



CENTRALINA
Area Agency on Aging

Four-Year Area Plan on Aging 2024 – 2028

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I. NARRATIVE

Executive Summary

The final years of the 2020-2024 plan were influenced by the Covid-19 Pandemic and the recovery funds associated with that crisis. For the first time in decades, the programs and services for older adults had money to expand the reach and remove individuals from waitlists that had been 2-3 years long. As this 2024-2028 Plan is developed, the “Covid cliff” starkly reminds the service providers and advocates that those waiting lists will quickly return to pre-covid levels as no sustainable funding was dedicated to the OAA because of that recovery plan. Another key factor to service delivery is the implementation of Managed Medicaid for those who are dually eligible for both Medicare and Medicaid as well as Aged, Blind or Disabled. The change in access to information, disparity of service for those not eligible for Medicaid and too young for Medicare will influence how individual’s needs are prioritized for the limited funding which comes from the Older American’s Act (OAA).

To examine how the priorities in our region may have changed in that environment, Centralina Area Agency on Aging (CAAA) collected input from stakeholders across our nine-county region through electronic and paper surveys as well as five specific focus groups that included participants from all nine counties. There were over eight hundred surveys collected and the key issues from the focus group can be seen in the Word Cloud to the right. Individual county responses can be found in the Appendix.

These inputs indicate an important shift in the design and implementation of programs and services associated with the funding from the Older American's Act. Being able to advocate for increased income for seniors and championing affordable, safe, and adequate housing is a capstone of the AAA. However, there is little funding to assist communities to directly impact these growing concerns for their citizens. CAAA in partnership with NCDOA, AARP, and others are participating in the development of a **Multi-Sector Aging Plan for N.C.** to broaden the scope of those organizations and individuals who can impact how funding is established and distributed through the state for older adults.



The objectives and strategies outlined in this plan will address many of these core issues.

Context

Centralina Area Agency on Aging (CAAA) approaches this plan as a funder, monitor, supporter, and deliverer of services for older adults and those who care for them, both paid and unpaid. There are five specific areas within the CAAA 1) Health Promotion/Disease Prevention 2) Long Term Services and Supports more traditionally known as Home and Community Care Block Grant Services 3) Regional Long Term Care Ombudsman 4) Family Caregiver Support and 5) Administration which includes special project direct services and business development.

The staff within each section worked collaboratively to develop this plan over a 5-month implementation period. Data from the county demographics, consumer and stakeholder input, and current strategic plan efforts from the Centralina Regional Council also informed the final strategies and measures used in the plan.

These are common abbreviations found throughout the document.

Abbreviation	Meaning
AAA	Area Agency on Aging
ACL	Administration for Community Living
ARMS	Aging Resource Management System
ARPA	American Rescue Plan Act
BBC	Building Better Caregivers
CAAA	Centralina Area Agency on Aging
CAC	Community Advisory Committee
COVID	Corona Virus Disease
DEI	Diversity, Equity, and Inclusion
EBP	Evidence Based Program
FCSP	Family Caregiver Support Program

FOR	Friends of Residents
HCCGB	Home and Community Care Block Grant
HPDP	Health Promotion Disease Prevention
LTSS	Long Term Services and Supports
MDT	Multi-Disciplinary Team
MOU	Memorandum of Understanding
NC DOA	N.C. Division of Aging
OAA	Older American's Act
RFAAC	Region F Aging Advisory Committee
RFP	Request for Proposals
SAGE	Advocacy and Services for LGBTQ Elders
STHL	Senior Tar Heel Legislators

Quality Management

One of the primary functions of the Area Agency on Aging is to ensure the successful implementation of funded programs and services in the nine-county region. Centralina AAA develops an annual plan for monitoring subrecipients of funds in our region to manage the quality of service to the consumers and fiscal responsibility. The plan covers both the fiscal and programmatic components of each funded service as outlined by the NC Division of Aging monitoring tools and requirements. CAAA monitors programs and services of subrecipients in contract with Centralina Regional Council including Older American's Act Funds and the funded programs as established at the county level by the Home and Community Block Grant Committee. CAAA also reviews subcontractor monitoring completed by HCCBG recipients to ensure completion and compliance.

Centralina has a team that develops and implements the monitoring plan and coordinates all monitoring activity for the AAA. The Aging Programs Fiscal Coordinator is responsible for audit reviews, fiscal management monitoring and offers training and technical assistance to regional partners when new and as requested on the Aging Resource Management System (ARMS). Each county is assigned an Aging Staff person as "lead" for that county who attends the HCCBG meetings to offer support, training, and technical assistance during their allocation meetings. There is also a "lead" staff person assigned to each funded service who serves as the subject matter expert and takes responsibility for the monitoring of that specific service in each county.

Using the tools and training offered by the NC DOA, CAAA approaches monitoring from a collaborative perspective to assess ongoing implementation of program standards and consider remediation of any problem areas. All CAAA staff provide input the performance metrics during the annual risk assessment prior to the monitoring season each fiscal year for each of the currently funded providers. This assessment assists in determining those providers which will receive full programmatic monitoring in the upcoming cycle. Regardless of risk, CAAA follows the mandated monitoring schedule for providers for unit verification, full programmatic monitoring and closeout monitoring as needed.

Finally, CAAA staff have and continue to serve on work groups at the state level to review and enhance the effectiveness of the available tools for programs and services or updates in policies and procedures. All CAAA staff participate in NC DOA sponsored monitoring training when offered and rely on peer-to-peer training through NC4A as well as training provided by experienced monitors within Centralina. CAAA completes the NC DOA required self-assessment each year as well as "mock" monitoring of internal programs to ensure compliance and to prepare for any NC DOA monitoring of Centralina programs. Centralina Regional Council is audited each year, and the AAA is always a large part of that annual audit due to the large amount of funding received for Aging Programs. This includes fiscal and programmatic review. CAAA will continue all these efforts in the upcoming 4-year planning period.

On February 6, 2024, the U.S. Administration for Community Living released their [final Older Americans Act \(OAA\) regulations](#), updating regulatory policies for implementing OAA programs for the first time since 1988. The final OAA regulations are intended to align with the current statute, address issues that have emerged since the last update and clarify several requirements. The effective date is March 15, 2024, and states must comply by October 1, 2025. As the implementation deadlines align with work done in the Area Plan, objectives and strategies will be updated to accommodate areas of greatest impact to our funded partner network and CAAA directly.

GOALS, OBJECTIVES, STRATEGIES AND EXPECTED OUTCOMES

The N.C. Division of Aging State Aging Services Plan *“Advancing Equity in Aging 2023-2027 outlines the specific goals to be used by each Area Agency on Aging (AAA) to establish regional objectives and strategies to meet those goals. Centralina Area Agency on Aging assigns Objectives, Strategies and Measures related to the efforts of Centralina Regional Council/Area Agency on Aging and the nine-county regional provider network of providers, vendors, and volunteer advocates. The expected outcomes will be discussed at the end of each section.* CAAA has collaborated with our funded partners, professionals, consumers, caregivers, and the public to obtain guidance on the development and implementation of the specific objectives and strategies identified by the stakeholder input. Each subsequent year, the CAAA will review and adjust the plan according to the success of the initiative.

The goals as established by NCDOA for this 2024-2028 Area Plan are:

- **GOAL 1: Safety and Protection** - Protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation using a multi-disciplinary approach.
- **GOAL 2: Healthy Aging and Quality of Life** - Support programs and partnerships that improve the health and well-being of Older North Carolinians.
- **GOAL 3: Housing and Homelessness** - Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, support, and housing opportunities.
- **GOAL 4: Caregiving and Workforce Development** - Advance equity, accessibility, and inclusion through informal and formal caregiving support.
- **GOAL 5: Long Term Preparedness Planning** - Incorporate innovative practices and create reliable systems and infrastructures that prepare us for the future of NC, all while recognizing the need for communication equity to help foster involvement from all stakeholders.

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

Safety and Protection

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

EXPECTED OUTCOME: Centralina will be an agency actively engaged in offering timely and meaningful connections to individuals to relevant resources regarding the prevention of abuse, neglect, and exploitation.

Objective 1.1: AAA Ombudsman will provide advocacy, education and awareness to the residents, family, and staff to ensure the protection of residents' rights in long term care facilities.	ANNUAL UPDATE
<p>Strategy 1: <i>Ombudsman will offer technical support to long-term care facilities, residents, and the public in the region.</i></p> <p>Measures:</p> <ul style="list-style-type: none"> a. Offer twelve in-service training courses annually throughout our nine counties. b. Ombudsman will respond to requests for Technical Assistance within 1-4 business days as required by P&P 	
Strategy 2: <i>Ombudsman will advocate for residents living in Long Term Care facilities.</i>	

Measures: <ul style="list-style-type: none"> a. Staff will respond to complaints within 1-4 business days. b. Will participate in four (4) systemic advocacy efforts, locally, state or nationally over the next 4 years. 	
<p>Strategy 3: <i>Ombudsman will visit residents in long term facilities with the assistance of an Ombudsman volunteer program (Community Advisory Committee).</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. The Regional Ombudsman will visit all their facilities in the region. b. Ombudsman volunteers (CAC) will make quarterly facility visits in their service area. c. CAC can also make Friendly or Activity visits to all their facilities. 	
<p>Strategy 4: <i>Ombudsman will provide technical assistance and training to the Community Advisory Committee Volunteers</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Conduct training for volunteers as required to meet the State requirements for annual training as 18 hours per year. b. Will continue to work with the state Ombudsman staff and collaborate on the orientation training phases and provide 36 hours of initial training. 	
<p>Objective 1.2: AAA Ombudsman will collaborate with outside partners to address emerging issues related to long term care facilities.</p>	ANNUAL UPDATE
<p>Strategy 1: <i>Staff will collaborate with local, state, and regional community-based service providers and CRC member governments serving those with disabilities and mental health challenges.</i></p> <p>Measures:</p> <ul style="list-style-type: none"> a. Staff will offer five educational opportunities to the community and facilities addressing a variety of topics. 	

Objective 1.3: AAA will maximize collaboration, outreach, and training to promote awareness of the issues of abuse, neglect, and exploitation.	ANNUAL UPDATE
<p>Strategy 1: <i>AAA will work with counties to expand, develop, and support elder abuse task force efforts.</i></p> <p>Measure:</p> <ul style="list-style-type: none"> a. Centralina staff will serve on county elder abuse task force/MDT's and be available for technical assistance for counties looking to develop a task force. b. Centralina staff will partner and/or provide four training sessions on elder abuse initiatives across the region. 	
<p>Strategy 2: <i>AAA will serve on the Statewide Community Design Team MDT sub-committee.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Encourage more counties in our region to develop MDT's. b. Staff will provide training and TA to Region F counties to develop/strengthen county MDT's. 	

Healthy Aging and Quality of Life

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

EXPECTED OUTCOMES: Centralina will be recognized as the HPDP Hub for Evidence Based programs and services, leader certification training, workshop delivery, fidelity monitoring, and technical support.

Objective 2.1: Expand access to and increase participation in evidence-based health promotion and disease prevention programs.	ANNUAL UPDATE
<p>Strategy 1: <i>Provide opportunities for both aging professionals and community members to become certified leaders for EBP.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Host two series of leader training(s) each fiscal year. 	
<p>Strategy 2: <i>Increase connection with volunteers to improve leader retention.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Send out Quarterly newsletters to all certified leaders. b. Host 3-month post training check-in meetings with newly certified leaders. c. Implement and utilize new protocol and procedures – i.e.: new leader screening tool, leader availability form, workshop request form, etc. 	
Objective 2.2: Increase outreach efforts for evidence-based programs.	ANNUAL UPDATE
<p>Strategy one.: <i>Increase referrals and funding partners to support evidence-based programs.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Enter at least one contract with a healthcare entity and/or insurance company to provide funding for EBHP(s) b. Collaborate with county specific public health departments to engage potential new leaders for workshops. (in at least three counties) c. Build the Ambassador Program to involve community members in the program and their specific communities. ex: establish programs in all nine counties. 	
<p>Strategy 2: <i>Host and/or attend at least ten community events to increase the programs' visibility each fiscal year.</i></p> <p>Measure(s):</p>	

<ul style="list-style-type: none"> a. Host an annual Leader Retreat for all certified EBP leaders. b. Host an annual Volunteer Appreciation event for certified volunteer leaders. c. Attending county health fairs and expos with health and wellness related marketing material present. 	
Objective 2.3: Pilot PEARLS in partnership with N.C. Center for Health and Wellness located at UNC-Asheville.	ANNUAL UPDATE
<p>Strategy 1: <i>Research sustainable funding options for the program.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Explore feasibility of Medicaid/ Medicare reimbursement options. b. Explore grant opportunities for sustained funding. 	
<p>Strategy 2: <i>Successfully close out the 3-year pilot ending in 2025.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Continue outreach efforts as identified by PEARLS team. b. Increase PEARLS participants served by 50%. c. Conduct the Union Council on Aging Pilot for referrals to increase participants by 15-20. d. Draft a final report including challenges, best practices, and lessons learned. 	
Objective 2.4: Increase awareness of Senior Nutrition issues such as food insecurities, food deserts, and senior hunger.	ANNUAL UPDATE
<p>Strategy 1: <i>Enhance the capacity of local community service providers to connect at-risk older adults with food benefits programs by conducting outreach and arranging educational programs to teach their seniors about eligibility and how to apply.</i></p> <p>Measure(s):</p>	

<ul style="list-style-type: none"> a. Conduct 2 Senior Nutrition Education Events during the 4-year period (for example- a Senior Nutrition Summit or webinars geared toward Nutrition) 	
<p>Strategy 2: <i>Conduct quarterly HCCBG Nutrition Provider meetings each year.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Hold provider meetings four times a year to discuss regional issues around the topic of Nutrition and conduct region specific training when needed. 	
Objective 2.5: Expand falls prevention awareness and education efforts.	ANNUAL UPDATE
<p>Strategy 1: <i>Serve as the lead for the Metrolina Falls Prevention Coalition.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Host quarterly meetings with community partners and coalition members. b. Send out a quarterly newsletter to coalition members. 	
<p>Strategy 2: <i>Distribute up to date falls prevention materials to community partners, coalition members, and older adults via the Metrolina Falls Prevention Coalition website.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Update the website at least twice per year. b. Maintain a toolkit with community resources and referral program options. 	
<p>Strategy 3: <i>Increase fall prevention specific outreach.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Participate in North Carolina’s annual Fall Symposium to network and provide region specific resources. 	

<ul style="list-style-type: none"> b. Attend ten community events. c. Provide fall prevention presentations four times a year at local community organizations. 	
Objective 2.6: Spread awareness for the Dementia Friends initiative and improve outreach throughout the region.	ANNUAL UPDATE
<p>Strategy 1: <i>Work with DOA, Centralina’s providers, and external agencies to expand the Dementia Friends initiative.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Provide at least (1) Dementia Friends awareness session in each of the nine counties within the first two (2) years of the Area Plan. b. Create a minimum of “100 Dementia Friends” per fiscal year. c. In partnership with Dementia Friendly Charlotte/Mecklenburg, certify one “Dementia Friends” business within Region F over the next four years. 	
Objective 2.7: Increase knowledge and access to transportation for older adults, caregivers, and people with disabilities	
<p>Strategy 1: <i>Engage in community education efforts to increase awareness of existing options among older adults, caregivers, people with disabilities and aging service providers.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Maintain current information on website and in Transportation Guide by updating information annually. b. Distribute Transportation Guides electronically and physical copies as requested by providers and at community education events. c. Host two transportation related education events during the 4-year period (webinar, mini-video, transportation fair, etc.) d. If the grant is funded, provide education to older adults across the region about using ride share services such as Lyft & Uber through the Digital Champions grant. Train at least fifty older adults. 	

Housing and Homelessness

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

EXPECTED OUTCOME: Centralina will develop and implement specific initiatives that are congruent with the adoption of an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, support, and housing opportunities.

Objective 3.1: Increase ability of individuals in the Charlotte Region to Age in Place with safety and security through the delivery of the funded initiatives such as “Choosing Home,” Housing and Home Improvement and other similar services.	ANNUAL UPDATE
Strategy 1: <i>Using Choosing Home funds, provide Housing and Home Improvement as a direct service to serve our entire region.</i> Measure(s): <ul style="list-style-type: none">a. Complete HHI projects for home repairs and modifications for individuals in every County we serve.b. Increase awareness of housing and home improvement services in our region to promote mobility and accessibility services as a means of keeping people safe in their home.	
Strategy 2: Through the use of Choosing Home Funds offer financial assistance to individuals who meet criteria as developed by the NCDOA. Measure(s):	

<ul style="list-style-type: none"> a. CAAA will conduct assessments and establish service parameters associated with the available codes provided by NCDOA in the Choosing Home service. b. CAAA will maintain appropriate data in a client management system to track progress of clients in the services. c. CAAA will fully utilize funds allocated for Choosing Home Service. d. CAAA will develop contractor scope of work and agreements to ensure client safety and mitigate risk associated with Choosing Home Services. 	
<p>Strategy 3: <i>Use a Prioritization Tool to identify those in the greatest need to manage the wait list for Choosing Home and other direct services.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Assess waitlist clients using tool developed using OAA priority for services. 	
<p>Strategy 4: <i>Expanding the engagement of the CAAA in housing coalitions and other collaborative efforts.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. One staff to participate in the NC Housing Coalition b. At least one staff attend the Housing coalition annual conference 	
Objective 3.2: Provide education on housing and homelessness to the Centralina region.	ANNUAL UPDATE
<p>Strategy: 1 <i>Develop resource guide for our 800-line team to better direct callers with needs related to housing and homelessness.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Create a web-based housing referral section on the Aging Website that connects individuals to specific county resources. b. Provide updated 800 Survival guide to Aging staff. c. Connect consumers with relevant resources. 	

<p>Strategy 2: <i>Provide training and technical assistance on homelessness to service providers and our community.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Host two webinars on housing and homelessness issues. b. Include a housing workshop at the annual conference hosted by CAAA. 	
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Caregiving and Workforce Development

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

EXPECTED OUTCOME: Centralina will emphasize and make available to funded partners opportunities to implement all efforts through an equity, accessibility, and inclusion lens for formal and informal caregiving support.

Objective 4.1: Provide support and guidance to county FCSP to ensure compliance and consistency throughout our region.	ANNUAL UPDATE
<p>Strategy 1: <i>Conduct program evaluation to identify strengths, challenges, and opportunities for improvement.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Meet with county FCSP annually to review program standards. b. Review and approve County FCSP funding plans annually to ensure program funds are being used appropriately. c. Provide Technical Assistance annually with county FCSP discussing opportunities for improvement. 	

d. Maintain the monitoring schedule as identified by the risk assessments annually.	
<p>Strategy 2: <i>Conduct quarterly FCSP provider meetings to provide the opportunity for regional discussions and training on caregiving topics.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Meet four (4) times a year with the county FCSP providers. b. Will include the State office FCSP staff to provide updates and changes that impact our program integrity. 	
Objective 4.2: Raise awareness of impacts and challenges of Alzheimer's disease and related dementias for caregivers and aging providers.	ANNUAL UPDATE
<p>Strategy 1: <i>Provide training about Alzheimer's Disease and related dementias in a variety of formats to all caregivers.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Will conduct two training courses annually around Alzheimer's Disease and dementia to a variety of caregiver audiences. b. Will create a learning series through Trualta around dementia and caregiving to be disseminated to local caregivers. 	
Objective 4.3: Provide educational opportunities to caregivers in a variety of settings.	ANNUAL UPDATE
<p>Strategy 1: <i>Ensure all training related to caregiver issues is available to all caregivers and caregiving staff.</i></p> <p>Measure(s):</p>	

<ul style="list-style-type: none"> a. Identify and include all potential caregiving agencies when sending out notification of available caregiver training provided through Centralina (formal and informal). b. Expand the reach of the Caregiver Newsletter to include paid caregiver providers. Update list annually with new facilities and aging providers who utilize care staff. 	
<p>Strategy 2: <i>Offer a variety of training opportunities for caregivers.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Host 2 Building Better Caregivers (BBC) Classes to caregivers annually. b. Host 2 BBC train the trainer course annually to increase the opportunity for local BBC Classes to caregivers. c. Powerful Tools for Caregivers offered in CAAA region in at least one county. d. Provide information on Get Set Up and Trualta, online learning opportunities to all caregivers. 	
<p>Objective: 4.4 Increase collaboration with local partners in expanding education and advocacy around the workforce shortage in all sectors of health care for older adults such as in-home aid, home health and long-term care facilities.</p>	
<p>Strategy 1: <i>Collaborate with WorkForce Development to identify methods and best practices for recruitment and retention of personal care staff and health care/nursing staff.</i></p> <ul style="list-style-type: none"> a. Host a Webinar Series on Direct Care Worker retention and recruitment. b. Disseminate informational advocacy packets to providers of home health, in-home aide, and long-term care across region. 	

Strategy 2: Direct Care Worker health Fair (year three)	
a. Design and develop DCW health fair in at least one county.	
Strategy 3: CAAA staff will participate in local, state, and federal advocacy efforts around Direct Care Worker issues.	
a. Examples include: Friend of Residents Advocacy partnership with OA and NC Aging Coalition, NC Caregiving Workforce Strategic Leadership Council, NC Alliance of Direct Support Professionals (NCADSP), AHEC	
b. Participate in FOR Public Policy Subcommittee	
c. Partner with Workforce Development on Retention and Staffing initiative and work with selected LTC facilities as pilot sites.	

Long Term Preparedness Planning

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

EXPECTED OUTCOMES: Centralina AAA will have demonstrated success in establishing practices and systems that positions the region to “Advance Equity in Aging” for all supported programs and services.

Objective 5.1: Review existing systems and identify areas where implementation of innovative practices and infrastructure change would enhance the lives of older adults in our region.	ANNUAL UPDATE
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<p>Strategy 1: <i>Review processes related to ACL changes to the Older Adults Act 2024 regulations.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Identify areas that need to be addressed to attain compliance. b. Revise identified areas to ensure compliance. 	
<p>Strategy 2: <i>Explore community care hubs and the impact on service delivery in the CAAA region.</i></p> <p>Measures:</p> <ul style="list-style-type: none"> a. Evaluating communication resources and assessing digital inequities b. Identify utilized referral methods (No Wrong Door) among partners and determine its impact on Centralina services. 	
<p>Strategy 3: <i>CAAA will promote and engage in the <u>All Ages All Stages</u> Multi-Sector Plan as endorsed by NC Governor and supported by the NC Division of Aging.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Promote the initiative by inviting NCDOA staff to speak to RFAAC/STHL b. Highlight initiative on CAAA website. c. Host a Webinar on the All Ages All States initiative. d. At least one CAAA staff to participate in the any ongoing planning and development sub-committees. 	
<p>Objective 5.2: Research and evaluate reliable systems and infrastructures to sustain the AAA financially. (Business plan for CAAA services)</p>	ANNUAL UPDATE
<p>Strategy 1: <i>Work with consultants to identify areas for improvement to increase business acumen.</i></p>	

Measure(s): <ul style="list-style-type: none"> a. Meet quarterly with consultants to further develop business plans (i.e., policies, MOUs, etc.) b. Monetize two existing training courses to be hosted in the region. 	
<p>Strategy 2: <i>Collaborate internally with Centralina Departments on cross-departmental efforts.</i></p> <p>Measures:</p> <ul style="list-style-type: none"> a. Apply for two cross-departmental grants. (Examples: Urbanized Area Transportation Grant/NC Digital Technology) b. Aging will have a representative on the Centralina Regional Council cross-departmental teams within Centralina. 	
<p>Strategy 3: Conduct <i>Veteran’s Directed Support Services</i> as a spoke of the Administration of Community Living community-based supports for Veterans.</p> <p>Measures:</p> <ul style="list-style-type: none"> a. Engage in readiness review. b. Train at least one staff in the deliverables of the VDC model c. Conduct the service as clients are assigned. d. Evaluate fiscal impact and potential revenue annually 	
<p>Objective 5.3: Evaluate emergency preparedness post-COVID and strengthen AAA’s strategies and efforts for future emergencies.</p>	ANNUAL UPDATE
<p>Strategy 1: <i>Complete internal review process of emergency preparedness to ensure inclusiveness (policies).</i></p>	

Measure(s): <ul style="list-style-type: none"> a. Each CAAA program area will evaluate and plan for future emergencies. b. Identify two areas of improvement for existing policies. 	
Strategy 2: <i>Provide technical assistance to aging providers to facilitate a review and update of agency emergency plans.</i> Measure: <ul style="list-style-type: none"> a. Host at least one emergency planning training/online seminar to include all nine Centralina counties. 	

Advancing Equity & Reframing Aging

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

EXPECTED OUTCOME: Centralina AAA will ensure staff is trained and equipped to approach work with awareness and sensitivity to all backgrounds as they engage with consumers to help them make informed choices about support services at home or in the community.

Objective 6.1: Increase understanding of DEI related issues for staff, providers, volunteers, and the community at-large.	ANNUAL UPDATE
Strategy 1: <i>Ensure Area Agency on Aging Staff receive continued education on DEI.</i>	

Measure(s): <ul style="list-style-type: none"> a. Annual LGBTQ+ cultural competency training from SAGEcare to maintain agency Platinum certification. b. Annual training on other DEI related topics (ageism, disability, cultural competency, etc.) 	
<p>Strategy 2: <i>Provide training to Aging Services Providers & Volunteers</i></p> Measure(s): <ul style="list-style-type: none"> a. Provide 1 DEI related education opportunity annually for full Aging Services Network (online seminar, conference workshop, quarterly meetings etc.) b. Provide one education event on serving Deaf & Hard of Hearing c. Conduct at least one annual training course on Aging Sensitivity, Disability Etiquette Training and/or DEI Training for volunteers (RFAAC, STHL, CAC, HPDP). 	
<p>Strategy 3: <i>Provide DEI related training to local governments, municipalities, private companies, and other interested organizations.</i></p> Measure(s): <ul style="list-style-type: none"> a. Provide two contracted paid training courses during the 4-year plan. 	
Objective 6.2: Expand equity centered communications and programming to older adults and people of all backgrounds.	ANNUAL UPDATE
<p>Strategy 1: <i>Review, update, and implement diversity, equity, and inclusion (DEI) in all policies, communication, outreach, and programming.</i></p> Measure(s):	

<ul style="list-style-type: none"> a. Review all Policies & Procedures and any plans to include DEI language by the end of the 4-year plan. b. Review all marketing materials to increase participant diversity at least during the 4-year plan. c. Include DEI in all RFPS. d. Review website annually for accessibility. e. Continue to utilize Linguistica to interpret for all populations. f. Develop outreach plan to reach the most in need populations. g. Continue to utilize community health worker to reach Spanish speaking community. 	
Objective 6.3: Advance digital equity, connectivity and literacy through direct service and a coordinated community approach.	ANNUAL UPDATE
<p>Strategy 1: <i>Increase efforts and advance use of technology for learning for older adults.</i></p> <p>Measure(s):</p> <ul style="list-style-type: none"> a. Onboard 1 FTE Digital Navigator position through partnership with NC DOA and the Charlotte Center for Digital Equity at Queens. b. Onboard 25% of new FCSP caregivers into Trualta. c. 200 annual Get Set Up users. d. 4 Virtual HPDP Programs annually (CDSMP, DSMP, CPSMP, BBC, PEARLS, MOB) e. Research opportunities for additional programming at the end of year one to assess viability for programs such AARP/OATS, Honor My Decisions, etc. 	
Objective 6.4: Reframe aging through a community education campaign.	
<p>Strategy 2: Develop and implement a community education campaign about ageism and reframing aging.</p> <p>Measures:</p>	

<ul style="list-style-type: none"> a. Develop a 1-hour Ageism & Reframing Aging training session. b. Incorporate reframing aging language in all general AAA presentations. c. Participate in annual Ageism Awareness Day (October) annually through social media campaigns. d. Host 2 Ageism/ Reframing Aging related webinars during the 4-year performance period. 	
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Conclusion

Consistently one of the largest growing regions within the state, Centralina serves a wide variety of both urban and rural areas. The challenges confronted in provision of services to the expanding numbers of older and disabled adults with flat funding while committed to serving those “most in need” will require innovation, creativity, and diversification of funding sources.

Centralina Area Agency on Aging is dedicated to planning, developing, and implementing these goals into a specific action plan for the next four years. These efforts are also incorporated into the Centralina Regional Council strategic work plan which broadens the reach and the impact of the equity emphasis. CAAA will adopt changes and adjustments to keep the goal alignment in place as programs and services are impacted by changes in funding, leadership, infrastructure, and other factors that are for now unforeseen. Centralina believes that the goals set forth in the 2024-28 Area Plan will help move us towards improved methods of service, expanded programming, increased opportunities, and better quality of life for residents in the region.

ATTACHMENTS

A. Demographics

B. Area Plan Assurances and other required documents

Section 1: Verification of Intent and Assurances

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

Section 11: Administrative Matters

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

Section 111: Needs Assessment Overview

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

Section 1V: Monitoring and Direct Services

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

A. Demographics

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Anson County



Lead Home and Community Block Grant Coordinating Agency

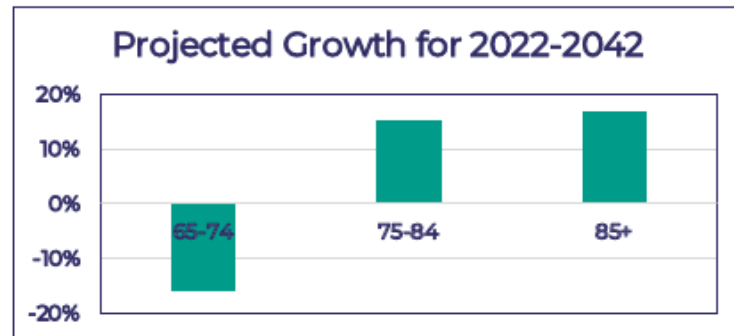
Anson County Senior Services

Phone: 704-694-6217

Website: <https://www.co.anson.nc.us/170/Senior-Services>

Snapshot of Older Adults in Anson County

Characteristic	Percentage
White	58%
Black	40%
Hispanic/Latino	<1%
At or Below Poverty	43%
Living with a Disability	43%
Living Alone	34%



Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Legal

- Information & Referral
- Health Promotion/Disease Prevention
- Family Caregiver Support

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Anson County

- 33% of Anson County residents are cost-burdened
- 28% of homeowners have difficulty affording their homes
- 45% of renters have difficulty affording their homes
- Anson County ranks 20th out of 100 state counties for evictions among renter households

Cabarrus County



Lead Home and Community Block Grant

Coordinating Agency

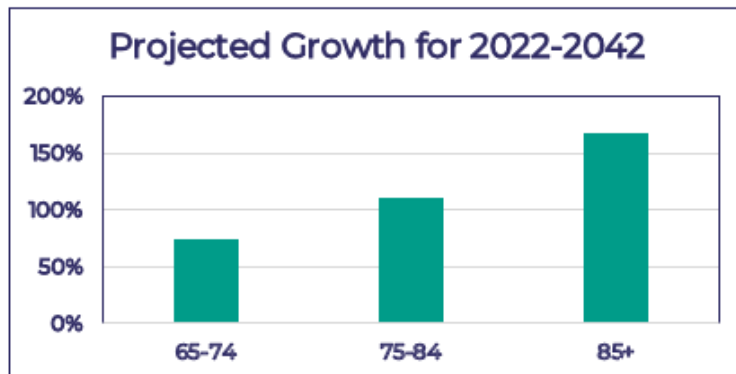
Cabarrus County Department of Adult and Aging Services

Phone: 704-920-1400

Website: <http://162.247.142.234/departments/adult-and-aging-services>

Snapshot of Older Adults in Cabarrus County

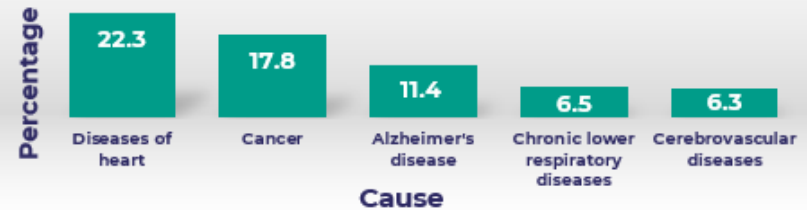
Characteristic	Percentage
White	82%
Black	14%
Hispanic/Latino	3%
At or Below Poverty	27%
Living with a Disability	32%
Living Alone	20%



Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Legal
- Housing and Home Improvement
- Information & Referral
- Health Promotion/Disease Prevention
- Family Caregiver Support

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Cabarrus County

- 27% of Cabarrus County are cost burdened.
- 19% of homeowners have difficulty affording their homes.
- 49% of renters have difficulty affording their homes.
- Cabarrus County ranks 5th for evictions among renter households

Lead Home and Community Block Grant Coordinating Agency

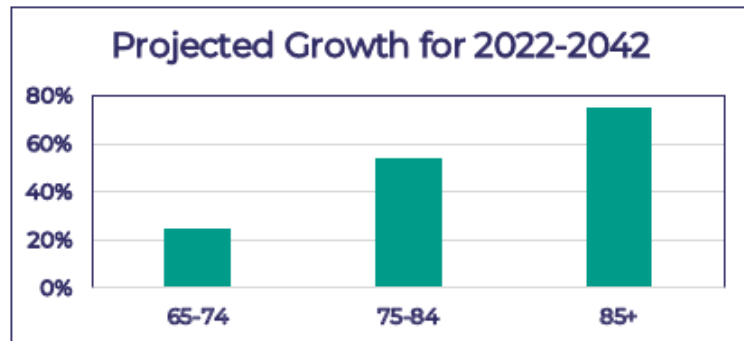
Gaston County Department of Adult and Aging Services

Phone: 704-862-7540

Website: <https://www.gastongov.com/443/Adult-Aging-Services>

Snapshot of Older Adults in Gaston County

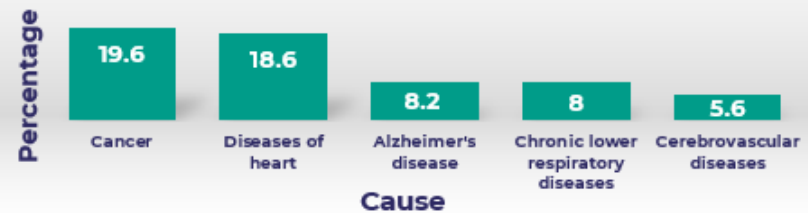
Characteristic	Percentage
White	85%
Black	12%
Hispanic/Latino	2%
At or Below Poverty	36%
Living with a Disability	37%
Living Alone	30%



Older American's Act Services Funded

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| <ul style="list-style-type: none"> • Nutrition • Transportation • In-Home Aide • Legal | <ul style="list-style-type: none"> • Information & Referral • Health Promotion/Disease Prevention • Family Caregiver Support |
|--|---|

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Gaston County

- 28% of Gaston County are cost burdened.
- 19% of homeowners have difficulty affording their homes.
- 47% of renters have difficulty affording their homes.
- Gaston County ranks 11th out of 100 state counties for evictions among renter households

Iredell County



Lead Home and Community Block Grant Coordinating Agency

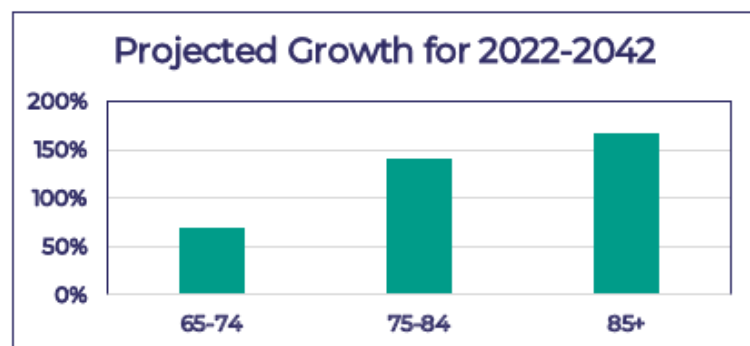
Iredell County Council on Aging

Phone: 704-873-5171

Website: <https://www.iredellcoa.org/>

Snapshot of Older Adults in Iredell County

Characteristic	Percentage
White	86%
Black	9%
Hispanic/Latino	3%
At or Below Poverty	25%
Living with a Disability	33%
Living Alone	22%

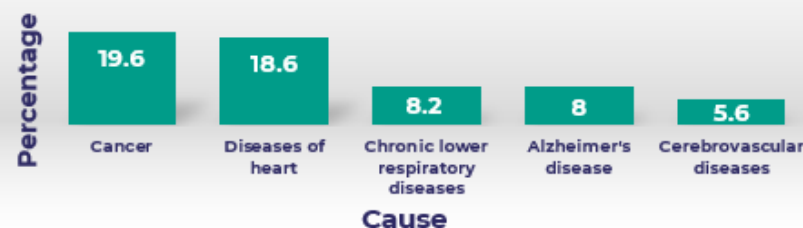


Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Legal

- Information & Referral
- Health Promotion/Disease Prevention
- Family Caregiver Support

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Iredell County

- 24% of Iredell County are cost burdened.
- 17% of homeowners have difficulty affording their homes.
- 43% of renters have difficulty affording their homes.
- Iredell County ranks 26th out of 100 state counties for evictions among renter households

Lincoln County



Lead Home and Community Block Grant Coordinating Agency

Lincoln County Senior Services

Phone: 704-732-9053

Website: <https://www.lincolncountync.gov/134/Senior-Services>

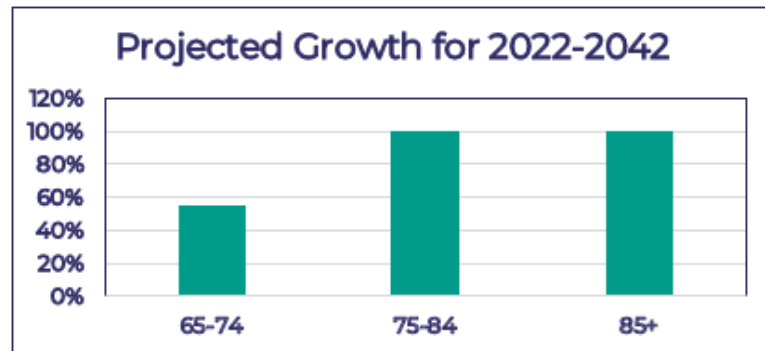
Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Legal

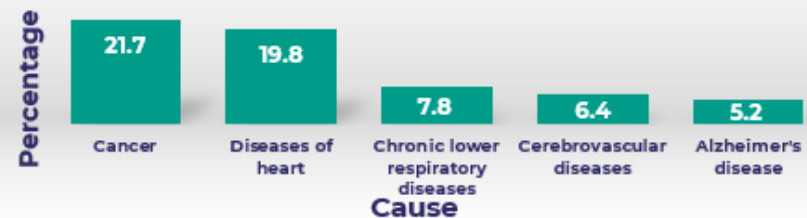
- Information & Referral
- Health Promotion/Disease Prevention
- Family Caregiver Support

Snapshot of Older Adults in Lincoln County

Characteristic	Percentage
White	91%
Black	5%
Hispanic/Latino	3%
At or Below Poverty	26%
Living with a Disability	34%
Living Alone	21%



Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Lincoln County

- 21% of Lincoln County are cost burdened.
- 15% of homeowners have difficulty affording their homes.
- 43% of renters have difficulty affording their homes.
- Lincoln County ranks 43rd out of 100 state counties for evictions among renter households

Mecklenburg County



Lead Home and Community Block Grant Coordinating Agency

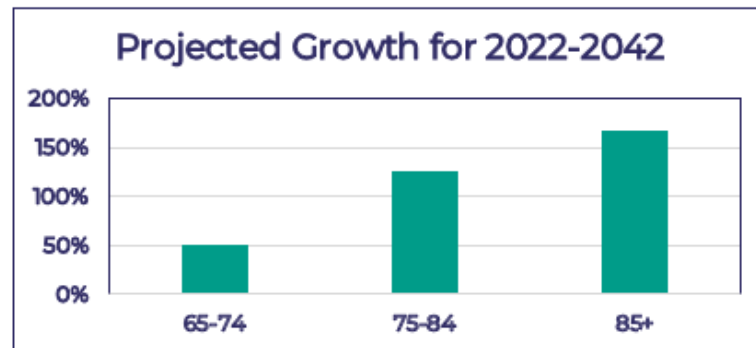
Mecklenburg County Department of Child, Family and Adult Services

Phone: 704-432-1111

Website: www.ncdhhs.gov/divisions/social-services/mecklenburg-county-department-social-services

Snapshot of Older Adults in Mecklenburg County

Characteristic	Percentage
White	64%
Black	26%
Hispanic/Latino	5%
At or Below Poverty	25%
Living with a Disability	28%
Living Alone	27%

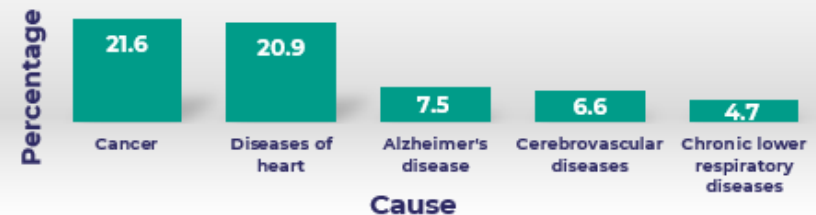


Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Information & Referral

- Health Promotion/Disease Prevention
- Legal
- Family Caregiver Support
- Chore Services

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Mecklenburg County

- 32% of Mecklenburg County are cost burdened.
- 20% of homeowners have difficulty affording their homes.
- 47% of renters have difficulty affording their homes.
- Mecklenburg County ranks 9th out of 100 state counties for evictions among renter households

Rowan County



Lead Home and Community Block Grant Coordinating Agency

Rufty Holmes Senior Center

Phone: 704-216-7714

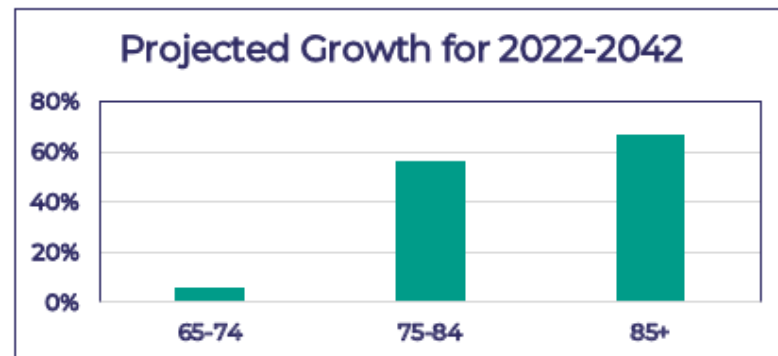
Website: <https://www.ruftyholmes.org/>

Older American's Act Services Funded

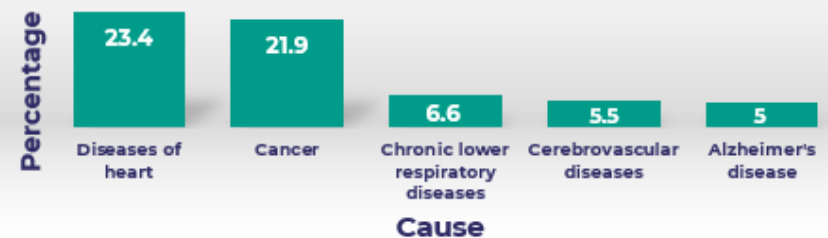
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|--|---|

Snapshot of Older Adults in Rowan County

Characteristic	Percentage
White	84%
Black	13%
Hispanic/Latino	3%
At or Below Poverty	35%
Living with a Disability	37%
Living Alone	28%



Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Rowan County

- 25% of Rowan County are cost burdened.
- 20% of homeowners have difficulty affording their homes.
- 47% of renters have difficulty affording their homes.
- Rowan County ranks 24th out of 100 state counties for evictions among renter households

Stanly County



Lead Home and Community Block Grant Coordinating Agency

Stanly County Senior Services

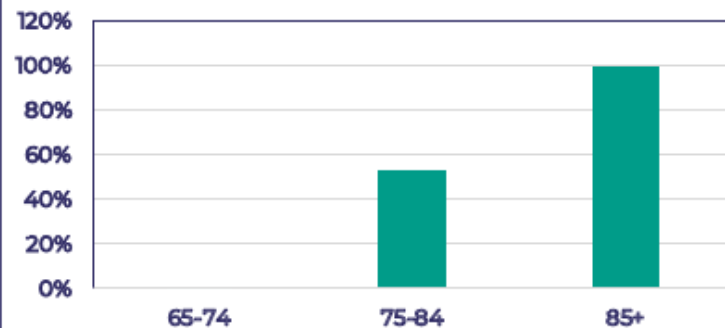
Phone: 704-986-3769

Website: <https://www.stanlycountync.gov/senior-services/>

Snapshot of Older Adults in Stanly County

Characteristic	Percentage
White	89%
Black	8%
Hispanic/Latino	1%
At or Below Poverty	34%
Living with a Disability	40%
Living Alone	28%

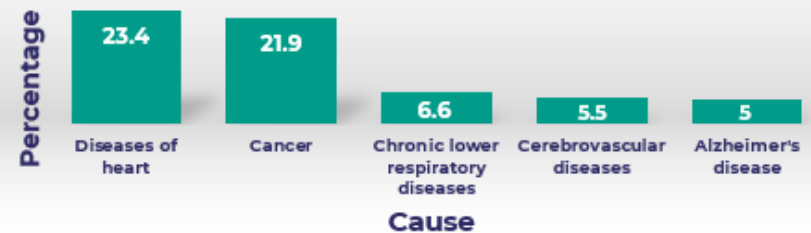
Projected Growth for 2022-2042



Older American's Act Services Funded

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| <ul style="list-style-type: none"> • Nutrition • Transportation • In-Home Aide • Legal | <ul style="list-style-type: none"> • Information & Referral • Health Promotion/Disease Prevention • Family Caregiver Support |
|--|---|

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Stanly County

- 23% of Stanly County are cost burdened.
- 18% of homeowners have difficulty affording their homes.
- 42% of renters have difficulty affording their homes.
- Stanly County ranks 63rd out of 100 state counties for evictions among renter households

Union County



Lead Home and Community Block Grant Coordinating Agency

Centralina Area Agency on Aging

Phone: 800-508-5777

Website: <https://centralinaaging.org/>

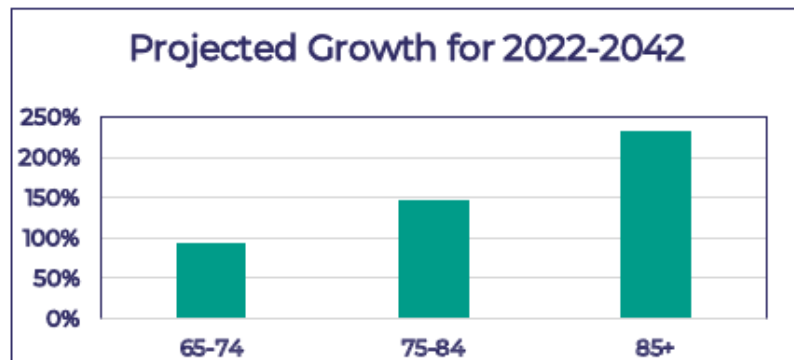
Council on Aging in Union County

Phone: 704-292-1797

Website: <https://coaunion.org/>

Snapshot of Older Adults in Union County

Characteristic	Percentage
White	83%
Black	10%
Hispanic/Latino	4%
At or Below Poverty	23%
Living with a Disability	31%
Living Alone	18%

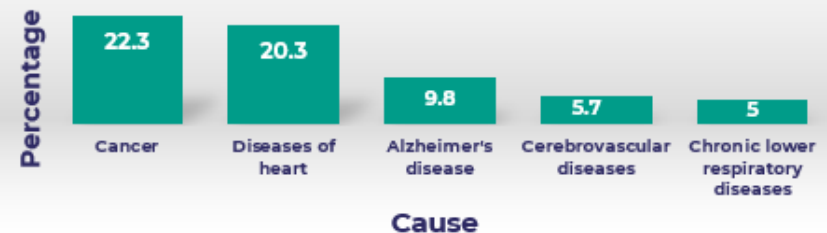


Older American's Act Services Funded

- Nutrition
- Transportation
- In-Home Aide
- Legal

- Information & Referral
- Health Promotion/Disease Prevention
- Family Caregiver Support

Top 5 Causes of Death for Older Adults 65+



2024 Housing Facts for Union County

- 22% of Union County are cost burdened.
- 18% of homeowners have difficulty affording their homes.
- 41% of renters have difficulty affording their homes.
- Union County ranks 32nd out of 100 state counties for evictions among renter households

B. Area Plan Assurances and Required Documents

SECTION I:

Verification of Intent and Assurances

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begins on next page.**

Exhibit 1: Verification of Intent

Exhibit 1: Verification of Intent

The Area Plan on Aging is hereby submitted for the Region F service area (Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Stanly, Rowan, and Union Counties) for the period of July 1, 2024, through June 30, 2028.

It includes all assurances and plans to be followed by the Centralina Area Agency on Aging under the provisions of the Older Americans Act, -42 U.S.C. §3001 et. seq, and as amended, hereafter referred to as the Act. The identified Area Agency on Aging will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as an advocate for older people in the planning and service area.

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

Linda H. Miller

April 1, 2024

Area Agency Director - Linda H. Miller

Date

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

Aleta Galusha

March 14, 2024

Aleta Galusha, RFAAC Chairperson

Date

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

Aleta Galusha

March 14, 2024

Aleta Galusha, RFAAC Chair

Date

Area Plan 2024-2028

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Exhibit 2: Area Plan Assurances

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

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

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

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

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

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

Access - 30%

In-Home - 25%

Legal - 2%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676 B of the Community Services Block Grant Act. - 42 U.S.C. §3026(a)(6)(c)

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

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

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

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

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

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

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

information relating to the need to plan in advance for long-term care and full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. - 42 U.S.C. §3026(a)(7)

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

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

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

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

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

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

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

services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. - 42 U.S.C. §3027(a)(15)

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

Y) Funds received under Title III will be used-

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

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

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

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

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

- 42 U.S.C. §3027(a)(8)(A)

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

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

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

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

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

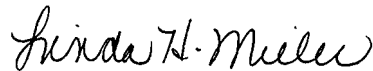
GG) The Elder Abuse Prevention funds are used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law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

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

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

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

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



April 1, 2024

Area Agency Director's Signature

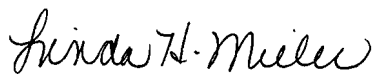
Date

Exhibit 3: Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 (also known as 29 U.S.C. 794), as amended, and the American Disabilities Act of 1990, as amended.

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

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

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



Aging Director

4/1/24

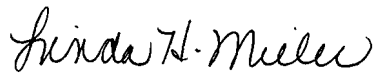
Date

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

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

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

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



Aging Director

4/1/24

Date

Exhibit 5: Assurance of Legal Representation of Regional Ombudsman

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Exhibit 5: Assurance of Legal Representation of Regional Ombudsman

Name and Address of Attorney/Firm:

Jack Santaniello / Shumaker, Loop & Kendrick, LLP / 101 S. Tryon St., Suite 2200, Charlotte, NC 28280

Period of Time Covered by Contract:

FY2023, 2024 (as may be extended by mutual agreement)

Scope of Services: ~45 C.F.R. §1327.15
Division of Aging and Adult Services Administrative Letter 89-34

General Corporate / Business / Contract Review matters.


Key Elements of Contractual Agreement

- 1. Ensure that adequate legal counsel is available to each regional ombudsman for advice and consultation and that legal representation will be provided for the regional ombudsman against whom suit or other legal action is brought in connection with the performance of his/her official duties.
- 2. Ensure that each Regional Ombudsman as a designated representative of the state office has the ability to pursue administrative, legal and other appropriate remedies on behalf of residents in long-term care facilities (45 C.F.R. 1327.150)).

AGREED UPON BY:

	Centralina Regional Council	14/03/2024
Executive Director,	Name of Council of Governments,	Date

	14/03/24
Area Agency on Aging Director,	Date

	DocuSigned by: Shumaker, Loop & Kendrick, LLP	3/14/24
/s/ Joseph (Jack) Santaniello		
Legal Representative,	Name of Firm,	Date

(SLK signed) OMB legal rep Area Plan p.32 (March 2024)(30469324.2)

Final Audit Report

2024-03-14

Created:	2024-03-14
By:	Geraldine Gardner (ggardner@centralina.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAJt8_WCmzwpbzXuXP1RV6/cx3GHW_0ow

"(SLK signed) OMB legal rep Area Plan p.32 (March 2024)(30469324.2)" History

-  Document created by Geraldine Gardner (ggardner@centralina.org)
2024-03-14 - 7:49:39 PM GMT- IP address: 131.239.199.42
-  Document emailed to Linda Miller (Lmiller@centralina.org) for signature
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-  Email viewed by Geraldine Gardner (ggardner@centralina.org)
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Signature Date: 2024-03-14 - 7:52:09 PM GMT - Time Source: server- IP address: 131.239.199.42
-  Agreement completed.
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Section II

Administrative Matters

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Exhibit 6: Organizational Chart of Single Organizational Unit



January 2024

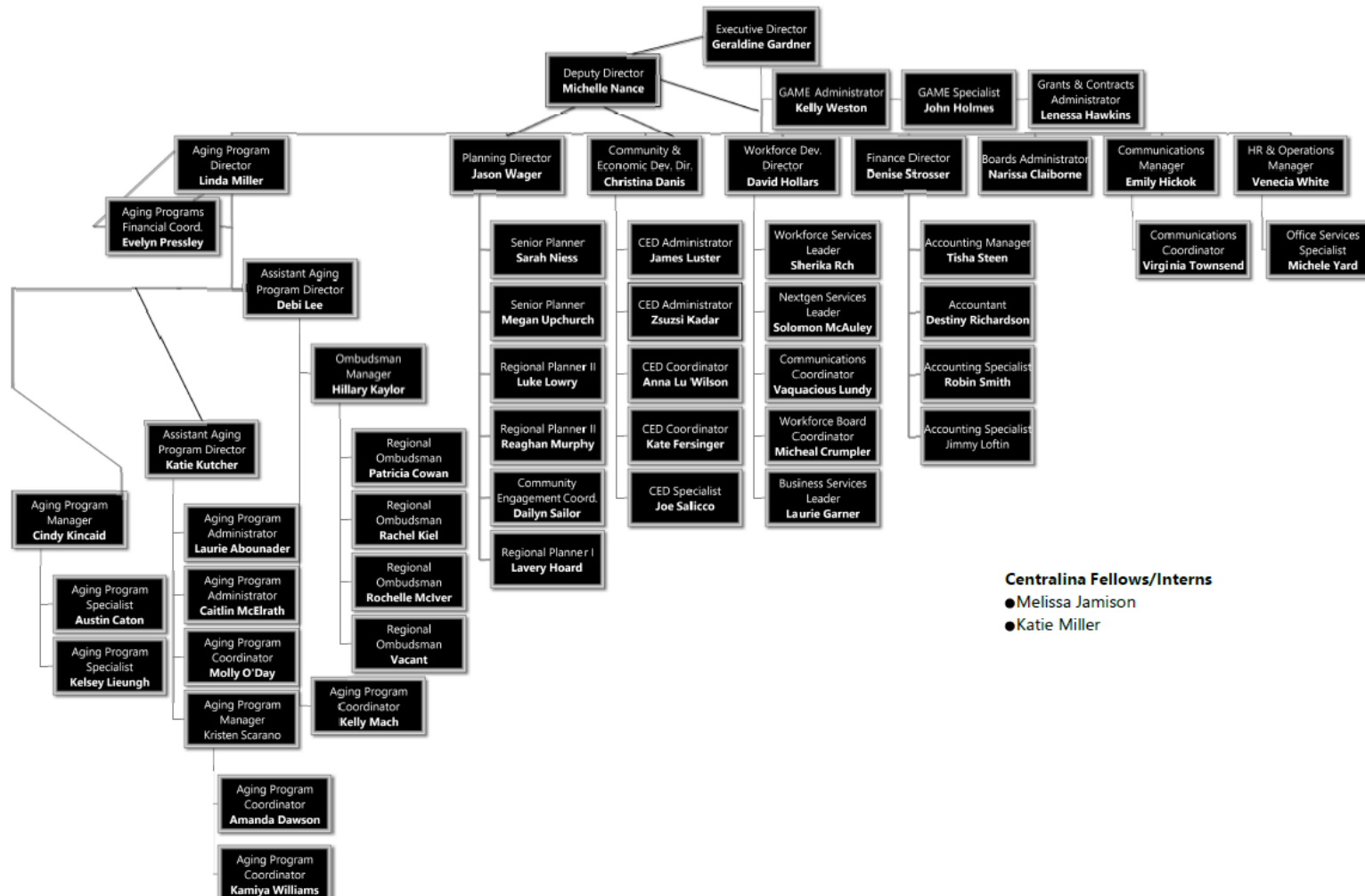
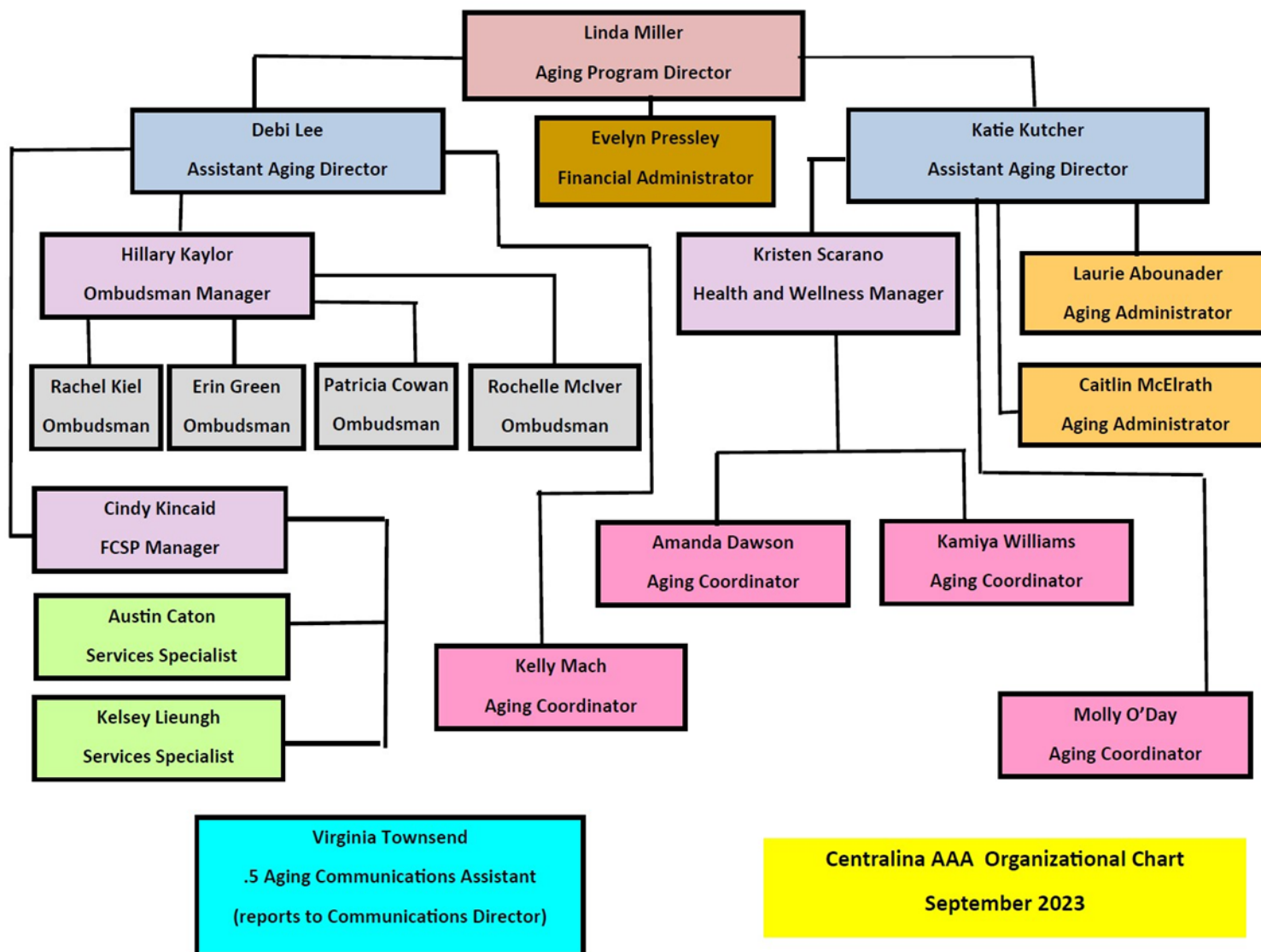


Exhibit 7: Organizations Chart of Area Agency on Aging



Centralina AAA Organizational Chart
September 2023

Exhibit 8: Area Agency on Aging Staffing and Volunteer List

	Staff Name	Staff Position	Race/Ethnicity	FTE/PTE	List funding source	% of time spent on duties
1	Linda Miller	Director	5	1		
2	Debi Lee	Assistant Director	5	1		
3	Katie Kutcher	Assistant Director	5	1		
4	Cindy Kincaid	FCSP Manager	5	1	FCSP	100%
5	Hillary Kaylor	Ombudsman Manager	5	1	Ombudsman	100%
6	Kristen Srouji	Health and Wellness Manager	5	1		
7	Laurie Abounader		5	1		
8	Caitlin McElrath		5	1	MIPPA SMP ADVC Grant P and A	
9	Evelyn Pressley		3	1	P and A ARPA P and A	
10	Austin Caton	FCSP Aging Services Specialist	5	1	FCSP	100%
11	Kelsei Lieungh	Aging Services Specialist	5	1	ARPA FCSP P and A	85% 15%

12	Kelly Mach		5	1	ARPA P and A	100%
13	Molly O'Day		5	1		
14	Amanda Dawson		5	1		
15	Kamiya Williams		3	1	UNCA Grant	80% 20%
16	Rochelle McIver	Ombudsman	3	1	Ombudsman	100%
17	Rachel Kiel	Ombudsman	5	1	Ombudsman	100%
18	Patricia Cowan	Ombudsman	3	1	Ombudsman	100%
19	Jeanette Mullies	Ombudsman	5	1	Ombudsman	100%
20	Virginia Townsend	Communications Specialist	5	.5	ARPA P and A	100%

Race/Ethnicity Categories

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

Number of Volunteers	181
Number of Volunteer Hours Provided	1,272

Exhibit 9: Regional Advisory Council Membership and Participation

Complete the list of current members of the Regional Advisory Council as indicated below as of 3.1.2024.

#	Name		Gender	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
1	Adams	Pat	F	Anson	2, 6	Volunteer
2	Clark	Joanne	F	Anson	2,6	Volunteer
3	Spencer	Thomasina	F	Anson	2,3,6	Volunteer
4	DePietro	Angela	F	Anson	2,6	Volunteer
5	Bernacki	James	M	Cabarrus	2	Volunteer
6	Chandler	Jean	F	Cabarrus	2, 6	Volunteer
7	Smith	Edward	M	Gaston	2	Volunteer
8	Woody	Gayla	F	Gaston	2	Volunteer
9	Hall-Miller	Yolanda	F	Gaston	3,9	LCSW
10	Kenzig	Cathy	F	Gaston	9	Pace of NC
11	Barrier	Barbara	F	Iredell	1, 2	Volunteer
12	Benefield	Michelle	F	Lincoln	6,9	Advance Home Health
13	Sides	Richard	M	Lincoln	2, 6	Volunteer
14	Sides	Sue Jane	F	Lincoln	2,6	Volunteer
15	Gantt	Cheryl Ann	F	Lincoln	2,6	Volunteer

16	McKinney	Hope	F	Mecklenburg	3	Volunteer
17	Dean	Jeffrey	M	Mecklenburg	9	Bank of America
18	Caughman	Corsha	F	Mecklenburg	3, 9	Charlotte Housing Authority
19	Williams	Terri	F	Mecklenburg	2, 3	Volunteer
20	Agee	Michael	M	Rowan	2	Volunteer
21	Bruce	Alex	M	Rowan	9	Adult Day Care
22	Clement	Crystal	F	Rowan	2,3	Volunteer
23	Eudy	Roger	M	Stanly	2,6	Volunteer
24	Eudy	Joan	F	Stanly	2,6	Volunteer
25	Abernathy	Janice	F	Stanly	2,6	Volunteer
26	Ashton	Nicole	F	Stanly	6,9	Professional
27	Domanski	Kathleen	F	Union	2	Volunteer
28	Kindley	Patricia	F	Union	2,6,10	Volunteer, Town of Fairview elected official
29	Galusha	Aleta	F	Union	2,7,5	Volunteer

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

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

4

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Check if		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Anson County Council on Aging 1999 HWY 742 S. Wadesboro, NC 28170	Anson	X		X
Cabarrus County DHS 1303 S. Cannon Blvd., Kannapolis, NC 28083	Cabarrus			X
Gaston DSS 330 MLK Jr. Way Gastonia, NC 28053	Gaston			X
Iredell Council on Aging 344 E. Front Street Statesville, NC 28687	Iredell	X		X
Lincoln Senior Services Department 612 Center Drive Lincoln, NC 28092	Lincoln	X		X
Mecklenburg DSS 3205 Freedom Drive Charlotte, NC 28208	Mecklenburg			X
Rufty Holmes Senior Center 1120 S. MLK Jr. Blvd, Salisbury, NC 28133	Rowan	X		X
Stanly Senior Services Department 283 N. Third Street Stanly, NC 28001	Stanly	X		X
Centralina AAA 17350 David Taylor Drive #250 Charlotte, NC 28262 (represents Union DHS and COA in Union)	Union			X

Section III

Needs Assessment Overview

Centralina AAA conducted a region-wide needs assessment, a copy is attached in both English and Spanish. The survey was distributed in a multi-media format. Collection efforts included in-person at existing events throughout the region such as health fairs, nutrition sites, and senior centers. The provider network distributed an electronic link to their constituents, and it was posted on the CAAA website. A special outreach effort was made to ensure data was collected from people who have Spanish as their primary language. The survey was duplicated and published in Spanish using an interpreter. Then, the tool was distributed to specific agencies that have primary clients who speak Spanish and responses incentivized through a small raffle. On receipt, the surveys were then translated through Google Translator, so all open-ended responses were included in the overall results.

In addition to the survey, three focus groups were also conducted which included one for the provider and volunteer network, a public forum through a virtual webinar, and lastly, the Centralina Board of Delegates meeting representing elected officials in all nine counties. These results were also synthesized into the final needs assessment summary.

In a dramatic shift from prior years, the greatest unmet needs for individuals were related to.

- Need for more money to pay bills, medications, or food.
- Need for ways to address social isolation and loneliness.
- Need for home modifications for safety adaptations or home repair.

Historically, the AAA would respond to issues via the Home and Community Block Grant process which allocates funds to each county to address older adults service needs in the county.

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

Date:

Place:

Summary of Major Comments:

NOT APPLICABLE

Exhibit 12: Needs Assessment Regional Summary

The top three inadequately met needs in the county.

Surveys as of 3.5.24 n=778

Sorted by county and what is your greatest unmet need.

County	1	2	3
Anson	Money to pay bills, meds and/or food	Isolation/Loneliness	Housing
Cabarrus	Money to pay bills, meds and/or food	Transportation	Caregiving issues
Gaston	Transportation – pilot micro transit	Knowing how to access services	Need to decrease loneliness and isolation
Iredell	Finances	Housing	Access to medical care
Lincoln * (n=4 with only 1 response to greatest need question)	Transportation		
Mecklenburg	Caregiving	Money to pay bills, meds and/or food	Isolation/Loneliness
Rowan	Money to pay bills, meds and/or food	Transportation	Internet access
Stanly	Isolation/Loneliness		Home safety features

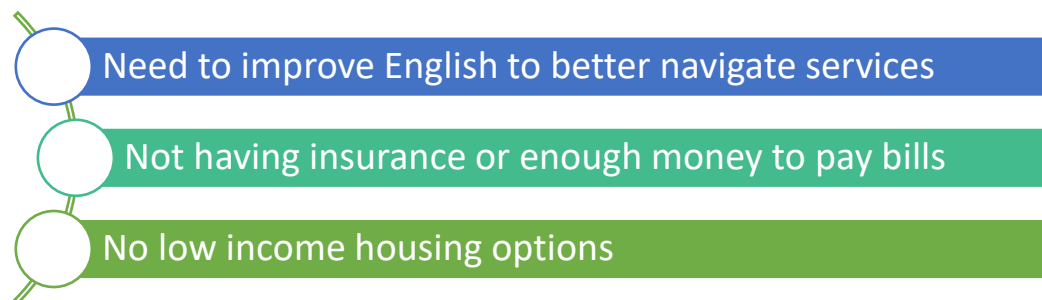
		Money to pay bills, meds and/or food	
Union	Isolation/Loneliness	Money to pay bills, meds and/or food	Home safety features

*
Insufficient data to determine additional needs for this county.

Responses for individuals who identify as Hispanic with Spanish as their primary language. Responses (n=79) were entered and open-ended questions were translated using Goole Translator.

Centralina produced the Area Plan Assessment in Spanish and conducted a specific outreach effort to obtain input from individuals who identified as Hispanic and did not have English as their primary language. CAAA used a Latina Community Health Worker to assist in the distribution and collection of these surveys. Participants were incentivized by a gift card give away and small gift bags at a Latino lunch club and other locations across the region.

The top three areas of unmet need for those who identified as Hispanic with Spanish as their primary language are as follows:



Section IV
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services – Waiver Request

Centralina submitted a waiver request for HPDP and FCSP direct services on June 2, 2023. NCDOA approved the waiver on October 12, 2024. NCDOA has not released the FY25 final allocations as of this submission. This chart is intentionally blank.

Exhibit 13: Provision of Direct Services Waiver Request

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

1. Name of the Organization: Centralina Area Agency on Aging Fiscal Year: 24
2. Summary of Service Information:

Title III-D HPDP: Centralina will utilize 100% of all Title III-D funds to deliver approved EBHP in the nine-county region. CAAA provides a suite of seven (7) Stanford University Chronic Disease Self-Management Education (CDSME) programs including Chronic Disease Self-Management (Living Healthy), Diabetes Self-Management (Living Healthy with Diabetes), Tomando Control de su Salud, Programa de Manejo Personal de la Diabetes, Chronic Pain Self-Management, Chronic Disease in the Workplace, and Building Better Caregivers. A Matter of Balance: Managing Concerns About Falls will also be offered. Bingocize is now delivered in three counties through the Congregate Nutrition programs and PEARLS is being delivered in Mecklenburg County. Despite just entering the second year of existence, we have two certified PEARLS leaders and 10 clients.

All 7 CDSME programs, and MOB will also be delivered directly by CAAA staff and partners. MOB and 3 of the CDSME programs can now be taught both in-person and virtually. The CDSME programs can also be taught over the phone. PEARLS is conducted both virtually and in-person. Tasks for all EBHP includes leading workshops, training and tracking leaders, fidelity visits and quality assurance, providing infrastructure, purchasing materials and supplies and marketing and outreach of all programs.

Title III E Family Caregiver Support Program: FCSP funds will be used for staff salary (fringe and indirect) for direct assistance to caregivers. This includes Truaita and Active Daily Living registration and support, Building Better Caregivers, Support Groups, care management activities, information, supplemental services and supports, respite, assistance and referrals and community outreach and education. Funds will also be used to purchase supplemental supplies for eligible caregivers that contracted providers typically do not purchase like ramps, PERS, assistive technology, and technology. We also support the purchase of Apricot (Social Solutions) for case management software.

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Title III-D Health Promotion and Disease Prevention	401	All		X
Family Caregiver Support Program	830 series, 850 series	All		X

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

Shirley L. Miller

Area Agency on Aging Director _____ Date 6/2/23

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

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

Name of the Organization: Centralina Area Agency on Aging

Name of Service:

- Title III-D HPDP will include PEARLS, CDSMP, DSMP, CPSMP, BBC, MOB, Tomando de su Salud, Programa de Manejo, and Chronic Disease in the Workplace. Most will be taught in-person and virtually. Bingocize will be conducted only by funded partners with III-C ARPA funds.

- FCSP will include BBC and direct services to clients such as individual assistance, supplemental services and supports, respite, Truanta registration and support, Active Daily Living, information, assistance and referrals, support groups and community outreach and education.

Service Code: 401 and 835 FY: 24

1. **Budget:**

A. HCCBG services: All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each HCCBG service using the same forms that providers use, i.e., the 732A1 for salary expenses, the 732A for cost computations, and the 732 for a summary to show funding and match by HCCBG service. AAAs may include indirect costs as a line-item expense.

B. Non-Block Grant services (including legal services, III-D evidence-based health promotion, and Family Caregiver Support Program services) – The following documentation must be submitted with the AAA's direct service waiver request:

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

2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.
3. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year:
4. **For non-unit producing activities funded by HCCBG, III-D, or FCSP**, provide a brief narrative of the planned service and activities. For those funded by III-D, this narrative should include quarterly and/or county-specific programmatic goals for the upcoming year.

Area Agency on Aging Director Shirley L. Miller Date 6/2/23 ☒ Approved ☐ Not Approved (circle one) Director, NC DAAS Stan Brown Date 10/12/2023

Select Region Below		
F-Centralina		
Select Program Below		Select Fiscal Year Below
Title III-E Family Caregiver Support Program		2023-24
Allocation Details		
Total Allocation Including Match and Other Revenue	\$ 854,225.00	
Amount Passed Through to Partner Agencies	\$ 574,225.00	
Amount for Direct Service Provision	<u>\$ 280,000.00</u>	
Budget Overview		
Personnel Salary Cost (Complete Details Below)	\$ 112,941.00	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$ 62,117.55	Specify Rate: 55%
Indirect Cost	\$ 72,456.00	Specify Rate: 41%
Direct Program Support (Complete Details Below)	\$ 32,486.00	
Total Cost	<u>\$ 280,000.55</u>	
Category Details		
Personnel (List Staff Titles Below)	Amount	% of Time Worked
Cindy Kincaid, FCSP Manager	\$ 55,855.00	65%
Austin Caton, FCSP Aging Specialist	\$ 43,031.00	86%
Debi Lee, Assistant Aging Director	\$ 14,055.00	12%
Total Personnel	<u>\$ 112,941.00</u>	
Direct Program Support (Select Applicable Below)	Amount	
Other Travel	\$ 7,471.00	
Meeting Expenses/Conference Costs	\$ 1,750.00	
Telephone	\$ 1,440.00	
Other (Specify in Cell to Right of Amount)	\$ 3,000.00	Training
Other (Specify in Cell to Right of Amount)	\$ 15,000.00	Supplemental Services
Special Materials	\$ 2,000.00	
Printing	\$ 825.00	
Outreach/Promotions	\$ 1,000.00	
Other (Specify in Cell to Right of Amount)		
Total Direct Program Support	<u>\$ 32,486.00</u>	

Select Region Below			
F-Centralina			
Select Program Below		Select Fiscal Year Below	
Title III-D Health Promotion/Disease Prevention		2023-24	
Allocation Details			
Total Allocation Including Match and Other Revenue	\$	168,749.00	
Amount Passed Through to Partner Agencies	\$	47,500.00	
Amount for Direct Service Provision	\$	121,249.00	
Budget Overview			
Personnel Salary Cost (Complete Details Below)	\$	52,038.00	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	28,620.90	Specify Rate: 55%
Indirect Cost	\$	33,385.00	Specify Rate: 41%
Direct Program Support (Complete Details Below)	\$	7,205.10	
Total Cost	\$	121,249.00	
Category Details			
Personnel (List Staff Titles Below)	Amount	% of Time Worked	
Kristen Scarano, HPDP Manager	\$ 52,038.00	85%	
Total Personnel	\$ 52,038.00		
Direct Program Support (Select Applicable Below)	Amount		
Meeting Expenses/Conference Costs	\$ 2,005.10		
Printing	\$ 2,200.00		
Other (Specify in Cell to Right of Amount)	\$ 1,000.00	Dues/subscriptions	
Other (Specify in Cell to Right of Amount)	\$ 2,000.00	Training costs	
Total Direct Program Support	\$ 7,205.10		

Exhibit 14: Provider Monitoring Plan

rev 4/1/24

2025 - 2028 AREA PLAN ON AGING

Effective Date: 7/18

EXHIBIT 14: PROVIDER MONITORING PLAN															
Prov.				Schedule for Programmatic Review **				Schedule for Unit Verification***				Schedule for Fiscal Review **** includes covid Fiscal Review only of non-unit codes for PPE, equipment, building improvements etc.			
Code	Community Service Providers and Funded Services:	Counsees Served	Monitoring Agency *												
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28
5	Anson County Council on Aging														
	Transportation	Anson	AAA-3		X			X	X						
	In-Home Aide I	Anson	AAA	X		X		X		X					
	Congregate	Anson	AAA-1	X		X		X		X					
	Home Delivered	Anson	AAA-1	X		X		X		X					
	Disease Prevention Health Promotion	Anson	AAA		X			NA	NA	NA	NA				
	Caregiver Services	Anson	AAA	X		X		X		X					
12	Cabarrus Dept of Human Services														
	Adult Day Health	Cabarrus	AAA-2		X		X		X		X				
	Congregate Meals	Cabarrus	AAA-1		X		X		X		X				
	In-Home Aide II	Cabarrus	AAA-2		X		X		X		X				
	In Home Aide II	Cabarrus	AAA-2		X		X		X		X				
	Caregiver Services	Cabarrus	AAA		X		X		X		X				
11	Cabarrus Co. Public Transportation Dept														
	Transportation	Cabarrus	AAA		X			X	X						
	Transportation-Medical	Cabarrus	AAA		X			X	X						
10	Cabarrus Co. Dept. of Commerce														
	Housing Home Improvement	Cabarrus	AAA		X		X		X		X				
19	Cabarrus Active Living & Parks														
	-Senior Center Operations	Cabarrus	AAA			X		NA	NA	NA	NA				
	-Health Promotion/Disease Prevention	Cabarrus	AAA			X		NA	NA	NA	NA				
0	Legal Aid of North Carolina														
	Legal Services	ACQUERSU	AAA		X		X		X		X				
3	Meals on Wheels of Cabarrus County														
	HCM	Cabarrus	AAA-1		X		X		X		X				
	HCM NSIP Only	Cabarrus	AAA		X		X		X		X				
36	Gaston Department of Social Services														
	-Transportation	Gaston	AAA		X			X	X						
	-Transportation-Medical	Gaston	AAA		X			X	X						
	-In-Home Aide I	Gaston	AAA		X		X		X		X				
	-In-Home Aide II	Gaston	AAA-2		X		X		X		X				
	-In-Home Aide II	Gaston	AAA-2		X		X		X		X				
	-Adult Day Care(New FY19)	Gaston	AAA-2		X		X		X		X				
	-Home Delivered Meals	Gaston	AAA-1	X		X		X		X					
	Group Respite (new-FY 24)	Gaston	AAA		X		X		X		X				
37	Gaston Parks & Recreation														
	-Health Promotion/Disease Prevention	Gaston	AAA		X			NA	NA	NA	NA				
48	Indell Council on Aging [Senior Center of Excellence]														
	-Transportation	Indell	AAA-1	X			X	X		X	X				
	Transportation -Medical	Indell	AAA-1	X			X	X		X	X				
	-Adult Day Care	Indell	AAA-2		X		X		X		X				
	-In-Home Aide I	Indell	AAA-2		X		X		X		X				
	-In-Home Aide II - new FY20	Indell	AAA-2		X		X		X		X				
	-Congregate Meals	Indell	AAA-1		X		X		X		X				
	-Home Delivered Meals	Indell	AAA-1		X		X		X		X				
	-Senior Center Operations	Indell	AAA			X		NA	NA	NA	NA				
	-Health Promotion/Disease Prevention	Indell	AAA			X		NA	NA	NA	NA				
	Caregiver Services	Indell	AAA		X		X		X		X				

	Caregiver Services	Irredell	AAA		X		X		X		X						
54	Lincoln Senior Services Department																
	Transportation - medical	Lincoln	AAA-1			X			X		X						
	Transportation - General	Lincoln	AAA-1			X			X		X						
	Nutrition (Voucher Program)	Lincoln	AAA-1		X		X		X		X						
	-Senior Center Operations	Lincoln	AAA		X				NA		NA		NA		NA		
	-Health Promotion/Disease Prevention	Lincoln	AAA			X			NA		NA		NA		NA		
	Caregiver Services	Lincoln	AAA		X		X		X		X		X				
	Lincoln Department of Social Services																
	-In-Home Aide I	Lincoln	AAA-2		X		X		X		X		X				
	-In-Home Aide II	Lincoln	AAA-2		X		X		X		X		X				
	Meck Co-Parks & Rec(3 SCO)																
	-Senior Center Operations (3 sc)	Mecklenburg	AAA	605	X				NA		NA		NA		NA		
	-Health Promotion/Disease Prevention	Mecklenburg	AAA						NA		NA		NA		NA		
	Deals Senior Program- Levine JCC																
	-Senior Center Operations	Mecklenburg				X			NA		NA		NA		NA		
	Mecklenburg Dept. of Social Services																
	-Transportation	Mecklenburg	AAA	X					X		X		X				
	-Adult Day Care	Mecklenburg	AAA-2		X		X		X		X		X				
	-Adult Day Health	Mecklenburg	AAA-2		X		X		X		X		X				
	-Adult Day Health Transp	Mecklenburg	AAA-2		X		X		X		X		X				
	-In-Home Aide I	Mecklenburg	AAA-2	X		X			X		X		X				
	-In-Home Aide II	Mecklenburg	AAA-2	X		X			X		X		X				
	-In-Home Aide III	Mecklenburg	AAA-2	X		X			X		X		X				
	-Congregate Meals	Mecklenburg	AAA-1		X		X		X		X		X				
	-Home Delivered Meals	Mecklenburg	AAA-1		X		X		X		X		X				
	Consumer Directed Services	Mecklenburg	AAA		X		X		X		X		X				
	Caregiver Services	Mecklenburg	AAA	X		X			X		X		X				
	Charlotte Center for Legal Advocacy (aka LSGP)																
	-Legal	Mecklenburg	AAA		X		X		X		X		X				
	Levine Senior Center																
	-Senior Center Operations	Mecklenburg	AAA			X			NA		NA		NA		NA		
	Health Promotion/ Disease Prevention	Mecklenburg	AAA			X			NA		NA		NA		NA		
Code	Funded Services:	Served	Agency *		24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
	-Transportation - General	Rowan	AAA-1				X			X	X						
	Transportation-Medical	Rowan	AAA-1				X			X	X						
	Rowan County Department of Social Services																
	-In-Home Aide I	Rowan	AAA-2		X			X		X		X					
	-In-Home Aide II	Rowan	AAA-2		X			X		X		X					
	-In-Home Aide III	Rowan	AAA-2		X			X		X		X					
	Ruffy-Holmes Senior Center -(Senior Center of Excellence)																
	-Congregate Meals	Rowan	AAA-1	X			X		X		X						
	Senior Center Operations	Rowan	AAA			X			NA		NA		NA		NA		
	Disease Prevention Health Promotion	Rowan	AAA				X		NA		NA		NA		NA		
	Caregiver Services- (new-FY19)			X			X		X		X						
	Meals on Wheels of Rowan, Inc (FY 18- New Provider)																
	Home Delivered Meals	Rowan	AAA-1		X			X		X		X					
	HDM NSGP Only	Rowan	AAA	NA	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Trinity Living Center-(FY 22-New Provider)																
	-Adult Day Care	Rowan	AAA	X			X		X		X						
86	-Adult Day Health	Rowan	AAA	X			X		X		X						

00	Adult Day Health	Union	AAA	X		X		X		X							
	Stanly Senior Services Department	Stanly	AAA-2	X				X		X							
	-Transportation	Stanly	AAA-2	X				X		X							
	Transportation-medical	Stanly	AAA-2	X				X		X							
	-In-Home Aide I	Stanly	AAA		X		X		X		X						
	-In-Home Aide II	Stanly	AAA-2		X		X		X		X						
	-Congregate Meals	Stanly	AAA-1	X		X		X		X							
	-Home Delivered Meals	Stanly	AAA-1	X		X		X		X							
	-Health Promotion/Disease Prevention	Stanly	AAA		X			NA	NA	NA	NA						
	Caregiver Services	Stanly	AAA	X		X		X		X							
	Senior Center Operations (new-FY10)	Stanly	AAA		X			NA	NA	NA	NA						
	Union Council on Aging																
	-In-Home Aide I	Union	AAA		X		X		X		X						
	-In-Home Aide II	Union	AAA		X		X		X		X						
	-IHA I Respite	Union	AAA		X		X		X		X						
	-IHA II Respite	Union	AAA		X		X		X		X						
	Caregiver Services	Union	AAA		X		X		X		X						
	Group Respite (new-FY10)	Union	AAA		X		X		X		X						
	VDS-100 (new FY22)	Union	AAA		X			NA	NA	NA	NA						
30	Union-Baltimore BC (New FY21) -CARES(name chg-FY23-formerly EFSC)																
	Senior Center Operations	Union	AAA	X				NA	NA	NA	NA						
02																	
02	Union Transportation Department																
	-Transportation	Union	AAA	X			X	X		X							
01	Union Nutrition Program																
	-Congregate Meals	Union	AAA-1		X		X		X		X						
	-Home Delivered Meals	Union	AAA-1		X		X		X		X						
00	Union Department of Social Services																
	-Adult Day Care	Union	AAA-2		X		X		X		X						
	-Adult Day Health	Union	AAA-2		X		X		X		X						
	Adult Day Care Transportation	Union	AAA-2		X		X		X		X						
	-In-Home Aide II	Union	AAA-2		X		X		X		X						
	-In-Home Aide III	Union	AAA-2		X		X		X		X						

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

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

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

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

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

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

Exhibit 14A: List of Subcontractors – Instructions

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

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

Exhibit 14A: List of Subcontractors
Region F - FY 2024
County: Anson
Provider Name:
Anson County Council on Aging
Provider Code: F005

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Compass	For Profit	TRIO Community Meals	P.O. Box 742992 Atlanta, GA 30374-2992 (844) 855-8474	Preparation and delivery of home delivered and congregate meals.
ACTS	Government	ACTS	HWY 74 West Wadesboro, NC 28170 (704) 694-2596	Provide nutrition transportation to senior citizens attending the nutrition sites in Anson County.

Assurances Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCAFG Services. In addition, Non-Profit Subcontractors are registered as a charitable (501(c)(3)) organization with the federal government.

Provider Signature:
Wanda Talbert
Title: Director
Date: June 21, 2023
Version: 2016
Page 1 of 1

Exhibit 14A: List of Subcontractors**Region F - FY 2024****County:** Cabarrus**Provider Name:**

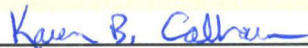
Cabarrus DHS

Provider Code: F012

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Greater Home Health Services	For-Profit	In-Home Aide Services II & III	MiJe Nwangwu, 206 N. Cannon Blvd, Kannapolis, NC 28083 704-956-2478	Provision of In-Home Aide Services Level II & III
New Infiniti Health	For-Profit	In-Home Aide Services II & III	Crystal Stafford, 325 McGill Ave. NW, Concord, NC 28027	Provision of In-Home Aide Services Level II & III
Interim Homecare	For-Profit	In-Home Aide Services II & III	Julie Conrad, 250 Branchview Dr., Concord, NC 28025 704-788-3483	Provision of In-Home Aide Services Level II & III
Coltrane L.I.F.E. Center	Non-Profit	Adult Day Health	Susan Caudle, 321 Corban Ave. SW, Concord, NC 28025 704-788-1215	Provision of Adult Day Health Services
Trio Community Meals	For-Profit	Congregate Nutrition	Bob Santana, 300 S. Tryon St. Ste 400, Charlotte, NC 28202 704-424-1071	Preparation and delivery of meals to Congregate Nutrition sites

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

Provider Signature:**Title:** DHS Director**Date:**

6/2/2023

Exhibit 14A: List of Subcontractors

Region F - FY 2024

County: Gaston

Provider Name:

Gaston County DHHS

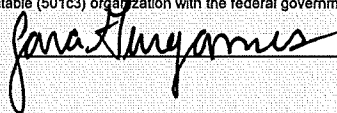
Provider Code: 036

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

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Bateman Community Living adba Trio	For Profit	Meals for the adult nutrition program	John Kirk 101 Pine Park Dr. Lafayette LA 70508, 337-593-0433	Menu planning and certification meals meet nutrition program meal pattern requirements. Preparation and delivery of meals
Personal Home Care of NC & Touched by Angels	For Profit	IHAS	Nonna Belows, 1515 Mockingbird Ln. Suite 415 Charlotte, NC 28209, 704-522-6144	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.
BrightStar of Gastonia	For Profit	IHAS	Carl Sanders, 3810 S. New Hope Rd. Suite D Gastonia, NC 28056 704-691-0280	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.
Complete Care Services, Inc.	For Profit	IHAS	Annette Fain 404 W. Warren St. Shelby, NC 28150 704-480-9340	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.
CNC-ACCESS adba All Ways Caring Homecare	For Profit	IHAS	Mary Witherington, 825 Majestic Ct., Ste. E., Gastonia 28054, 704-864-4800	Tasks identified on an In-Home Aide or FCSP service plan. Supervision of Aides, RN assessments.

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

Provider Signature:



Title: Administrator

Date: 6/23/2023

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Exhibit 14A: List of Subcontractors

Region F - FY 2024

County: LINCOLN

Provider Name:

Lincoln County DSS

Provider Code: F055

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Quality Home Staffing	For-Profit	In-Home Aide	Nena Reeves, 315 Wilkesboro Blvd., NE, Suite 2 B Lenoir, NC 28645	In-Home Aide services are intended to assist qualifying individuals with obtaining and maintaining self sufficiency, and improving the quality of life for these individuals. In-Home Aide Services may be used for the purpose of providing respite for a primary caregiver. These services are aimed at preventing the deterioration of an individual's functional capacity, preventing abuse, neglect and/or exploitation and avoiding premature institutional care by assisting individuals in maintaining themselves in their own homes, or the home of a caregiver, as long as possible. It is the intent of the In-Home Aide Services program to assist, but not replace, family members in carrying out their responsibilities for qualifying individuals.
Premier Home Care	For-Profit	In-Home Aide	Beth Jardon, P.O. Box 447, Granite Falls, NC 28630	Same as above.

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

Provider Signature:

Title: DSS Director

Date:

10/4/23

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Exhibit 14A: List of Subcontractors**Region F - FY 2024****County:** Lincoln**Provider Name:**

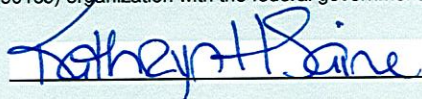
Lincoln County Senior Services

Provider Code: 054

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Capt'n Pete's	For Profit	Capt'n Pete's	Mike Pitsikoulis PO Box 692 Denver, NC 28037 704-240-8006	Resturant Voucher Congregate Site
Café Med	For Profit	Atruim Hospital - Lincolnton	Jennifer Keneda PO Box 677 Lincolnton, NC 28092 980-212-2000	Resturant Voucher Congregate Site
Fatz' Café	For Profit	Fatz	Nate Redmond 198 Roper Mountain Rd Ext Suite B Greenville, SC 29615 704-732-7155	Resturant Voucher Congregate Site
Sports Page	For Profit	Sports Page	Jennifer Bryant 7490 Waterside Crossing Blvd Denver, NC 28037 704-827-6283	Resturant Voucher Congregate Site
Italianno's	For Profit	Cheer's and Wings, Inc	1611 N. Aspen Street Lincolnton, NC 28092 704-732-3118	Resturant Voucher Congregate Site
TLC	Government	Transportation Lincoln County	Krystal Ford 435 Salem Church Rd Lincolnton, NC 28092 704-736-9626	Transportation Provider

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

Provider Signature:**Title:**

Director

Date:

8-14-2023

Exhibit 14A: List of Subcontractors**Region F - FY 2024****County:** Mecklenburg**Provider Name:**

Mecklenburg DSS

Provider Code: F060

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
CORA's Intergenerational Center	Non-Profit	ADC/ADHC	Mary Wilson 3301 Beatties Ford Rd Charlotte NC 28216 704-391-6670	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Blessed Assurance Adult Day & Health Center	Non-Profit	ADC/ADHC	Mr. Nate Huggins 13001 Idlewild Rd. Matthews, NC 28105 704-845-1359	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Gracious Living Adult Day and Health Care Center Corporation	Profit	ADC/ADHC	Mrs. Michele Allgood 17220 Norcross Dr., Suite 120 Huntersville, NC 28078 704-997-5032	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Loving Touch Adult Day Care & Day Health Center, Inc.	Profit	ADC/ADHC	Mrs. Joyce Freeman 1302 Beatties Ford Rd. Charlotte, NC 28216 704-331-0015	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Rae's Playze	Non-Profit	ADC/ADH	Mrs. Ruby Works 5010 Albemarle Rd. Charlotte, NC 28205 704-563-3334	Client assessment Service plan development Direct provision of AD service in accordance to Standards
University Adult Day Care & Health Center	For Profit	ADC/ADHC	Mrs. Ruby Kumar 1324 John Kirk Dr. Charlotte, NC 28262 704-510-0030	Client assessment Service plan development Direct provision of AD service in accordance to Standards
Comfortkeepers	For Profit	IHA HM-I,II IHA PC-II, III	Ms. Lori Eberly 8815 University East Dr. #110, Charlotte, NC 28213 704-598-0062	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Homewatch Caregivers	For Profit	IHA HM-I,II IHA PC-II, III	Michael Riley 8501 University Executive Park Dr., Suite 120, Charlotte, NC 28262 704-559-1800	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Interim	For Profit	IHA HM-I,II IHA PC-II, III	Ms. Julie Conrad, Regional Director 330 Billingsley Rd Ste 207 Charlotte, NC 28211	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Trio Community Meals	For Profit	Hot meals/frozen meals	Tristan Fulbright 980.721.8565	Preparation and Delivery of meals
ResCare Home Care	For Profit	IHA HM-I,II IHA PC-II, III	Mary Witherington 704-559-8125 834 Tyvola Road, Ste. 108 Charlotte, NC 28217	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training
Senior Helpers	For Profit	IHA HM-I,II IHA PC-II, III	Sheila Lowery 9101 Pineville-Matthews Rd. Suite M Charlotte NC 28134	PC assessments/reassessments of clients Tasks identified on an In-Home Aide plan of care Supervision of direct care staff including competency Testing and training

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

Provider Signature:**Title:****Date:**

Exhibit 14A: List of Subcontractors**Region F - FY 2024****County:** Rowan**Provider Name:**

Rowan County Department of Social Services

Provider Code: F080

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Bayada Home Health Care, Inc.	For Profit	In Home Aide	Amy Brecher, 107 Dorsett Dr. Suite C, Salisbury NC 28144 704.797.8000	Tasks identified on the In Home Aide plan of care, ensuring aides are sufficiently trained, provide adequate supervision for aides.
Comfort Keepers, aka R-Care Doing Business as Comfort Keepers, Inc.	For Profit	In Home Aide	Terri Stallings 512 Klumac Rd Suite 11 Salisbury, NC 28144 704.630.0370	Tasks identified on the In Home Aide plan of care, ensuring aides are sufficiently trained, provide adequate supervision for aides.

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

Provider Signature:**Title:** Social Services Director**Date:** 5/11/2023

Version 2016

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision,etc.)
Seacate Inc; dba On-Time Catering	For-Profit	Congregate Nutrition	Wesley Seaford, 403 W. 5th Ave., Lexington, NC 336-249-8621	Preparation and delivery of bulk meals to six congregate nutrition sites

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

Exhibit 14A: List of Subcontractors

Region F - FY 2024

County: Rowan

Provider Name:

Meals on Wheels of Rowan

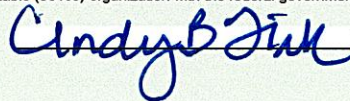
Provider Code:

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
K&W Cafeteria	For-Profit	Home Delivered Meals	Tempie Wells K&W Cafeteria, 349-P Copperfield Blvd, Concord, NC 28025 cell 704-756-3099	Menu design, preparation, nutritional analysis and delivery of meals.

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

Provider Signature:



Title:

Ex Dir

Date:

5-16-2023

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

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision,etc.)
Alliance Health and Homecare	For-Profit	In-Home Aide	Carlene Bowder 1919 W. Main St. Albemarle, NC 28001 704-983-0959	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
Bayada Home Health Care	For-Profit	In-Home Aide	Karen Grochowsky 731 N. Second St. Suite C Albemarle, NC 28001 704-982-7070	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
Professional Home Care	For-Profit	In-Home Aide	Angelia McAdoo-Williams 2216 W. Meadowview Rd. Ste 114, Greensboro, NC 27407 336-544-8046	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
Eudy Properties & Services Inc./dba TLC at Home	For-Profit	In-Home Aide	Lindsey Chilton 2211 W. Main St. Albemarle, NC 28001 704-986-4852	RN assessments/reassessments, tasks on IHA care plan (Approved by Prog Spvr and contract RN), aide supervision and competencies.
SCUSA Transportation	Government	Transportation	Randy Shank, 1000 N. First St., Suite 15 Albemarle, NC 704-986-3797	General and medical transportation within Stanly County for seniors 60+
Platinum Corral LLC/dba Golden Corral	For-Profit	Nutrition	Amy Marsh, 521 New Bridge St., Jacksonville, NC 28540 336-736-9827	Prepare meals for nutrition program (cong and HD)

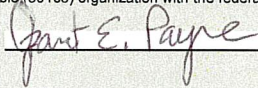
Attest Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M). B) has not been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

Exhibit 14A: List of Subcontractors**Region F - FY 2024****County:** Union**Provider Name:** Union County Human Services**Provider Code:** F090/F091

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

Subcontractor Name	Type Agency Non-Profit For-Profit Government	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Bayada Home Health Care	For-Profit	In Home Aide	Chimere Blackwell (704) 971-4600 8801 J.M. Keynes Drive, Suite 205 Charlotte, NC 28262	IHA: Follows an IHA Plan of Care prepared by UCDSS SW.
Neighborhood Nurses	For-Profit	In Home Aide	Joe Pennigar (704) 292-1234 1821 Rocky River Rd. N Monroe, NC 28110	IHA: Follows an IHA Plan of Care prepared by UCDSS SW.
New Testament Baptist ADC	Non-Profit	Adult Daycare	Tony Owen 2603 Goldmine Road Monroe, NC 28110 980-521-4516	Adult Daycare provider follows Service Plan prepared by UCDSS SW.
Aramark	For-Profit	Congregate/HDM Nutrition	Michelle T. hompson 704-233-0231 Facility 252-642-9341 Cell UCSO Jail, Presson Road	Meal preparation and delivery of bulk food to the dining sites
TRIO Community Meals	For-Profit	HDM Nutrition	Tristan Fulbright 980-721-8565 4800 Chesapeake Dr Charlotte, NC 28216 (Commissary location)	Frozen meal delivery for homebound seniors and bulk frozen meals to HHS for delivery by UCT.

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

Provider Signature:**Title:** Interim Executive Director **Date:** 6/29/23

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