Providing information and referral services empower older adults, adults with disabilities and caregivers with resources they require to access community services. Senior centers play an important role as a community focal point for individuals to engage in social, physical and educational activities, and provides access to supportive services. ECCAAA will continue to work with community partners to educate older adults, adults with disabilities and their caregivers on community services, benefits and opportunities that are available in their community.

According to the National Alliance for Caregiving and AARP (2015) about 34.2 million Americans have provided unpaid care to an adult age 50 or older over and approximately 39.8 million caregivers provide care to adults (aged 18+) with a disability or illness. Closer to home, one in seven North Carolinians age 65 and older are affected by Alzheimer's Disease or a related dementia (North Carolina Strategic Plan for Addressing Alzheimer's Diseases and Related Dementias' March 2016). Supporting caregivers is becoming more important as the older adult population increases. Through the Family Caregiver Support Program (FCSP) ECCAAA will partner with county agencies to provide information, referrals to care - including respite, education and supplemental services. ECCAAA is committed to implementing programs for caregivers throughout the region to provide training and educational resources to strengthen family caregiver support.

There is a growing need by individuals to have a coordinated care process to include information on local access to food, home repair and modifications, safe and affordable housing, employment, healthcare and home care needs. In its efforts to strengthen access to support services, North Carolina Department of Health and Human Services entered into a public-private partnership with the Foundation for Health Leadership and Innovation (FHLI). NCCARE360 is a statewide resource directory and call

center that provides a “no wrong door” approach and assists individuals with access to care. ECCAAA will work with local providers to ensure data housed in NCCARE360 is accurate.

Eastern North Carolina is vulnerable to the powerful and devastating hurricanes that have resulted in local evacuations, flooding and major structural damage. Preparing for natural disasters and improving response during these times is of special concern for older adults, individuals with disabilities and caregivers. ECCAAA will continue to provide relevant and current information, guidance and assistance to prepare our older adult populations and their families for conditions resulting in emergencies. ECCAAA will work with local stakeholders to educate and ensure we are preparing our older adult communities for disasters of all kind through 2024.

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

Objective 3.1: Educate the public on the availability of services to foster independence, self-sufficiency and future planning for long- term needs.

Strategy: Conduct outreach to inform older adults, adults with disabilities and caregivers about available resources including Medicare benefits.

Measure: Through MIPPA funding, annually promote the Low-Income Subsidy (LIS) program utilizing a social media campaign on ECCAAA virtual platforms through 2024.

Measure: Annually participate in at least five health fairs and/or other similar events to educate older adults, adults with disabilities and caregivers about available services and long term care options through 2024.

Outcomes: Older adults, adults with disabilities, and caregivers will be educated on available Medicare benefits and health and wellness resources.

Strategy: ECCAAA will support local providers and consumers with Medicare Part D enrollment and information.

Measure: ECCAAA will advertise annual Medicare Part D enrollment periods throughout the region through virtual platforms, newsletters and professional list serves.

Measure: ECCAAA will disseminate Medicare Part D NC SHIP information at community events, one-on-one counseling sessions, and through virtual platforms.

Measure: ECCAAA staff will participate and support regional providers during the annual open enrollment period, attend quarterly SHIP provider meetings, and provide one-on-one consumer counseling sessions.

Outcomes: Consumers will be educated on Medicare Part D options and receive assistance in enrolling in appropriate plans.

Strategy: Support public education and awareness for the needs of family caregivers.

Measure: ECCAAA will annually recognize National Family Caregiver's Month in November through 2024.

Outcomes: Caregivers will be recognized for their commitment to caring for a loved one.

Measure: ECCAAA FCSP will collaborate with three county providers to facilitate one caregiver workshop annually through 2024.

Measure: Facilitate one virtual caregiver training annually through 2024.

Outcomes: Caregivers and community members will be educated on dementia caregiver issues.

Measure: ECCAAA will collaborate with local providers to expand virtual training opportunities to all nine counties.

Outcomes: More older adults, adults with disabilities and caregivers will be trained as a result of remote learning.

Measure: ECCAAA will support local caregiver support groups throughout the region.

Outcomes: Caregivers and support group facilitators will be supported with training, supportive services, and technical assistance through 2024.

Strategy: ECCAAA will support public education and awareness of Veteran's needs and resources.

Measure: Collaborate with each county's Veteran's Service office.

Measure: ECCAAA FCSP will remain actively engaged in the planning efforts for Veteran's Stand-down community events and will attend the annual Stand-down events to provide information to community members.

Outcomes: More veterans will be served.

Strategy: Support public education and awareness of proper medication management.

Measure: ECCAAA will disseminate opioid addiction prevention publications at nine community events.

Measure: ECCAAA will disseminate information about proper storage and safekeeping of medication at nine community events.

Measure: ECCAAA will collaborate with local providers and disseminate information across the region on medication disposal locations through 2024.

Outcomes: Older adults and their families will be safer by using proper medication management procedures.

Objective 3.2: Streamline access to long-term services and support with informed decision-making options.

Strategy: Support local providers and community partners in becoming active users of the NCCARE360 system.

Measure: ECCAAA will provide technical assistance to counties who have established the NCCARES360 system. (Duplin, Greene, Jones, Lenoir, Onslow and Wayne counties)

Measure: ECCAAA will collaborate and assist with local providers who have not established utilization of the NCCARES360 system by 2024 (Carteret, Craven and Pamlico).

Outcomes: Providers will become efficient in utilizing the NCCARE360 system.

Strategy: Expand the Information & Options Counseling program.

Measure: ECCAAA will increase the total number of local Options Counselors across the region by three through 2024.

Measure: Expand the number of Home & Community Care Block grant funded Information and Options Counseling programs from one to four through 2024.

Outcomes: Options Counseling will be more accessible to older adults and their families.

Strategy: Increase access to accessible and affordable housing for older adults and adults with disabilities.

Measure: ECCAAA will continue to actively participate in the NC Targeted Housing referral program through 2024.

Measure: Maintain regional ECCAAA subsidized housing options list and resources for low-income senior populations.

Outcomes: Older adults will have more options for safe and affordable housing.

Strategy: ECCAAA program will provide education on long-term care options.

Measure: The Ombudsman Program will offer one community presentation annually on “Long-Term Care Options” in five counties. Included in each presentation will be information covering long-term care community options and long-term care payment options.

Measure: FCSP will provide long term care information, assistance and options counseling for older adults, adults with disabilities and family caregivers through 2024.

Measure: The Ombudsman Program will assist consumers in person and by phone with questions regarding long-term care service options, local long-term care community options and information on how to access governmental investigative results to assist in decision making.

Measure: The Ombudsman Program will maintain county-specific lists of long-term care facilities on the ECCAAA webpage.

Outcomes: Older adults and their caregivers will be better educated on long-term care options.

Objective 3.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging adult services network.

Strategy: Increase outreach to consumers with limited English proficiency.

Measure: Support senior centers by identifying counties that have limited English speaking populations over 5% of the general population through 2024.

Measure: Secure appropriate non-English material that address aging programs and services for older adults, caregivers and adults with disabilities.

Outcomes: Older adults with limited English-speaking ability will be able to access necessary services and supports.

Strategy: Expand training and educational opportunities to the aging network on the unique needs of the aging lesbian, gay, bisexual and transgender (LGBT+) community.

Measure: ECCAAA staff will complete on-line training programs related to LGBT+ communities through 2024.

Measure: ECCAAA will offer LGBT+ training annually to local service providers through 2024.

Outcomes: The ECCAAA and local providers will be able to meet the unique needs of the Lesbian, Gay, Bisexual and Transgender older adult population and their caregivers.

Strategy: Increase outreach to consumers in the aging lesbian, gay, bisexual, and transgender (LGBT+) community.

Measure: Obtain and distribute LGBT+ information to older adult and caregivers.

Measure: Provide LGBT+ information and resources on all ECCAAA virtual platforms for older adults, adults with disabilities and caregivers.

Outcome: Communities will have access to LGBT+ resources and information.

Strategy: Continue to build the capacity of ECCAAA and aging network to better support the needs of older adults with physical, intellectual and developmental disabilities and their aging caregivers.

Measure: Collaborate with UNC-CARES to host two person-centered trainings to senior center staff and home and community-based providers by 2024.

Outcomes: The aging network will be able to meet the needs of older adult with disabilities and their caregivers.

Measure: Provide two trainings to local senior centers to determine accessibility of their agency for consumers through 2024.

Outcomes: Senior centers will be more accessible to older adults with disabilities.

Objective 3.4: Promote emergency preparedness across the region.

Strategy: ECCAAA will disseminate information across the region on COVID-19.

Measure: ECCAAA staff will disseminate COVID-19 information to local providers to support older adults, adults with disabilities and caregivers.

Measure: ECCAAA will disseminate COVID-19 materials on ECCAAA virtual platforms and email distribution lists.

Measure: ECCAAA will provide COVID-19 information to CAC, RAAC, and STHL members.

Outcomes: Consumers will be educated on COVID-19.

Strategy: ECCAAA will collaborate with local stakeholders to educate and prepare older adults and caregivers to respond to emergencies.

Measure: ECCAAA staff will provide three annual Dementia Live Simulation training and emergency preparedness trainings for first responder's focused on older adults, adults with disabilities and their caregivers

Measure: ECCAAA will provide three annual emergency preparedness trainings at senior centers for professionals, older adults, adults with disabilities and caregivers.

Measure: ECCAAA staff will distribute information on tools used to prepare for emergencies at ten health fairs annually through 2024.

Outcomes: Older adults and caregivers will be prepared to respond to emergencies.

Strategy: ECCAAA will educate community members and stakeholders on emergency preparedness.

Measure: ECCAAA will maintain and disseminate the ECCAAA emergency planning guide to stakeholders, older adults and their caregivers across the region at nine community events.

Measure: ECCAAA will maintain, publish and disseminate emergency preparedness information on ECC virtual platforms.

Measure: ECCAAA staff will conduct emergency preparedness trainings at five senior centers annually for professionals, older adults, older adults with disabilities and caregivers.

Outcomes: Community members and stakeholders will be prepared for emergencies.

Strategy: ECCAAA will provide emergency preparedness training for long-term care stakeholders.

Measure: The Ombudsman Program will collaborate with local facilities and state agencies to ensure strong communication during emergencies.

Measure: The Ombudsman Program will provide emergency preparedness information for long-term care residents and their families.

Measure: The Ombudsman Program will conduct annual emergency preparedness training for Community Advisory Committee members through 2024.

Outcomes: Stakeholders of long-term care communities (staff, residents and families) will be prepared for emergencies.

Objective 3.5 Ensure citizens are informed of Residents' Rights.

Strategy: The Ombudsman Program will provide information on Residents' Rights.

Measure: The Ombudsman Program will annually conduct five Residents' Rights training to long term care facilities staff.

Measure: The Ombudsman Program will annually conduct three presentations to the community about Residents' Rights.

Measure: The Ombudsman Program will ensure that Residents' Rights posters are displayed appropriately in long term care facilities.

Measure: The Ombudsman Program will investigate complaints on behalf of residents of long-term care facilities.

Outcomes: Long-term residents, staff and public will be educated on Residents' Rights.

Strong and Seamless Continuum of Services

Eastern Carolina Council Area Agency on Aging's mission states we will advocate, plan, develop, and support a comprehensive system of quality services designed to attain and preserve quality of life, health, and independence of older adults, individuals with disabilities, and caregivers. Community-based support services are designed to assist these populations remain safely in their homes or in long-term care facilities. Specific services for older adults and their caregivers include wellness programs, nutritional support, educational programs, long-term care advocacy and assistance, general assistance with housing and home safety, as well as counseling service for caregivers. Community-based programs provide opportunities for older adults and adults with disabilities to engage in their community for as long as possible.

Communities and local providers must ensure that the needs of our older adult population are being met and that at-risk individuals are identified. ECCAAA will partner with the local aging network to build an infrastructure that will fund and support programs that are essential to quality of life. ECCAAA will work with providers and community stakeholders through 2024 to engage in partnerships to improve health outcomes for older adults, adults with disabilities and caregivers across the region.

In compliance with federal and North Carolina Division of Aging and Adult Services (DAAS), ECCAA will develop an annual monitoring plan to evaluate all funded providers to ensure compliance with established policies and procedures. Monitoring is defined as a periodic in-depth programmatic review of programs and service unit verification. Through the monitoring process, ECCAAA is able collaborate with local funded agencies to ensure quality programs and services are being offered to older adults, adults with disabilities and their caregivers.

Goal 4: Eastern Carolina Council Area Agency on Aging will lead efforts to strengthen service delivery and capacity engaging community partners to increase and leverage resources.

Objective 4.1: Promote flexibility in publicly funded services and supports to offer adults and their caregivers more opportunities to choose how and where they receive services.

Strategy: Increase the Home & Community Care Block (HCCBG) grant consumer directed programs.

Measure: Expand HCCBG funded consumer directed options from one to three by 2024.

Outcomes: Consumers will have more choices in the manner with which they receive services.

Strategy: Expand FCSP services providers to expand home modifications, home maintenance, assistive technology and safety products to assist caregivers to keep their loved ones safe.

Measure: Increase the number of community partners providing caregiver services opportunities.

Measure: FCSP will facilitate an annual meeting to educate providers on innovative services to increase the number of new caregivers served.

Outcomes: Family Caregiver services will be expanded.

Strategy: Continue to administer the Money Follows the Person program.

Measure: Support twelve eligible skilled nursing home residents to transition back into the community through 2024.

Outcomes: Older adults will be able to age in the place of their choice.

Objective 4.2: Support local communities to better prepare and plan for an aging population.

Strategy: Build the capacity of the senior centers to address the needs and interests of older adults and caregivers.

Measure: All counties will have a senior center of excellence or merit by 2024.

Measure: Facilitate quarterly meeting for senior center staff to gather innovative program ideas and to share best practices through 2024.

Measure: Hold quarterly meetings to ensure staff at local service providers are current on emerging issues through 2024.

Outcomes: Local service providers, including senior centers will be able to meet the needs of older adults and caregivers.

Strategy: Expand senior centers capacity to effectively utilize communication through technology and host activities virtually.

Measure: Assess current capacity of service providers to provide training, activities and other administrative tasks virtually.

Outcomes: Senior Centers will be able to expand services beyond the physical walls of the building.

Strategy: Build capacity of senior centers to operate within the confines brought about by COVID-19.

Measure: Provide training to senior centers on new daily operational practices required for resuming of operations and programs.

Measure: Provide information on available technology that will expand remote programming capabilities.

Outcomes: Senior Centers will be able to provide services safely to seniors.

Strategy: Build the capacity of local communities to become more inclusive for all residents to remain active and engaged in their communities.

Measure: Educate all county aging planning boards on the concept of “dementia capable” and “Dementia Friendly NC” initiatives by 2024.

Measure: Increase the number of aging in place initiatives from two to six by 2024.

Outcomes: Communities will have improved capacity for older adults to age in place.

Strategy: Expand services provided under the Family Caregiver Support program.

Measure: ECCAAA will hold semi-annual meetings to ensure FCSP providers are current on emerging issues and information through 2024.

Outcomes: FCSP services will be expanded.

Strategy: ECCAAA will conduct educational opportunities for local stakeholders on dementia to expand their knowledge and support in our communities through 2024.

Measure: ECCAAA will collaborate with local providers to conduct five Dementia Live Simulation trainings annually for community members and stakeholders.

Measure: ECCAAA will collaborate with local FCSP providers to conduct three professional and caregiver dementia workshops.

Measure: ECCAAA will work with local hospitals to support their Dementia Friendly Hospital incentives.

Measure: ECCAAA will develop a certification program to identify Aging Dementia Friendly Businesses by 2024.

Outcomes: Aging in Place options will be expanded.

Objective 4.3: Strengthen performance-based standards and outcomes.

Strategy: Ensure all funded providers administer services according to North Carolina Division of Aging and Adult Services standards through 2024.

Measure: ECCAAA will develop and adhere to annual provider monitoring plan each fiscal year.

Measure: Annually perform risk assessments for all funded agencies to determine risk level.

Measure: Lead Aging Program Consultant will monitor all funded programs, including Home & Community Care Block Grant, Family Caregiver Support, Health Promotion Disease Prevention services, Families First funding and CARES Act funding.

Measure: Lead Aging Program Consultant will monitor all subcontracts excluding nutrition contracts.

Outcomes: High quality services will be provided to older adults and their families.

Strategy: Ensure funded providers are effectively utilizing funds to provide maximum service delivery.

Measure: ECCAAA staff will compile, analyze and share monthly provider expenditure reports to service providers, advisory committee members and county leadership.

Measure: AAA staff will work with local Aging Planning Boards to reach the goal of 100% expenditure of all allocated funds.

Measure: ECCAAA will ensure all Families First and CARES Act funding is administered according to federal and state guidelines through September 2021.

Outcomes: All funds allocated to ECCAAA will be spent appropriately.

Objective 4.4: Implement operational improvements and managerial efficiencies for critical services and supports.

Strategy: Improve waiting lists housed in the Aging Resource Management System (ARMS) through 2024.

Measure: Lead Aging Program Consultant will monitor provider wait lists data quarterly to ensure accuracy through 2024.

Measure: ECCAAA staff will provide annual training to providers on wait list policies.

Measure: ECCAAA will utilize wait list data to educate stakeholders through 2024.

Outcome: More older adults will be served through efficient management of the wait list.

Strategy: Consumer contributions for allowable Older Americans Act services will be increased across the region.

Measure: ECCAAA staff will conduct annual consumer contributions training for local providers and stakeholders through 2024.

Measure: ECCAAA will disseminate data and educate Regional Aging Advisory Committee and Senior Tar Heel Legislature on the purpose of consumer contributions.

Measure: ECCAAA will make three presentations annually to participants at senior centers and nutrition sites.

Outcome: More older adults will be served through increased consumer contributions.

3. Quality Management

One of the core responsibilities for Area Agencies on Aging is to ensure that funds allocated are spent according to guidelines established by state and federal partners. Section 308 of the *North Carolina Area Agency on Aging Policies and Procedures Manual* establishes a strong framework for the monitoring work of ECCAAA. A monitoring plan, Exhibit 14 and 14a, is developed and covers the period of the four-year area plan. The plan lists each provider by county and which programs will be monitored. Each year the monitoring plan is updated and submitted to NC Division on Aging and Adult Services by August 31st.

Minimum requirements stipulate that programmatic monitoring is conducted at least once every three years and unit verification is required every other year. In addition to scheduling monitoring visits based on the above minimums, ECCAAA uses a risk-based evaluation method to determine the final monitoring plan for each year of the four-year plan. Some of the criteria used to determine risk are, staff turnover, findings from prior monitoring visits, number of subcontractors, audit outcomes and budget utilization. A low risk means the minimum schedule will be adhered to and a high-risk evaluation means the provider will be monitored again that fiscal year to ensure compliance

Monitoring begins in September and ends at the end of April. Once the monitoring plan is finalized, providers are notified which programs will be monitored and tentative on-site visits are scheduled. The Lead Aging Consultant monitors all programs, Home & Community Care Block Grant, Family Caregiver Specialist and Health Promotion Disease Prevention. ECCAAA utilizes the programmatic monitoring tools created by NC Division of Aging and Adult Services. Once the assessment is complete, the Lead Aging Programs Consultant writes a report describing documentation used to determine compliance, or non-compliance, technical assistance, and timeframe for a corrective action plan if there are non-compliance issues cited. This letter is sent to the provider, county manager, RAAC and STHL members, and Executive Director of Eastern Carolina Council. If there are no non-compliance issues the monitoring is closed for that fiscal year. If there are issues of non-compliance, the provider has 30 days to submit a corrective action plan that resolves the finding. When all non-compliance issues are successfully resolved a final close-out letter is sent to the provider.

In addition to conducting assessments to evaluate provider performance, Eastern Carolina Council Area Agency on Aging closely monitors the budget utilization patterns. Ensuring that providers are diligent in developing a spending plan that allows services to be rendered for the entire year demonstrates stability is core to quality management.

4. Conclusion

Eastern Carolina Council Area Agency on Aging is committed to meeting the unique needs of our region's rapidly growing aging population. The four goals outlined in this plan provide the vision and guidance for moving our region forward. To reach the goals defined in this plan, we must work together with regional and local agencies, as well as our volunteers and advocates who serve on our various committees. In addition, we must forge new partnerships to expand our ability to meet the ever-changing, ever-growing needs of older adults, adults with disabilities and caregivers. Additionally, we will need to improve collaboration, target and leverage available resources, and underscore accountability for ourselves and our provider agencies so that we can ensure we have a solid foundation to expand our network and can continue to offer high quality services to the older adults and caregivers residing in our region.

APPENDICES

A. Demographics

B. Area Plan Assurances and Required Documents

Section I: Verification of Intent and Assurances

Exhibit 1: Verification of Intent

Exhibit 2: Area Plan Assurances

Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, and Americans with Disabilities Act of 1990, including subsequent amendments

Exhibit 4: Assurance of Compliance with the DHHS Regulation under Title VI of The Civil Rights Act of 1964, including subsequent amendments

Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

Section II: Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

Exhibit 7: Organizational Chart of the Area Agency on Aging

Exhibit 8: Area Agency on Aging Staffing Profile

Exhibit 9: Regional Advisory Council Membership and Participation

Exhibit 10: Focal Point Organization

Section III: Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

Exhibit 12: Needs Assessment Regional Summary

Section IV: Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

Exhibit 14: Provider Monitoring Plan

Exhibit 14A: List of Subcontractors

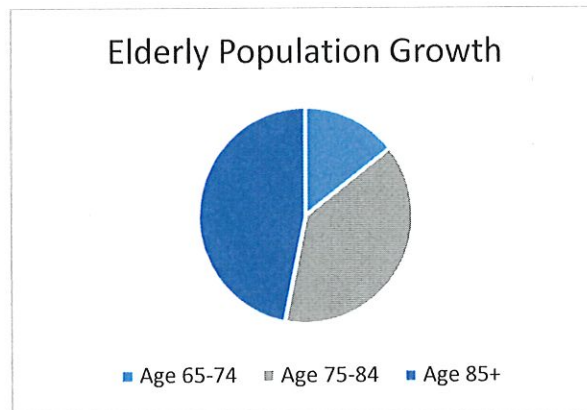
APPENDICES

APPENDIX A:

Demographics

NC Growth by Age Groups 2018 - 2038

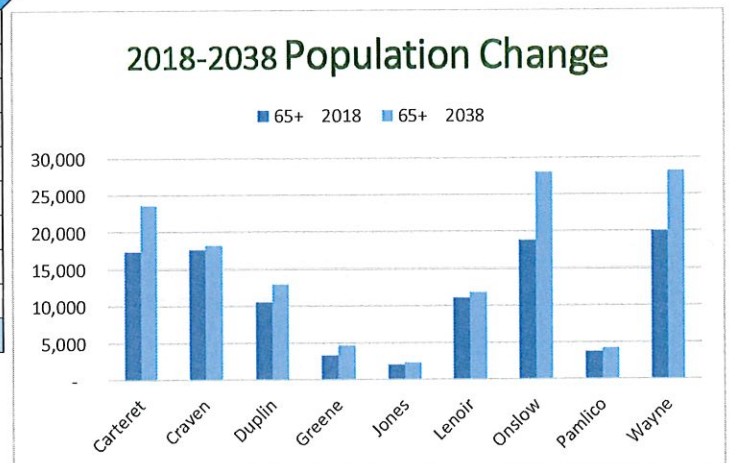
Age 65-74	Age 75-84	Age 85+
35%	94%	114%



Regional Population Change

County	65+ 2018	65+ 2038	Difference	% Change
Carteret	17,459	23,724	6,265	36%
Craven	17,742	18,283	541	3%
Duplin	10,584	12,988	2,404	23%
Greene	3,387	4,722	1,335	39%
Jones	2,126	2,390	264	12%
Lenoir	11,136	11,822	686	6%
Onslow	18,842	28,023	9,181	49%
Pamlico	3,798	4,291	493	13%
Wayne	20,101	28,200	8,099	40%
Region P	105,175	134,443	29,268	28%

Source: NC Office of State Budget and Management



Break down of 65+ population totals of 2018

2018 County	65-74	75-84	85+	65+	Total Population	65+ Population
Carteret	10,285	5,181	1,993	17,459	70,696	25%
Craven	9,482	5,689	2,571	17,742	103,594	17%
Duplin	5,940	3,171	1,473	10,584	59,772	18%
Greene	2,057	942	388	3,387	21,024	16%
Jones	1,233	642	251	2,126	10,196	21%
Lenoir	6,462	3,326	1,348	11,136	56,856	20%
Onslow	11,204	5,742	1,896	18,842	198,740	9%
Pamlico	2,100	1,237	461	3,798	13,359	28%
Wayne	11,493	6,148	2,460	20,101	124,703	16%
Region P	60,256	32,078	12,841	105,175	658,940	16%

Source: NC Office of State Budget and Management

Break down of 65+ population totals of 2018

2038 County	65-74	75-84	85+	65+	Total Population	65+ Population
Carteret	11,020	8,746	3,958	23,724	72,183	33%
Craven	8,022	7,040	3,221	18,283	118,536	15%
Duplin	5,812	4,813	2,363	12,988	65,213	20%
Greene	2,248	1,798	676	4,722	21,309	22%
Jones	1,020	991	379	2,390	10,861	22%
Lenoir	5,248	4,766	1,808	11,822	58,034	20%
Onslow	13,793	10,532	3,698	28,023	218,222	13%
Pamlico	1,789	1,628	874	4,291	13,561	32%
Wayne	13,377	10,582	4,241	28,200	137,064	21%
Region P	62,329	50,896	21,218	134,443	714,983	19%

Source: NC Office of State Budget and Management

Race/Ethnicity Population 65 and Over

	White	Black/African American	American Indian & Alaska Native	Asian	Hispanic/Latino
Carteret	94.3%	4.0%	0.1%	0.7%	0.8%
Craven	81.3%	16.6%	0.4%	1.1%	1.3%
Duplin	70.8%	27.7%	0.3%	0.0%	1.6%
Greene	66.7%	32.4%	0.1%	0.0%	0.0%
Jones	64.8%	33.3%	1.3%	0.5%	0.3%
Lenoir	63.1%	34.1%	0.3%	1.1%	1.8%
Onslow	80.1%	14.5%	0.7%	2.4%	3.0%
Pamlico	80.6%	16.6%	0.0%	0.9%	0.0%
Wayne	67.8%	29.2%	0.4%	1.2%	2.1%

Source: NC Office of State Budget and Management

Of the age group of 65 and older in Eastern Carolina Council's Region "P":

NC	Carteret	Craven	Duplin	Greene	Jones	Lenoir	Onslow	Pamlico	Wayne	Characteristics
26.5%	28.2%	25.9%	30.6%	25.9%	30.9%	32.9%	25.6%	23.6%	29.3%	Living Alone
19.0%	25.4%	26.5%	17.3%	13.1%	16.1%	19.0%	29.3%	25.8%	22.1%	Veterans
17.5%	11.1%	13.1%	27.8%	26.6%	26.8%	23.5%	17.6%	13.6%	19.5%	Less than High School Education
35.8%	36.3%	36.0%	47.5%	50.7%	47.7%	43.8%	45.1%	39.0%	39.7%	Disability
9.2%	5.9%	8.3%	13.6%	11.4%	10.9%	11.9%	8.1%	8.4%	10.7%	Below Poverty Level

Source: NC Office of State Budget and Management

APPENDIX B:

Area Plan Assurances and Required Documents

SECTION I:


Verification of Intent and Assurances

Exhibit 1
Verification of Intent

The Area Plan on Aging is submitted for Region P for the period July 1, 2020 through June 30, 2024.

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

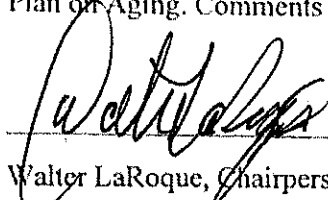
The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act and is hereby submitted to the State Unit on Aging for approval.



Type text here
Tonya Cedars, Area Agency on Aging Director

6-22-20
Date

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



Walter LaRoque, Chairperson, Regional Advisory Council on Aging

06-17-2020
Date

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



Jay Bender, President, ECC Board of Directors

6/11/20
Date

Exhibit 2

Area Plan Assurances

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

- A)** It will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration for Community Living, Administration on Aging and the North Carolina Division of Aging and Adult Services.
- B)** It will cooperate with the North Carolina Department of Health and Human Services and the U.S. Department of Health and Human Services and participate in the implementation of special initiatives that may be developed.
- C)** Each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, Older individuals with limited English Proficiency, older individuals with greatest economic or social need, those at risk for institutional placement and older individuals residing in rural areas pursuant to Older American Act (OAA), 42 U.S.C. §3026(a)(4)(A).
- D)** It will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals pursuant to OAA, 42 U.S.C. §3026(a)(3)(E).
- E)** Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the Division of Aging and Adult Services as a part of the area plan review process pursuant to OAA, 42 U.S.C. §3026(a)(2):
- Access - 30%
 - In-Home - 25%
 - Legal - 2%
- F)** Designation, when feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—
- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1983 and have maintained that status; or
 - 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676B of the Community Services Block Grant Act; and:
 - 3) in grants, contracts, and agreements implementing the area plan the identity of each focal point, pursuant to OAA, 42 U.S.C. §3026(a)(3).

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

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

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

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

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

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

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

L) Pursuant to OAA, 42 U.S.C. §3026(a)(6)(C) and where possible, it will enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. Where possible, preference will be given to entering arrangements and coordinating with organizations that have a proven track record of providing services to older individuals, that–

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act.

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

N) It will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of business community, local elected officials, providers of veteran's health care (if a veterans health care facility is located in the Area Agency PSA), and the general public, to advise continuously the Area Agency on Aging on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan pursuant to OAA, 42 U.S.C. §3026(a)(6)(D).

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

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

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

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

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

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

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

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

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

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

- 1) information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans.

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

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

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

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

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

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

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

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

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

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

BB) Each Regional Ombudsman reports regularly to the Office of State Long-Term Care Ombudsman about data collected and activities of the Regional Ombudsman program, provides information to the general public, and maintains documentation of the required Program duties pursuant to OAA, 42 U.S.C. §§ 3058(g) (5)(C); and N.C.G. S. §143B-181.19(3), (7), and (9).

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

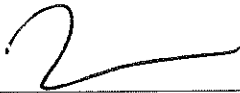
DD) There is the provision of the required initial training for new Community Advisory Committee members, ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements pursuant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

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

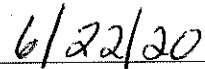
FF) It will notify the NC Division of Aging and Adult Services within 30 days of any complaints of discrimination or legal actions filed against the Area Agency on Aging or the Council of Governments in its treatment of applicants and employees pursuant to the AAA Policies and Procedures Manual, Section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

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

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



Tonya Cedars, Area Agency on Aging Director



Date

Exhibit 3

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

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

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

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

Katie S. Bordeaux

Katie Bordeaux, Eastern Carolina Council Executive Director

6/11/2020

Date

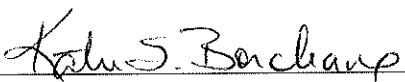
Exhibit 4

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

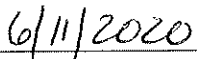
The Area Agency on Aging ("Applicant") will comply with Title VI of the Civil Rights Act of 1964 ("Title VI") (P.L.88-352) and subsequent amendments and all regulations imposed by the United States Department of Health and Human Services ("Department") (45 CFR Part 80) issued to effectuate Title VI.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

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

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

_____

Katie Bordeaux, Eastern Carolina Council Executive Director

_____

Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Period Covered by Contract:


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

Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:



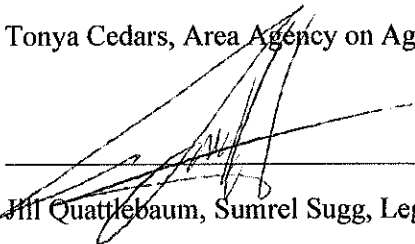
Katie Bordeaux, Executive Director, Eastern Carolina Council

6/11/2020
Date



Tonya Cedars, Area Agency on Aging Director

6/22/20
Date



Jill Quattlebaum, Sumrel Sugg, Legal Representative

6/11/2020
Date

Section II

Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

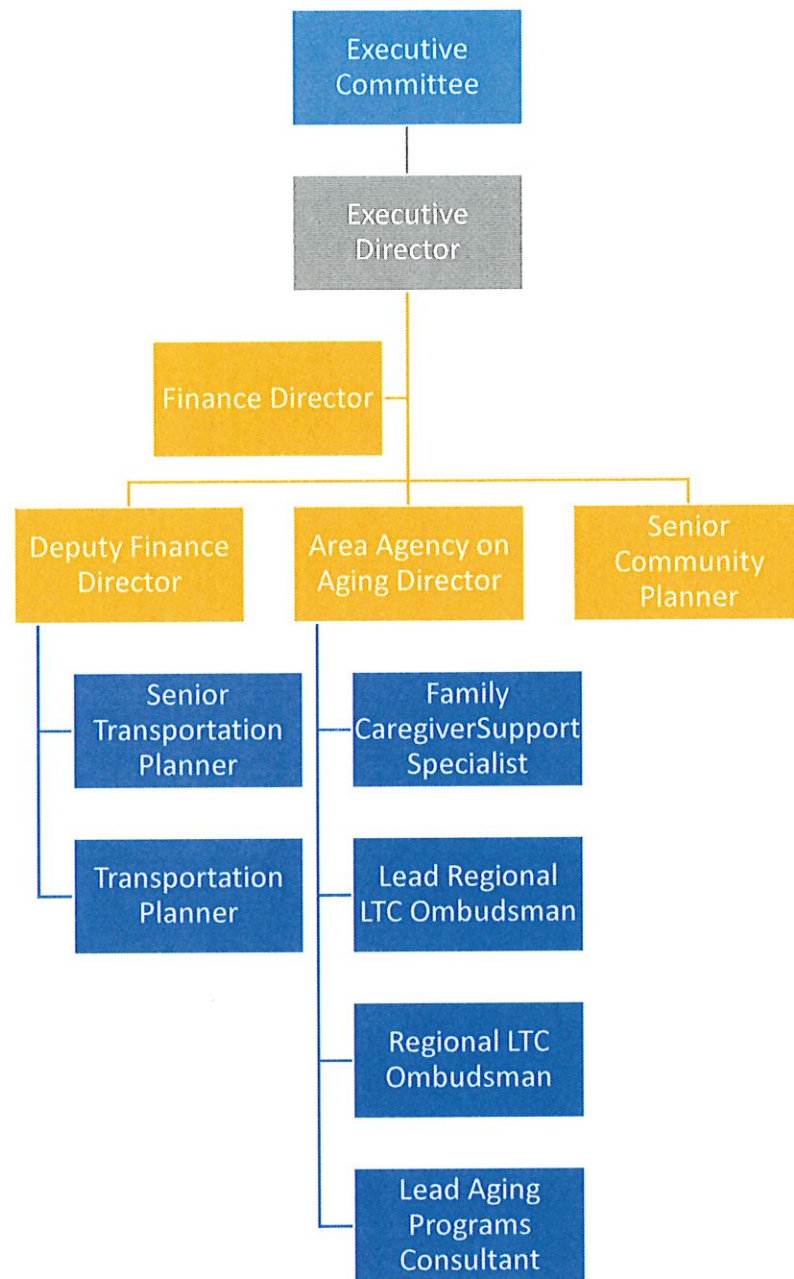
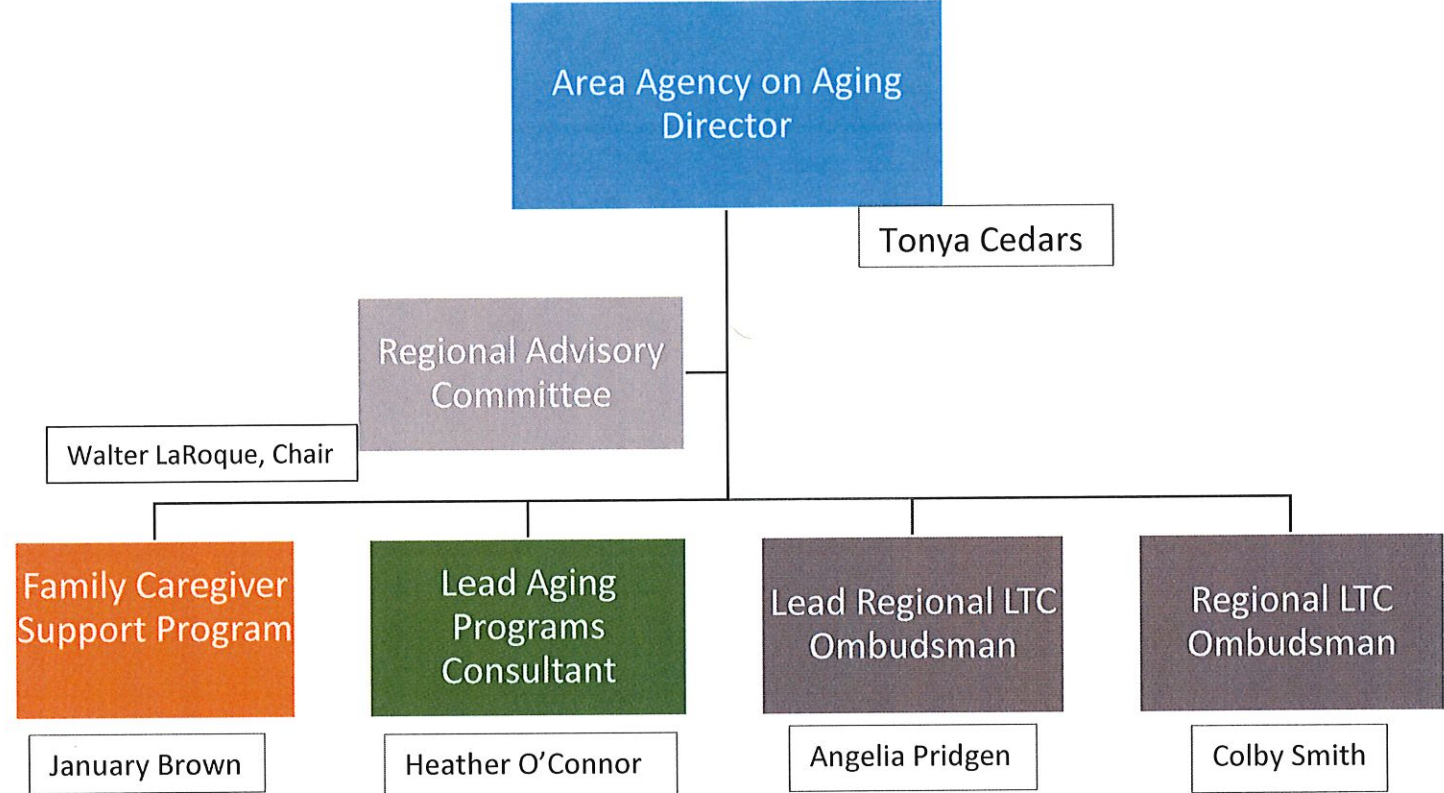


Exhibit 7: Organizational Chart of the Area Agency on Aging



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	Name	Position/Job Title	Race/ Ethnicity (see list below)	FTE/ Temp	Personnel Category (see list below)	List funding source	% of time spent on duties
1	Tonya Cedars	Area Agency on Aging Director	5	1.00	1, 2, 3, 4, 6, 8	P&A	100%
2	January Brown	Family Caregiver Resource Specialist	5	1.00	2, 3, 5, 6	Title III-E FCSP	100%
3	Angelia Pridgen	Lead Regional Long-Term Care Ombudsman	5	1.00	2, 3, 5, 6	Title III-B Ombudsman Title VII Elder Abuse P&A	88% 8% 4%
4	Colby Smith	Long Term Care Ombudsman	5	1.00	2, 3, 5, 6	Title IIIB Ombudsman	100%
5	Heather O'Connor	Lead Aging Programs Consultant	5	1.00	2, 3, 4, 6	P&A AAA State Admin. FCSP	35% 40% 25%

Exhibit 8: Area Agency on Aging Staffing Profile

(Please submit the amended exhibit annually)

Race/Ethnicity Categories

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

SUA Personnel Categories

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

Exhibit 9: Regional Advisory Council Membership and Participation

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

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

#	Name		Gender M/F	County	Race/ Ethnicity	Position Code(s) (Note all that apply)	Organization Affiliation(s)	Office Term Expires
	Last	First						
1.	Lewis	Clint	M	Carteret	5	2, 6, 8	Carteret Co. DSS	8/21
2.	Heinrich	Victor	M	Carteret	5	2, 6	Carteret County	5/22
3.	Williams	Lavick	M	Craven	3	2, 3, 4	Craven County	1/21
4.	Bland	Carolyn	F	Craven	3	2, 3,	Craven County	12/22
5.	Grubbs	Donna	F	Duplin	5	6	Duplin County	11/22
6.	Grubbs	Darryl	M	Duplin	5	2, 6	Duplin County	5/21
7.	Brinson	Woody	M	Duplin	5	2, 6	Duplin County	12/22
8.	Jones	David	M	Greene	3	1, 2, 3, 6	Greene County	1/21
9.	Taylor	Faye	F	Greene	5	1, 2, 6	Greene County	5/21
10.	Garner	Jean	F	Greene	5	1, 2, 6	Greene County	5/21
11.								
12.	Bryant	Jerol	M	Jones	3	1, 2, 3, 6	Jones County	6/22
13.	Brinkley	Matthew	M	Jones	3	1, 2, 3, 6	Jones County	6/21
14.	LaRoque	Walter	M	Lenoir	5	2, 5, 9	Lenoir County	11/21
15.	Tyson	Debra	F	Lenoir	3	2, 3, 6	Lenoir County	9/21
16.	Patterson	Elaine	F	Lenoir	3	1, 2, 3, 6	Lenoir County	5/21
17.	DuPalavich	Joyce	F	Onslow	5	1	Onslow County	6/21
18.	Zima	Marge	F	Onslow	5	2	Onslow County	7/21
19.	Crane	Sandra	F	Onslow	5	2	Onslow County	8/21
20.	Holton	Ann	F	Pamlico	5	2, 6	Pamlico County	5/22
21.	Prescott	Pat	F	Pamlico	5	2, 6, 10	Pamlico County	5/22
22.	Ford	Jimmy	M	Wayne	3	2, 3	Pamlico County	6/21
23.	Harper	Linda	F	Wayne	5	2	Pamlico County	6/21
24.	Bryan	Martha	F	Wayne	5	2	Pamlico County	9/20

Race/Ethnicity Categories

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

Position Code/Description

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

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Place an X in the appropriate column:		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Carteret Aging Services	Carteret	X		
Craven County Department of Social Services	Craven	X		
Duplin Services for the Aged	Duplin	X		
Greene County Senior Center	Greene	X		
Jones County Department of Social Services	Jones	X		
Lenoir County Council on Aging	Lenoir	X		
Onslow Senior Services	Onslow	X		
Pamlico Senior Services	Pamlico	X		
Wayne Services on Aging	Wayne	X		

Section III

Needs Assessment Overview

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

Date: N/A

Place:

Summary of Major Comments:

Exhibit 12: Needs Assessment Regional Summary

Top 3 inadequately met needs in the county

County	1	2	3
Carteret	Home Repair & Safety Improvements	In-Home Services	(Tie) Affordable Housing and Caregiver Support
Craven	Transportation	Home Repair & Safety Improvement/Affordable Housing	Exploitation and/or scams
Duplin	Health & Wellness	Home Repairs & Safety Improvement	(tie) In-home services and transportation
Greene	Home Repairs & Safety Improvements	Medication Assistance	Transportation
Jones	In-Home Services	Transportation	Caregiver Support/Affordable Housing/Medical Assistance/Depression & Loneliness
Lenoir	In-home Services	Transportation	Home Repairs & Safety Improvements
Onslow	In-Home Services	Home Repairs & Safety Improvements	Transportation
Pamlico	Caregiver Supports	Home Repair & Safety Improvement	Affordable Housing
Wayne	In-Home Services	Access to Healthcare	Caregiver Support/Medication Assistance

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: Eastern Carolina Council Area Agency on Aging
Fiscal Year: 2020-2021
2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Family Caregiver Support Program	823, 824, 833, 835, 857, 854, 855, 856	Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, Wayne		X

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



Area Agency on Aging Director

6/20/20
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: Eastern Carolina Council Area Agency on Aging

Name of Service: Family Caregiver Support Program

Service Code: 823, 824, 833, 835, 857, 854, 855, 856

FY: 2020-2021

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 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. 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. 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 DAAS-733
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:

The ECCAAA Family Caregiver Support Program (FCSP) specialist has collaborated with senior centers and county providers across all nine counties serviced by ECCAAA to distribute educational resources, information, and educational opportunities. In 2020-2021, ECCAAA will continue our contracted direct services program with county providers and collaborate with providers on supplemental service expansion to meet unmet needs of caregivers across the region. In 2020-2021, ECCAAA will continue to work with providers to administer respite services in all nine counties. ECCAAA will collaborate with county providers to expand the caregiver's supplemental services and increase utilization of service expansion for local caregivers. ECCAAA will work with local providers across the region on educating caregivers on the effectiveness of utilizing robotic animals with individuals with dementia and assistive technologies through fiscal year 20-21. ECCAAA work with providers to purchase items as needed to assist caregivers in their roles. The ECCAAA FCSP staff coordinates in-home caregiver appointments and onsite AAA appointment for caregiver Options Counseling services, advance directives education, and long-term care options counseling. ECCAAA is requesting a waiver to provide Options Counseling and care management direct care services to meet caregiver's needs and to reach underserved caregiver populations.

ECCAAA FCSP supports regional caregiver support group facilitators in conducting county meetings in the absence of facilitators, cofacilitates virtual support groups, presents educational presentations and will continue to provide EBP to as a direct service by ECCAAA. FCSP will be collaborating with county providers to expand the type of caregiver support groups throughout the region to meet caregiver unmet needs and to reach underserved caregiver populations. ECCAAA is requesting a regional waiver for ECCAAA staff to conduct

caregiver support groups across the region and EBP through fiscal year 20-21. ECCAAA provides supportive services to local providers and caregivers as needed. The counties in our region do not all have two certified Powerful Tools for Caregiver EBP facilitators and no trained facilitators to provide the older relative caregivers Parenting the Second Time Around (PASTA) EBP. ECCAAA is requesting a waiver so that our entire region has equal opportunities and access to caregiver EBP.

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.

For fiscal year 2020- 2021, ECCAAA will collaborate with FCSP providers and Dementia Alliance to present Caregiver Education Workshops in our region to educate caregivers and professionals. ECCAAA will host caregiver workshops in nine of our region's counties. ECCAAA will recognize annually National Family Caregiver Month, not only to recognize and honor family caregivers, but to increase awareness of the efforts of family caregivers. We will continue to collaborate with county facilitators to present the Powerful Tools for Caregivers Training in at least two of our counties and add older relative caregivers Parenting the Second Time Around EBP in one county per fiscal year. We will continue to partner with county providers to present the Dementia Live Simulation educational program and Dementia Friends Training in support of community awareness of Alzheimer's disease and other forms of dementia. ECCAAA staff will continue to develop the ECCAAA Dementia Friendly Business Certification program and pilot in two towns in the region through fiscal year 20-21. We will continue to send information about local programs, support groups and services of the AAA to the various senior centers and agencies for newsletter inclusion and distribution. ECCAAA will meet with caregivers in person and over the phone to inform them of options, resources, and guidance through the fiscal year. We will continue to exhibit and assist in the execution of health fairs, EXPOs, workshops and conferences held by other agencies and organizations. We will work with the senior centers to bring relevant programs to their centers, reach out churches and offer educational presentations. ECCAAA FCSP will work with county support group facilitators to assist in meeting the needs of local caregivers. ECCAAA FCSP will cofacilitate virtual support groups across the region to meet the needs of caregivers as a result of COVID-19 conditions and assist county providers to expand support groups for underserved caregiver populations. FCSP will meet with FCSP county providers on a quarterly basis to provide members with collaborative efforts, idea sharing, and FCSP DAAS updates and information.

(circle one)

Approved 2 Not Approved

Director, Area Agency on Aging

6/20/20

Date

(circle one)

Approved Not Approved

Director, NC DAAS

Date

Exhibit 14: Provider Monitoring Plan

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	CARTERET COUNTY													
070	Carteret Senior Services													
	Home Delivered Meals	ECCAAA-3			X			X		X				
	Congregate Nutrition	ECCAAA-3			X			X		X				
	Senior Center Operations	ECCAAA		X										
	General Transportation	ECCAAA	X			X	X		X					
	EBHP	ECCAAA		X				X		X				
061	Carteret Dept of Social Services													
	In-Home Level II	ECCAAA		X			X		X					
090	Coastal Community Action													
	Senior Companion	ECCAAA	X			X	X		X					
	Medical Transportation	ECCAAA	X			X	X		X					
	FCSP	ECCAAA		X		X		X		X				
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	CRAVEN COUNTY													
025	Craven Dept of Social Services													
	Home Delivered Meals	ECCAAA-3	X			X		X		X				
	Congregate Nutrition	ECCAAA-3	X			X		X		X				
	In-Home Level II	ECCAAA-1		X				X		X				
	In-Home Level III	ECCAAA-1		X				X		X				
	Care Management	ECCAAA-1		X										
	Family Caregiver Program	ECCAAA	X		X		X		X					
	EBHP	ECCAAA												
020	Craven DOT (CARTS)													
	General Transportation	ECCAAA	X			X	X		X					
090	Coastal Community Action, Inc.													
	Senior Companion	ECCAAA	X			X	X		X					
	Family Caregiver Program	ECCAAA		X		X		X		X				
003	Havelock Senior Center													
	Congregate Nutrition	ECCAAA-3			X		X		X					
	Family Caregiver Program	ECCAAA												
	EBHP	ECCAAA	X		X		X		X					
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	DUPLIN COUNTY													
065	Duplin Services for the Aged													
	Home Delivered Meals	ECCAAA-3			X			X		X				
	Congregate Nutrition	ECCAAA-3			X			X		X				
	In-Home Level II	ECCAAA		X				X		X				
	General Transportation	ECCAAA-1	X					X		X				
	Housing/Home Improvement	ECCAAA	X	X	X	X								
	Senior Center Operations	ECCAAA		X										
	Senior Center Long Term Obligations	ECCAAA	X	X	X	X								
	Family Caregiver Program	ECCAAA		X		X		X		X				
	EBHP	ECCAAA												
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	GREENE COUNTY													
080	Greene County Senior Center													
	Home Delivered Meals	ECCAAA			X			X		X				
	Congregate Nutrition	ECCAAA			X			X		X				
	General Transportation	ECCAAA-1		X			X		X					
	Senior Center Operations	ECCAAA	X											
	Senior Center Long Term Obligations	ECCAAA	X	X	X	X								
	Family Caregiver Program	ECCAAA		X		X		X		X				
	EBHP	ECCAAA												
040	Greene County Dept. of Social Services													
	In-Home Aide Level II	ECCAAA-1	X			X		X		X				
	In-Home Aide Level III	ECCAAA-1	X			X		X		X				
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	JONES COUNTY													
052	Jones County Dept of Social Services													
	Home Delivered Meals	ECCAAA-3			X		X		X					
	Congregate Nutrition	ECCAAA-3			X		X		X					
	In-Home Aide Level II	ECCAAA-1	X			X	X		X					
	In-Home Aide Level III	ECCAAA-1	X			X	X		X					
	Senior Center Long Term Obligations	ECCAAA	X	X	X	X								
	Transportation**	ECCAAA-1												
	Family Caregiver Program	ECCAAA	X		X		X		X					
	EBHP	ECCAAA												
040	Coastal Community Action, Inc.													
	Senior Companion	ECCAAA-1	X			X		X		X				
	Family Caregiver Program	ECCAAA		X		X		X		X				
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

**Transportation on monitoring schedule in case transportation is funded.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	LENOIR COUNTY													
054	Lenoir County Dept. of Social Services													
	In-Home Aide Level II	ECCAAA-1	X			X	X		X					
	In-Home Aide Level III	ECCAAA-1	X			X	X		X					
055	Lenoir County Council on Aging, Inc.													
	Congregate Nutrition	ECCAAA-3			X									
	Home Delivered Meals	ECCAAA-3			X									
	In-Home Aide Level I	ECCAAA		X		Re-cert		X		X				
	General Transportation	ECCAAA-1			X		X		X					
	Senior Center Operations	ECCAAA		X										
	Family Caregiver Program	ECCAAA		X		X		X		X				
	EBHP	ECCAAA												
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	ONSLOW COUNTY													
085	Onslow Senior Services													
	Congregate Nutrition	ECCAAA-3		X			X		X					
	Home Delivered Meals	ECCAAA-3		X			X		X					
	General Transportation	ECCAAA-1	X			X		X		X				
	Medical Transportation	ECCAAA-1	X			X		X		X				
	In-Home Aide Level II	ECCAAA			X		X		X					
	In-Home Aide Level III	ECCAAA			X		X		X					
	Adult Day Care	ECCAAA	X			X		X		X				
	Family Caregiver Program	ECCAAA	X		X		X		X					
	EBHP	ECCAAA		X										
045	Legal Aid of North Carolina													
	Legal Services	ECCAAA	X			X		X		X				

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	PAMLICO COUNTY													
004	Pamlico Senior Services													
	Home Delivered Meals	ECCAAA -3	X			X	X		X					
	Congregate	ECCAAA -3	X			X	X		X					
	Evidence Based Health Promotion	ECCAAA												
	Senior Center Ops	ECCAAA		X										
069	Pamlico DSS													
	In Home LV II	ECCAAA-1	X			X	X		X					
	In Home LVIII	ECCAAA-1	X			X	X		X					
045	Legal Aid of NC													
	Legal	ECCAAA	X			X		X		X				
090	Coastal Community Action													
	Family Caregiver Program	ECCAAA		X		X		X		X				
068	Prime Time													
	Family Caregiver Program	ECCAAA	X		X		X		X					
	Evidence Based	ECCAAA	X			X	X		X					

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

A.	B.	C.	D.				E.				F.			
Prov. Code	Community Service Providers & Funded Services	Monitoring Agency*	Schedule for Programmatic Review				Schedule for Unit Verification***				Schedule for Fiscal Review****			
			20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24	20/21	21/22	22/23	23/24
	WAYNE COUNTY													
035	Wayne County Services on Ageing													
	Medical Transportation	ECCAAA-2		X				X		X				
	General Transportation	ECCAAA-2		X				X		X				
	Consumer Directed Transportation													
	Info, Case Assistance, Options Counseling	ECCAAA		X										
	In Home LV I	ECCAAA	X											
	In Home LV II	ECCAAA	X											
	In Home LV III	ECCAAA												
	Evidence Based Health Promotion	ECCAAA												
	Family Caregiver Program	ECCAAA		X		X		X		X				
	Senior Center Operations	ECCAA												
050	WAGES													
	Congregate Nutrition	ECCAAA												
	Home Delivered Meals	ECCAAA	X		X		X		X					
032	Legal Aid of NC													
	Legal	ECCAAA												

* Identifies assessment responsibilities for the Area Agency on Aging (ECCAAA) and the NCDAAS. If the ECCAAA provider and subcontractor(s) to be monitored, insert one of the following codes to indicate how subcontractor(s) will be monitored ECCAAA-1=ECCAAA will monitor subcontractor(s), ECCAAA=2 provider will monitor subcontractor, ECCAAA -3= both ECCAAA and provider will monitor subcontractor.

Exhibit 14A: List of Subcontractors - Instructions

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

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

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

Service	SUBCONTRACT OR PURCHASE OF SERVICE?
In-Home Aide	If a human service agency (provider) receives the IHA allocation and contracts with a home health or home care agency, it is a subcontract and <u>not</u> a purchase of service. Even if the subcontract only delegates just the tasks on a plan of care for clients, the agency is still a subcontractor because grant requirements (service standards) related to service delivery must be met as part of the scope of work. An example would be the aide competency and supervision requirements in the standards that are often outsourced to the home health or home care agency that employs the aides.
Nutrition	Subcontracts with commercial kitchens or restaurants to prepare meals are never just "purchase of service" arrangements because there are grant requirements that must be met as part of the caterer's scope of work (e.g., approved menus, protocols for menu substitutions, documentation requirements for end of preparation time, documentation of each food item delivered, daily sanitizing of food delivery carriers by the food service provider, etc.). A contract between the HCCBG nutrition provider and a local dairy to deliver pints of milk once a week is just a purchase of goods and services and would not need to be listed because those pints of milk could be bought at any store. A purchase of service is when goods and/or services are sold to all purchasers without special conditions or requirements related to the grant.
Adult Day Services (Adult Day Care, Adult Day Health or ADC/ADH Combination Programs)	A human service agency that receives the allocation and contracts with an ADC/ADH center to provide services has a subcontract, not a purchase of service, because there are grant requirements that must be met as part of the center's scope of work. An ADC/ADH center that provides services directly, but also contracts with another ADC/ADH center to provide adult day services has a subcontract with that center.
Health Promotion	If an agency funded for health promotion hires an exercise instructor, that person is a vendor, not a subcontractor.
Transportation	If a county human service agency receives the grant allocation and contracts with the county transportation system to provide rides, it should be treated as a subcontract* and not a purchase of service because there are grant requirements that the transportation system is responsible for assuring. For example, the HCCBG vehicle and driver documentation requirements should be specified in the written contract/agreement and should match the requirements in the transportation service standard.
Family Caregiver Support Program	If the provider with the FCSP allocation outsources <u>any</u> service requirements, including eligibility determination, then it is a subcontract relationship that should be reported on Ex. 14A. For example, a county department of aging has a contract with the AAA to provide respite services. The county department takes all calls from caregivers regarding respite and routes the callers to the respite providers to determine if they are eligible for the service based on FCSP eligibility. In this case the respite providers would be subcontractors because they are not merely providing the service but have a role in determining who receives the service. On the other hand, if the FCSP service provider (the one receiving the allocation) determines eligibility, then the respite provider is just a vendor because currently there are no service standard requirements that have to be met for FCSP and no service requirements would be outsourced to the vendor.

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

Exhibit 14A: List of SubcontractorsRegion P FY 2019-2020Provider: Carteret County Dept. of Social ServicesProvider Code: 016 County Carteret

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
LHCG L, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Level II In-Home Aide Services	Joshua L. Proffitt, Exec. VP 901 Hugh Wallis S. Lafayette, LA 70508	07/01/2019	Assessment of client's needs in coordination with the Carteret County DSS Adult In-Home Services Social Worker, completion of new, quarterly and annual assessments and service plans, staffing of clients for Level II In-Home Aide services as identified in the IHA POC, submission of billing and supportive documentation, aide competency testing, supervision and evaluation to comply with the requirements for Level II In-Home Aide Services.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has

Exhibit 14A: List of Subcontractors

Region P FY 2019-2020

Provider: Carteret County Dept. of Social Services Provider Code: 016 County Carteret

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: Lissa Huetten Date 6/10/19

Exhibit 14A: List of Subcontractors

Region P FY 2019-20

Provider: Carteret County Provider Code: 070 County Carteret

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit X <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
J & S Catering	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit X <input type="checkbox"/> Government	Nutrition (CN & HDM) catering	Jennifer Spain, J & S Catering, 14178 NC 55 Bayboro, NC 28515	7-1-2019	Congregate & Home Delivered Meals prepared in compliance with all nutritional standards and delivered Mon-Fri. Serving utensils, trays, haimets, etc. included.
Carteret Co. Area Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government X	Transportation	Randy Cantor CCATS, 5231 Business Dr. Newport, NC 28570	7-1-2019	Transport to and from Senior Center for eligible clients Mon-Fri.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature *John P. Miller* Title: Director Date 6/5/19

Exhibit 14A: List of Subcontractors

Region P FY 19-20

Provider: Craven DSS/Senior Services Provider Code: P025 County Craven

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
Accommodating Home Care Service, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III Care Management	Carolyn Stewart 1425 S. Glenburnie Rd, #1 New Bern, NC 28562 252-635-9005	7/1/19	In-home: RN assessment & plan of care development Aide competency testing Aide supervision Provision of services as outlined in plan of care Care Management: RN initial assessment, quarterly reviews, yearly reassessments, care plan development/collaboration with DSS social workers
Home Life Care, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	Donna Chamblee PO Box 1106 Ahoskie, NC 27910 252-332-8265	7/1/19	RN assessment & plan of care development Aide competency testing Aide supervision Provision of services as outlined in plan of care
Our House Home Care Service, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	Wentiers London PO Box 15123 New Bern, NC 28561 252-634-2211	7/1/19	RN assessment & plan of care development Aide competency testing Aide supervision Provision of services as outlined in plan of care
J & S Meals, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition	Jennifer S. Williford PO Box 866 Bayboro, NC 28515 252-745-7498	7/1/19	Prepare and deliver meals to George Street site. Meals are for the congregate and home-delivered meals participants.

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 [Signature] Title: Director Date 6/7/19

Exhibit 14A: List of Subcontractors**Provider: The City of Havelock Senior Center** **Provider Code: 003 FY: 19-20****Region: P County: Craven**

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

Subcontractor Name	Type Agency Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Describe Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
J&S Catering	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Congregate Nutrition	J&S Catering P.O. Box 866J Bayboro, NC 28515 (252) 746-7498	J & S catering prepares and delivers meals for the congregational nutrition program 5 days a week. The meals prepared by J & S are to be in compliance with the 1/3 RDA lunchtime meal nutrition standards.
Elainia White	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Exercise Program	3106A Old Cherry Point Rd New Bern, NC 28560 (252) 639-8912	Elainia White provides Modified Yoga/ Chair Yoga two times a week for one hour AND Evidence Based Tai Chi for Arthritis one time a week
Cora Brown-Green	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Exercise Program	219 Elizabeth Circle Havelock, NC 28532 (252) 259-4755	Cora Brown-Green provides Zumba three times a week for an hour.

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

Signature

Date 16 July 19

Effective Date: 11/12/2014

Page 1 of 1

Exhibit 14A: List of Subcontractors

Region P - FY 19-20

Provider: Services for the Aged Provider Code: 065 County - Duplin

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
Diamond Food Enterprises	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition Caterer Congregate & Homebound Meals	Steve Lambros 6726 Netherlands Dr., Suite 100, Wilmington, N.C. 28405 910-443-5087	July 1, 2019 – June 30, 2020	Caterer will provide congregare nutrition site meals and home delivered meals (frozen meals) for the congregare nutrition site participants and the homebound meal clients.
Duplin County Public Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation	Angel Venecia P. O. Box 950 Kenansville, N.C. 28349 910-296-2333	July 1, 2019 – June 30, 2020	County department provides transportation for seniors from home to the congregare nutrition sites.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification 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 Melissa S. Brown Title: Director

Date: 7-1-19

Exhibit 14A: List of Subcontractors

Region P FY 2019-2020

Provider: Greene County Department of Social Services Provider Code: 040 County Greene

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
Interim Health Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level II & III	Interim Health Care 2526 Ward Blvd. Wilson, NC 27893 Margaret Webb	July 1, 2019 – June 30, 2020	Provide In Home Aide services for Greene County senior citizens for Level II and Level III personal care.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification 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 Angela Ellis, MSW Title: Director Date 06/05/2019

Exhibit 14A: List of Subcontractors

Region: P FY: 19-20

Provider: Greene County Senior Center Provider Code: 080 County: Greene

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Greene County Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	General Transportation Congregate Meals	Greene County Transportation 104 Hines Street Snow Hill, NC 28580 252-747-5436	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Provide transportation to and from the Senior Center for Clients who have ordered Congregate Meals. Senior Center Staff will order rides and determine eligibility of services through the Home & Community Care Block Grant.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification 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 Shawn Hanes Title: Director Date 5-20-19

Exhibit 14A: List of Subcontractors

Region

FY 19-20

Provider: Jones County DSS Provider Code: _____

County Jones

Subcontractor Name	Type/Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Diamond Food Enterprises	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate & Home Delivered Meals for seniors	Steve Lambros 6726 Netherlands Dr. Ste 100 Wilmington, NC 28405 910-399-3811	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, aides supervision, etc. Subcontractor provides meals to seniors which are home delivered or in a congregate setting. Subcontractor is responsible for preparing meals for seniors which are certified by a nutritionist that follow recommended guidelines set for by the USDA.
Accommodating Home Care Services, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-home care services for seniors	Carolyn B. Stewart 1425 S. Glenburnie Road #1 New Bern, NC 28562 252-635-9005	Subcontractor provides in-home care for seniors who need help in managing ADLs, meals, light housekeeping and checks vital signs as needed.
CARTS	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation services to senior center and nutrition sites	Kelly Walker 2822 Neuse Blvd. New Bern, NC 28562 252-636-4917	Subcontractor provides transportation for seniors to get to centers and nutrition site.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

Exhibit 14A: List of Subcontractors

Region _____ FY _____

Provider: _____ Provider Code: _____ County _____

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are 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: Director _____ Date 2-9-19

Exhibit 14A: List of Subcontractors**Provider: Lenoir County Council on Aging, Inc. FY 20****County: Lenoir**

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

Subcontractor Name	Non-profit or Public Agency Yes <input type="checkbox"/> No <input type="checkbox"/>	Subcontracted Service	Subcontractor Contact Name, Address and Phone Number	Describe Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor. e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
Diamond Food Enterprises	No	HDM (020), CN (180)	Steve Lambrose 6726 Netherlands Dr., Suite 100 Wilmington, NC 28405 910.392.7167	Preparation and delivery of meals
Lenoir County Transit	Yes	GT (250)	Angie Greene, (252) 559-6457 ext. 7265	Provision of ride, maintenance of vehicles in keeping with regulations

Attest Statement: Public/Non-Profit entities only: The subcontractor(s) listed above have been verified a) not be "suspended or debarred" by the State of NC (www.osbm.state.nc.us); b) do not owe unpaid taxes to the State of NC (www.epls.gov) and c) do not owe unpaid taxes to the Internal Revenue Service (<http://www.irs.gov/Charities-&Non-Profits/Exempt-Organizations-Select-Check>). **IRS website instructions:** click on the "Exempt Organizations Select Check Tool" and then click on "Were automatically revoked" and then search by EIN #, Name, City, State, Zip, or Exemption Type)

Signature Betsy Lenoir Date 5/23/2019

Exhibit 14A: List of SubcontractorsProvider: Lenoir County Department of Social ServicesFY 19-20Region: Region PCounty: Lenoir

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

Subcontractor Name	Type Agency	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Describe Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
Interim Healthcare	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	IHA Level II IHA Level III	Terri Pilkington 1705 Medical Park DR Wilson, NC 27893	Provide In-Home Aide level II and III services to clients of Lenoir County Department of Social Services
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			

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

Signature Jeff Haurin Date 5-28-2019

Exhibit 14A: List of Subcontractors

Region P FY 2019-2020

Provider: Onslow County Senior Services Provider Code: 85 County Onslow

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	Scope of the Subcontract
Onslow United Transit System	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	07/01/2019 – 06/30/2020	Carol Long 605 New Bridge Street Jacksonville, NC 28540 910-346-2998		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. Medical transportation Congregate transportation
Gibbs Management Services, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	07/01-2019-06/30/2019	Ryan R. Gibbs 1652 Tall Ships Lane Wilmington, NC 28409 910-325-3581		Preparation of meals to be used for congregate nutrition and meals on wheels. Delivery of meals to site for provider to distribute.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature  Title: Senior Services Interim Director Date 6-6-19

Exhibit 14A: List of SubcontractorsProvider: Pamlico County Senior ServicesFY 19/20County: Pamlico

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

Subcontractor Name	Non-profit or Public Agency Yes <input type="checkbox"/> No <input type="checkbox"/>	Subcontracted Service	Subcontractor Contact Name, Address and Phone Number	Describe Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)
J and S Caterers	No	catering	J and S Caterers P O Box 866 Bayboro NC 28515 252-745-7498	Prepare and place food in three section trays and sealed so that there will be no spillage. Meals are placed in heated containers and delivered to the center. Congregate food is prepared in stainless steel pans and heated to correct temperature and placed in a heated Cambro. J and S caterers has a certified dietician that make sure that my menus comply with state regulations.

Attest Statement: Public/Non-Profit entities only. The subcontractor(s) listed above have been verified a) not be "suspended or debarred" by the State of NC (www.osbm.state.nc.us); b) do not owe unpaid taxes to the State of NC (www.epls.gov) and c) do not owe unpaid taxes to the Internal Revenue Service (<http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check>). **IRS website instructions:** click on the

Effective Date: 07/01/2013

"Exempt Organizations Select Check Tool" and then click on "Were automatically revoked" and then search by EIN #, Name, City, State, Zip, or Exemption Type)

Signature David W. Allison Date 8/7/2019

Exhibit 14A: List of Subcontractors

Region P FY 2019-2020

Provider: Wayne County Services on Aging Provider Code: 096 County Wayne

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Contractor Effective Date (please specify if multi-county contract)	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.
GWTA – Goldsboro-Wayne Transit Authority	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Don Willis, 103 N. Carolina St. Goldsboro, NC 27530 919-736-1374	July 1, 2019 – June 31, 2020	GWTA provides Medical and General Transportation to seniors of Wayne County (60 yrs. Or older) Van service rate is \$13.50 per one way trip and fixes bus route at .50 cents per trip.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government				

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification 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 *Shirley J. Davis* Title: Director Date 6/05/19