



PIEDMONT TRIAD REGIONAL COUNCIL

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June 29, 2020

Swarna Reddy, Planner/Evaluator

Division of Aging and Adult Services, Planning and Service Support Section

NC Division of Aging and Adult Services

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Raleigh, NC 27699

Dear Swarna:

Enclosed is the Area Aging Plan for Region G Area Agency on Aging covering July 1, 2020 – June 20, 2024. Let me know if you have questions.

Sincerely,

Adrienne Calhoun, Director
Area Agency on Aging

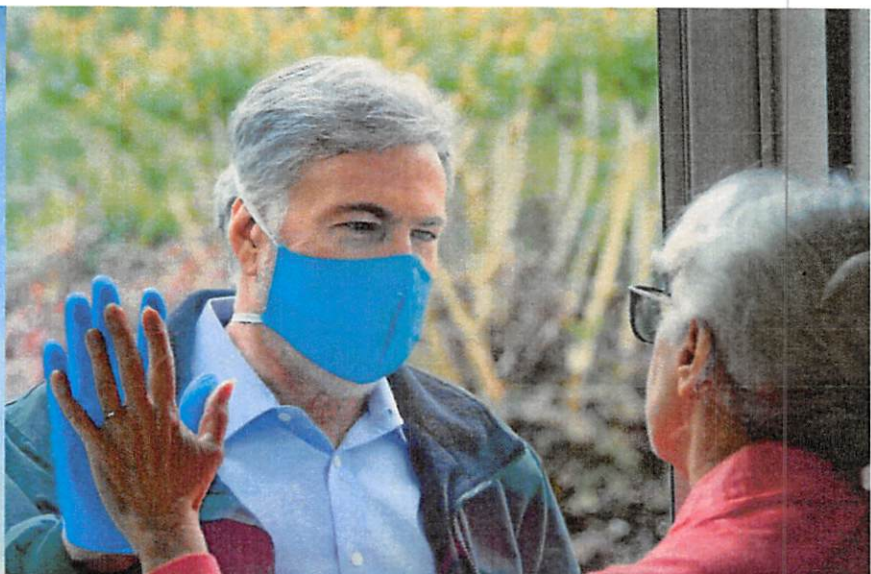
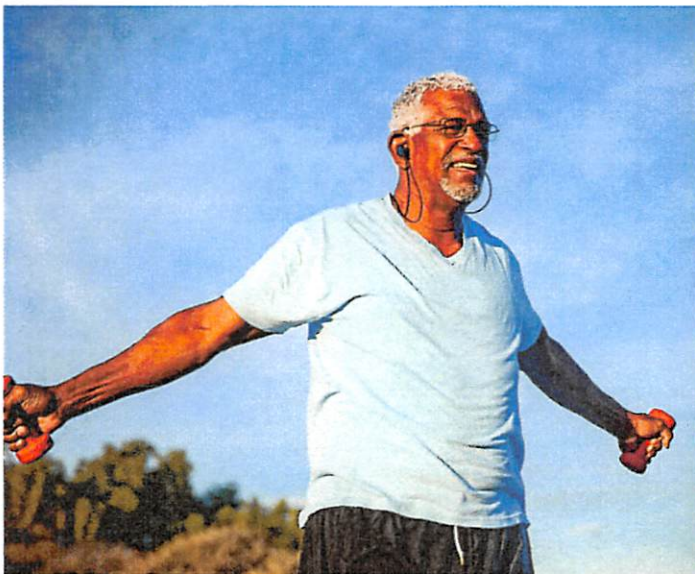
PIEDMONT TRIAD REGIONAL COUNCIL AREA AGENCY ON AGING

Regional Aging Services Plan
July 1, 2020 - June 30, 2024

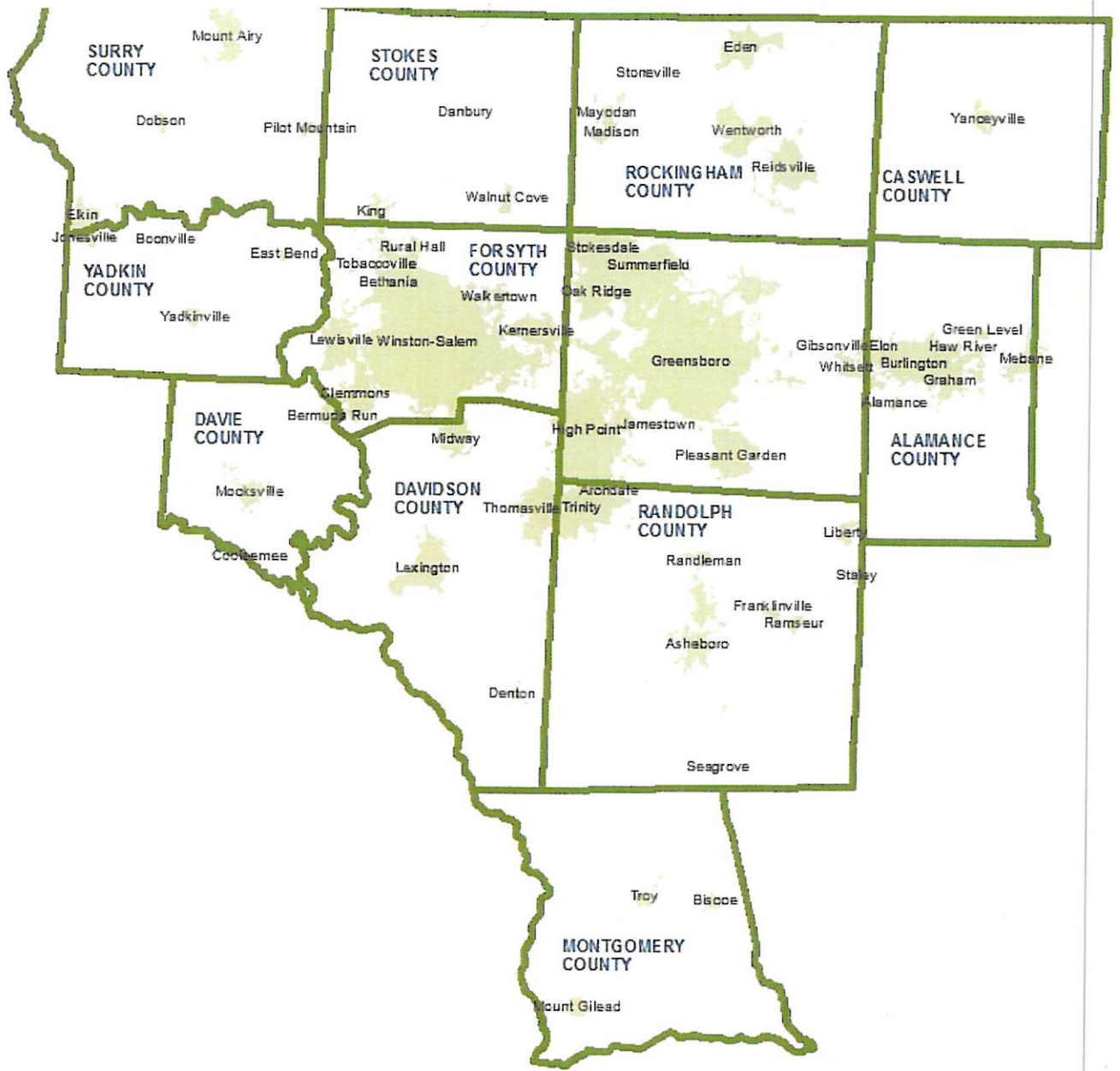


PIEDMONT TRIAD REGIONAL COUNCIL
AREA AGENCY ON AGING

AN AGE OF OPPORTUNITY



FOR MORE INFORMATION, VISIT WWW.PTRC.ORG



The material in this document was prepared by the Piedmont Triad Regional Council Area Agency on Aging. For questions or comments, please contact:

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Table of Contents

I. NARRATIVE

- 1. Executive Summary**
 - a. Background
 - b. Context
 - c. Overview
- 2. Goals, Objectives, Strategies, and Outcomes**
- 3. Quality Management**
- 4. Conclusion**

II. APPENDICES

A: Demographics

B: Area Plan Assurances and Required Documents

Section I: Verification of Intent and Assurances

Exhibit 1: Verification of Intent

Exhibit 2: Area Plan Assurances

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

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

Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

Section II: Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

Exhibit 7: Organizational Chart of the Area Agency on Aging

Exhibit 8: Area Agency on Aging Staffing Profile

Exhibit 9: Regional Advisory Council Membership and Participation

Exhibit 10: Focal Point Organization

Section III: Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

Exhibit 12: Needs Assessment Regional Summary

Section IV: Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

Exhibit 14: Provider Monitoring Plan

Exhibit 14A: List of Subcontractors

C: COVID-19 Response

I. NARRATIVE

Executive Summary

Piedmont Triad Regional Council (PTRC) is a voluntary association of local governments - urban and rural - authorized by state law to:

- Develop and implement joint regional decisions
- Provide management, planning and technical services to local governments
- Identify and solve short and long-term problems best addressed at the regional level
- Bring together local elected officials on a regular basis, giving them an opportunity to form working relationships
- Promote regional issues and cooperation among members

PTRC is one of the largest regional councils in NC, serving 73 members in and around the Greensboro / Winston-Salem / High Point metro area, including the following twelve-county area:

Alamance | Caswell | Davidson | Davie | Forsyth | Guilford |
Montgomery | Randolph | Rockingham | Stokes | Surry | Yadkin

PTRC's governing body is its Board of Delegates, comprised of locally elected and appointed officials designated to represent member governments. Among PTRC's many responsibilities is housing the designated Area Agency on Aging (AAA) for the twelve-county region. As an Area Agency on Aging, we provide services in the following areas:

- Management and Staffing
- Planning
- Funds Administration and Quality Assurance
- Information Brokerage
- Program, Resource and Systems Development
- Advocacy

The PTRC AAA provides services for older adults, adults with disabilities and caregivers in our region with an annual budget of approximately \$1.8 million and 16 full and part-time staff. The PTRC AAA administers approximately \$11 million to support community-based care services, advocates for older adults and adults with disabilities, develops community-based long-term care services and seeks funds from various sources through business strategies to implement services that are not grant supported. During the COVID-19 national pandemic, the PTRC AAA is also charged with administering nearly \$8.8 million dollars in additional support to older adults, adults with disabilities and caregivers to provide services to support the unique needs that have arisen during this crisis.

As the population of older adults steadily rises, we need to seek opportunities to diversify funding outside of traditional funding streams. Across the aging network, aging service providers and Area Agencies on Aging are adopting business practices to increase opportunities for funding from other

payors, such as healthcare, Medicare Advantage Plans, private business, etc. This thinking is supported on the federal level, by Kathy Greenlee, former Assistant Secretary for Aging at the U.S. Department of Health and Human Services and Administrator of the Administration for Community Living and by Sandy Markwood, CEO for the National Association of Area Agencies on Aging. We continue to follow their guidance and seek opportunities to create partnerships to better meet the needs of aging and older adults in our region, which is our primary purpose.

Seniors, caregivers, and individuals with disabilities must remain at the center of everything we do and why we do it. As we develop our capacity and that of our funded partners, we intend to enhance and improve service delivery and program development. We remain committed to serving as many people as possible and promoting independence and service options for older adults in our region.

This 2020-2024 Area Aging Plan highlights our efforts to provide services and programming for older adults, adults with disabilities and caregivers, while ensuring we address the unique needs of:

- Older and disabled adults limited income
- Older and disabled adults who are socially isolated, and those that live alone
- Older adults with limited English proficiency
- Older and disabled adults who reside in rural areas
- Minority elders

We aspire to implement a variety of strategies to enhance the quality of life for those we serve, coordinate a comprehensive plan of programs and services across the region, develop new partnerships and grow and expand our existing networks, while continuing to make the PTRC AAA a great place to work.

2. Goals and Objectives, Strategies and Outcomes

Safety and Protection

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

The impacts of elder abuse are felt not only by the elders themselves, but also by their families and caregivers. Research shows that approximately 10 percent of adults age 60 and older have experienced physical abuse, psychological or verbal abuse, sexual abuse, neglect, or financial exploitation. Older Americans lose an estimated \$2.9 billion a year as a result of financial exploitation. Furthermore, survivors of elder abuse report higher rates of depression and have higher rates of hospitalization and institutionalization, and are three times more likely to die prematurely. Increased awareness of preventing, detecting and reporting elder abuse will help older adults remain protected from abusers looking to take advantage. Abuse of older adults due to opioid addiction has risen significantly in recent years. The conditions that prescription opioids treat are more prevalent in older adults, making their medicine cabinets a target for theft by addicted family members or others. Addiction can drive abusers to target the finances of vulnerable elders.

Objective 1.1:	Training and outreach regarding the protection of vulnerable older adults will be provided to community stakeholders
Strategy 1	Hold annual training for Regional Advisory Council on Aging (RACA) members.
Measure(s)	At least one training session will be held for the RACA members per year.
Outcomes	RACA members will report increased knowledge on protecting older adults in their communities, which will better inform their function as an advisory council to the Area Agency on Aging.
Strategy 2	Hold an Elder Abuse Awareness Walk each year.
Measure(s)	Number of participants, vendors and sponsors will be documented.
Outcomes	Participants will report increased awareness and knowledge of: elder abuse signs, how to report and available resources.
Strategy 3	Provide information on elder abuse topics to banks, credit unions and other financial institutions at least twice per year to help them recognize and thwart potential exploitation.
Measure(s)	At least two sessions will be held each year for financial institutions with informational materials distributed at each session.
Outcomes	Participant feedback will indicate increased knowledge and awareness of signs of abuse and available resources.
Strategy 4	Utilize PTRC's Facebook page and website to provide information on scams targeting older adults.

Measure(s)	Engagement on social media posts and number of hits on the PTRC website.
Outcomes	The majority of participants completing the Elder Abuse quiz on the website will demonstrate 80% knowledge proficiency.

Objective 1.2:	Partner with organizations in local counties to address elder abuse through multidisciplinary committees.
Strategy 1	Meet regularly with multidisciplinary committees in counties where these groups exist.
Measure(s)	The number of multidisciplinary meetings held.
Outcomes	Multidisciplinary committees in counties will have increased knowledge of elder abuse resources as reported in their surveys.
Strategy 2	Partner with local multidisciplinary committees to provide training on elder abuse.
Measure(s)	The number of training sessions held.
Outcomes	Training participants will have increased knowledge on elder abuse.
Strategy 3	Ombudsmen will reach out to stakeholders in counties where no multidisciplinary committees exist.
Measure(s)	The number of established relationships with stakeholders in counties where no committees exist.
Outcomes	The establishment of new multidisciplinary committees.

Objective 1.3:	Long-term care residents and adults under guardianship, and those who care for and support residents will understand and be better-equipped to assist and empower their rights through training and outreach.
Strategy 1	Long-Term Care (LTC) Ombudsmen will provide training to LTC facility staff regarding residents' rights and elder abuse.
Measure(s)	Number of LTC facilities and staff receiving training.
Outcomes	Staff will demonstrate increased knowledge of residents' rights and elder abuse topics.
Strategy 2	In partnership with Guilford County Family Justice Center, the Ombudsman program will offer Vital Signs: Preventing Sexual Abuse in LTC facilities.
Measure(s)	The program will be offered at least once a year for any LTC facility to be held at the Family Justice Center in Guilford County.
Outcomes	Participants will increase knowledge and understanding of sexual abuse prevention.

Strategy 3	Emphasize the inclusion of the Resident's Bill of Rights in LTC facility admission documents.
Measure(s)	LTC facilities report that Resident's Bill of Rights is included in each resident's admission packet.
Outcomes	Incoming residents and/or legal representatives will be aware of their rights and who their local LTC Ombudsman is upon admission into a LTC facility.

Objective 1.4:	The aging network, including AAA's and other organizations assisting seniors, will be better-informed regarding exploitation, opioids, and the connection between them through training and outreach.
Strategy 1	Designated staff will participate in DHHS' annual conference focused on opioid use, misuse, and the exploitation of older adults and people with disabilities by caretakers and others.
Measure(s)	Yearly attendance by a representative of PTRC AAA.
Outcomes	Staff will have increased knowledge and awareness of exploitation and opioid use/misuse.
Strategy 2	Partner with stakeholders providing services to older adults, people with disabilities and their caregivers, to develop information and training resources.
Measure(s)	The number of interactions (meetings, email, phone calls) with community stakeholders.
Outcomes	Developed training materials created in partnership with stakeholders.
Strategy 3	Provide information regarding the connection between exploitation and opioids to aging network service providers and the community through meetings and communication.
Measure(s)	At least one documented information session will be held yearly.
Outcomes	Service providers and older adults in the community will have an increased awareness of the signs, preventions and treatment of exploitation and opioid abuse.

Quality of Life

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

Approximately two thirds of older Americans are estimated to have two or more chronic physical or behavioral health problems. For many decades, the healthcare industry has attempted to treat or manage these conditions through medical interventions. Only in recent years has attention been given to the impact that non-medical factors have on our health. In fact, research shows that 80% of our health is determined by social factors rather than costly medical interventions. Dr. Mandy Cohen, Secretary for the North Carolina Department of Health and Human Services, is reshaping North Carolina's approach to healthcare, with the understanding that the provision of social determinants of health (SDOH) leads to improved health outcomes and improved quality of life. Under Dr. Cohen's direction, NC Medicaid is undergoing transformation from fee for service to Managed Care. As part of this transformation, Medicaid has proposed three pilots that will provide food, housing services, transportation and abuse prevention services in addition to medical care to eligible Medicaid recipients. PTRC applied in February 2020 to become one of three Lead Pilot Entities that will form a connection between Managed Care plans and Human Service Organizations (HSOs) to coordinate the delivery of non-medical services and supports. For the past two years, PTRC AAA has been heavily involved in leading our region's collaborative efforts to bring one of these pilots to the Piedmont Triad region with the hope that it will revolutionize healthcare as we know it and bring more attention to the aging network as a valued provider of SDOH supports.

Healthy behaviors discovered and practiced in evidence-based health promotion and disease prevention classes have proven benefits for older adults. These classes help participants learn how to set goals and use a tool box of resources to help remain healthy, live independently, incur fewer health-related costs, and continue to engage with family and friends.

Quality of life is important for all, regardless of whether one lives at home or resides in a congregate living setting. Through our Long-Term Care Ombudsmen, we will ensure older adults residing in skilled nursing facilities, adult care homes and family care homes have their rights protected. Beyond having their basic rights protected, LTC residents experience greater quality of life when their preferences are factored in to the provision of their care.

Objective 2.1:	Promote expansion of home and community-based services to support older adults aging in the least-restrictive setting.
Strategy 1	PTRC AAA will provide training and technical assistance to In-Home Aide (IHA) providers exploring the HCCBG program, Home Care Independence (HCI).
Measure(s)	The number of providers in our region that implement Home Care Independence. The number of clients who receive these services.
Outcomes	Program participants will complete surveys indication 90% or greater satisfaction. IHA providers that implement the HCI will successfully operate the program according to DAAS program standards.
Strategy 2	Ensure that by 2024 Respite services for family caregivers will be available in all counties in our region.

Measure(s)	The number of counties in which FCSP respite services are available. Respite funds will be fully utilized in each county by year end. The number of participating caregivers will be tracked annually.
Outcomes	95% of caregivers using respite services will report decreased caregiver burden and reduced stress after receiving respite care.

Objective 2.2:	Long-Term Care (LTC) settings will allow residents to live in minimally restrictive environments while protecting their rights.
Strategy 1	Share information with LTC facilities about programs and resources to assist residents in returning to independent living options in the community.
Measure(s)	The number of LTC facilities that discharge residents back to the community
Outcomes	LTC facilities will be more knowledgeable about independent living options and programs available to residents. More residents will have the opportunity to live in the setting of their choosing.
Strategy 2	Advocate on behalf of residents when they feel their rights to return to the community have been violated.
Measure(s)	The number of LTC Ombudsman cases addressing this issue.
Outcomes	Residents will have rights to return to the community upheld.

Objective 2.3:	Older Adults and Caregivers will have access to evidence-based health promotion (EBHP), wellness, and disease prevention programs.
Strategy 1	Senior centers, churches and/or libraries in each of our counties will offer evidence-based classes on a regular basis.
Measure(s)	The number of scheduled evidence-based classes in each county.
Outcomes	Participants will experience reduced fatigue, increased activity level and greater self-efficacy upon successful completion of EBHP classes .
Strategy 2	Reestablish the Piedmont Area Falls Prevention coalition; hold quarterly PAFP meetings; and align with the NC state coalition's strategic action plan.
Measure(s)	The number of scheduled meetings of the Piedmont Area Falls Prevention coalition. An established listserv and roster of active participants.
Outcomes	More referrals to regional evidence-based falls prevention programs. Increased awareness of fall risk factors and interventions among coalition members. Increased partnerships among non-traditional partners.

Strategy 3	Expand Diabetes Age Well Services beyond our current capacity by contracting with Medicare Advantage (MA) Plans and Accountable Care Organizations (ACOs) to offer this program to their members.
Measure(s)	The number of contracts with MA plans and ACOs for Diabetes Age Well classes.
Outcomes	Increased utilization of DSMT/MNT benefits for older adults with Type 2 diabetes.
Strategy 4	Powerful Tools for Caregivers classes will be available in each county of the region.
Measure(s)	Leaders will be trained. The number of classes and participants will be tracked.
Outcomes	Caregivers enrolled in the classes will complete evaluations with 90% or more indicating they have increased their knowledge about the importance of monitoring their health and the methods to promote healthy practices for mind, body and spirit.

Objective 2.4:	Promote the dignity, independence and quality of life of older persons through advocacy, information, programs and services.
Strategy 1	Provide information about the needs and preferences of older adults to members of the AAA's Regional Advisory Council on Aging (RACA), County Aging Planning Committees (PCs), Community Advisory Committees (CACs) and the general public.
Measure(s)	Information will be distributed to members of RACA, County Aging PCs, and CACs via regularly scheduled meetings. The general public will receive information via social media and website articles, radio and TV spots, newspaper articles and health/informational fairs.
Outcomes	Members of RACA, County Aging PCs and CACs and the general public will report a better knowledge of the needs and preferences of older adults.
Strategy 2	Advise on the development of the Area Plan and its subsequent updates.
Measure(s)	Track the progress and implementation of the development of the Area Plan and its subsequent updates.
Outcomes	An Area Plan will be created and implemented that promotes the dignity, independence and quality of life of older persons and their caregivers throughout the 12-county region.
Strategy 3	Advocate for the issues that matter to older adults.
Measure(s)	The number of Advocacy Alerts sent. The number of contacts with federal, state and local elected officials. The number of LTC ombudsman contacts with residents and staff of residential living facilities.

Outcomes	The public, legislative bodies, and residential facility staff will be more informed as to the needs and preferences of older adults.
Strategy 4	Develop connections and collaborations with non-traditional partners that serve older adults.
Measure(s)	Interactions (meetings, email and phone calls) with non-traditional partners.
Outcomes	New initiatives and partnerships that benefit older adults
Strategy 5	PTRC/AAA will continue to serve as a host location for college interns interested in the field of aging
Measures(s)	College interns will be better educated about actual issues affecting older adults through the ground up experience provided
Outcomes	College interns will be better informed as to their preference in working in the field of aging.

Well Informed Communities

Goal 3: Support older adults and their caregivers by providing information that helps them make informed choices about supportive services at home or in the community.

Information leads to knowledge and knowledge leads to wisdom. We will ensure older adults and their caregivers have accurate information that leads them to make wise decisions regarding their care needs and planning for the future. Frequently, we in the aging network hear people say they were unaware of aging programs and services until they had need of them or that they had to call 4, 5 or 6 times to various agencies trying to find answers to their questions. Information and Options Counseling providers as well as Senior Centers should be promoted in their counties as the primary organizations for older adults or caregivers to contact when seeking resources. In addition to these aging service providers, the internet and social media are often used by those searching for information. Incorporating use of the internet and social media allows PTRC AAA and our service providers to more frequently update information regarding new resources, services, and activities.

Objective 3.1:	Ensure older adults and the agencies who serve them are educated on the availability of services that foster independence, self-sufficiency, and enhanced planning for long-term needs.
Strategy 1	Partner with regional organizations (i.e service providers, health care entities) to host and/or sponsor educational events in the Piedmont Triad region.
Measure(s)	The number of events (health fairs, seminars, webinars, etc.) across the region will be reported and tracked each year, as will the number of community partners participating, and number of attendees at events.

Outcomes	The community is more informed about long-term planning and options available to them.
Strategy 2	PTRC AAA will conduct trainings for professional partners and the public about community-based services available, as well as workshops to plan ahead as care needs change.
Measure(s)	Number of workshops held each year will be documented, along with attendance.
Outcomes	Evaluations at trainings will document an increased knowledge of community assistance and resources available to aid independence, as well as what to consider as needs change through the aging process.
Strategy 3	Maintain an updated directory of available HCCBG and FCSP services and provider contact information.
Measure(s)	Update Service Provider Directory when changes occur. Upload Service Provider Directory to PTRC website. Provide a hard copy of the Service Provider Directory upon request.
Outcomes	Older adults and caregivers will be more informed about available services and the agencies they should contact for assistance

Objective 3.2:	Foster equity and inclusion of underserved and underrepresented populations through education.
Strategy 1	Hold "Pride in Care NC" trainings for skilled nursing facility (SNF) staff, resident/family councils and CAC members over the next three years.
Measure(s)	The number of SNF's, SNF staff, resident/family council members and CAC members that participate in trainings. The number of meetings/trainings incorporating "Pride in Care NC" training topics.
Outcomes	SNF staff, resident/family council members and CAC members will have increased knowledge and sensitivity in working with LGBTQ residents.
Strategy 2	Partner with low-income housing and other senior housing to offer more evidence-based workshops.
Measure(s)	Number of workshops in low-income or senior housing.
Outcomes	Older adults in public housing will have access to evidence-based programs.
Strategy 3	Educate HCCBG and FCSP service providers on equity and inclusion barriers and strategies for increasing equity and inclusion.
Measure(s)	The number of equity and inclusion training/listening sessions held. Outreach to underserved and underrepresented populations in our region for input and feedback and empowerment strategies. Provision of technical assistance (TA) to strengthen HCCBG providers' County Funding Plan Service Methodologies.

Outcomes	Provide opportunities for equity and inclusion education in the community and across network. Community participation in development of equity and inclusion strategies.
Strategy 4	Develop a list of underserved and underrepresented older adult populations in our region and reach out to them to obtain input and feedback to inform our equity and inclusion training and programmatic planning.
Measure(s)	Number of outreach sessions/contacts conducted and diverse populations reached.
Outcomes	AAA will be more informed about the needs and perspectives of underserved and underrepresented older adults. The perspectives of underserved and underrepresented older adults will be represented in equity and inclusion training and programmatic planning.
Strategy 5	Train Dementia Friends Champions across the region to provide training that changes the way people think, act, and talk about dementia.
Measure(s)	Hold at least 3 Dementia Friends trainings per year to form diverse champions
Outcomes	Champions across the region will raise awareness of Dementia and support families in the community
Strategy 6	PTRC AAA will continue to promote MIPPA outreach to underserve populations across the region in creative ways.
Measure(s)	Each year see a substantial number of individuals reach through outreach
Outcomes	The region will see increased numbers of beneficiaries served through wellness and also receiving benefits.
Objective 3.3:	PTRC AAA will be prepared to respond to emergencies that impact the safety and well-being of older adults.
Strategy 1	PTRC AAA will continue to be a part of the Triad Healthcare Preparedness Coalition.
Measure(s)	Attendance at bi-monthly meetings of the Triad Healthcare Preparedness Coalition.
Outcomes	PTRC AAA will be more prepared to respond to emergencies should they arise
Strategy 2	Annually conduct training of PTRC AAA staff on the AAA emergency response plan to ensure that staff are knowledgeable of their roles and how to implement the plan.
Measure(s)	Annual training is conducted for staff.
Outcomes	Staff are aware of their roles and prepared to implement the plan if necessary.

Objective 3.4:	Caregivers will be aware of available resources to assist them in their caregiving roles.
Strategy 1	Caregiver Service Coordinators, housed in local county service provider agencies, will participate in public awareness events and host community groups to educate caregivers about available services and supports.
Measure(s)	The number of caregivers making inquiries, needing assistance and participating in informational and educational events will be documented each month, with follow-up provided as needed.
Outcomes	85% of caregivers attending community events and programs will report a better understanding of services available to family caregivers.
Strategy 2	Caregiver Service Coordinators will engage with caregivers, older adults and their family members to offer person-centered choices for assistance.
Measure(s)	The number of family caregiver contacts completed. Contacts with older adults, family members and caregivers will be documented, noting the selection of services that meet their needs.
Outcomes	Caregivers will experience: <ul style="list-style-type: none"> • decreased caregiver stress • Increased confidence in their caregiving role • Increased quality of life • Improved self care

Objective 3.5:	Educate older adults and caregivers about the dangers of opioid addiction.
Strategy 1	Post information about opioid addiction on our website and Facebook page including information on where to get help.
Measure(s)	Information is posted on our website and Facebook page.
Outcomes	Older adults and caregivers will have increased knowledge of opioid addiction and access to information on additional resources.
Strategy 2	PTRC AAA will offer the evidence-based workshop, Living Healthy with Chronic Pain, which includes discussion of opioids and alternative treatments and tools to manage chronic pain. PTRC will work with pharmacists and physician offices to market these workshops.
Measure(s)	The number of Living Healthy with Chronic Pain classes held. The number of pharmacists and physicians' offices contacted.
Outcomes	Participants completing the Living Healthy with Chronic Pain class will have better understanding of how to manage pain with or without opioids. Increased awareness in the community about the workshop.

Strategy 3	FCSP providers will receive annual training to ensure Caregiver Support Groups include an Opioid Awareness discussion at least once each year.
Measure(s)	Opioid Education sessions will be documented at each provider location, and will be reported to AAA at the end of each fiscal year. Number of people attending the education sessions will be documented and reported as well.
Outcomes	Evaluations of attendees will indicate 90% or more are able to list at least one action each can take to prevent opioid addiction and awareness.

Strong and Seamless Continuum of Services

Goal 4: AAA will lead efforts to diversify our funding streams and strengthen community partners' service delivery and capacity.

The federal Older Americans Act charges AAA's to provide a comprehensive service delivery system to meet the needs of older adults. PTRC AAA is committed to ensuring older adults and their caregivers in the Piedmont Region have options in their communities to live independently, with dignity and a sense of well-being. Through training and technical assistance, PTRC AAA will help funded service providers' capacity to serve more older adults and reduce waiting lists. With more attention focused on the connection between the provision of services that improve health while driving down medical costs, we seek to help aging network providers develop their understanding of business practices that will increase capacity. In addition, PTRC AAA will foster connections between the aging network and healthcare systems to provide a more comprehensive approach to a more coordinated system of care.

Objective 4.1:	Train network providers on capacity-building topics and opportunities.
Strategy 1	Hold two meetings with funded partners annually at which education on capacity-building topics will be introduced.
Measure(s)	Agendas will indicate capacity-building topics addressed.
Outcomes	40% of funded partners will explore and/or initiate new capacity-building activities in their programs, as reported annually.
Strategy 2	Facilitate panel discussion between healthcare payors and funded partners to showcase best practices for cost saving measures and healthier outcomes.
Measure(s)	Facilitate at least one such discussion with one major health system each year.
Outcomes	Documented efforts of funded partners in connecting with health systems to expand their capacity to provide more services to older adults and caregivers.

Strategy 3	Fostering partnerships for potential contracting with payors for senior center services.
Measure(s)	The number of contract discussions/negotiations held.
Outcomes	Contracts developed between senior centers and payors.
Objective 4.2:	Building competency in HCCBG and FCSP service providers
Strategy 1	Hold trainings for service provider staff to increase knowledge of program standards and operations
Measure(s)	Annual training on HCCBG budget preparation, ARMS usage Two annual funded partner meetings to provide updates, best practices, etc. Create e-learning for commonly requested TA topics
Outcomes	Service providers will exhibit increased knowledge in fulfilling operational requirements
Strategy 2	Provide TA to funded partners on program specific challenges
Measure(s)	Number of TA contacts answered
Outcomes	Service providers will report satisfaction with AAA assistance

Objective 4.3:	Strengthen planning committees
Strategy 1	Form Task Groups within the planning committee to focus on identified County Aging Issues.
Measure(s)	Task group members routinely report the number of community presentations or contacts made on the assigned issue.
Outcomes	Post-presentation or communication surveys will document an increased awareness of the issue, as well as identifying one thing or one step the community can do.
Strategy 2	Identify potential community partners (non-funded agencies) to invite to join the Planning Committee.
Measure(s)	Document other sectors represented and identify roles.
Outcomes	Increased awareness of county's Aging Services, increased representation of the PC at other county and community organizations' meetings. In four years, at least two new partnerships should be developed to propose joint sponsorships of services or events to serve the older population.
Strategy 3	Hold orientation training for newly appointed PC members
Measure(s)	Two trainings per year will be offered. Development of a PC Orientation virtual training
Outcomes	Newly appointed PC members will report an increased understanding of the Aging Network, HCCBG and FCSP programs and funding, and advocacy.

Objective 4.3:	Diversify funding streams.
Strategy 1	Expand our offerings of Diabetes Self-Management Training (DSMT) and Medical Nutritional Therapy (MNT) Medicare reimbursable services
Measure(s)	The number of billings for DSMT and MNT services.
Outcomes	Increased unrestricted revenue from Medicare, Medicaid and Medicare Advantage Plans to meet unique needs in communities.
Strategy 2	Develop a Community Health Worker program
Measure(s)	The number of contracts for Community Health Worker services
Outcomes	Increased wellness and reduced medical costs for persons discharged from hospitals
Strategy 3	Write a business plan for the AAA to develop and expand revenue generating services to contract with nontraditional payors
Measure(s)	A written business plan
Outcomes	A document that informs our work to expand revenue generating services

3. Quality Management

The Division of Aging and Adult Services uses the “DHHS DAAS Plan for Monitoring Subrecipients” as a guide to manage quality of service programs for subrecipients. The plan provides the basis for programmatic and fiscal compliance monitoring in response to state and federal requirements. DAAS monitors HCCBG and non-HCCBG-based services, social services block grant eligibility, services and contracts funded by SSBG funds, the Special Assistance Program, Medicaid Administrative Claiming, the State Adult Day Care Fund – Social Services Block Grant, Alzheimer’s disease grants, and cash assistance.

The DAAS’s lead monitor will continue coordinating all monitoring activities for the agency. This position is responsible for ensuring the division’s monitoring plan is maintained and implemented. The lead monitor is responsible for subrecipient audit reviews and audit-finding resolutions, financial management monitoring, compliance audit supplement development, and provides training, technical assistance, and consultation to division staff, the 16 Area Agencies on Aging (AAA’s) and their subrecipients. The lead monitor is also the liaison between the division, and DHHS’ Internal Auditor and other state agencies. The lead monitor acts as a “clearinghouse” for monitoring reports and corrective actions.

Each program is proactive in developing monitoring tools and data specific to their program areas. Federal and state guidelines are used as a standard for monitoring these program areas. These program tools are very effective and used on a consistent basis. Data collection is used via federal and state systems for several program areas. For example, our Senior Community Service

Employment Program (SCSEP) uses a system called SPARQ (SCEP Performance and Results QPR system). This system is used to manage data collection reports and monitoring. Staff can use this system in addition to their monitoring tools to assess ongoing implementation and remediation of problem areas. Our Ombudsman program uses a similar system called ODIS. This system also manages data collection reports and monitoring.

During the next four years, DAAS will continue to strive for excellence in quality management. The new DAAS Monitoring Plan FY19 is currently being drafted and will include updates for this fiscal year. Each program will continue to improve monitoring tools as needed based on feedback from subrecipients and staff, as well as recommendations from the lead monitor and DAAS management. Also, an annual risk assessment meeting will be conducted every January to evaluate the level of risk for HCCBG and Non-HCCBG programs in all 16 regions.

The DAAS risk assessment team includes Ombudsman, SCSEP, service operations, and fiscal staff. The team considers the information in AAA self-assessment tools (submitted annually by the AAAs in December), along with other factors such as staff turnover, compliance history, and the amount of time since the last site visit.

Based on the level of risk, appropriate staff is assigned to conduct on-site monitoring visits. Regardless of the level of risk, however, each AAA is visited by at least one DAAS staff member annually.

4. Conclusion

PTRC AAA remains committed to meeting the needs of the Piedmont Triad region's rapidly growing population of older adults and their caregivers through traditional as well as innovative programming. We are proud to work in conjunction with the Division of Aging and Adult Services and a large network of funded partners to provide quality services to these populations. In the next four years of this plan, PTRC AAA looks to expand our network by partnering and contracting with non-traditional partners, such as Medicare Advantage plans, Accountable Care Organizations, insurance plans, healthcare systems and other payors that will provide dividends in terms of both better health outcomes and increased revenue which can be reinvested to reach more people.

II. APPENDICES

A. Demographics

B. Area Plan Assurances and Required Documents

Section I: Verification of Intent and Assurances

Exhibit 1: Verification of Intent

Exhibit 2: Area Plan Assurances

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

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

Exhibit 5: Assurance of Legal Representation for Regional Ombudsman

Section II: Administrative Matters

Exhibit 6: Organizational Chart of Regional Council of Governments

Exhibit 7: Organizational Chart of the Area Agency on Aging

Exhibit 8: Area Agency on Aging Staffing Profile

Exhibit 9: Regional Advisory Council Membership and Participation

Exhibit 10: Focal Point Organization

Section III: Needs Assessment Overview

Exhibit 11: Documentation of Area Agency on Aging Public Hearing

Exhibit 12: Needs Assessment Regional Summary

Section IV: Monitoring and Direct Services

Exhibit 13: Provision of Direct Services Waiver Request

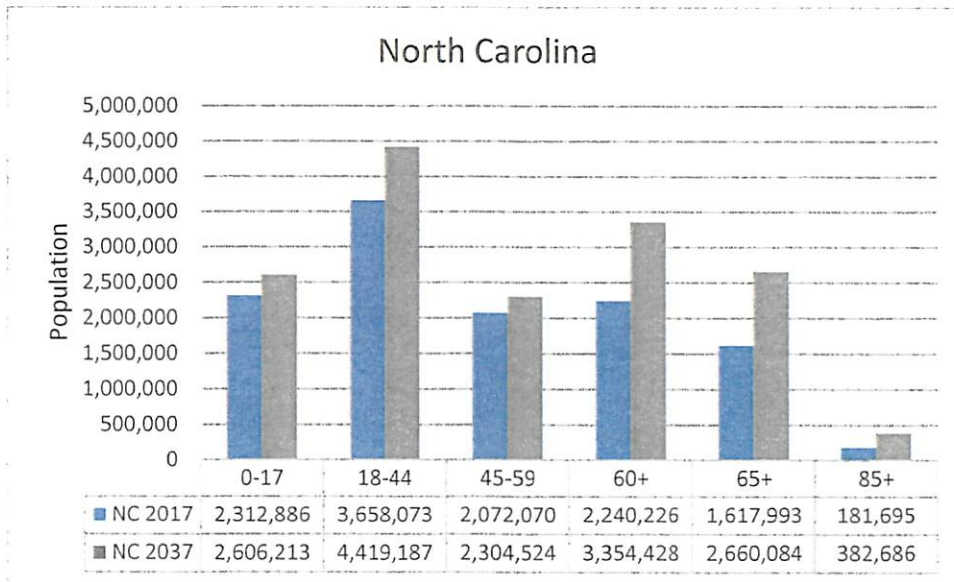
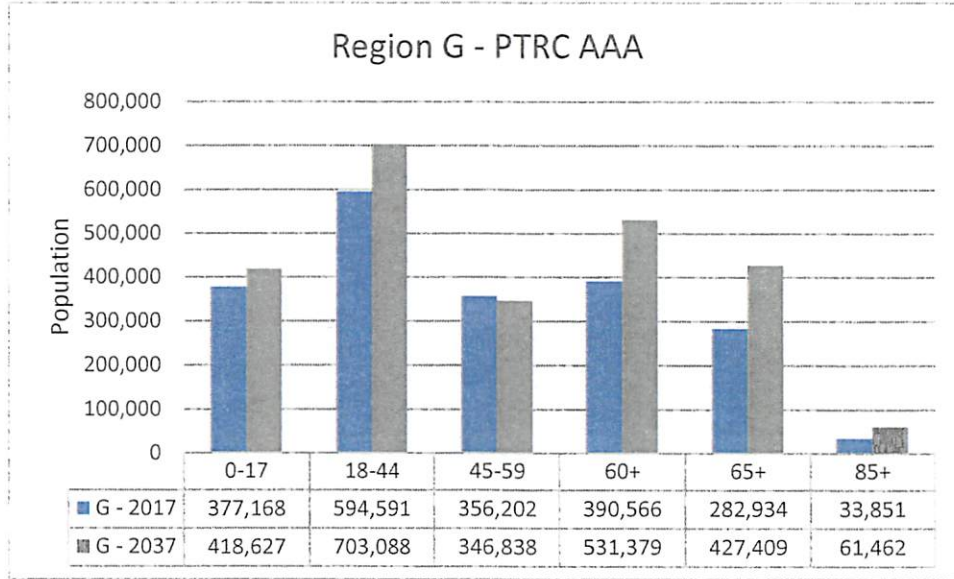
Exhibit 14: Provider Monitoring Plan

Exhibit 14A: List of Subcontractors

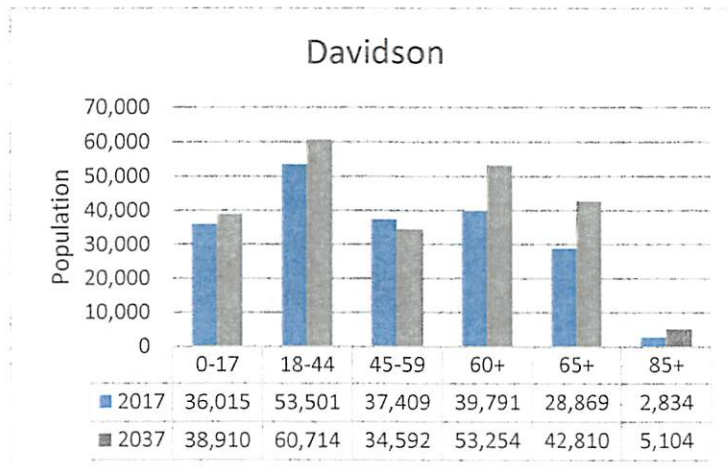
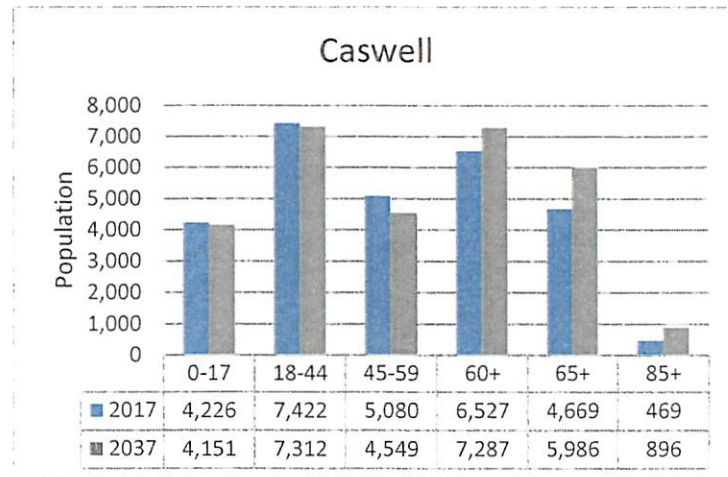
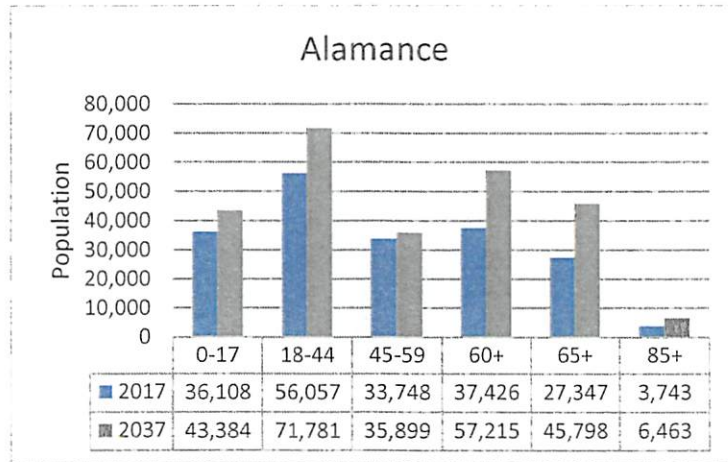
C. PTRC AAA COVID-19 Response

APPENDIX A: Demographics

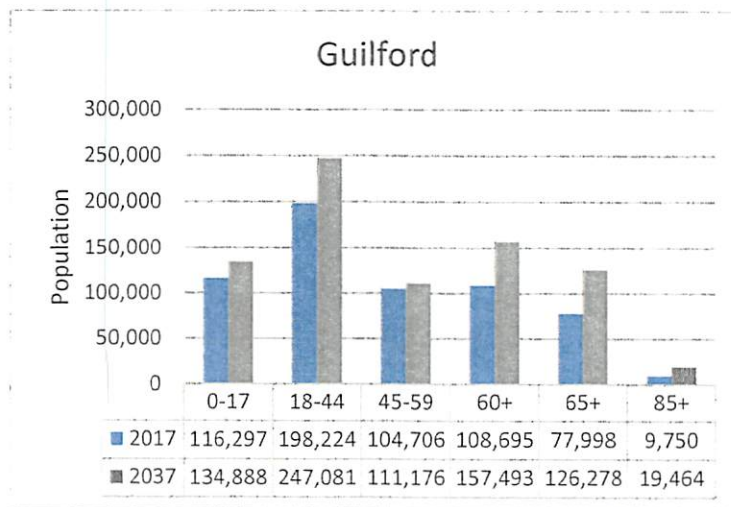
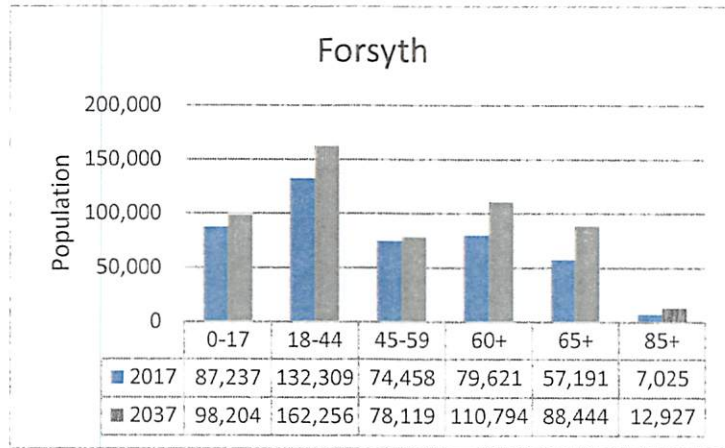
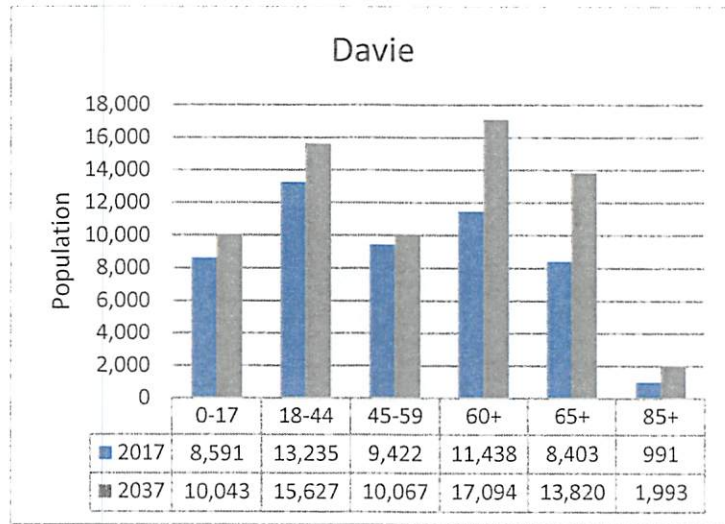
A: Demographics - Region G vs North Carolina Comparison 2017 to 2037



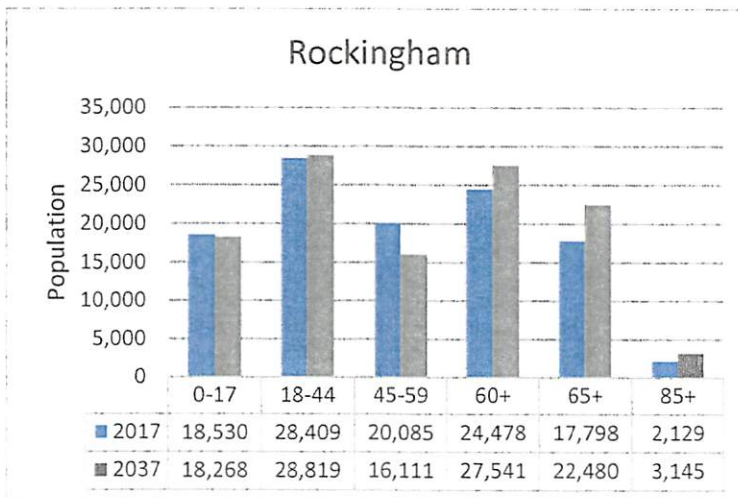
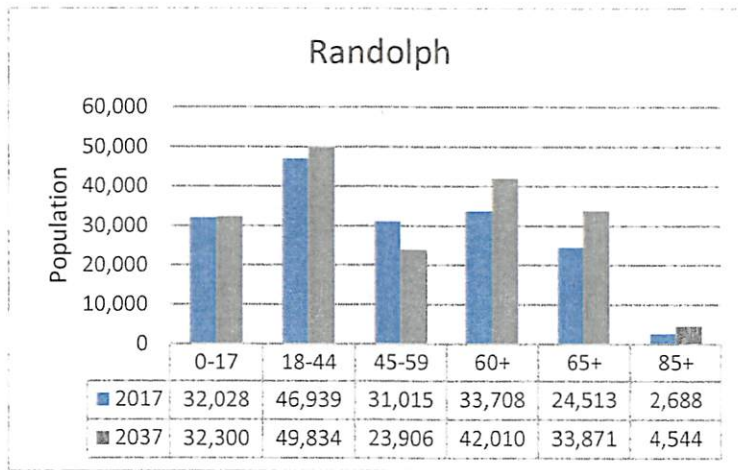
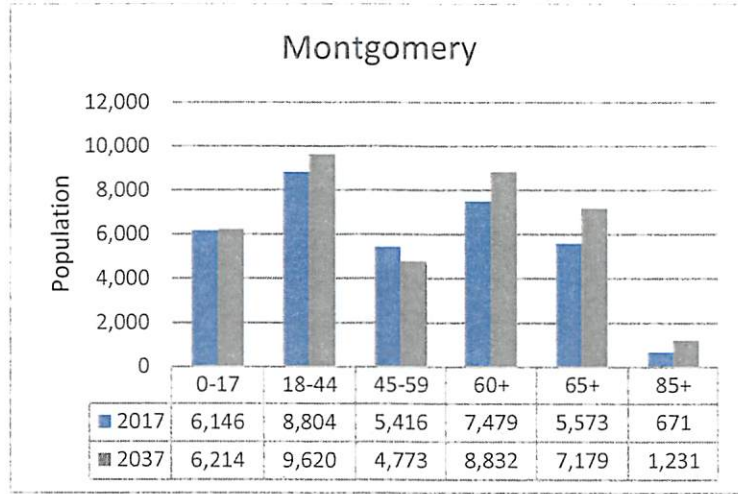
A: Demographics - Alamance, Caswell and Davidson Counties Comparison 2017 to 2037



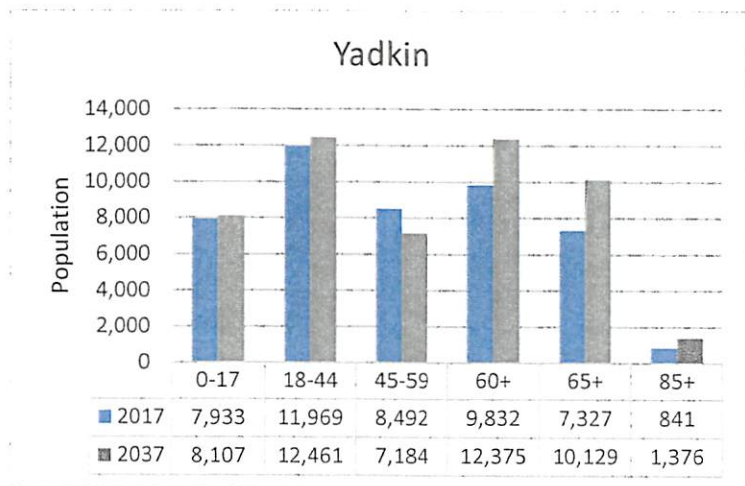
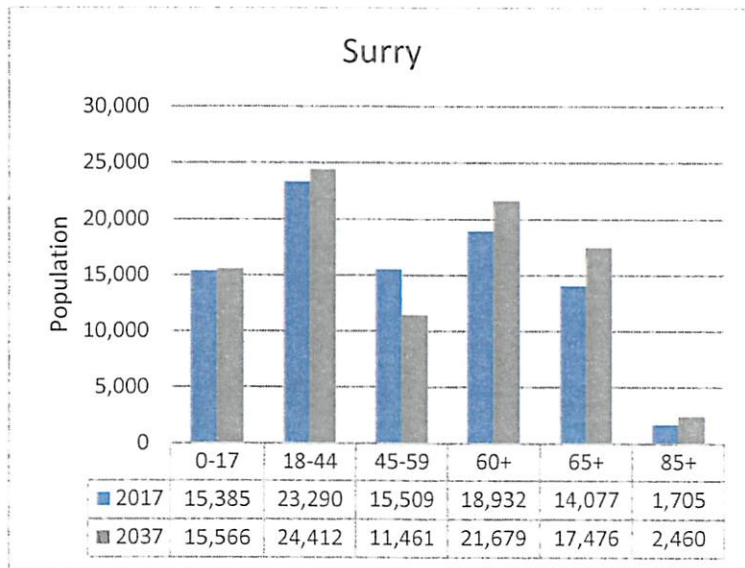
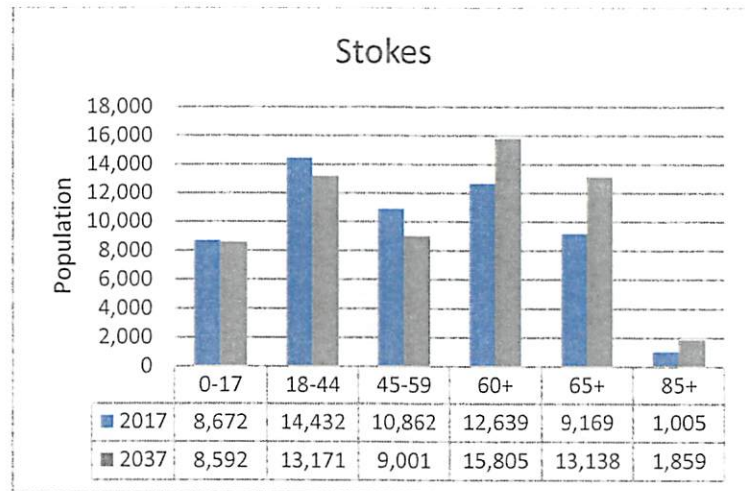
A: Demographics - Davie, Forsyth and Guilford Counties Comparison 2017 to 2037



A: Demographics - Montgomery, Randolph & Rockingham Counties Comparison 2017 to 2037



A: Demographics - Stokes, Surry and Yadkin Counties Comparison 2017 to 2037



APPENDIX B:
Area Plan Assurances and Required Documents

SECTION I:
Verification of Intent and Assurances

Exhibit 1 Verification of Intent

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

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

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

DocuSigned by:

Adrienne Calhoun, Area Agency Director

June 18, 2020

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

DocuSigned by:

Terry Oliver, Chairperson of the Regional Advisory Council on Aging

June 18, 2020

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

DocuSigned by:

Matthew Dolge, Executive Director, Piedmont Triad Regional Council

June 18, 2020

Exhibit 2

Area Plan Assurances

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

A) It will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration for Community Living, Administration on Aging and the North Carolina Division of Aging and Adult Services.

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

C) Each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, Older individuals with limited English Proficiency, older individuals with greatest economic or social need, those at risk for institutional placement and older individuals residing in rural areas pursuant to Older American Act (OAA), 42 U.S.C. §3026(a)(4)(A).

D) It will report annually to the Division of Aging and Adult Services in detail the amount of funds it receives or expends to provide services to older individuals pursuant to OAA, 42 U.S.C. §3026(a)(3)(E).

E) Expenditures for Title III-B priority services will meet or exceed the following percentages, unless a lesser percentage has been approved by the Division of Aging and Adult Services as a part of the area plan review process pursuant to OAA, 42 U.S.C. §3026(a)(2):

Access - 30%

In-Home - 25%

Legal - 2%

F) Designation, when feasible, of a focal point for comprehensive service delivery will be made in each community, giving special consideration to designating multipurpose senior centers operated by organizations that have a proven track record of providing services to older individuals, that—

- 1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1983 and have maintained that status; or
- 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676B of the Community Services Block Grant Act; and:
- 3) in grants, contracts, and agreements implementing the area plan the identity of each focal point, pursuant to OAA, 42 U.S.C. §3026(a)(3).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 Adrienne Calhoun 6/17/2020
Area Agency Director's Signature Date

Exhibit 3

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

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

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

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



Signature and Title of Authorized Official

6/29/2020

Date

Exhibit 4

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

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

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

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


Signature and Title of Authorized Official



Date

Exhibit 5

Assurance of Legal Representation for Regional Ombudsman

Name and Address of Attorney/Firm:

Virginia G. Booker
514 Audubon Drive
Greensboro, NC 27410
336.292.7526

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

Scope of Services: Pursuant to 2006 Amendment to the Older American Act Section 712(g) Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:

DocuSigned by:

Matthew Dolge

Matthew Dolge, Executive Director, Piedmont Triad Regional Council, June 18, 2020

DocuSigned by:

Adrienne Calhoun

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Adrienne Calhoun, Area Agency on Aging Director, June 18, 2020

DocuSigned by:

Virginia G. Booker

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Virginia G. Booker, PTRC Legal Counsel, June 18, 2020