

Regional Aging Services Plan

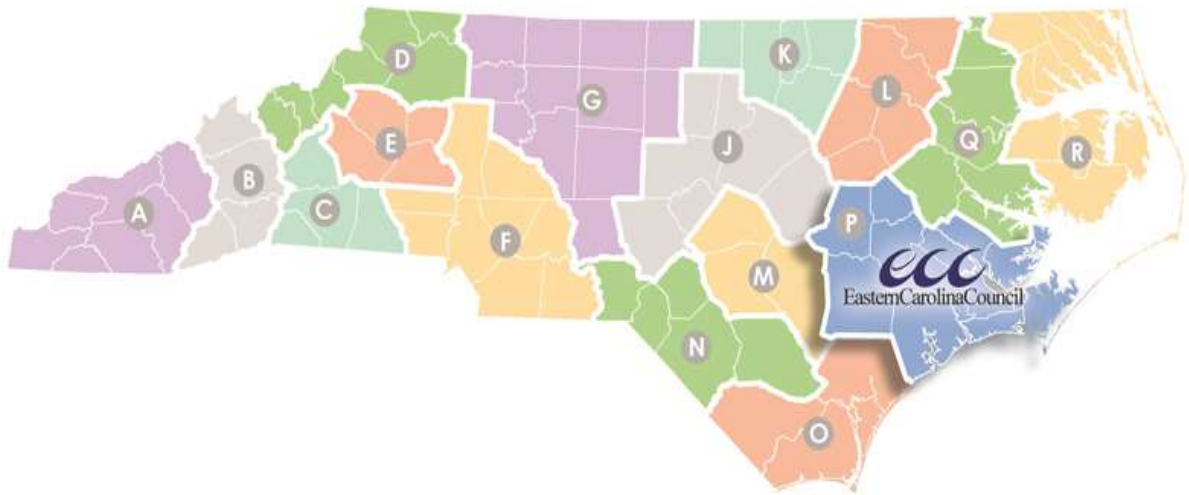
July 1, 2024 – June 30, 2028



Eastern Carolina Council



AdvaNCing Equity in Aging



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Table of Contents

I. Narrative

Executive Summary	4
Developing the Plan	6
Quality Management	7
Demographics	8
Goals, Objectives, Strategies, and Measures	15
Conclusion	27

II. Attachments

Area Plan Assurances and other 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 Rehabilitation Act and Americans with Disabilities Act
- Exhibit 4: Assurance of Compliance with the Civil Rights Act
- Exhibit 5: Assurance of Legal representation for Regional Ombudsman

Section II: Administrative Matters

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

Section III: Needs Assessment Overview

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

Section IV: Monitoring and Direct Services

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

Executive Summary

The Administration for Community Living (ACL) defines an Area Agency on Aging (AAA) 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.GOV). As mandated by the Older Americans Act of 1965 and its provisions, under the direction of ACL and the North Carolina Department of Health and Human Services Division of Aging (NCHHS DOA), the AAA is the planning service area (PSA) for the Lead Regional Organization (LRO) Eastern Carolina Council (ECC). The area of administration and service delivery 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 the Eastern Carolina Council - Human Services Area Agency on Aging (ECC-HSAAA) is that older adults and their families will be valued and supported by their community. To support the vision of ECC-HSAAA the mission statement further states ECC-HSAAA 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.

ECC’s Planning and Services Area (PSA) is home to seven military installations, Cherry Point Air Station, New River 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 ECC-HSAAA and our local service providers. First, many active military personnel either stay or return to this area once they retire. About a quarter of ECC’s older adult population have served to protect our country. Second, many military families are long distance caregivers. ECC-HSAAA provides support for these caregivers.



Third, many active-duty service men, women and their families volunteer time with local service providers serving seniors living their communities.

The theme for the 2024-2028 Area Plan, “AdvaNCing Equity in Aging”, is an apt description of the goals listed in this plan. The 2024-2028 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. The 2024-2028 plan extends the principles set forth by the Older Americans Act and aligns with the 2023-2027 North Carolina State Plan on Aging.

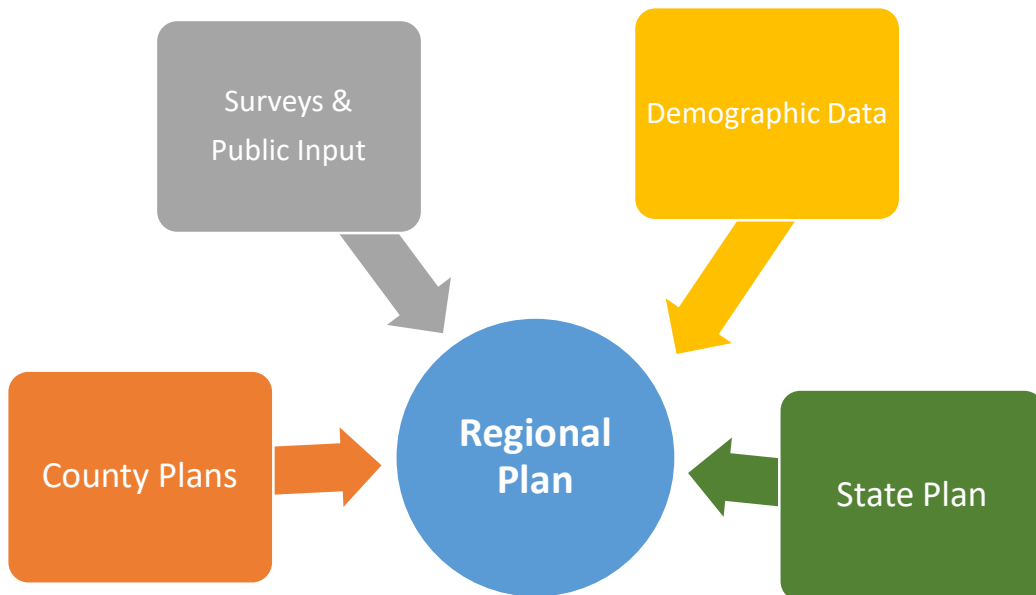
The Regional Area Services Plan identifies six focus areas that include: Safety, Protection, and Advocacy, Healthy Aging/Quality of Life, Housing and Homelessness, Caregiving Support and Workforce Development, Long-term Preparedness Planning, and Advancing Equity and Reframing Aging. The plan for AAAs across the state are guided by the following goals:

- Goal 1: Protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation using a multi-disciplinary approach.
- Goal 2: Support programs and partnerships that improve the health and well-being of Older North Carolinians.
- Goal 3: Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, support, and housing opportunities.
- Goal 4: Advance equity, accessibility, and inclusion through informal and formal caregiving support.
- Goal 5: Incorporate innovative practices and create reliable systems and infrastructures that prepare us for the future of NC, all while recognizing the need for communication equity to help foster involvement from all stakeholders.
- Goal 6: Advance equity by supporting and encouraging older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

ECC-HSAAA along with the other AAAs across NC will address the focus areas and goals collectively in serving older adults but also individually, as each area of the state has its own unique challenges, needs, and have varying resources in order to accomplish its mission. Each Regional Area Services Plan will be driven not only by already identified areas mentioned above but will also be driven by specific county feedback received from older adults, caregivers, and community partners regarding unmet needs.

Developing the Plan

The staff of the ECC-HSAAA underwent an intense process of planning to provide the foundation for developing this Regional Aging Service Plan: “Advancing Equity in Aging.” A needs assessment survey was developed and distributed throughout the region. Input was received from aging service providers, older adults, caregivers, government officials and many others. Existing County Plans in the region, the State Plan, data from the surveys, and demographic data were also used in the development of the plan.



Quality Management

One of the core responsibilities for the AAA is to ensure 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 ECC-HSAAA. 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 NCDOA by August 31st.

Minimum requirements stipulate 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, ECC-HSAAA 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.

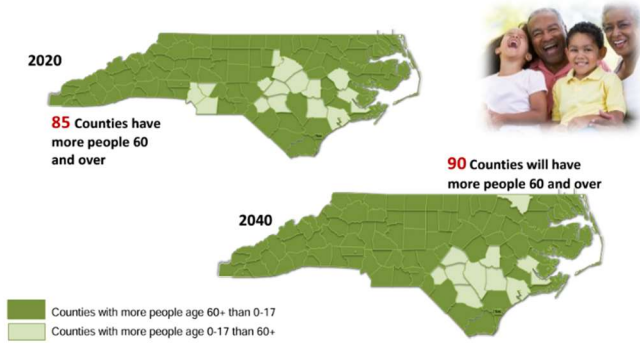
Monitoring begins in September and ends at the end of April. Once the monitoring plan is finalized, providers are notified which programs will be monitored and tentative on-site visits are scheduled. The ECC-HSAAA Aging Consultants monitor all programs for the Home & Community Care Block Grant (HCCBG), Health Promotion Disease Prevention (HPDP), and Family Caregiver Support Programs (FCSP). ECC-HSAAA utilizes the programmatic monitoring tools created by NCDOA. Once the assessment is complete, the Aging Programs Consultants write 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, and Executive Director of ECC. 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, ECC-HSAAA closely monitors the budget utilization patterns. Ensuring providers are diligent in developing a spending plan that allows services to be rendered for the entire year demonstrates stability.

Demographics

There is a huge continuing demographic shift across the nation. This holds true in ECC’s area, which covers Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, and Wayne counties. There are now more people aged 60+ than those under the age of 18. This significant increase in growth in the older adult population is caused by the wave of the baby boomers (those born between 1946 and 1964) reaching retirement age. Many of those retirees are not only those who choose to come to Eastern North Carolina from other states or abroad, but as previously mentioned military, and civil service personnel are drawn to stay in Eastern North Carolina, for the quality of life in the Crystal Coast, accessibility of services for older adults, their families, and people with disabilities.

Counties with more people age 60 and older than 0-17



Source: NC Office of State Budget and Management, Standard Population Estimates, Vintage 2020; Population Projections, Vintage 2040, <https://www.osbm.nc.gov/facts-figures/population-demographics>

Regional Population Change 2022-2042

County	60+ (2022)	60+ (2042)	Difference	% Change
Carteret	24,438	29,310	4,872	20
Craven	25,578	25,978	400	2
Duplin	10,069	13,977	3,908	39
Greene	5,137	5,759	622	12
Jones	2,838	2,467	-371	-13
Lenoir	15,718	12,792	-2,926	-19
Onslow	29,746	37,809	8,063	27
Pamlico	4,714	4,180	-534	-11
Wayne	27,576	27,327	-249	-1
Region Total	137,426	172,989	35,563	26

Source: North Carolina Aging Profiles 2022

Carteret County NC Aging Profile 2022

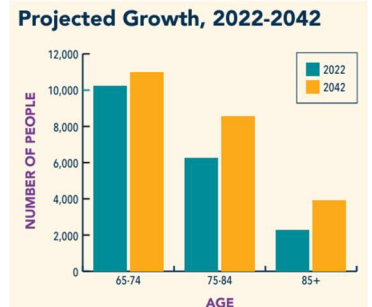
TOTAL POPULATION
#39 (69,721)

OVER 65+ YEARS OLD
#34 (18,749)

MEDIAN AGE
49

Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	69,721		79,232		14%
0-17	11,184	16%	10,961	14%	-2%
18-44	20,796	30%	22,382	28%	8%
45-59	13,303	19%	16,579	21%	25%
60+	24,438	35%	29,310	37%	20%
65+	18,749	27%	23,426	30%	25%
85+	2,278	3%	3,910	5%	72%



Source: North Carolina Aging Profiles 2022

Craven County NC Aging Profile 2022

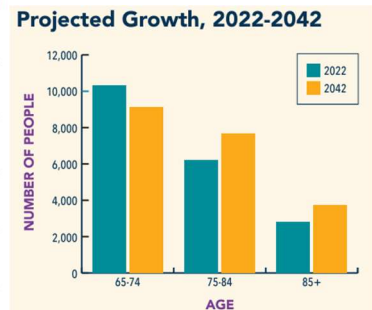
TOTAL POPULATION
#28 (103,193)

OVER 65+ YEARS OLD
#32 (19,336)

MEDIAN AGE
37

Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	103,193		107,946		5%
0-17	25,585	25%	26,593	25%	4%
18-44	35,534	34%	38,969	36%	10%
45-59	16,496	16%	16,406	15%	-1%
60+	25,578	25%	25,978	24%	2%
65+	19,336	19%	20,523	19%	6%
85+	2,818	3%	3,731	3%	32%



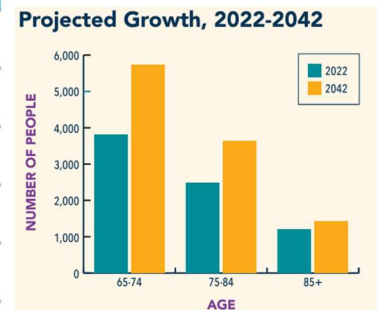
Source: North Carolina Aging Profiles 2022

Duplin County NC Aging Profile 2022

TOTAL POPULATION #52 (48,728)	OVER 65+ YEARS OLD #67 (7,490)	MEDIAN AGE 36
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Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	48,728		58,277		20%
0-17	12,970	27%	16,156	28%	25%
18-44	17,035	35%	18,375	32%	8%
45-59	8,654	18%	9,769	17%	13%
60+	10,069	21%	13,977	24%	39%
65+	7,490	15%	10,793	19%	44%
85+	1,202	2%	1,428	2%	19%



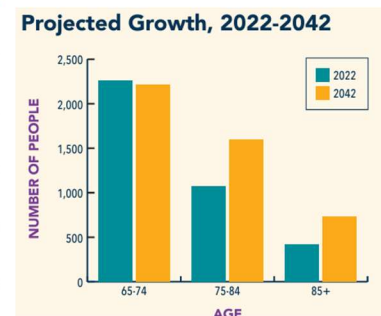
Source: North Carolina Aging Profiles 2022

Greene County NC Aging Profile 2022

TOTAL POPULATION #79 (20,022)	OVER 65+ YEARS OLD #84 (3,741)	MEDIAN AGE 42
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Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	20,022		19,940		<-1%
0-17	4,042	20%	4,389	22%	9%
18-44	6,770	34%	6,293	32%	-7%
45-59	4,073	20%	3,499	18%	-14%
60+	5,137	26%	5,759	29%	12%
65+	3,741	19%	4,535	23%	21%
85+	417	2%	731	4%	75%



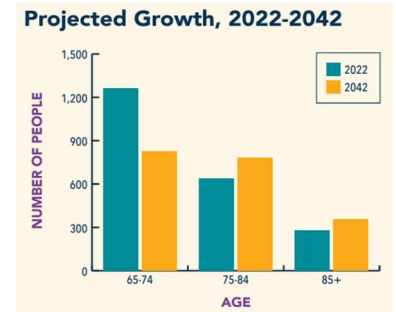
Source: North Carolina Aging Profiles 2022

Jones County NC Aging Profile 2022

TOTAL POPULATION #97 (9,091)	OVER 65+ YEARS OLD #96 (2,173)	MEDIAN AGE 43
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Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	9,091		9,101		<1%
0-17	1,781	20%	1,648	18%	-7%
18-44	2,986	33%	2,876	32%	-4%
45-59	1,486	16%	2,110	23%	42%
60+	2,838	31%	2,467	27%	-13%
65+	2,173	24%	1,958	22%	-10%
85+	277	3%	353	4%	27%



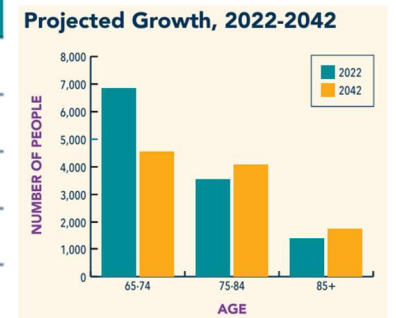
Source: North Carolina Aging Profiles 2022

Lenoir County NC Aging Profile 2022

TOTAL POPULATION #50 (54,105)	OVER 65+ YEARS OLD #46 (11,744)	MEDIAN AGE 42
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Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	54,105		48,168		-11%
0-17	11,799	22%	12,037	25%	2%
18-44	16,848	31%	14,805	31%	-12%
45-59	9,740	18%	8,534	18%	-12%
60+	15,718	29%	12,792	27%	-19%
65+	11,744	22%	10,376	22%	-12%
85+	1,359	3%	1,758	4%	29%



Source: North Carolina Aging Profiles 2022

Onslow County NC Aging Profile 2022

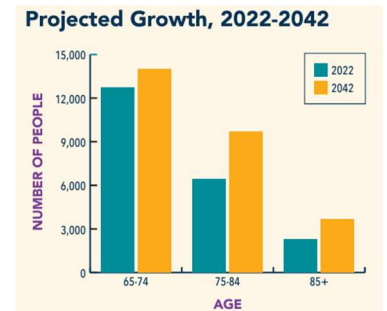
TOTAL POPULATION
#13 (209,492)

OVER 65+ YEARS OLD
#25 (21,431)

MEDIAN AGE
26

Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	209,492		259,805		24%
0-17	65,534	31%	82,119	32%	25%
18-44	88,587	42%	108,629	42%	23%
45-59	25,625	12%	31,248	12%	22%
60+	29,746	14%	37,809	15%	27%
65+	21,431	10%	27,343	11%	28%
85+	2,302	1%	3,669	1%	59%



Source: North Carolina Aging Profiles 2022

Pamlico County NC Aging Profile 2022

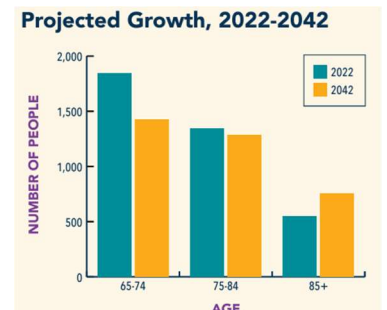
TOTAL POPULATION
#91 (12,217)

OVER 65+ YEARS OLD
#86 (3,732)

MEDIAN AGE
51

Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	12,217		11,434		-6%
0-17	1,798	15%	1,711	15%	-5%
18-44	3,629	30%	3,045	27%	-16%
45-59	2,076	17%	2,498	22%	20%
60+	4,714	39%	4,180	37%	-11%
65+	3,732	31%	3,454	30%	-7%
85+	545	4%	750	7%	38%



Source: North Carolina Aging Profiles 2022

Wayne County NC Aging Profile 2022

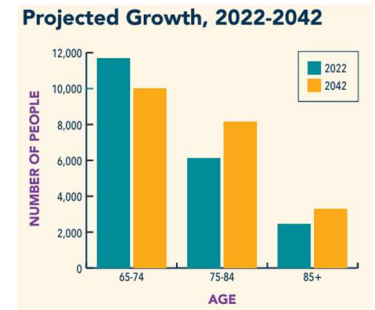
TOTAL POPULATION
#25 (116,614)

OVER 65+ YEARS OLD
#27 (20,243)

MEDIAN AGE
38

Projected Population Change, 2022-2042

Age	2022		2042		% Change 2022-2042
	County #	County %	County #	County %	
Total	116,614		117,525		1%
0-17	28,876	25%	29,816	25%	3%
18-44	39,993	34%	41,203	35%	3%
45-59	20,169	17%	19,179	16%	-5%
60+	27,576	24%	27,327	23%	-1%
65+	20,243	17%	21,394	18%	6%
85+	2,458	2%	3,266	3%	33%



Source: North Carolina Aging Profiles 2022

Race and Ethnicity, 65 years and older

Counties	White	American African Black or	American Indian	Asian	Some other race	Two or more races	Hispanic/ Latino	White, no Hispanic or Latino
Carteret	93%	4%	<1%	1%	<1%	3%	1%	93%
Craven	80%	17%	<1%	1%	1%	1%	2%	80%
Duplin	68%	27%	<1%	<1%	2%	3%	3%	68%
Greene	65%	32%	<1%	0%	1%	2%	2%	64%
Jones	64%	35%	1%	0%	<1%	0%	1%	64%
Lenoir	59%	38%	<1%	0%	1%	2%	2%	58%
Onslow	77%	15%	<1%	3%	1%	4%	4%	76%
Pamlico	82%	16%	0%	1%	1%	1%	1%	82%
Wayne	65%	31%	<1%	1%	<1%	2%	2%	64%
NC	78%	17%	1%	2%	1%	2%	3%	77%

Source: North Carolina Aging Profiles 2022

Social and Economic, 65 years and older

Characteristics	Carteret	Craven	Duplin	Greene	Jones	Lenoir	Onslow	Pamlico	Wayne	NC
100% Poverty	7%	10%	10%	15%	9%	13%	11%	11%	11%	10%
100%-199% Poverty	18%	17%	29%	24%	28%	30%	20%	22%	21%	20%
Speaks English less than Very Well"	1%	1%	3%	2%	0%	0%	4%	1%	2%	3%
Veterans	21%	23%	16%	12%	19%	18%	28%	21%	22%	16%
Living Alone	27%	29%	28%	31%	27%	33%	27%	24%	30%	27%
Less than High School	8%	11%	20%	23%	18%	22%	15%	12%	13%	13%
High School Graduate	24%	26%	38%	38%	35%	34%	35%	29%	34%	30%
With Disability	34%	32%	45%	40%	40%	48%	39%	35%	39%	34%
Median Household Income of	\$55,375	\$ 48,376	\$ 36,865	\$ 42,303	\$ 47,755	\$ 38,153	\$ 46,375	\$ 47,368	\$ 45,435	\$ 49,781
In Labor Force	15%	14%	16%	16%	17%	15%	18%	11%	17%	17%

Source: North Carolina Aging Profiles 2022



Goals, Objectives, Strategies & Measures

Safety, Protection, and Advocacy

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

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

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

Measures:

1. Facilitate nine Elder Abuse Prevention events annually to educate older adults, adults with disabilities, caregivers, and other stakeholders.
2. Recognize World Elder Abuse Awareness Day (June 15) annually.
3. ECC-HSAAA will provide four Dementia Live Simulation Trainings to local communities annually.
4. Collaborate with local stakeholders to conduct nine educational presentations annually for older adults, adults with disabilities and caregivers on preventing, identifying, and reporting requirement responsibilities for suspected abuse.
5. Collaborate with local Department of Social Services (DSS) to conduct an annual professional presentation on identifying elder abuse, professional responsibilities in reporting suspected abuse and investigation processes.
6. The Ombudsmen will provide nine training courses to long-term care staff, family council meetings, and resident council participants on elder abuse annually.
7. Disseminate Elder Abuse prevention educational material and resources annually at county health fairs and/or other community engagement events.
8. The Ombudsmen will develop an Elder Abuse Awareness brochure and informational materials to disseminate to local providers, community groups, and stakeholders.

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.

Measures:

1. Utilize all ECC-HSAAA distribution lists to share information with regional providers, long-term care facilities, and other community stakeholders through 2028.
2. ECC-HSAAA will disseminate material to consumers through one-on-one meetings, support groups, and community engagement events through 2028.
3. ECC-HSAAA will post fraud alerts and scam information to ECC virtual platforms as needed.

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 1: The Ombudsmen will educate facility staff, residents of long-term care communities, and their families on identifying abuse, types of abuse, and the state mandates for reporting abuse through 2028.

Measures:

1. The Ombudsmen will regularly disseminate Residents' Rights publications through resident council meetings, one on one visits, and family council meetings.
2. The Ombudsmen will provide nine annual presentations to long-term care community staff on elder abuse awareness, prevention, and reporting suspected abuse annually.
3. The Ombudsmen will continuously work with long term care facilities to include Residents' Bill of Rights, Ombudsman contacts, and how to report abuse, neglect, and exploitation.

Strategy 2: The Ombudsmen will provide information and resources throughout the region to community members and stakeholders on Elder Abuse and Residents' Rights.

Measures:

1. The Ombudsmen will develop Elder Abuse Awareness information packets to disseminate to local providers, community groups, and stakeholders through 2028.
2. The Ombudsmen will annually conduct nine community education events through 2028.
3. The Ombudsmen will conduct Residents' Rights training to long-term care facilities staff and residents in each county quarterly.
4. The Ombudsmen will continuously ensure that Residents' Rights posters are displayed appropriately in long-term care facilities.



Strategy 3: ECC-HSAAA will educate professionals, caregivers of older adults, and adults with disabilities on caregiver rights, elder rights, abuse, neglect, and exploitation through 2028.

Measures:

1. ECC-HSAAA will provide nine Dementia Live Simulations annually for professionals and caregivers to educate participants on aging sensitivity to prevent occurrences of abuse, neglect, and exploitation.
2. ECC-HSAAA will continuously provide educational presentations to caregivers and community stakeholders on caregiver burn-out, caregiver resources, abuse, neglect, and exploitation.

3. ECC-HSAAA will host a regional conference on aging in 2025 to educate community providers, caregivers, and older adults on programs, services, as well as provide educational sessions

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

Strategy 1: The Ombudsmen will collaborate with local Adult Home Specialists to strengthen working relationships and to share concerns as they arise.

Measures:

1. The Ombudsmen will regularly invite Adult Home Specialists to CAC meetings.
2. The Ombudsmen will collaborate continuously with Adult Home Specialists to ensure the rights of residents in long-term care facilities are being met.
3. The Ombudsmen will submit reports on behalf of residents when facilities are reluctant to make changes or report mistreatment as required.

Strategy 2: The Ombudsmen will participate in DHSR and DSS annual surveys and complaint surveys across the region.

Measures:

1. The Ombudsmen will broker its services by submitting reports on behalf of residents when facilities are reluctant to make changes or report mistreatment as required.
2. The Ombudsmen will participate in regulatory surveys conducted by DHSR and DSS.

Healthy Aging and Quality of Life

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

Objective 2.1: Collaborate with community partners to address food and nutritional insecurities of older adults, increase their access to nutritional foods, and promote healthy eating habits.

Strategy 1: Help the community service providers rebuild post-pandemic and strengthen their ability to provide a range of nutrition services using innovative strategies and diverse funding sources.

Measures:

1. Collaborate with nutrition providers to seek alternative methods for meal delivery to decrease waiting lists as needed.
2. ECC-HSAAA will annually host two provider meetings to educate providers on nutrition programs and innovative nutrition delivery programs.

3. ECC-HSAAA will continuously disseminate nutrition information and resources from DOA.

Strategy 2: Educate at-risk older adults about food benefit programs by conducting outreach.

Measures:

1. ECC HSAA will regularly educate older adults and caregivers of Senior Farmer's Market Nutrition Programs in their communities.
2. ECC-HSAAA will regularly educate and refer older adults and caregivers to county SNAP and community programs.
3. ECC-HSAAA will disseminate nutritional information at health fairs and events throughout the region annually.

Objective 2.2: Continue to improve transportation for older adults by supporting a more responsive, coordinated, diverse, and inclusive transportation system.

Strategy 1: Provide education about general and medical transportation options to older adults and people with disabilities by providing information, assistance, and options counseling services.

Measures:

1. Staff will provide education about transportation services available throughout the region.
2. ECC-HSAAA Certified Options Counselors will provide information about transportation services.

Strategy 2: ECC-HSAAA staff will seek alternative transportation methods for older adults and persons with disabilities.

Measures:

1. ECC-HSAAA staff will explore transportation alternatives that complement existing transit providers who offer services when traditional transit systems are not available through 2028.
2. ECC-HSAAA staff will disseminate information and resources to providers on alternative transportation programs through 2028.

Objective 2.3: Older adults will have access to evidence-based health promotion, wellness, and disease prevention programs.

Strategy 1: ECC-HSAAA will educate regional providers and stakeholders to expand partnerships and Evidence Based Health Promotion (EBHP) programs across the region through 2028.

Measures:

1. ECC-HSAAA will conduct an annual provider training to educate providers on meeting the needs of rural, low-income, minority populations through 2028.
2. ECC-HSAAA will educate regional providers on the availability of EBHP programs through 2028.
3. ECC-HSAAA will collaborate and assist providers throughout the region in facilitating “Powerful Tools for Caregivers” classes through 2028.



Strategy 2: Increase the number of those who participate in evidence-based health promotion (EBHP) programs.

Measures:

1. ECC-HSAAA will be trained to teach EBHP programs by 2026.
2. ECC-HSAAA will conduct two annual Powerful Tools for Caregivers class series within the region.
3. ECC-HSAAA will ensure regional providers conduct minimal annual program requirements in delivering EBHP classes such as: Living Healthy, Living Healthy with Diabetes, Living Healthy with Chronic Pain, A Matter of Balance, Tai Chi for Arthritis for Fall Prevention, Walk with Ease, and Powerful Tools for Caregivers.
4. ECC-HSAAA will continue to recruit leaders and coaches in all programs.

Strategy 3: Offer health and well-being events in the community that promote healthy aging of older adults.

Measures:

1. ECC-HSAAA will host at least one annual event in minority communities focusing on health issues affecting minority older adults and caregivers in each county.
2. ECC-HSAAA will provide at least one annual community educational event that focuses on Dementia in each county.
3. ECC-HSAAA will participate in community health fairs throughout the region.
4. ECC-HSAAA will regularly participate in regional Senior Games committees and participate in local Games annually.

Objective 2.4: Increase public awareness of mental health challenges and disorders and strengthen social connection systems to mitigate the effects of social isolation, loneliness, and elevated suicide risk.

Strategy 1: Advocate for increased awareness of mental health needs of older adults within the community.

Measures:

1. ECC-HSAAA will make community presentations on various challenges facing older adults including mental health annually in each county.
2. ECC-HSAAA will continuously promote Applied Suicide Intervention Skills Training (ASIST) opportunities to regional providers.

Housing and Homelessness

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

Objective 3.1: Promote the availability and expansion of home and community-based services to support older adults aging in the least restrictive setting and provide aging in place housing improvements.

Strategy 1: Increase awareness of housing and home improvement services and promote mobility and accessibility services as a means of keeping people safe in their home as long as possible.

Measure: ECC-HSAAA will disseminate information to the community about services available through the HCCBG and other community partners that serve older adults.

Strategy 2: Seek other funding opportunities and advocate for increased funding for HCCBG programs.

Measures:

1. ECC-HSAAA will continue to work with and support the efforts of Senior Tar Heel Legislator (STHL) priorities, advocate to elected officials for increased funding, and seek grant opportunities.
2. ECC-HSAAA will collaborate with existing community programs serving older adults that provide Housing and Home Improvement (HHI) services and assist in removing barriers to home modifications.

Strategy 3: ECC-HSAAA will educate community members, professionals, and residents in long-term care facilities on transitioning back into the community.

Measures:

1. ECC-HSAAA will provide information to individuals on options when transitioning from long-term care placement into the community.
2. ECC-HSAAA will educate residents and family members in long-term care facilities on Transitions to Community Living (TCL) programs.

3. ECC-HSAAA will assist residents in long-term care with applications for Money Follows the Person (MFP) program.

Objective 3.2: Increase affordable housing opportunities, provide permanent supportive housing (PSH), and support a coordinated, comprehensive system of services to address, prevent, and end chronic homelessness among older adults.

Strategy 1: ECC-HSAAA will annually connect with the existing housing programs to seek housing options and other resources for older adults.

Measure: ECC-HSAAA will provide resources at annual health fairs for older adults and provide referrals to housing programs that offer older adults housing options.

Strategy 2: Collaborate with local community leaders to express the needs of older adults and advocate for increased housing options.

Measure: ECC-HSAAA will continually look for opportunities to advocate for the increased need for affordable housing options in the region to help reduce waitlists.

Objective 3.3: Increase awareness of community-based services and support.

Strategy 1: Utilize options to increase the awareness of the availability of programs and services available in the community to age in place.

Measures:

1. ECC-HSAAA will utilize social media platforms, email distribution lists, newsletters and ECC website to promote programs and services.
2. ECC-HSAAA will convene quarterly RAAC and STHL meetings to keep volunteers updated and informed on programs and services.
3. ECC-HSAAA will organize quarterly service providers meetings to keep them updated and informed on programs and services.

Caregiving and Workforce Development

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

Objective 4.1 ECC-HSAAA will educate community members, stakeholders, and caregivers on community resources.

Strategy 1: Offer opportunities and events to educate the community and caregivers.

Measures:

1. ECC-HSAAA will provide two annual caregiver workshops in the region through 2028.

2. ECC-HSAAA will attend, or present at, annual county provider caregiver events in the region and will disseminate information for caregiver support.
3. ECC-HSAAA will continuously inform the community on caregiver events and topics through social media, podcasts and local television, newspapers, and radio outlets through 2028.
4. ECC-HSAAA will annually provide presentations to the community and emergency management personnel to raise awareness about dementia in each county.
5. ECC-HSAAA will provide Dementia Live simulation, Crisis Intervention Training (CIT), and dementia education to first responders at least annually in each county.



Strategy 2: Offer support and resources to caregivers to strengthen their capacity to provide care.

Measures:

1. ECC-HSAAA will publicize the availability of FCSP services throughout the region through 2028.
2. ECC-HSAAA will provide one-on-one assistance and community presentations on caregiver resources and information through 2028.
3. ECC-HSAAA will support regional providers with developing and implementing caregiver support groups through 2028.
4. ECC-HSAAA will educate local employers to provide information and presentations to support working caregivers through 2028.
5. ECC-HSAAA will promote NCDHHS North Carolina Caregiver Portal to caregivers through 2028.

Objective 4.2: Advance equity, accessibility and inclusion through education and supporting underserved and/or underrepresented populations.

Strategy 1: Provide outreach to caregivers and families in communities with limited English proficiency.

Measures:

1. Participate in multi-cultural events in the region when offered through 2028.
2. Reach out to organizations and businesses that offer services and resources to the non-English speaking community through 2028.

Strategy 2: Provide outreach at events targeting minority populations.

Measure: Partner with local businesses and organizations to offer events in the communities to educate caregivers and older adults about caregiver services through 2028.

Strategy 3: Offer resources on home and community-based services to caregivers who care for individuals with dementia.

Measures:

1. ECC-HSAAA will educate caregivers on HCCBG and FCSP services through 2028.
2. ECC-HSAAA will offer support to caregivers to assist with information, resources, and referrals for community services through 2028.

Objective 4.3: Honor and recognize caregivers in the community.

Strategy 1: Recognize National Family Caregiver Month annually in November.

Measures:

1. ECC-HSAAA will disseminate National Family Caregiver Month information on virtual platforms to include the ECC website and Facebook.
2. ECC-HSAAA will support regional FCSP providers in conducting National Family Caregiver Month events.
3. ECC-HSAAA will publicize proclamations through social media, TV, websites, etc. to increase awareness of the importance and value of family caregivers during the month of November.
4. ECC-HSAAA will provide radio and TV interviews along with public service announcements to highlight and promote National Caregiver Month each November.

Long-term Preparedness Planning

Goal 5: Incorporate innovative practices learned through COVID and create reliable systems and infrastructures that will have the capacity to serve the growing aging population, all while recognizing the need for equity to foster the involvement from all stakeholders.

Objective 5.1: Expand efforts to assist older adults, people with disabilities, and their caregivers with emergency management and disaster preparedness planning, response, and recovery with communication equity.

Strategy 1: Educate caregivers about the need for emergency planning.

Measure: ECC-HSAAA will conduct community presentations about the importance of emergency planning for caregivers.

Strategy 2: Coordinate and participate in regional efforts for Emergency Preparedness for older adults, caregivers, aging service providers. deaf, blind, and hard of hearing populations.

Measures:

1. ECC-HSAAA will annually promote special needs registry in ECC newsletter, digital platforms, and community meetings.
2. ECC-HSAAA will collaborate with Emergency Services and Departments of Social Services regarding emergency preparedness for long-term care facilities annually.
3. The Ombudsmen will collaborate with local facilities and state agencies to ensure strong communication during emergencies.
4. The Ombudsmen will provide emergency preparedness information to long-term care facility staff, residents, and their families through 2028.
5. ECC-HSAAA will provide information on emergency preparedness for individuals and family plans at regional annual health fairs.
6. ECC-HSAAA will annually partner with Emergency Services to offer educational events for older adults on Emergency Preparedness at county senior center through 2028.

Objective 5.2: Evaluate current systems and infrastructures in response to the evolving needs, services, and communication access for our aging population's well-being.

Strategy 1: Participate, inform, and represent the evolving needs of older adults in planning opportunities.

Measures:

1. ECC-HSAAA will collaborate with service providers to assess continuation of programs and services created with ARPA Covid relief funds.
2. ECC-HSAAA will attend local aging planning board meetings and advisory committee meetings to disseminate information.

Strategy 2: Promote the expansion of home and community-based services to support older adults aging in the least-restrictive setting through increasing services.

Measures:

1. ECC-HSAAA will encourage STHL to advocate for more HCCBG funding to allow for expansion of current services through 2028.
2. ECC-HSAAA will educate, assist, and support regional providers in exploring new services to meet increased needs in their communities through 2028.

Objective 5.3: Strengthen planning efforts by encouraging local communities to incorporate the needs of older adults and caregivers.

Strategy 1: Advocate for the recognition of older adults as important stakeholders in their communities.

Measures:

1. ECC-HSAAA will encourage STHL to advocate for the needs of older adults and caregivers in their communities through 2028.
2. ECC-HSAAA will conduct two annual professional presentations on population changes, voting rights, and the changing needs of older adults.
3. Educate community members and professionals on the ECC-HSAAA Regional Aging Advisory Committee.

Advancing Equity

Goal 6: Advance equity by supporting and encouraging older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.

Objective 6.1: Continue to expand equity-centered communications to older adults, people with disabilities, caregivers, and families of all backgrounds to recognize their importance and value.

Strategy 1: Offer training opportunities to aging service providers, long-term care staff, and the community that focus on equity and inclusion.

Measure: ECC-HSAAA will share information and provide outreach focusing on equality and inclusion in the ECC newsletter, social media platforms, and website.

Strategy 2: Educate aging networks to use inclusive terms, phrases, and language that do not presume a sexual orientation, gender, identity, or relationship status to create a welcoming and inclusive environment for all older adults.

Measures:

1. ECC-HSAAA will host an annual provider training on using person centered thinking and inclusive language.
2. The Ombudsmen will annually offer training focusing on equality and inclusion in long-term care facilities to residents and staff.

Strategy 3: Increase opportunities for multigenerational community activities and partnerships.

Measures:

1. ECC-HSAAA will educate regional providers on intergenerational programming through 2028.
2. ECC-HSAAA will promote and attend regional intergenerational activities through 2028 with organizations such as Partnership for Children, YMCAs, and Boys Club/Girls Club.

Strategy 4: Educate older adults and caregivers about services through person-centered approaches.

Measures:

1. ECC-HSAAA Lead Ombudsman, Lead Aging Consultant, and Aging Consultants will be Option Counselor certified by 2025.
2. ECC-HSAAA will review, evaluate, and create outreach materials using person-centered language by 2025.

Strategy 5: Annually recognize the Presidents Proclamation Older Americans Month.

Measure: Participate in regional events annually during the month of May and emphasize the importance of older adults through media promotion with newspaper articles, radio interviews, and social media outlets.

Objective 6.2: Advance digital equity and connectivity literacy by supporting a comprehensive person-centered, community-involved approach.

Strategy 1: Improve digital literacy for older adults and caregivers.

Measures:

1. ECC-HSAAA will provide and disseminate digital equity resources regionally they become available through 2028.
2. ECC-HSAAA will regularly promote the NC DOA North Carolina Caregiver Portal through ECC website, ECC Facebook, and marketing material throughout the region.
3. ECC-HSAAA will support STHL members on digital equity priorities through 2028.
4. ECC-HSAAA will partner with NCDAAS and the Center for Digital Equity (CDE) from Queens University in Charlotte to educate older adults with digital devices utilizing a Digital Navigator to serve our region in 2024 and 2025.

Conclusion

The ECC-HSAAA is committed to meeting the many needs of our region's rapidly growing aging population. The six 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 who serve on our various committees and groups. In addition, we must forge new partnerships to expand our ability to meet the ever-changing ever-growing needs of older adults and adults with disabilities.

The ECC-HSAAA, our local partners, and older adults continue to face increasing economic challenges. Continuing to provide programs and services to the growing number of seniors in our region is a challenge with our limited funding sources. Our best outcomes will be achieved when we work together to face these challenges.

We will need to improve collaboration, target, and leverage available resources, as well as underscore accountability for ourselves and our partner agencies for enhanced results. The plan's goals can only be achieved with the support and strength of our many and varied stakeholders.

APPENDICES

Area Plan Assurances and other 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 Rehabilitation Act and Americans with Disabilities Act
- Exhibit 4: Assurance of Compliance with the Civil Rights Act
- Exhibit 5: Assurance of Legal representation for Regional Ombudsman

Section II: Administrative Matters

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

Section III: Needs Assessment Overview

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

Section IV: Monitoring and Direct Services

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

**Section I:
Verification of Intent and Assurances**

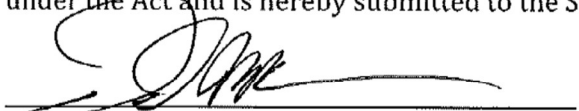
Area Plan Assurances and Required Documents

Exhibit 1: Verification of Intent

The period July 1, 2024 through June 30, 2028

It includes assurances and plans to be followed by the Eastern Carolina Council - Human Services 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.

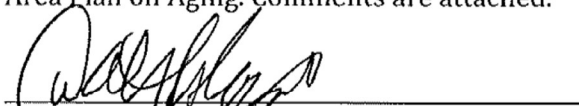
The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act and is hereby submitted to the State Unit on Aging for approval.



David Rosado, ECC-AAA Human Services Manager

4/11/24
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

4/11/24
Date

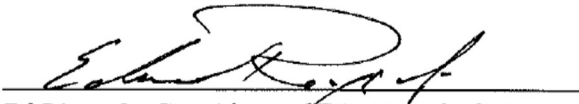
The Eastern Carolina Council Executive Director has reviewed and approves the Area Plan.



David Bone, Executive Director of ECC

4/11/24
Date

The governing body of the Human Services has reviewed and approves the Area Plan.



Ed Riggs, Jr., President of ECC Board of Directors

4-11-24
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 on Aging and the North Carolina Division of Aging.

B) It will cooperate with the North Carolina Department of Health and Human Services and the U.S. Department of Health and Human Services and participate in the implementation of special initiatives that may be developed.

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

D) It will report annually to the NC Division of Aging in detail the amount of funds it receives or expends to provide services to older individuals. - 42 U.S.C. §3026(a)(13)(E)

E) Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the NC Division of Aging as part of the area plan review process:

Access - 30%

In-Home - 25%

Legal - 2%

- 42 U.S.C. §3026(a)(2)**F)** Designation, where feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—

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

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

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

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

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

- 1) specify how the provider intends to satisfy the service needs of low-income minority elderly, older individuals with limited English proficiency, and older individuals residing in rural areas in the provider's service area.

- 2) to the extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- 3) meet specific objectives established by the Area Agency on Aging for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area (referred to in this Section as 'PSA'). -42 U.S.C. §3026(a)(4)

I) Outreach efforts will identify and inform individuals eligible for assistance under the Act and their caregivers, with special emphasis on—

- 1) older individuals with greatest economic and social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - 2) older individuals with severe disabilities;
 - 3) older individuals with limited English proficiency;
 - 4) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
 - 5) older individuals at risk for institutional placement; and
 - 6) older individuals who are Indians, also referred to as Native Americans, if there is a significant population in the planning and service area.
- 42 U.S.C. §3026(a)(4)(B), 42 U.S.C. §3026(a)(6)(G)

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

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

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

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

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

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
- 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act. - 42 U.S.C. §3026(a)(6)(c)

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

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

P) It will establish effective and efficient procedures for coordination of services with entities conducting—

- 1) programs that receive assistance under the Older Americans Act within the PSA; and
- 2) other Federal or federally assisted programs for older individuals at the local level, with particular emphases on entities conducting programs described in section 203(b) of the Older Americans Act within the PSA. - 42 U.S.C. §3026(a)(6)(E), and 42 U.S.C. §3026(a)(12)

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

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

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

S) Case management services provided under Title III of the Act through the Area Agency on Aging will—

- 1) not duplicate case management services provided through other Federal and State programs;

- 2) be coordinated with services described in subparagraph (1); and
- 3) be provided by a public agency or nonprofit private agency that: (i) gives each older individual seeking services under Title III a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging; (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii). - 42 U.S.C. §3026(a)(8)(C)

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

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

V) It will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), including—

- 1) information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under Title III of the Act;
- 2) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under Title III of the Act with services provided under Title VI of the Act; and
- 3) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans. 42 U.S.C. §3026(a)(11)

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

X) It will maintain the integrity and the public purpose of services provided, and service providers, under Title III of the Act in all commercial and contractual relationships. It shall disclose to the Division of Aging and 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 contracts or commercial relationships as required by the Act.

On the request of the Federal Assistant Secretary or the Division of Aging, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit). - 42 U.S.C. §3026(a)(13)

Y) Funds received under Title III will be used-

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

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

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

BB) If it desires to provide directly any supportive, nutrition, or in-home services (as defined in Section 342) a waiver shall be requested as part of the Area Plan process and such request(s) will be evaluated based upon the following criteria--

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

- 42 U.S.C. §3027(a)(8)(A)

Exhibit 13 provides information needed to meet this assurance. Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency, no waiver is required because State statute (G.S. 143B-181.-19) places the program in the Area Agency. The NC Division of Aging will not require a waiver request for direct provision of Information and Options Counseling (I&OC) or Outreach. - 42 U.S.C. §3027(a)(8)(C)

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

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

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

FF) There is the provision of the required initial training for new Community Advisory Committee members; ongoing training for established community advisory committee members, and technical assistance to these community advisory committees in completion of the committees' reporting requirements G. S. §143B-181.19(b)(8); Long-Term Care Ombudsman Program Policy and Procedures: Section 1506 (Q)]

GG) The Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement

agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate. 42 U.S.C. § 3058 (i)

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

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

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

KK) It will submit further assurances to the NC Division of Aging 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.



David Bone, Eastern Carolina Council Executive Director

3/19/24

Date

Exhibit 3:

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 (also known as 29 U.S.C. 794), as amended, and the American Disabilities Act of 1990, as amended.

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

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

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



David Bone, Eastern Carolina Council Executive Director



Date

Exhibit 4:

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

The Area Agency on Aging (herein called the "Applicant") will comply with Title VI of the Civil Rights Act of 1964 -42 U.S.C. §2000d et seq., as amended, and all requirements imposed by or pursuant to the Regulations of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that in accordance with Title VI of that Act and Regulation, no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.

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

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



David Bone, Eastern Carolina Council Executive Director



Date

Exhibit 5:

Assurance of Legal Representation of Regional Ombudsman

Name and Address of Attorney/Firm:

Sumrell Sugg, P.A
416 Pollock St.
PO Box 889
New Bern, NC 28560

Period of Time Covered by Contract:

July 1, 2024 – June 30, 2025

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

Division of Aging Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:



David Bone, Eastern Carolina Council Executive Director

6/17/24
Date



David Rosado, Human Services Manager

6/17/2024
Date



Legal Representative, David Baxter

6/17/2024
Date

**Section II:
Administrative Matters**

Exhibit 6:
Organizational Chart of Single Organizational Unit

Eastern Carolina Council 2024 Organizational Chart

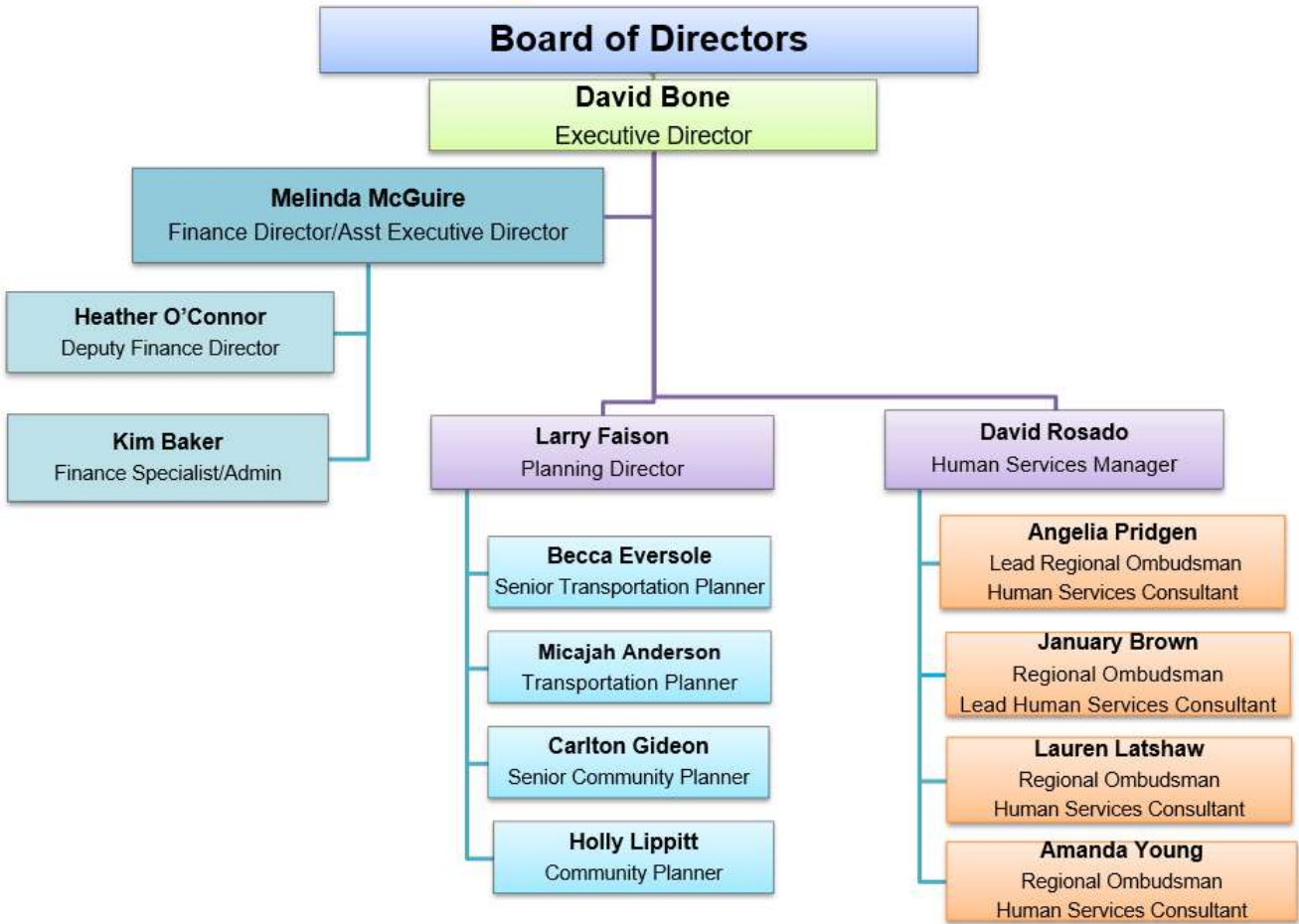


Exhibit 7:

Organizational Chart of Human Services Area Agency on Aging

Eastern Carolina Council
Human Services- Area Agency on Aging

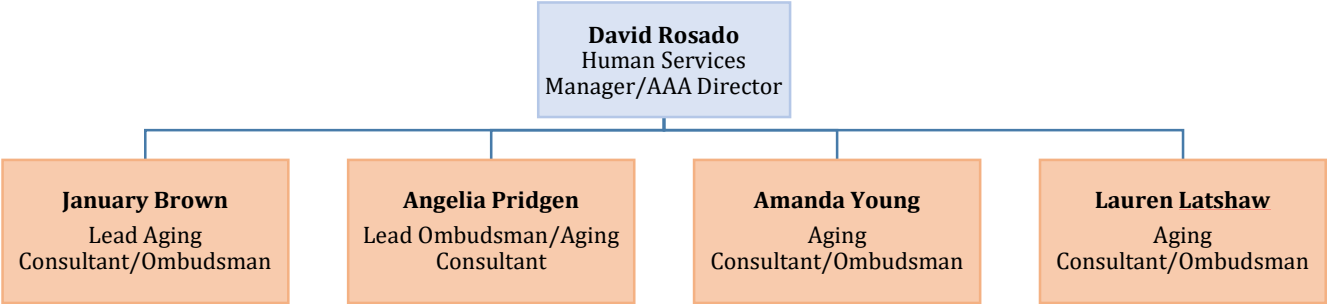


Exhibit 8:

Human Services Area Agency on Aging Staffing and Volunteer List

Staff	Race/Ethnicity	FTE	Fund	% of Time
David Rosado	6	1	500 - P&A	50%
			530 - SB 1559 (AAA Admin)	20%
			811 - FCSP	30%
Angelia Pridgen	5	1	420 - Ombudsman	50%
			500 - P&A	21%
			811 - FCSP	21%
			516 - IIID	8%
January Brown	5	1	420 - Ombudsman	50%
			500 - P&A	21%
			811 - FCSP	21%
			516 - IIID	8%
Lauren Latshaw	5	1	420 - Ombudsman	50%
			500 - P&A	21%
			811 - FCSP	21%
			516 - IIID	8%
Amanda Young	5	1	420 - Ombudsman	50%
			500 - P&A	21%
			811 - FCSP	21%
			516 - IIID	8%
Heather O'Connor	5	0.5	500 - P&A	35%
			811 - FCSP	15%
Kim Baker	5	0.3	500 - P&A	30%

Race/Ethnicity Categories

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

Number of Volunteers	51
Number of Volunteer Hours Provided	1,288

Exhibit 9: Regional Advisory Council Membership and Participation

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

Name		Gender	County	Position Code(s)	Organizational Affiliation(s)
Last	First				
Lewis	Clint	M	Carteret	2	
Chiavola	James	M	Carteret	2	
Heinrich	Victor	M	Carteret	2,6	
Williams	Lavick	M	Craven	2,3,6	
Vacant			Craven		
Vacant			Craven		
Grubbs	Darrell	M	Duplin	2,6	
Grubbs	Donna	F	Duplin	2,6	
Vacant			Duplin		
Ashburn	Elliot	M	Greene	1,2,3,6	
Taylor	Faye	F	Greene	2,6	
Garner	Jean	F	Greene	2,6	
Brinkley	Matthew	F	Jones	2,3,6	
Oliver	Elywanda	F	Jones	2,3,6	
Vacant		M	Jones		
LaRoque	Walter	M	Lenoir	2,5, 6	
Tyson	Debra	F	Lenoir	6	
Patterson	Elaine	F	Lenoir	1,2,3,6	
Mitchell	Errika Denise	F	Onslow	2,6	
Farrior	Lauretta	F	Onslow	2,6	
Crane	Sandra	F	Onslow	2,6	
Prescott	Pat	F	Pamlico	2,6	
Holton	Ann	F	Pamlico	2,6	
Vacant					
Harper	Linda	F	Wayne	2,6	
Ford	Jimmie	M	Wayne	2,6	
Byran	Martha	F	Wayne	2,6	

<u>Position Code#</u>	<u>Description</u>
#1	Recipient of Older Americans Act Services
#2	Person age 60 or older
#3	Non-white person
#4	Person representing Veteran's Affairs
#5	Chairperson of the Council
#6	Resident of rural area
#7	Family caregiver of older person
#8	Service provider
#9	Representative of business community

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

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 County Department of 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, Inc	Lenoir	X		
Onslow County Senior Services	Onslow	X		
Pamlico County Senior Services	Pamlico	X		
Wayne County 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:

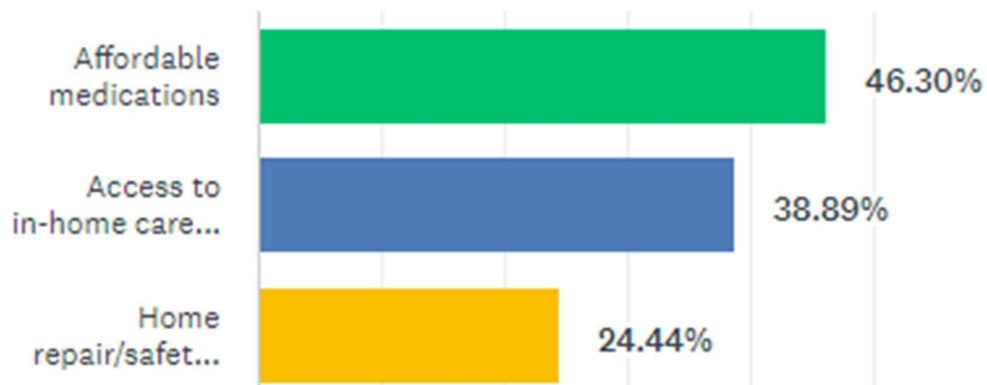
Exhibit 12: Needs Assessment Regional Summary

The top 3 inadequately met needs in the county

County	1	2	3
Carteret	Affordable Medications	Access to In-Home Personal Care Services	Affordable Housing
Craven	Affordable Medications	Access to In-Home Personal Care Services	Long-term care planning resources
Duplin	Affordable Medications	Access to In-Home Personal Care Services	Home repair/safety improvements
Greene	Access to In-Home Personal Care Services	Affordable Medications	Home repair/safety improvements
Jones	Transportation	Home repair/safety improvements	Access to In-Home Personal Care Services
Lenoir	Affordable Medications	Access to In-Home Personal Care Services	Transportation
Onslow	Affordable Medications	Caregiver support and respite	Dementia care/resources
Pamlico	Affordable Medications	Access to In-Home Personal Care Services	Affordable Housing
Wayne	Affordable Medications	Affordable Housing	Caregiver support and respite

Region P

(348 responses)



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 by May 1st.

N/A

Exhibit 13: Provision of Direct Services (Continued)

N/A

Note: Use this Direct Service Non-HCCBG Budget Worksheet for non-HCCBG direct service waivers as noted on the Exhibit 13: Provision of Direct Services Waiver Request form

Exhibit 14: Provider Monitoring Plan

Eastern Carolina Council
Human Services Area Agency on Aging
Monitoring Plan (Region P)
FY 24-28

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
070	Carteret Senior Services											X	X	X	X
	- Home Delivered Meals	Carteret	ECCAAA-2	X		X		X		X					
	- Congregate Nutrition	Carteret	ECCAAA-2	X		X		X		X					
	- Senior Ctr. Ops	Carteret	ECCAAA			X									
	- General Transp.	Carteret	ECCAAA-2		X		X		X		X				
	- Evidence Based Health	Carteret	ECCAAA	X		X									
	- Family Caregiver Support Program	Carteret	ECCAAA	X		X		X		X					
016	DSS											X	X	X	X
	- In Home LV II	Carteret	ECCAAA-2	X		X		X		X					
090	Coastal Community Action											X	X	X	X
	- Senior Companion	Carteret	ECCAAA	X		X		X		X					
045	-Legal Aid of NC											X	X	X	X
	- Legal	Carteret	ECCAAA		X		X		X		X				

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
065	Senior Services											X	X	X	X
	- Congregate Nutrition	Duplin	ECCAAA-2		X		X		X		X				
	- Home Delivered Meals	Duplin	ECCAAA-2		X		X		X		X				
	- In Home LV I	Duplin	ECCAAA		X		X		X		X				
	- General Transportation	Duplin	ECCAAA-2		X		X		X		X				
	- House/Home Improvement	Duplin	ECCAAA		X		X		X		X				
	- Evidence Based Health	Duplin	ECCAAA		X		X		X		X				
	- Family Caregiver Support Program	Duplin	ECCAAA		X		X		X		X				
	-Senior Center Operations	Duplin	ECCAAA			X									
026	Legal Aid of NC											X	X	X	X
	- Legal	Duplin	ECCAAA		X		X		X		X				

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
040	DSS											X	X	X	X
	- In Home LV II	Greene	ECCAAA-2	X		X		X		X					
	- In Home LV III	Greene	ECCAAA-2	X		X		X		X					
080	Senior Services											X	X	X	X
	- Congregate Nutrition	Greene	ECCAAA-2		X		X		X		X				
	- Home Delivered Meals	Greene	ECCAAA-2		X		X		X		X				
	- Senior Center Ops	Greene	ECCAAA			X									
	- Evidence Based Health	Greene	ECCAAA		X		X		X		X				
	- General Transportation	Greene	ECCAAA-2		X		X		X		X				
	-Medical Transportation	Greene	ECCAAA-2		X		X		X		X				
	- Family Caregiver Support Program	Greene	ECCAAA		X		X		X		X				
032	Legal Aid of NC	Greene	ECCAAA									X	X	X	X
	- Legal	Greene	ECCAAA		X		X		X		X				

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
052	DSS											X	X	X	X
	- In Home LVII	Jones	ECCAAA-2	X		X		X		X					
	- In Home LVIII	Jones	ECCAAA-2	X		X		X		X					
	- Congregate Nutrition	Jones	ECCAAA-2	X		X		X		X					
	- Home Delivered Meals	Jones	ECCAAA-2	X		X		X		X					
	-Evidence Based Health	Jones	ECCAAA	X		X									
045	Legal Aid of NC	Jones										X	X	X	X
	- Legal	Jones	ECCAAA		X		X		X		X				
090	Coastal Community Action											X	X	X	X
	- Senior Companion	Jones	ECCAAA	X		X		X		X					

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review*****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
054	DSS											X	X	X	X
	- In Home LV II	Lenoir	ECCAAA-2	X		X		X		X					
	- In Home LV III	Lenoir	ECCAAA-2	X		X		X		X					
055	LCCOA											X	X	X	X
	- General Transportation	Lenoir	ECCAAA-2		X		X		X		X				
	- In Home LV I	Lenoir	ECCAAA	X		X		X		X					
	- Congregate Nutrition	Lenoir	ECCAAA-2		X		X		X		X				
	- Home Delivered Meals	Lenoir	ECCAAA-2		X		X		X		X				
	- Evidence Based Health	Lenoir	ECCAAA	X		X									
	- Senior Center Operations	Lenoir	ECCAAA		X										
	- Family Caregiver Support Program	Lenoir	ECCAAA		X		X		X		X				
032	Legal Aid of NC											X	X	X	X
	- Legal	Lenoir	ECCAAA		X		X		X		X				

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
085	Senior Services											X	X	X	X
	- Medical Transportation	Onslow	ECCAAA-2		X		X		X		X				
	- General Transportation	Onslow	ECCAAA-2		X		X		X		X				
	- Adult Day Care	Onslow	ECCAAA		X		X		X		X				
	- In Home Aide LV II	Onslow	ECCAAA		X		X		X		X				
	- In Home Aide LVIII	Onslow	ECCAAA		X		X		X		X				
	- Congregate Nutrition	Onslow	ECCAAA-2		X		X		X		X				
	- Home Delivered Meals	Onslow	ECCAAA-2		X		X		X		X				
	- Evidence Based Health	Onslow	ECCAAA		X		X								
	- Family Caregiver Support Program	Onslow	ECCAAA		X		X		X		X				
026	Legal Aid of NC											X	X	X	X
	- Legal	Onslow	ECCAAA		X		X		X		X				

A.	B.	C.	D.	E.				F.				G.			
Prov. Code	Community Service Providers & Funded Services	Counties Served	Monitoring Agency*	Schedule for Programmatic Review**				Schedule for Unit Verification***				Schedule for Fiscal Review****			
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
035	WSOA											X	X	X	X
	- Medical Transportation	Wayne	ECCAAA-2		X		X		X		X				
	- General Transportation	Wayne	ECCAAA-2		X		X		X		X				
	-Consumer Directed Transp.	Wayne	ECCAAA-2		X		X		X		X				
	- Info, Case Assistance, Options	Wayne	ECCAAA		X		X		X		X				
	- In Home LV I	Wayne	ECCAAA		X		X		X		X				
	- In Home LV II	Wayne	ECCAAA		X		X		X		X				
	- In Home LV III	Wayne	ECCAAA		X		X		X		X				
	- Group Respite	Wayne	ECCAAA		X		X		X		X				
	- Evidence Based Health	Wayne	ECCAAA		X		X								
	- Family Caregiver Support Program	Wayne	ECCAAA		X		X		X		X				
	-Senior Center Operations	Wayne	ECCAAA			X									
050	WAGES											X	X	X	X
	- Congregate Nutrition	Wayne	ECCAAA		X		X		X		X				
	- Home Delivered Meals	Wayne	ECCAAA		X		X		X		X				
032	Legal Aid of NC											X	X	X	X
	- Legal	Wayne	ECCAAA		X		X		X		X				

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

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

Exhibit 14A: List of Subcontractors – 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.

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	<p>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.</p>
Nutrition	<p>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.).</p> <p>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.</p>
Adult Day Services (Adult Day Care, Adult Day Health or ADC/ADH)	<p>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.</p> <p>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.</p>

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

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

Exhibit 14A: List of Subcontractors

Region P FY24

Provider: Carteret County DSS Provider Code: 016 County Carteret

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
United Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Level II	Jerri Lively PO Box 446 Ahoskie, NC 27910 Local Contact: Susan Henry 474 US Hwy 70W Havelock, NC	Aide supervision, Tasks on an In-Home Aide Plan of Care, Aide Competency Testing, Quarterly Assessments, Service Plans, Assessment of client needs.
Access Community-Based Services	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Level II	Joshua Proffitt 901 Hugh Wallis Road South Lafayette, LA 70508 Local Contact: Kelly Furna 147 NC-24 Unit 202 Morehead City, NC 28557	Aide supervision, Tasks on an In-Home Aide Plan of Care, Aide Competency Testing, Quarterly Assessments, Service Plans, Assessment of client needs.

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.

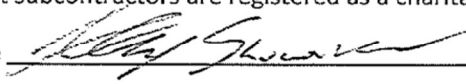
Provider Signature  Title: Budget Grant Mgr Date 4/11/23

Exhibit 14A: List of Subcontractors

Region P FY2024

Provider: Craven County DSS Provider Code: 025 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	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	<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 W. Glenburnie Rd., #1, New Bern (252) 635-9005	IHA- RN assessments and plan of care, supervision of aide, task completion relative to plan of care, and all respective employer and home care licensure requirements. CM- RN collaboration on quarterly review and annual assessment of client as well as service plan with social worker.
Our House Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	Wentiers London 2807 Neuse Blvd. #6, New Bern (252)634-2211	IHA- RN assessments and plan of care, supervision of aide, task completion relative to plan of care, and all respective employer and home care licensure requirements.
Home Life Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	Jerri Lively 2117 S. Glenburnie Road, #8, New Bern (252)672-8700	IHA- RN assessments and plan of care, supervision of aide, task completion relative to plan of care, and all respective employer and home care licensure requirements.
Living with Guidance	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	LaToya Gatling 226 Stonebridge Sq. Havelock, NC 252-652-6164	IHA- RN assessments and plan of care, supervision of aide, task completion relative to plan of care, and all respective employer and home care licensure requirements.
J & S Meals	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition	Jennifer Spain PO Box 866 Bayboro, NC 28515 252-745-7498	Maintains commercial kitchen for preparation of meals, meeting all health department requirements. Creates menus, prepares, and delivers meals compliant with nutrition program requirements.
Wilson's Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Levels II & III	Brenda Wilson PO Box 1022 Vanceboro, NC 252-224-3595	IHA- RN assessments and plan of care, supervision of aide, task completion relative to plan of care, and all respective employer and home care licensure requirements.

Exhibit 14A: List of Subcontractors

Region P FY2024

Provider: Craven County DSS Provider Code: 025 County Craven

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g., eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
CARTS	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation to Senior Center for Congregate Nutrition	CARTS 2822 Neuse Blvd. New Bern, NC 28562 252-636-4917	Provide transportation for eligible adults (age 60 and over) to and from both senior centers within Craven County. Craven County Senior Services will provide CARTS with the address/schedule requests for riders. CARTS will provide Craven County Senior Services with ride confirmation/billing. Clients will be transported to the Havelock Senior Center and Craven County Senior Center based on which center they are closer to.

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.

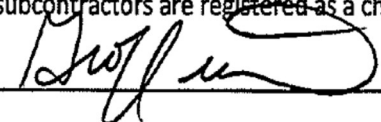
Provider Signature , Geoffrey Marett Title: Director Date 7-14-2023

Exhibit 14A: List of Subcontractors

Region P FY 23-24

Provider: Greene County Dept 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	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.
	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level II & III	Interim Health Care 704 W. Main St Raleigh NC 27601 252-269-7472	Provide In Home Aide Services for Greene Co 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			

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 Amade Smith Title: Director Date 6/19/23

Exhibit 14A: List of Subcontractors

Region: P FY: 23-24

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 Public Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	General Transportation	Greene County Public Transportation 312 SE 2 nd Street Snow Hill, NC 28580	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 in the Congregate Meal Program. Senior Center staff will order rides and determine client eligibility through the standards in the Home & Community Care Block Grant.
Diamond Food Enterprises	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Home Delivered & Congregate Meals	Diamond Food Enterprises, Inc. 6726 Netherlands Dr, Suite 100 Wilmington, NC 28405 Phone: 910-392-7167	Home Delivered Meals: All frozen to be delivered on Mondays, a week's worth of meals at a time to include milk and all menu components for distribution to home bound clients. Congregate Meals: Delivered Pre-Plated hot on Mondays. Receive on Mondays frozen meals for Tues-Fri to be heated on site. Included milk and all menu components. Senior Center staff will determine eligibility and complete HCCBG paperwork. Caterer will be responsible for approved menus, getting menu substitution signed off by a RD, Documentation for end of preparation time & temperatures, documentation of each food item delivered, daily sainting of food delivery carriers by the food service provider.

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

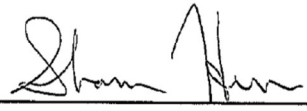
Provider Signature  Title: Director Date 6-20-23

Exhibit 14A: List of Subcontractors

Region P FY 23-24

Provider: City of Havelock Senior Center Provider Code: 003 County Craven

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
J&S Meals, Inc	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government		Jennifer Spain PO Box 866 Bayboro, NC 28515 252-746-7498	Nutrition approved menus and 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, Preparation and delivery of meals
	<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			
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	<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.

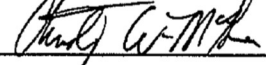
Provider Signature  Title: City Manager Date 9/18/23

Exhibit 14A: List of Subcontractors

Region P FY 23.24

Provider: Lenoir County Council on Aging, Inc, Provider Code: 055 County

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Diamond Food Enterprises, Inc.	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	HDM 020 CN 180	Steve Lambrose 1602 South College Rd. Wilmington, NC 28403 910-392-7167	Preparation and delivery of meals
Lenoir County Transit	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	GT 250	Angie Greene LCT 201 E. King St., Kinston, NC 28501 252-523-4171	Provision of ride, maintenance of vehicles in keeping with regulations.
	<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;