



We are  
Mountainland Association of Governments  
Aging and Family Services

# **AREA AGENCY ON AGING FOUR-YEAR PLAN: Fiscal Years 2020-2023**

**FIRST YEAR OF THE PLAN:  
Fiscal Year 2020  
July 1, 2019 - June 30, 2020**

**MOUNTAINLAND ASSOCIATION OF GOVERNMENTS  
Aging and Family Services**

**Area Agency on Aging**

**for  
The Older Americans Act**

**Utah Department of Human Services  
Division of Aging and Adult Services**

# TABLE OF CONTENTS

|  | PAGE |
|--|------|
| <b>I. APPROVAL PROCESS</b> .....                                   | 1    |
| <b>II. SIGNATURES</b> .....  | 2    |
| <b>III. GOALS AND OBJECTIVES</b> .....                             | 3    |
| <b>IV. ACCOMPLISHMENTS FOR THE PAST YEAR</b> .....                 | 9    |
| <b>V. AREA PLAN PROGRAM OBJECTIVES</b> .....                       | 22   |
| TITLE III B: SUPPORTIVE SERVICES .....                             | 22   |
| TITLE III C-1: CONGREGATE MEALS .....                              | 25   |
| TITLE III C-2: HOME-DELIVERED MEALS.....                           | 27   |
| TITLE III D: PREVENTIVE HEALTH .....                               | 28   |
| TITLE III E: NFCSP .....   | 29   |
| OTHER OLDER AMERICANS ACT SERVICES.....                            | 30   |
| STATE-FUNDED PROGRAMS .....  | 31   |
| MEDICAID AGING WAIVER PROGRAM .....                                | 31   |
| <b>VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN</b> ..... | 32   |
| 1. PRIORITY OF SERVICES .....                                      | 32   |
| 2. SERVICE PROVIDERS.....  | 33   |
| 3. DIRECT SERVICE WAIVERS.....                                     | 36   |
| 4. PRIORITY SERVICE WAIVER .....                                   | 37   |
| 5. ADVISORY COUNCIL .....  | 38   |
| <b>VII. POPULATION ESTIMATES</b> .....                             | 39   |
| <b>VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES</b> .....        | 40   |

## **I. APPROVAL PROCESS**

The Older Americans Act of 1965, as amended through 2006, requires that each Area Agency on Aging (AAA) develop an area plan. This is stated specifically in Section 306(a) of the Act as follows:

Each area agency on aging designated under Section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1).

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the third year of the four-year Area Plan for 2020 - 2023 (July 1, 2019 - June 30, 2023). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2019.

## II. SIGNATURES

Appropriate signatures are requested to verify approval of the Area Plan.

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### AREA PLAN UPDATE

July 1, 2019 to June 30, 2020

1. The Area Plan update for Fiscal Year 2020 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging \_\_\_\_\_ Date 5/20/19  
Agency Name: Mountainland Association of Governments

Agency Address: 586 East 800 North; Orem, UT 84097

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2020 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman \_\_\_\_\_ Date 5/20/19  
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2020.

Chairman \_\_\_\_\_ Date 5/23/19  
Mountainland Association of Governments

#### 4. Plan Approval

Director \_\_\_\_\_ Date \_\_\_\_\_  
Division of Aging and Adult Services

Chairman \_\_\_\_\_ Date \_\_\_\_\_  
State Board of Aging and Adult Services

### III. GOALS AND OBJECTIVES

**Please indicate specific goals and objectives planned for the four-year plan in the following areas:**

1. **Coordination of Title III and Title VI Native American programs** – *As relevant to your area, describe your coordination efforts between your AAA programs and Title VI programs that are being delivered in your area, as well as plans for future coordination and partnerships.*

Mountainland does not have any American Indian Tribes located within our region, and is not involved in coordinating Title III services with Title VI Native American programs.

2. **Integration of health care and social services systems** – *The Administration for Community Living has in recent years encouraged better coordination and integration between local social services programs and local health care services. Describe any efforts in your AAA to coordinate these efforts, as well as any plans for coordination in the future.*

We have joined with the Utah Division of Aging and Adult Services and the University of Utah Division of Family Medicine in a second application for a nutrition research study. The study will follow older adults who are moving through different care settings and to home, to determine the cycle of malnutrition that often occurs following these transitions. It is anticipated that this study will lead to greater understanding of the biological, psychological and social causes of malnutrition, and the need for coordinated care between healthcare entities and aging services. This approach has the potential to reduce negative health outcomes as well as healthcare utilization and cost, and will lead to increasing the health and wellbeing of community living older adults.

For a second year, MAG joined with IHC to sponsor water bottles for the Elder Justice Conference. Hydration is a significant step in maintaining mental and physical health. Last year, IHC provided water bottles to MAG to give to all of our clients. We also provided educational materials reminding them of the importance of drinking water in supporting health for older adults, especially in the summer months, and information regarding the symptoms of dehydration.

3. **Empowering seniors in maintaining health, safety and independence** – *Using community resources and supports, in home services and other resources including evidence based preventive health models and abuse prevention resources, develop goals to allow seniors to remain in their homes and communities while creating healthy and safe environments.*

We have implemented our Thrive in Place program that seeks to provide a greater sense of safety and security for individuals who are homebound and live alone, and are not on one of our in-home programs. We started by providing Emergency Response buttons, and are currently serving 35 clients. We intend to expand that

program to include a home safety inspection based on a CDC tool to address other issues that can become hazards for older adults. Examples include installation of grab bars, replacement of light bulbs, power strips to eliminate fall hazards, installation of stair rails, fire extinguishers, smoke and/or CO detectors, stair inspection, etc. Addressing these types of issues can prevent falls, a significant health concern that can lead to isolation and more rapid health decline, as well as enhancing home safety and independence to keep seniors at home as long as possible.

Private-Pay Home-Delivered Meals will be available to individuals under 60 years of age who are homebound. This could include disabled individuals, those who are transitioning to home, or individuals who live alone and have difficulty preparing meals. We plan to charge the delivered meal rate of \$6.50. The rate for those under 60 years of age who visit Senior Centers in our region is \$6.00 per meal; however, the Home-Delivered Meal Program also utilizes meal packaging, usually trays, bags, cups, etc., depending on the meal, an additional expense that must be added to the delivered meal cost. This is a revenue-neutral project for MAG, but provides a service to those who could benefit. This program also supports our goal of addressing and meeting needs across the age continuum. We expect demand for this service to be fairly low, especially through start up.

We provide many resources for older adults as part of our Senior Help Line. However, we are finding that some older adults do not have the ability or capacity to follow up on these referrals that can make a difference. This could be because they are stressed, don't know what to ask for, they may be discouraged or confused about contacting another agency, or don't understand what these other resources could provide. We will work to ensure a warm-handoff by making introduction calls as needed, by following up to ensure contacts are made, or by making direct connection with needed community resources on the caller's behalf. This is in support of a stronger customer-service framework; being more proactive in providing the answer, rather than simply making a referral, especially to those on our waiting lists.

We have expanded the participation on our Advisory Board to represent a wider range of expertise within our communities. We are also looking for Advisory Council members to lead various subcommittees that can focus on specific issues, and report back on suggestions, goals and progress. We also have an active Continuum of Care Committee and Caregiver Coalition in Utah County, RSVP Advisory Council, as well as the Aging Senior Task Force and Caregiver Coalition in Wasatch and Summit Counties. We will continue to work with these groups and our community partners in identifying service gaps, sponsoring Health and Wellness fairs, Caregiver Conferences, recognition and health outreach events and in identifying volunteers across our region.

4. **Planning for the future** – *Describe plans for strengthening and expanding aging services in your AAA, including plans to start, stop or change service offerings, and ways to strengthen the local aging network to ensure continuity and longevity of services and programs.*

One of our primary goals is to be a true resource to volunteers, caregivers, families, older adults and community partners, linking with people of all ages. This is a way

to develop positive relationships that we can build upon, and support recognition of our agency as a resource that can assist in a wide variety of ways. This process involves creating good internal and external relationships, developing greater communication tools, and developing a more customer-service approach. We already reach a broad population and wide range of age groups across many of our programs; developing strong connections and providing reliable service at every point of contact will support ongoing interactions to sustain the relevance, continuity and longevity of our agency. We are also actively looking to identify gaps, seek programs and resources that can build upon our service offerings and connect with our communities in new ways.

We plan to be a more active in our region to coordinate emergency planning activities. This is in response to mandatory evacuations last year in several Utah County communities due to fire. In this situation, the Utah County Sherriff's office reached out to us to identify seniors who may need assistance to evacuate, and also asked for our help in identifying a location that could house seniors during the evacuation period, especially those with special needs. This situation was a wakeup call to us that we should be working more closely with emergency planning organizations in our communities, both as a partner and as a resource. We need to understand and clarify any expectations of our organization, so that we can be more responsive. In whatever role we can play, we need to ensure we are prepared to provide information as needed, rather than being asked and developing that information after the fact. As part of this partnership, we will also update emergency planning information we provide to seniors so that it is cohesive with community plans. In addition, we will review that information with clients, caregivers, families and older adults to help them be better prepared to respond and support older adults in the event of an emergency.

We are currently offering several types of training and educational opportunities, including REACH, Tai Chi, Dealing with Dementia, Dementia Dialogues, U-Care classes and Caregiver Support Groups. We would like to add Aging Mastery, Medicare 101, and a Community Education Series in partnership with other agencies and professionals. Training programs, either fully sponsored by our agency, or conducted in cooperation with other agencies, are a way for us to expand our reach, provide relevant information that can assist in aging well, developing healthy outcomes, and supporting Caregivers. This will also help us increase our connection to a wider range of residents and professionals so that we can work together to identify solutions and strengthen outcomes.

Demographic projections indicate significant increases in our aging population over the next ten to forty years. Effective community planning is essential to support this growing segment of our population. In coordination with our Regional Planning team, MAG would like to begin discussions with our communities to help them prepare to meet new challenges created by this shift. Age-Friendly provisions include more walkable communities, affordable housing and transportation options, access to key services, opportunities for older adults to engage fully within their community, and becoming more dementia friendly. This is an effort to pay increased attention to the environmental, economic and social factors that influence the health and well-being of older adults. MAG will also advocate for development of appropriate housing and transportation options for older adults.

We will also be updating our database to support better information management; developing a stronger social media presence; adding a Resource Library and Newsroom on our website; identifying new ways that technology can support our programs and aging adults; and working to ensure we are more flexible in adapting and responding to change in a rapidly shifting environment.

5. **ACL Discretionary Grants** – *ACL offers a number of discretionary grants (including Alzheimer's Disease Support Services Program (SDSSP), Evidence-based Disease and Disability Prevention Programs, Senior Medicare Patrol (SMP) and programs that support community living. Please describe any of these programs that your AAA has been involved with, as well as any plans for future participation with any of these grants.*

MAG is currently involved as a partner with the State in administering the Senior Medicare Patrol project. We are active in providing education and information that can benefit seniors in protecting their identity and to prevent healthcare fraud and abuse.

We are looking at opportunities to increase our participation in ACL Discretionary Grants, including the Administration for Community Living Alzheimer's Grant, that are feasible for us as a means to increase our ability to meet changing needs.

6. **Participant-Directed/Person-Centered Planning** – *Describe your current and planned efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of aging services.*

While we are continuing to provide Long-Term Options Counseling to identify long term plans and options for older adults, Veteran's, caregivers and families, we are intending to initiate a Private-Pay Case Management service. This service is intended to help those who do not qualify for Aging In-Home Programs by providing an in-home assessment, identification of services needed, and assistance in developing long-term plans for individuals and families. We would also be available to provide assistance as client needs change. Since MAG does not advocate for any specific service agency, and because we follow the person-centered approach to Case Management by encouraging individual choice, we are completely unbiased in creating plans and recommendations based on specific needs. This initiative represents expansion of service to a population we do not currently serve, supporting our goal to be a full-service agency for older adults. We expect to charge a one-time fee of \$500.00 for this work. This rate is slightly lower than the \$691.00 paid to us by the VA to complete assessment and service plans for Veterans, and have established this rate by looking at average time, mileage, forms and follow up when working with our in-home clients. Again, we expect demand for this service to be fairly low initially, but feel it has potential to expand as our demographic changes.

We are encouraging our Case Managers to complete the work necessary to become Certified Case Managers. Although all of our Case Managers are designated as Social Service Workers and are experienced, gaining this CCM certification provides a higher level of consistency and recognition of current trends, including person-centered planning. Three Case Managers have completed this training so far, and have learned new approaches through the process. This designation also supports our expertise, knowledge, and professional experience to provide the right services



to all clients served across the aging continuum.

MAG will continue to coordinate the Veteran's Directed Home and Community Based Services Program (VD-HCBS), providing participant-directed services that allow Veterans to maintain independence at home. MAG has served as a Provider HUB for several AAA's in Utah to help support expansion of the program statewide, and is currently serving as the Provider Hub for Uintah Basin.

MAG also provides Case Management for the Medicaid Aging Waiver and New Choices Waiver programs in developing participant-directed care plans. Training and initiatives implemented in these programs also help us to be more aware of CMS expectations, help us develop stronger care planning and follow up, and provide insight into the federal landscape, including potential changes and expectations for other aging programs and services.

7. **Elder Justice** – *Describe any current and/or planned activities to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation of older adults.*

There are some documents that older adults should have in place or consider, such as Healthcare Directives, power of attorney, legal and financial decisions. MAG cannot provide any advice or assist in completing this planning process, but we can provide resources that can be used in determining what may be needed. We will explore options in working with Utah Legal Services, and others, to provide workshops and assistance to support this effort. We will also take a more active role in encourage those we reach to have these plans in place as early as possible, while capacity for decision-making remains strong.

MAG is partnering with the Provo City Police Department and others on the Elder and Vulnerable Adult Coalition (EVAC) to raise awareness and education, and to support a coordinated approach to addressing issues of elder abuse and exploitation in our area.

Our Ombudsman Program coordinates with Adult Protective Services to identify, investigate and resolve situations of abuse and neglect in long-term care settings, and also plays an important role in providing education to prevent such situations from occurring, as well as in identifying situations that need to be addressed. We have expanded our Ombudsman staff in lieu of continuing our volunteer program, expecting to provide a more cohesive, consistent and responsive program.

Our SMP Program also provides education in our senior centers, with staff and providers, regarding fraud and scams, including regular emails about current scams, newsletters, presentations, and in individual client settings.

MAG coordinated the recent 2019 Utah Elder Justice Conference where one session focused on developing a statewide coalition on Elder Justice. There was strong support for this approach, but there remains work to do in each region of the state to understand unique issues by area so that needs of the entire state are represented. MAG Aging & Family Services will support any progress on this initiative, as part of our advocacy role.

MAG will be working with our own representatives, APS, law enforcement and others to better understand each role in addressing elder abuse and to ensure elder justice, as well as strengthening the AAA role, with an aim toward identifying stronger prevention measures. We aren't sure what that outcome will look like, perhaps a change to our reporting protocols, more consistent follow up with clients who leave our services to be sure they move to safe environments, identifying specific gaps in addressing elder justice, or being a stronger voice in raising awareness. We will also ensure our staff truly understands the causes and signs of elder abuse, neglect and financial exploitation, creating a greater focus as they work and interact with older adults in a variety of settings so that they can be an active part of the solution.

## IV. ACCOMPLISHMENTS FOR THE PAST YEAR

**This section should be the “state of the agency” report. Discuss the agency’s major accomplishments, what is working as planned, what effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.**

We have successfully completed or initiated several projects in this current year, FY2019:

The Utah, Wasatch and Summit County area Weatherization Assistance Program came up for bid, and MAG was the successful applicant. It has been a tremendous undertaking to locate a site, procure staff, move and set up materials and equipment, and to begin assisting clients. This project partners well with our HEAT and Aging programs, serving older adults and families, and provides another way for us to directly assist clients across the age spectrum.

MAG planned and executed the 2019 Elder Justice Conference, held in Park City. We worked hard to reframe and expand upon the issues and causes of elder abuse, to look more broadly at social justice. We had an outstanding array of presenters, including Kathy Greenlee, Former U.S. Assistant Secretary for Aging, U.S. Department Health and Human Services, as keynote speaker. The conference also generated some great dialogue between participants about the future of Elder Justice in Utah. Most all of the comments we received following the conference were positive. We appreciated the opportunity to fulfill this assignment; it caused us to look more deeply into our own understanding, helped us generate conversation and input from staff; and raised our awareness of our need to take a more active role in an ongoing way.

In conjunction with u4a, the State office, MAG Lobbyist and in partnership with the Alzheimer’s Association, the State Department of Aging received \$750,000 in ongoing State funding to support four programs: Ombudsman, Alternatives, Caregiver, and Aging Waiver Programs. These funds will be important in stabilizing services and providing some room for program growth.

MAG successfully initiated a Friendly Caller Program through our Retired and Senior Volunteer Program, with a focus on reducing isolation. To date, we have matched 12 volunteers with 12 participants, and are receiving wonderful feedback about how meaningful these contacts are, helping individuals to feel not only feel more engaged within their communities, but in one story, helping her to maintain her speaking skills.

Due to changing requirements of Retired and Senior Volunteer program, we have made changes to our volunteer assignments, becoming more focused on volunteer work that provides clear outcomes. This is necessary not just to retain the program, but to ensure the program becomes a stronger resource in building our communities. We are working to reorganizing our volunteer framework to reach new goals, and are entering our second year of implementation.

MAG initiated a Thrive in Place Program by providing Emergency Response units to homebound individuals who are receiving Meals-on-Wheels, who live alone, and who are not on one of our in-home programs. We are currently serving 35 individuals. In addition to monitor for falls, the provider company contacts each client each week to be sure the equipment is working and home delivered meal drivers are checking to be sure they are wearing their buttons.

We certified three workers to provide Dementia Dialogues Training in our area, an evidence-based program. We are providing sessions and hope to draw more interest through word-of-mouth and additional outreach as we continue the program in 2020.

We also trained two workers to provide the Dealing with Dementia Program, a more condensed version of the REACH process. This program is provided to groups, and provides a four-hour workshop focused on the Dealing with Dementia Guide for either family or professional dementia caregivers. This guide, an essential resource in the REACH program, and provided to all workshop attendees, is a 350-page comprehensive book covering a range of tools to assist caregivers. In comparison, the REACH Program is a one-on-one program that covers approximately three-four months with twelve visits. Having both programs provides more choice for Caregivers based on their specific needs.

Our Music and Memory Program is growing, serving approximately 30 people this year. The program provides iPods, headphones and music at no charge to MAG clients. The music is specific to that client and really resonates with those who have dementia. We have had some wonderful stories come back about the difference this resource is making in the lives of individuals and their caregivers.

MAG continues to coordinate with the Utah County Area Mobility Coordinating Council, to provide support to the Utah Valley Rides program that is operated through our local United Way. The project currently provides service to the Provo/Orem area only, on Monday, Wednesday, and Friday, from 9:00 a.m. to 2:00 p.m. We are working with UTA and United Way to use our 5310 funds to help expand the program. MAG has also been successful in identifying four volunteers through our RSVP program to drive the vehicles, and these volunteers love their assignment in giving back to the community in this way. The Utah Valley Rides program is intended to serve older adults, the disabled population, low-income individuals and Veterans.

MAG has been active in exploring various funding opportunities through the Mountainland Foundation that can strengthen and support the activities of the AAA, including identification and application to various public grants and private foundations. To date in FY2019, we have submitted successful applications to several organizations, receiving \$10,000.00 to support our programs.

We are continuing our survey process for all programs, allowing participants to evaluate our services and provide feedback. We are strengthening our data gathering processes within the Department, and have begun to expand our database to include new programs and to incorporate tracking of more specific information. We recognize the increasing role data plays, and our need to have more control of our data, to be able to ask questions in different ways, in order to allow us to begin identifying and achieving more outcome measures. A simple example is learning how people are hearing about our meals program, and why they stop taking meals. We can determine trends and be more responsive by having more control of our data, and can position ourselves to provide better data management in response to new opportunities we may encounter.

MAG provides Ensure to HDM and Congregate clients on a donation basis if they have a prescription from a physician. Due to demand, in FY2019, MAG also began providing Glucerna to clients in these programs to support Diabetes and blood sugar management where the prescription from a physician identifies that product. Through April 30, 2019,

MAG had provided more than 34,000 Ensure meals to 453 clients.

MAG is continuing our Home-Delivered Meal Volunteer Program. In FY2019, we reached 69% of meals being served in Utah County through 33 volunteer routes. We have one volunteer route in Wasatch County and are just beginning to organize our first volunteer route in the Park City area of Summit County. These community volunteers continue to provide important connection and friendship to Home-Delivered clients.

We also had some setbacks in implementing planned projects:

We received a small grant from the Utah State Health Department to provide Tai Chi training and initiate Tai Chi in our area. Tai Chi is a popular program for many older adults and has proven benefits to those with Arthritis, and other Chronic Diseases. While we did train a staff member, we were not able to begin teaching in our area. We are now looking for partner sites to provide the training, and hope to continue to partner with the Health Department in this effort.

We were not able to implement a Medicare 101 training program to help those who are planning for retirement or who have recently retired to understand the many choices and challenges faced when applying for Medicare coverage. We are hopeful we can start this program in 2020, helping individuals become more informed about the process, less confused by all the materials and information they receive, and avoid some of the issues that can be overlooked or mistakes that can be made in the process.

We will be eliminating the Medication Management Program at the end of this fiscal year. This program has been offered through our agency for two years. We completed approximately 200 interviews and review of medications with a pharmacist. Many of these were in-home clients, Home-Delivered Meal clients, and Senior Center Participants. We know that many insurance companies and advantage plans also promote medication management, shared patient information is more available for many physicians and physicians may be more incentivized to be more aware of medication management through implementation of evidence-based practices in healthcare, and many pharmacists are active in reviewing prescriptions for patients. In trying to connect the program with a broader population, we most often heard that either physicians or pharmacists are all ready providing that service.

We have established a Leadership Team within the Department to review issues, give input and suggestions, and to participate in planning and determining focus areas. We will be reigniting our efforts and map a more long-term strategic plan for our Department, looking forward at three and five years.

We are still operating in transition, with many decisions and tasks ahead of us. We are implementing new programs, have added staff and added a second office location, we have reorganized staff assignments, both due to schedule and program needs, we are changing program delivery methods, are facing changing client levels, and are working to quickly respond as needs are identified. In short, we are in the process of evolving, something we expect will be ongoing as we look to the future. We are fortunate to have committed staff and solid leadership in providing support and new ideas, in stepping up as needed to take on new or temporary assignments, and who are willing to take on risk and challenge with the belief that we can make it work.

## V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

### TITLE III AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES

**Each area agency on aging (AAA) must maintain documentation to confirm the following assurance items. Such documentation will be subject to federal and state review to ensure accuracy and completeness. By signing this four-year plan document, the area agency on aging agrees to comply with each of the following assurances unless otherwise noted in the document.**

#### Section 305(c): Administrative Capacity

An area agency on aging shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

#### Section 306(a)(1): Provision of Services

Provide, through a comprehensive and coordinated system for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area, covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have the greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have the greatest social need (with particular attention to low income minority individuals) residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior center in such area, for the provision of such services or centers to meet such need;

#### Section 306(a)(2): Adequate Proportions

- (a) Each area agency on aging...Each such plan shall—
  - (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

and assure that the area agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

### Section 306(a)(4)(A): Low Economic, Minority and Rural Services

- (I) The area agency on aging will-
  - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) 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; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
  - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –
  - identify the number of low-income minority older individuals in the planning and service area;
  - (I) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (II) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

## Section 306(a)(4)(B): Low Economic, Minority and Rural Services Outreach

Provide assurances that the area agency on aging will use outreach efforts that will:

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
  - (I) older individuals residing in rural areas;
  - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

## Section 306(a)(4)(C): Focus on Minority Older and Rural Older Individuals

Contain an assurance that the area agency on aging will ensure that 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.

## Section 306(a)(5): Assurance for the Disabled

Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

## Section 306(a)(6)(A): Accounting for the Recipients’ Views

Take into account 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:

## Section 306(a)(6)(B): Advocacy

Serve as the advocate and focal point for older individuals 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;

## Section 306(a)(6)(C): Volunteering and Community Action

- (i) where possible, 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; and

- (ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
  - I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
  - II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act.

### Section 306(a)(6)(D): Advisory Council

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 this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), 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;

### Section 306(a)(6)(E): Program Coordination

Establish effective and efficient procedures for coordination of:

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

### Section 306(a)(6)(F): Mental Health Coordination

Coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

### Section 306(a)(6)(G): Native American Outreach

If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

## Section 306(a)(7): Coordination of Long-Term Care

Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

- (i) development of case management services as a component of the long-term care services; consistent with the requirements of paragraph (8);
- (ii) involvement of long-term care providers in the coordination of such services; and,
- (iii) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;

## Section 306(a)(8): Case Management Services

Provide that case management services provided under this title through the area agency on aging will:

- (i) not duplicate case management services provided through other Federal and State programs;
- (ii) be coordinated with services described in subparagraph (A); and,
- (iii) be provided by a public agency or a nonprofit private agency that:
  - (1) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
  - (2) 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;
  - (3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
  - (4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

## Section 306(a)(9): Assurance for State Long-Term Care Ombudsman Program

Provide assurance that area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

## Section 306(a)(10): Grievance Procedure

Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

## Section 306(a)(11): Services to Native Americans

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in the paragraph as "older Native Americans"), including---

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area 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 this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable,

coordinate the services the agency provides under this title with services provided under title VI; and

- (C) 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 planning and service area, to older Native Americans;

### Section 306(a)(12): Federal Program Coordination

Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

### Section 306(a)(13)(A-E): Maintenance of Integrity, Public Purpose, Quantity and Quality of Services, Auditability

Provide assurances that the area agency on aging will:

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency--
  - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
  - (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

### Section 306(a)(14): Appropriate use of Funds

Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

### Section 306(a)(15): No Preference

Provide assurance that preference in receiving services under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

# TITLE VII: ELDER RIGHTS PROTECTION

## Chapter 1: General Provisions

### Section 705(a)(6)(A): General Provisions

An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
  - (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent, and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

## Chapter 2: Ombudsman Program

### Section 704(a): Organization and Area Plan Description of Ombudsman Program

### Section 712(a)(5)(D)(iii): Confidentiality and Disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. [This is R510-200-8(B)(9) for confidentiality and R510-200-7(A)(e) for conflicts of interest using the definitions outlined in state and federal law]

### Section 712(a)(5)(C): Eligibility for Designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:

- (i) have demonstrated capability to carry out the responsibilities of the Office;
- (ii) be free of conflicts of interest;
- (iii) in the case of the entities, be public or nonprofit private entities; and
- (iv) meet such additional requirements as the Ombudsman may specify.

### Section 712(a)(5)(D): Monitoring Procedures

- (i) In General: The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

## Section 712(a)(3)(D): Regular and Timely Access

The Ombudsman shall ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

## Section 712(c): Reporting System

The State agency shall establish a statewide uniform reporting system to:

- (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems, and
- (2) submit the data, on a regular basis.

## Section 712(h): Administration

The State agency shall require the Office to:

- (1) prepare an annual report:
  - (A) describing the activities carried out by the Office in the year for which the report is prepared;
  - (B) containing and analyzing the data collected under subsection (c);
  - (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
  - (D) containing recommendations for:
    - (i) improving quality of the care and life of the residents; and
    - (ii) protecting the health, safety, welfare, and rights of the residents;
  - (E) (i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and  
(ii) identifying barriers that prevent the optimal operation of the program; and
  - (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
- (3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:
  - (i) the problems and concerns of older individuals residing in long-term care facilities; and
  - (ii) recommendations related to the problems and concerns.

(These three assurances were added to the ombudsman section in May, 2003)

## Section 712(f): Conflict of Interest

The State agency shall:

- (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman:
  - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
  - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
  - (C) is not employed by, or participating in the management of, a long-term care facility; and
  - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:
  - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
  - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

## Section 712(a)(3)(E): Representation Before Governmental Agencies

The Ombudsman shall represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

## Section 712(j): Noninterference

The State must:

- (1) Ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful.
- (2) Prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office.

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a) (5) (B) and that representatives will be able to report any interference to the State?

Yes.

## **Chapter 3: Programs for the Prevention of Elder Abuse, Neglect and Exploitation**

### Section 721(a): Establishment

In order to be eligible to receive an allotment under section 703 from funds appropriated with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

### Section 721(b)(1-2)

- (1) providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- (2) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

## V. AREA PLAN PROGRAM OBJECTIVES

### Supportive Services

| Title III B<br>Program Objective  | Persons<br>Served<br>Unduplicated<br>Count | Persons<br>Waiting<br>for<br>Services<br>* | Estimated<br>Service<br>Units | Estimated<br>Number of<br>Persons<br>Not Served |
|---|--|--|-------------------------------|---|
| <b>Case Management (1 case):</b> Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required. | 14   | 25   | 195                           | 125   |
| <b>Personal Care (1 hour):</b> Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.  | 8  | 20   | 550                           | 100   |
| <b>Homemaker (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.   | 11   | 25   | 1,500                         | 175   |
| <b>Chore (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.   | 1  | 1  | 20                            | 15  |
| <b>Adult Day Care/Adult Day Health</b>  | 0  | 0  | 0                             | 75  |



| Title III B<br>Program Objective  | Persons Served Unduplicated Count | Persons Waiting for Services * | Estimated Service Units | Estimated Number of Persons Not Served |
|---|-----------------------------------|--------------------------------|-------------------------|--|
| <b>(1 hour):</b> Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health. |                                   |                                |                         |  |
| <b>Assisted Transportation (1 one-way trip):</b> Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.  | 0                                 | 0                              | 0                       | 0                                      |
| <b>Transportation (1 one-way trip):</b> Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.  |                                   | 1,500                          | 1,661                   | 5,000                                  |
| <b>Legal Assistance (1 hour):</b> Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.  |                                   |                                | 165                     |  |
| <b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.  |                                   |                                | 0                       |  |

|  |  |  |        |  |
|--|--|--|--------|--|
| <p><b>Information and Assistance (1 contact):</b> A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> |  |  | 13,600 |  |
| <p><b>Outreach (1 contact):</b> Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.</p>   |  |  | 3,250  |  |

\* Persons assessed and determined eligible for services

## TITLE III C-1 Congregate Meals

| Title III C-1<br>Program Objective   | Persons Served Unduplicated Count | Persons -Waiting for Services* | Estimated Service Units | Estimated Number of Persons Not Served |
|--|-----------------------------------|--------------------------------|-------------------------|--|
| <p><b>Congregate Meals (1 meal):</b> Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:</p> <p>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture;</p> <p>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</p> <p>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and,</p> <p>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p> | 2,700                             | 0                              | 100,955                 | 0                                      |

|   |  |  |   |  |
|---|--|--|---|--|
| <p><b>Nutrition Counseling (1 hour):</b><br/> Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p> |  |  | 0 |  |
| <p><b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>                   |  |  | 0 |  |

\* Persons assessed and determined eligible for services

**TITLE III C-2  
Home-Delivered Meals**

| Title III C-2<br>Program Objective   | Persons Served Unduplicated Count | Persons Waiting for Services* | Estimated Service Units | Estimated Number of Persons Not Served |
|--|-----------------------------------|-------------------------------|-------------------------|--|
| <b>Assessment/Screening (1 Hour):</b><br>Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.   |                                   |                               | 1,200                   |  |
| <b>Home-Delivered Meals (1 meal):</b><br>Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and</li> <li>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must</li> </ul> | 1,200                             | 0                             | 133,525                 | 0                                      |

| <b>Title III C-2<br/>Program Objective</b>   | <b>Persons Served Unduplicated Count</b> | <b>Persons -Waiting for Services*</b> | <b>Estimated Service Units</b> | <b>Estimated Number of Persons Not Served</b> |
|--|--|---------------------------------------|--------------------------------|---|
| provide, a second and third meal shall be balanced and proportional in calories and nutrients.   |  |                                       |                                |   |
| <b>Nutrition Counseling (1 hour):</b><br>Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy. | 0  | 0                                     | 0                              | 0   |

\* Persons assessed and determined eligible for services

## **TITLE III D Preventive Health**

| <b>Title III D<br/>Program Objective</b> | <b>Persons Served Unduplicated Count</b> | <b>Persons -Waiting for Services*</b> | <b>Estimated Service Units</b> | <b>Estimated Number of Persons Not Served</b> |
|--|--|---------------------------------------|--------------------------------|---|
| Conduct evidence-based programs*         |  |                                       | 75                             |   |
|  |  |                                       |                                |   |
|  |  |                                       |                                |   |
|  |  |                                       |                                |   |
|  |  |                                       |                                |   |

\*One unit of service for each participant who completes the Workshop.

**TITLE III E**  
**National Family Caregiver Support Program (NFCSP)**

| <b>Title III E<br/>Program Objective</b>   | <b>Persons<br/>Served</b> | <b>Persons Waiting for<br/>Services*</b> | <b>Estimated<br/>Service Units</b> |
|--|---------------------------|--|------------------------------------|
| <b>Information:</b> Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.   | 500                       |  | 500                                |
| <b>Assistance:</b> Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services. | 550                       |  | 7,500                              |
| <b>Counseling/Support Groups/<br/>Training:</b> Estimate the number of individuals who will receive counseling/support groups/training.  | 380                       |  | 1,800                              |
| <b>Respite:</b> Estimate the number of clients who will receive respite services using NFCS funds.   | 50                        | 80                                       | 2,500                              |
| <b>Supplemental Services:</b> Estimate the number of clients receiving supplemental caregiver services using NFCS funds.   | 12                        | 25                                       | 175                                |

\* Persons assessed and determined eligible for services

## OTHER OLDER AMERICANS ACT SERVICES

Other Services Profile -- List other services and the funding source (*Optional*)

| Service Name and Funding Source | Persons Served - Unduplicated Count | Persons Waiting for Services* | Estimated Service Units | Estimated Number of Persons Not Served |
|---------------------------------|-------------------------------------|-------------------------------|-------------------------|--|
|                                 |                                     |                               |                         |  |
|                                 |                                     |                               |                         |  |
|                                 |                                     |                               |                         |  |
|                                 |                                     |                               |                         |  |
|                                 |                                     |                               |                         |  |
|                                 |                                     |                               |                         |  |

\* Persons assessed and determined eligible for services

**Note:** There are no restrictions on the number of other services which may be reported.

### Mission/Purpose Codes:

- A= Services which address functional limitations
- B= Services which maintain health
- C= Services which protect elder rights
- D= Services which promote socialization/participation
- E= Services which assure access and coordination
- F= Services which support other goals/outcomes



## STATE-FUNDED PROGRAMS

| Service Code | Program Objective  | Persons Served - Unduplicated Count | Persons Waiting for Services* | Estimated Number of Persons Not Served |
|--------------|--|-------------------------------------|-------------------------------|--|
| ALM          | <b>Home and Community-based Alternatives Program:**</b> Services designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients. | 85                                  |                               | 875                                    |
| RVP          | <b>Volunteer:</b> Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.   | 225                                 | 0                             | 0                                      |

\* Persons assessed and determined eligible for services

\*\* Quarterly and annual reporting requirements by service area will still be required. (Example: case management, home health aide, personal care, respite, etc.)

## MEDICAID AGING WAIVER PROGRAM

| Program Objective  | Persons Served - Unduplicated Count | Persons Waiting for Services* | Estimated Number of Persons Not Served |
|--|-------------------------------------|-------------------------------|--|
| <b>Purpose:</b> A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan. | 79                                  | 15                            | 175                                    |

\* Persons assessed and determined eligible for services

## **VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN**

**This section allows the AAA to annually reaffirm, with documentation, the information found in its four-year plan. It is important to include documentation with the request for any waivers, including descriptions and justifications for the request. This section provides an opportunity to discuss any modifications the agency is requesting to amend in the four-year plan. The following areas should be included, and any others that the AAA would like to add:**

### **1. PRIORITY OF SERVICES**

- A. Continued expansion of the influence of the aging services network in the community.
- B. Infrastructure, education, and environment development allowing older people to remain independent including the provision of home and community-based services.
- C. Outreach to persons of greatest need, including low-income minorities, rural residents, persons with greatest social need, persons with greatest economic need, and others listed in 306(a)(5)(B) of the OAA.
- D. Support of senior citizen centers as institutions that support emotional and social wellbeing, to include information, transportation and nutrition services.
- E. Support the care facility industry by involvement of industry representatives in community functions and by providing a constructive Ombudsman service.

## 2. SERVICE PROVIDERS

List all providers from whom the agency will purchase goods or services with Title III funds to fulfill area plan objectives. Specify the goods or services being purchased and the type of agreement made with the provider, i.e., subcontract, vendor, memorandum of agreement, etc.:

| Provider Name                                     | Address   | Services/Program              | Agreement Type |
|---|---|-------------------------------|----------------|
| Utah Legal Services                               | 455 North Univ. Ave., Provo, UT 84601             | Legal Assistance              | Sub-Contract   |
| United Way of Utah County                         | P.O. Box 135, Provo, UT 84603                     | Access                        | Sub-Contract   |
| Utah County Foster Grandparent Program            | 51 S. University Avenue, #109, Provo, UT 84603    | Access                        | Sub-Contract   |
| Utah County Senior Companion Program              | 51 South University Avenue, #109, Provo, UT 84603 | Access/Companionship          | Sub-Contract   |
| Mountainland Retired and Senior Volunteer Program | 586 East 800 North, Orem, UT 84097                | Access/Volunteer Coordination | Sub-Contract   |
| American Fork City                                | 54 East Main Street, American Fork, UT 84003      | Access/I&R/CMM                | Sub-Contract   |
| Goshen Town                                       | 79 South Center Street, Goshen, UT 84633          | Access/I&R/CMM                | Sub-Contract   |
| Lehi City   | 123 North Center, Lehi, UT 84043                  | Access/I&R/CMM                | Sub-Contract   |
| Lindon City                                       | 100 North State Street, Lindon, UT 84042          | Access/I&R/CMM                | Sub-Contract   |
| Orem City   | 93 North 400 East, Orem, UT 84057                 | Access/I&R/CMM                | Sub-Contract   |
| Payson City                                       | 439 West Utah Avenue, Payson, UT 84651            | Access/I&R/CMM                | Sub-Contract   |
| Pleasant Grove City                               | 242 West 200 South, Pleasant Grove, UT 84062      | Access/I&R/CMM                | Sub-Contract   |
| Provo City  | 270 West 500 North, Provo, UT 84601               | Access/I&R/CMM                | Sub-Contract   |
| Salem City  | 30 West 100 South, Salem City, UT 84653           | Access/I&R/CMM                | Sub-Contract   |
| Santaquin City                                    | 45 West 100 South, Santaquin, UT 84655            | Access/I&R/CMM                | Sub-Contract   |
| Spanish Fork City                                 | 167 West Center, Spanish Fork, UT 84660           | Access/I&R/CMM                | Sub-Contract   |
| Springville City                                  | 65 East 200 South, Springville, UT 84663          | Access/I&R/CMM                | Sub-Contract   |
| Summit County                                     | P.O. Box 128, Coalville, UT 84017                 | Access/I&R/CMM                | Sub-Contract   |
| Wasatch County                                    | 465 East 1200 South, Heber City, UT 84032         | Access/I&R/CMM/HDM            | Sub-Contract   |
| Utah County Security Center                       | 3075 North Main, Spanish Fork, UT 84660           | HDM/CMM Meal Preparation      | Sub-Contract   |
| Denise's Home Plate                               | P.O. Box 472, Coalville, UT 84017                 | HDM Meal Preparation          | Sub-Contract   |
| Abbott Nutrition                                  | 75 Remittance Drive, Ste. 1310 Chicago, IL 60675  | Liquid Meal                   | Sub-Contract   |

| <b>Provider Name</b>               | <b>Address</b>   | <b>Services/Program</b> | <b>Agreement Type</b> |
|------------------------------------|--|-------------------------|-----------------------|
| Alpha Home Health                  | 250 West Center Street, Orem, UT 84057                   | In-Home Support         | Sub-Contract          |
| Applegate Home Care                | 28 South 1100 East, American Fork, UT 84003              | In-Home Support         | Sub-Contract          |
| Aspen Senior Care                  | 13 East 200 North, Orem, UT 84057                        | In-Home Support         | Sub-Contract          |
| Brio Home Health                   | 11762 S State Street, Draper, UT 84020                   | In-Home Support         | Sub-Contract          |
| Care-A-Lot Homecare                | 80 E Heron Ct, Saratoga Springs, UT 84045                | In-Home Support         | Sub-Contract          |
| Caring Hands/Health Watch          | 1485 East 840 North, Orem, UT 84097                      | In-Home Support         | Sub-Contract          |
| CNS Home Health Plus               | 667 North 1890 West, Provo, UT 84601                     | In-Home Support         | Sub-Contract          |
| Comfort Keepers                    | 2780 Madison Avenue, Ogden, UT 84403                     | In-Home Support         | Sub-Contract          |
| Danville Support Services          | 6965 Union Park Center, Ste. 330, Midvale, UT 84047      | In-Home Support         | Sub-Contract          |
| Dignity Home Health & Hospice      | 357 East 50 South, Ste. B., American Fork, UT 84003      | In-Home Support         | Sub-Contract          |
| Emerald Care                       | 500 Deer Valley Road Park City, UT 84060                 | In-Home Support         | Sub-Contract          |
| Encompass Home Health of the West  | 529 South Orem Blvd., Orem, UT 84058                     | In-Home Support         | Sub-Contract          |
| Homefront Personal Care            | 100 East State Road, Pleasant Grove, UT 84062            | In-Home Support         | Sub-Contract          |
| Homewatch Caregivers               | 36 East 400 North Provo, UT 84606                        | In-Home Support         | Sub-Contract          |
| Horizon Home Health                | 11 East 200 North, Orem, UT 84057                        | In-Home Support         | Sub-Contract          |
| iCare Home Health                  | 1503 South 40 East, Provo, UT 84606                      | In-Home Support         | Sub-Contract          |
| Rocky Mountain Personal Care       | 598 W 900 South, Ste 220, Woods Cross, UT 84010          | In-Home Support         | Sub-Contract          |
| Senior Solutions Group             | 127 North 700 East, Springville, UT 84663                | In-Home Support         | Sub-Contract          |
| Stonebridge Home Care Solutions    | 1385 West, 2200 South, Ste 201, Salt Lake City, UT 84119 | In-Home Support         | Sub-Contract          |
| Aspen Senior Center                | 3410 North Canyon Road, Provo, UT 84604                  | Respite                 | Sub-Contract          |
| Timpanogos Terrace Assisted Living | 164 West 200 South, American Fork, UT 84003              | Respite                 | Sub-Contract          |
| Beehive Homes-Provo                | 2877 West Center Street, Provo, UT 84601                 | Respite                 | Sub-Contract          |
| Sunset Living-Payson               | 661 East 700 South, Payson, UT 84651                     | Respite                 | Sub-Contract          |
| Sunset Living – Salem              | 1015 S 550 W, Salem, UT 84653                            | Respite                 | Sub-Contract          |
| Sunset Living – Spanish Fork       | 858 E 100 S, Spanish Fork, UT 84660                      | Respite                 | Sub-Contract          |
| Rocky Mountain Care-The Lodge      | 160 West 500 North, Heber, UT 84032                      | Respite                 | Sub-Contract          |
| Sante Assisted Living              | 905 Southfield Road, Heber, UT 84032                     | Respite                 | Sub-Contract          |

| <b>Provider Name</b>         | <b>Address</b>                                   | <b>Services/Program</b> | <b>Agreement Type</b> |
|------------------------------|--|-------------------------|-----------------------|
| Alert Utah                   | P.O. Box 127, West Jordan, UT 84088              | ERS                     | Sub-Contract          |
| Choice Home Medical          | 836 West Valley Vista Way, Lehi, UT 84043        | ERS                     | Sub-Contract          |
| Family First Alert           | PO Box 1288, Pleasant Grove, UT 84062            | ERS                     | Sub-Contract          |
| Medscope America Corporation | 222 West Lancaster Ave, Paoli, PA 19301          | ERS                     | Sub-Contract          |
| Mytrex                       | 10321 South Beckstead Lane, So. Jordan, UT 84045 | ERS                     | Sub-Contract          |
| One Touch Response           | 127 North 700 East, Springville, UT 84663        | ERS                     | Sub-Contract          |
| Pioneer Medical Services     | P.O. Box 1147, American Fork, UT 84003           | ERS                     | Sub-Contract          |
| VRI                          | 1400 Commerce Center Dr, Franklin, OH 45005      | ERS                     | Sub-Contract          |
| Acumen                       | P.O. Box 539, Orem, UT 84057                     | Fiscal Agent            | Sub-Contract          |
| Fix it Allmendinger          | 339 East 100 South, Springville, UT 84663        | Handyman Services       | Sub-Contract          |

### 3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[1]) will be directly provided by the State Agency or an area agency on aging, except where, in the judgment of the State Agency, provision of such services by the State or an area agency on aging is necessary to assure an adequate supply of such services, or where such services are directly related to such state or area agency on aging administrative functions, or where such services of comparable quality can be provided more economically by such state or area agency on aging.

**Is your agency applying for any Direct Service Waivers?**  
Yes [X] No [ ]

**If yes, list the services for which waivers are being requested and describe the necessity for the direct service provision.**

1. Nutrition Services (Home-Delivered Meals) in Utah County.
2. Nutrition Services (Home-Delivered Meals) in Summit County.
3. Case management for the Aging Waiver, Home and Community Based Alternatives, and Family Caregiver Support and Respite Programs.
4. Training and Education.

The AAA has advertised in newspapers of the three-county service area requesting individuals of organizations to submit letters of intent to provide services sponsored by the Area Agency.

The AAA did not receive any letters of intent for these services. There were not any entities identified who were interested and/or capable of providing these services.

#### 4. PRIORITY SERVICE WAIVER

**Reference(s):** OAA Section 306(a)(2), 306(b)(1)(2)(A)(B)(C)(D), 307(a)(22)  
State Rule R110-106-1

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services.

**Attach appropriate documentation** to support the waiver request as follows:

- 1) Notification of public hearing to waive Title III B funding of a service category,
- 2) A list of the parties notified of the hearing,
- 3) A record of the public hearing, and
- 4) A detailed justification to support that services are provided in sufficient volume to meet the need throughout the planning and service area. (See State Rule R805-106 for specific requirements.)

| <b>SERVICE CATEGORY</b> | <b>DESCRIPTION OF REASON FOR THE WAIVER</b> |
|-------------------------|---|
|-------------------------|---|

-

**Access:**

**No waiver requested.**

**In-Home:**

**No waiver requested.**

**Legal Assistance:**

**No waiver requested.**

## 5. ADVISORY COUNCIL

**References:** OAA Sections 306(a)(6)(F)  
FED 45 CFR Part 1321.57

| <b>Council Composition</b>  | <b>Number of Members</b> |
|---|--------------------------|
| 60+ Individuals   | _____ 12 _____           |
| 60+ Minority Individuals  | _____ 1 _____            |
| 60+ Residing in Rural Areas   | _____ 4 _____            |
| Representatives of Older Individuals  | _____ 15 _____           |
| Local Elected Officials   | _____ 3 _____            |
| Representatives of Providers of Health Care<br>(including Veterans Health Care if applicable) | _____ 2 _____            |
| Representatives of Supportive Services Provider<br>Organizations                              | _____ 14 _____           |
| Persons with Leadership Experience in the<br>Voluntary and Private Sectors                    | _____ 20 _____           |
| General Public  | _____ 1 _____            |
| <b>Total Number of Members</b><br>(May not equal sum of numbers<br>for each category)         | _____ 20 _____           |

Name and address of chairperson:

Council Member Glenn Wright, Summit County  
60 N Main Street  
PO Box 128  
Coalville, UT 84017

Does the Area Agency Advisory Council have written by-laws by which it operates?  
 Yes       No

**Area Agency Advisory Council meetings schedule:** The Mountainland Area Aging Advisory Council meets on the second Thursday of every other month at 1:30 p.m. Location for the meeting is rotated throughout the three-county area.



## VII. POPULATION ESTIMATES

| <b>Population Group</b> | <b>Number*</b> | <b>Number Served in<br/>Planning<br/>Service Area</b> | <b>and<br/>Estimate of People<br/>Needing Services</b> |
|-------------------------|----------------|---|--|
| Age 60-74               | <b>56,610</b>  | 1,250   | 3,300  |
| Age 75-84               | <b>15,523</b>  | 1,500   | 1,390  |
| Age 85+                 | <b>5,609</b>   | 800   | 510  |
| Minority Age 65+        | <b>1,483</b>   | 125   | 350  |

\* Updated 2017

## VIII. 2020 Annual Plan Supplemental Questions

*In recent years, the aging network has seen turnover among Area Agency Directors in a number of AAAs. If you were to leave your current position as AAA Director, does your agency have a plan in place for your replacement? Please describe your agency's succession plan in terms of hiring, training, stakeholder notice, etc.*

MAG does have a policy for succession planning, and we have several qualified candidates that could successfully fill the role of Director. One thing we can do prior to my leaving is for me to share more tasks with other staff members. For example, I maintain the budget on all programs, so would be helpful to introduce budget planning to Program Managers, and even train someone else to do that task so that when I leave, there is someone who can seamlessly manage that piece.

I can also provide more exposure to other programs. Most of our Program Managers have experience only in the program they directly manage. Implementing a rotation, while challenging, would be helpful for all Program Managers, whether they fill the role of Director or not. We are very limited in qualified staff who have knowledge across programs. Staff Management is also an issue, some candidates have very limited experience in managing staff, setting and meeting performance objectives. Many staff are learning new roles by taking on temporary or permanent assignments.

We have had the position of Deputy Director in the past, providing that individual with wide exposure to various programs, budget, planning, staffing, meetings, etc. We don't have someone that could be committed to that role at this time, but the opportunity may arise. This is another way to provide greater learning opportunities for a successful candidate. We can also encourage interested applicants to get additional training or take classes on their own to improve their skill set.

MAG has to follow its own Hiring Policies in replacing any position. For the Director position, that process is managed by the Executive Director. Even a few years out, I will work with him to determine appropriate training for internal candidates. When I get closer to leaving, I will coordinate with him to determine best approach for hiring and training. Internal candidates will have to interview and may have to compete with external candidates. If an internal candidate is selected, we also have the need to fill their role so that they can focus only on the Director role. I do think it would be helpful to have turnover occur with plenty of lead time.

*Given the economy and pressures on local service providers, what do you feel your agency can do or has done to strengthen the local provider network in your area in order to continue to serve clients and to reduce burdens on your agency?*

We have been fortunate in most service provider areas to have many contracted providers. Where we are low, we have been working to identify alternatives.

Rates are the greatest issue with providers in their ability to maintain good staff and limit turnover, and staffing is key in providing the appropriate level of care that we expect. We do work with rates where we can, we try to advocate for rate increases for certain services where possible, and we do try to communicate clearly with providers so they understand expectations. We also try to work well with providers, make billing and payment processes seamless, be responsive to questions and concerns. Most importantly, we want to be sure we are providing them with the correct information regarding services to be provided so they are not negatively impacted by providing the wrong service. They work with us in good faith, we need to work with them in the same manner.

*How are you reaching out, connecting, and educating the older adults and family caregivers in your service area who have no knowledge of the community resources and AAA services available to them? How will you use recent caregiver survey information to educate, empower, and expand your program for all caregivers in your service area?*

We have done quite a bit of outreach specifically for Caregivers. We have two very active Caregiver Boards, one in Utah County and one that combines Wasatch and Summit Counties. These boards include not only professionals from in-home agencies, but a variety of other members from across the community. Much of our outreach is accomplished through these boards, with support from our Senior Help Line, online tools, and our regular outreach.

We sponsor two Caregiver Conferences each year in recognition of Caregivers, we currently have 18 support groups throughout the region. We have been holding quarterly Caregiver events in Utah County to help Caregivers get out for a fun break, and have advertised for these events through our email group, through professionals who work for seniors, by sending out invitations, posting flyers, etc. We also ask each member of the board to bring five Caregivers, so that we realize approximately 75 at each event, and many new faces.

We are working on our Caregiver education program, both to clients we serve, and through other training programs such as REACH, Dealing with Dementia, Dementia Dialogues. Some of these are growing by word of mouth. We also prepared packets of information to be available in Dr. offices, and are finding that many individuals are picking up information there and responding. We work closely with Discharge Planning at our area hospitals, they are helpful in referring clients who are being discharged with a heavy caregiver burden. We also work with rehabilitation facilities so that they know who we are and can refer Caregivers. As part of our New Choice Waiver Program, we also are in many of the long-term care centers, and get word out about providing support to Caregivers.

We are just going to reprint our Senior Health Guide, and we provide some information in the front about who we are and services we provide, including Caregiver. This is the most popular resources we have, distributing approximately 5,000 annually. And we are talking about using public radio and perhaps an advertisement in our local papers. Many older adults still read the newspaper and may find an article about Caregiver Support options useful. We have even used an electronic billboard at one point, but it seemed to flash to the next message before too much information could be gained!

We try to be creative, and certainly want to learn from the positive experience's others have had in getting word out about their Caregiver and other programs.

*Describe your relationship with your local county and/or municipal leaders concerning aging-related issues, ongoing funding, and the development and delivery of services and training for your agency and its clients. How can this relationship be strengthened?*

We receive some direct funding from one of our Counties, including all jurisdictions. This amount of funding allows us to fill gaps, to pay for services that may not otherwise be eligible, to provide support to those in need who do not necessarily continue on one of our programs. Our other two counties provide a great deal of support to their Senior Centers and activities, including transportation that offsets their direct contribution.

We have one County representative from each of our three counties on our Aging Advisory Board, two of those are active. We also work closely with our Executive Council, updating them on programs, funding, events and changes. This body includes three County-elected position, and an elective representative of each jurisdiction in the region. They are very supportive of aging issues, and are concerned about the aging population in their communities. I often receive a call from a Mayor requesting help for one of their citizens who need support, which makes me feel they understand what we do.

They are supportive of program changes we are implementing, some of which are identified in this plan. Their approval is an important part of our process. Two of the items we mentioned will hopefully bring us in closer alliance with our cities and counties by working more closely with them on Emergency Planning, and by approaching City Councils to encourage them to incorporate more age-friendly and dementia-friendly plans in their community.

Our elected officials are also strong supporters of our March for Meals event we hold each year. We had 28 elected participants this year, including both the BYU President Kevin J. Worthen, and UVU President Astrid S. Tuminez.