

2024 - 2028

AREA PLAN FOR AGING AND HUMAN SERVICES

EMPOWERED AGING
ACTION PLAN

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REGIONAL COUNCIL

AREA AGENCY ON AGING

The mission of the Central Pines Area Agency on Aging (CPAAA) is to promote the highest level of well-being of older adults in the Chatham, Durham, Johnston, Lee, Moore, Orange, and Wake counties by partnering with organizations to assess needs and provide a comprehensive system of opportunities, services and protective supports.

Central Pines Regional Council (CPRC) and the Area Agency on Aging are located within seven counties along the edge of the fast-growing central North Carolina, with a mix of urban and rural communities and is the premier regional organization serving as a leading resource to connect communities and enhance their strategic priority outcomes through regional policy, collaboration, and technical assistance at the local, regional and state level.



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I. Narrative

Executive Summary

The Central Pines Area Agency on Aging (CPAAA) is pleased to present its four-year Regional Area Plan on Aging, spanning from 2024 to 2028. This plan outlines our commitment to address the diverse needs of aging adults, adults with disabilities, and family caregivers across our region. Guided by advocacy, partnership efforts, and the principles of the State Aging Plan on Advancing Equity in Aging, our plan focuses on six key areas:

- 1. Safety, Protection, and Advocacy**
- 2. Healthy Aging/Quality of Life**
- 3. Housing and Homelessness**
- 4. Caregiving Support and Workforce Development**
- 5. Long-term Preparedness Planning**
- 6. Advancing Equity and Reframing Aging**

The goals are guided by the current 2023-2027 North Carolina State Aging Plan and are intended to encompass the needs and desires of this region's aging adults and adults with disabilities. The objectives and strategies are similar to those of the state's plan, but the strategies and performance measures reflect the opportunities and strengths of our region.

Safety, Protection, and Advocacy

CPAAA is dedicated to ensuring the safety and protection of our aging population through robust advocacy efforts and strategic partnerships. We will continue to collaborate with local agencies and community stakeholders to identify and address issues related to elder abuse, neglect, and exploitation. Our goal is to empower older adults to assert their rights and access the necessary resources for protection and support.

Healthy Aging/Quality of Life

Promoting healthy aging and enhancing quality of life are central to our mission. CPAAA will work to expand access to preventative health services, wellness programs, and nutritional support for older adults. Additionally, we will advocate for policies and initiatives that foster age-friendly communities, promoting social connectedness and active engagement among older adults.

Housing and Homelessness

Addressing housing insecurity and homelessness among older adults is a priority for CPAAA. We will collaborate with housing agencies, local governments, and community partners to increase affordable housing options and support services for aging adults at risk of homelessness. Our efforts will focus on providing housing stability and improving overall well-being.

Caregiving Support and Workforce Development

Recognizing the invaluable role of family caregivers, CPAAA is committed to enhancing support services and workforce development initiatives. We will expand caregiver education and training programs, while also advocating for policies that recognize and support the needs of caregivers. Additionally, we will work to strengthen the aging services workforce through recruitment, training, and retention efforts.

Long-term Preparedness Planning

CPAAA recognizes the importance of long-term preparedness planning in ensuring the resilience of our aging population. We will collaborate with emergency management agencies, healthcare providers, and community organizations to develop and implement comprehensive preparedness plans tailored to the needs of older adults and adults with disabilities. Our goal is to enhance readiness and response capabilities to safeguard the well-being of vulnerable populations during emergencies.

Advancing Equity and Reframing Aging

Promoting equity and reframing aging are foundational principles of CPAAA's work. We will prioritize efforts to address disparities in access to services

and resources, with a focus on underserved communities. Through targeted outreach, advocacy, and inclusive programming, we aim to foster a culture of respect, dignity, and inclusion for all aging adults.

In conclusion, CPAAA remains committed to advancing the well-being of aging adults, adults with disabilities, and family caregivers in the Central Pines region. Our Area Plan on Aging reflects our dedication to advocacy, partnership, and innovation as we strive to build a more equitable and age-friendly community for all. We look forward to collaborating with our stakeholders and partners to achieve our shared goals and improve the lives of older adults across our region.



Plan Development

The development of the Central Pines Area Agency on Aging's (CPAAA) plan was a collaborative and comprehensive effort, guided by a variety of inputs and analyses. The process began with a staff retreat in September 2023, where team members reviewed the objectives, strategies, and measures outlined in the State aging plan. This review provided a foundational understanding of the broader goals and priorities set forth at the state level.

Following the review of the State aging plan, CPAAA conducted both internal and external analyses to assess strengths, weaknesses, opportunities, and threats (SWOT) related to aging services in the region. This analysis helped identify areas of focus and strategic priorities for the agency moving forward.

Additionally, two Regional Advisory Council on Aging input sessions were held, allowing council members to work in groups to review and provide feedback on goals, objectives, strategies, and expected outcomes. This collaborative approach ensured that the perspectives and insights of key stakeholders were integrated into the planning process.

To gather input from the broader community, CPAAA distributed a survey throughout the region. The survey solicited input on the top three related issues in each county from local service partners, the Regional Advisory Council on Aging members, and the Central Pines Regional Council Member Engagement Coordinator. This feedback provided valuable insights into the specific needs and priorities of each county within the region.

In addition to these direct sources of input, CPAAA leveraged other resources such as community health assessments and the NC Institute of Medicine's publication, "A Place to Thrive: Creating Opportunities to Age Well in North Carolina." These resources helped inform the development of strategies and interventions to address the identified needs and challenges facing older adults in the region.

Overall, the plan development process was inclusive, data-driven, and collaborative, ensuring that the resulting area plan reflects the priorities, needs, and aspirations of the communities served by CPAAA.

Goals, Objectives, Strategies and Expected Outcomes



Safety and Protection

Goal 1: Use policy, advocacy, education, and a multi-disciplinary approach to protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation.

Objective 1.1: Maximize collaboration, education, and outreach opportunities regarding the protection of vulnerable and aging adults with the community and stakeholders within the region.

Strategy 1.1.1: Collaboration with state and local community organizations to provide education on elder abuse awareness.

Indicator:

The Regional Long-Term Care Ombudsman will have continued membership, participation, and leadership in the North Carolina Partnership to Address Adult Abuse (NCPAAA) with the AAA providing support for the efforts of the NCPAAA

The number of elder abuse education provided within the region, especially in the most vulnerable communities.

Number of impressions with utilization of digital technology such as social media, Central Pines Regional Council website, and newsletters for outreach.

Family Caregiver Support Program Coordinator will provide and distribute resources on the prevention of abuse, neglect and exploitation to family caregivers and provide materials to services partners in FY25.

Strategy 1.1.2: Annually host regional an Elder Abuse Awareness event in collaboration with other partnering agencies or organizations with a similar focus to bring awareness to World Elder Abuse Awareness Day.

Indicator:

A record of this annual event with the agenda, number of attendees, and post-event survey results.

Track the number of elder abuse prevention outreach events and materials share with the community

Strategy 1.1.3: The Regional Long-Term Care Ombudsman will provide Residents' Rights training including aging sensitivity, Elder Abuse Awareness, and Prevention to facilities, Community Advisory Committee (CAC) members, and community stakeholders upon request.

Indicator:

Quarterly records of Residents' Rights training, including Elder Abuse Awareness and Prevention, as tracked in NORS-NC database system.

Strategy 1.1.4: Implement customized outreach and educational initiatives to effectively engage with and support the LGBTQ community, along with individuals who are blind, deaf, or hard of hearing.

Indicator:

By 2025, develop outreach materials and resources accessible to individuals with varying sensory abilities.

Annually provide resources to long-term facilities on LGBTQ rights.

Develop partnerships with LGBTQ advocacy organizations and blindness, deafness, and hard of hearing support groups and relevant stakeholders.

Objective 1.2: Empower long-term care residents and those who care for and support them, to be better equipped to exercise their rights through education and outreach.

Strategy 1.2.1: Regional Long-Term Care Ombudsmen will provide resources and training to residents, guardians, POAs/Resident Representatives, and facility staff on guardianship and residents' rights quarterly.

Indicator:

Records of assistance sessions or resources provided, as tracked in NORS-NC database system.

Strategy 1.2.2: Collaborate with legal community partners to provide education to older adults and their caregivers about legal rights.

Indicator:

Record of education sessions provided to the Regional Advisory Council on Aging as well as regional and community partners.

Track the number of legal education opportunities provided to those in underrepresented and underserved populations annually.

Objective 1.3: Older adults, community partners, and stakeholders will be informed through education and outreach on exploitation, fraud, and scams.

Strategy 1.3.1: CPAAA and its partners will provide public awareness of financial exploitation, scams, and frauds to older adults, community groups, and organizations.

Indicator:

Track the number of regional educational and training opportunities at Central Pines Regional Council on elder fraud and exploitation annually.

Strategy 1.3.2: Empower the Senior Tarheel Legislature (STHL) and Regional Advisory Council on Aging (RAC) to provide outreach and advocacy on exploitation and the risk of fraud and scams on older adults.

Indicator:

The number of outreach activities within the community and senior centers.

The number of outreach materials disseminated, and events attended by STHL and RAC within the community.

Expected Outcomes:

Community stakeholders will gain enhanced awareness regarding the prevention and reporting of elder and adult abuse, neglect, and exploitation.



Healthy Aging and Quality of Life

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

Objective 2.1: Older adults within the region will have access to evidence-based programs that seek to prevent falls, improve self-management of chronic conditions, and educate family caregivers for vulnerable individuals.

Strategy 2.1.1: Expansion and sustainability of evidence-based programs offered within the region.

Indicator:

Track the number of training courses and support local partners and program leaders for evidence-based programs.

Annually, track the percentage of participants enrolled in evidence-based programs within the region for each program.

Annually track the number of evidence-based programs offered within the region using the Mon Ami software.

By 2026, diverse funding resources will be identified to sustain evidence-based programs.

Annually gather feedback and satisfaction surveys from participants

Strategy 2.1.2: Outreach of evidence-based health promotion programs to reach older adults with limited access within the region.

Indicator:

Track the number of targeted outreach opportunities to underrepresented and underserved parts of the region.

Track the number of resources and information disseminated about available evidence-based programs within the region using the healthyagingnc.com website.

Encourage local partners to leverage existing services, such as the home-delivered meals program, to share information related to the Social Bridging NC website and healthyagingnc.com website.

Track the number of targeted outreach efforts by certified “Senior Centers of Excellence” in the region and lead service partner organizations to diverse populations.

Provide resources on evidence-based health promotion programs at community health fairs and events.

Utilize and share Social Bridging NC website to provide information, resources, and programs to older adults who may be experiencing social isolation or loneliness.

The Family Caregiver Support Program Coordinator will provide local partners with resources to share with caregivers on caregiving programs.

Strategy 2.1.3: Central Pines Area Agency on Aging and local partners will provide outreach and promotion of monthly health awareness initiatives and evidence-based health programs in the community for the Medicare for Patients and Providers Act (MIPPA).

Indicator:

Track monthly activity of outreach per the grant activities to the NC Department of Insurance’s Senior Health Insurance and Information Program (SHIIP).

Objective 2.2: Enhance the quality of life for residents in long-term care facilities.

Strategy 2.2.1: Continue to partner with residents, regulators, county monitors, and volunteers to promote optimal quality of life.

Indicator:

Records of complaints received and addressed related to restrictive environments or unsafe discharges, as tracked in NORS-NC database system.

Strategy 2.2.2: Regional Long-Term Care Ombudsmen will provide education and technical assistance to staff of long-term care homes on how to incorporate person-centered care practices.

Indicator:

Number of technical assistance provided to long-term care staff, as tracked in NORS-NC database system.

Objective 2.3: Collaboration with the NC Division of Aging, community partners, and key community stakeholders to implement initiatives aimed at improving nutrition access and education for older adults especially low-income aging adults and those living with a disability.

Strategy 2.3.1: CPAAA and community partners will promote nutritional and supplemental food options available in the community.

Indicator:

Records of agendas and meeting minutes where nutrition resources and access were discussed.

Number of referrals to nutrition providers captured in PeerPlace.

Strategy 2.3.2: CPAAA will provide technical assistance and promote home-delivered meals and congregate dining services as methods to address nutrition access with a listing of dining locations and home-delivered meal providers will be provided on the CPRC AAA webpage and CPAAA will provide information and assistance to callers about nutrition services.

Indicator:

Track the number of nutrition-related calls in PeerPlace.

The number of webpage views on the CPRC AAA webpage.

Record the number of technical assistance provided to service providers.

Strategy 2.3.3: Individuals will have access to healthy foods and to information and activities that promote healthy lifestyles.

Indicator:

Encourage senior centers to develop or participate in community gardens as part of certification activities or during services partner educational sessions.

Home and Community Care Block Grant (HCCBG) funded nutrition programs that contract with catering vendors that incorporate fresh, local, and whole foods into congregate and home-delivered meals.

Strategy 2.3.4: Advocate for the modernization of nutrition programs to meet the needs of older adults within our region.

Indicator:

Promote advocacy related to 2024 Older Americans Act (OAA) reauthorization.

Share resources and updated guidance around the provision of home-delivered and congregate nutrition services.

Objective 2.4: Establish partnerships and implement programs aimed at mitigating social isolation and promoting mental health among older adults, thereby enhancing their overall health and well-being.

Strategy 2.4.1: Support local providers and provide outreach efforts to identify isolated older adults within the community who may be at risk of social isolation.

Indicator:

Monitor the effectiveness of outreach initiatives in identifying and reaching isolated older adults who may be at risk of social isolation.

Track engagement of older adults within the region on the Social Bridging NC website.

Expected Outcomes:

There will be support for healthy aging within the region and assist older adults with improvement in their quality of life.



Housing and Homelessness

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

Objective 3.1: Enhance the livability and well-being of aging adults within the region.

Strategy 3.1.1: Promote formal adoption of AARP’s network of Age-Friendly States and Communities by local governments within the region.

Indicator:

Number of communities that commit to the AARP Age-Friendly States and Communities network, including the development and implementation of a livable community plan.

Strategy 3.2.1: Collaborate with the CPRC Housing focus area, regional housing network, and local providers to exchange information and opportunities aimed at tackling housing and economic security needs for the aging population, reducing the risk of homelessness.

Indicator:

Number of collaboration opportunities with the Housing focus area with a focus on rural communities.

The number of older adults connected with housing and home improvement programs managed by CPRC’s Housing focus area.

Increased number of older adults served within the region utilizing HCCBG and other related funding for Housing and Home Improvements (HHI).

Objective 3.2: Aging adults and the community networks that serve them will be educated on the availability of services that foster independence, and self-sufficiency and enhance planning for long-term needs.

Strategy 3.2.1: Provide information on how to select long-term care (LTC) facilities and how to plan for their future LTC needs by referring to the appropriate resources for the needs of the person.

Indicator:

Numbers of individuals assisted with long-term care facility selection and/or planning for long-term care needs, as tracked in the NORS-NC database system.

Strategy 3.2.2: Provide information assistance and options counseling to those seeking service and resource information.

Indicator:

Number of reported Information, Assistance, and Options Counseling requests.

Expected Outcomes:

**Increase in the ability for older adults to age in their choice of community.
Improve collaborations to approach housing issues with an equitable lens.**



Caregiving and Workforce Development

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

Objective 4.1: Enhance consumer choice and autonomy that empower older adults to actively participate in decision-making regarding their care and support options.

Strategy 4.1.1: Offer and expand consumer-directed programs as an alternative to traditional in-home care services.

Indicator:

Number of funded consumer-directed programs and counties served.

The number of veterans participants in the Veterans-Directed Services program.

Strategy 4.1.2: Provide caregiving training and educational resources to professionals who interact with family caregivers to strengthen a family caregiver's capacity to provide care.

Indicator:

CPAAA Family Caregiver Program Coordinator will distribute information on family caregiving training and educational resources at quarterly meetings of the region's Family Caregiver Support Program Specialists.

Objective 4.2: Foster ongoing collaboration and engagement with community-based groups and coalitions to advocate for caregiving resources and address pertinent issues affecting older adults and caregivers within the region.

Strategy 4.2.1: Continued participation with community-based groups and coalitions to advocate for caregiving resources and issues.

Indicator:

Annual membership and participation with the Coalition on Aging.

AAA participation in Durham County Aging Plan and Live Well Wake annually by evidence of agendas.

Strategy 4.2.2: Regional Long-Term Care Ombudsmen will continue to serve all residents regardless of payor source, gender, or race, and will provide information upon request to residents who may be non-English speaking, visually impaired, deaf, and hard of hearing.

Indicator:

Number of individuals served through our program, as documented in NORS-NC database system.

Number for educational resources provided to residents, staff and caregivers.

Objective 4.3: There will be a sufficient and well-trained workforce that can support the needs of an aging population, especially those who are frail and vulnerable.

Strategy 4.3.1: Offer orientation services to new service partner staff.

Indicator:

Number of orientation sessions provided to service partners.

Strategy 4.3.2: Facilitate and offer group roundtables for sharing best practices with key staff in service partner agencies, i.e. Directors, family caregiver specialists, senior center, and health promotion staff.

Indicator:

Number of group sessions provided for key staff members.

Strategy 4.3.3: Monitoring oversight of funded services and staff credentialing as required to ensure a high level of quality and compliance.

Indicator:

Annual service monitoring compliance percentage.

Expected Outcomes:

Improved quality of services for older adults due to a well-trained workforce. Improved access to resources for caregivers.



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.

Objective 5.1: Support local communities to better prepare and plan for a diverse aging population within the region by evaluating and incorporating the needs of older adults and their caregivers in long rang planning efforts.

Strategy 5.1.1: Enhance the involvement of community members in state, regional, and local advocacy activities in support of issues concerning the growing aging population.

Indicator:

Diversification and appointments to vacant slots of the Regional Advisory Council on Aging with engaged volunteers by FY25.

Orientation for new members of the Regional Advisory Council on Aging and new delegates and alternates for the Senior Tar Heel Legislature annually or as needed.

Keep track of written advocacy and education materials related to aging issues shared with the Regional Advisory Council on Aging, partner agencies and stakeholders.

Strategy 5.1.2: CPAAA will partner with the NC Division of Aging as well as other partner organizations to develop outreach strategies to communicate Older Americans Act (OAA) programs within the region.

Indicator:

The number of partnerships and materials developed and shared about OAA funded programs.

Objective 5.2: Emergency preparedness and the safety of aging adults, including those living with disabilities, will be strengthened within the region.

Strategy 5.2.1: Regional Long-Term Care Ombudsmen will keep up to date on the latest information from Emergency Management services within the region and continue to discuss emergency preparedness and safety of residents with administrators, providing resources upon request.

Indicator:

Records of technical assistance provided regarding emergency preparedness, as documented in NORS-NC database system.

In the event of an emergency, Regional Long-Term Care Ombudsman will notify the SLTCO Office and check in with the facility as necessary to ensure residents are safe.



Strategy 5.2.2: Work collaboratively with community partners and local governments to enhance emergency preparedness and response.

Indicator:

Annually update the list of emergency contacts throughout the region with a cross reference with service providers.

Strategy 5.2.3: Within the region, certified “Senior Centers of Excellence” will provide participants with emergency preparedness and safety information.

Indicator:

CPAAA will review and approve service provider certification or recertification documentation prior to submission to NC Division of Aging to ensure inclusion of emergency preparedness and safety information.

CPAAA representative will observe on-site during monitoring emergency preparedness and safety information.

Objective 5.3: CPAAA along with partnerships with the Division of Aging and local partners will expand access to aging services and support equitably and inclusively.

Strategy 5.3.1: CPAAA will support the efforts within the state to create a Community Care Hub to assist with the diversification of revenue streams to expand services for older adults.

Indicator:

Business contracts with healthcare systems and/or managed care entities.

Strategy 5.3.2: Ongoing monitoring of waiting lists for Home and Community Care Block Grant (HCCBG) services throughout the regions

Indicator:

Track changes in the number of clients waiting for services.

Strategy 5.3.3: Review community demographics for targeted and prior groups (ex. minority, rural, living at or below poverty) and funded service demographics as part of the monitoring process and administration of funding.

Indicator:

Service utilization demographics will be representative of community demographics regarding targeted and priority for service groups.

Strategy 5.3.3: Reevaluation of currently funded services, community needs, and utilization patterns in the Home and Community Block Grant committee process to assess for alignment for funded amounts.

Indicator:

Number of opportunities for CPAAA technical assistance and support in review of HCCBG service funding, utilization and demographics.

Expected Outcomes:

CPAAA and stakeholders will actively prepare for the future of older adults in the region. There will be increased knowledge of emergency preparedness and improved efforts for sustainability for aging services.



Advancing Equity

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

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

Strategy 6.1.1: Establish partnerships with local LGBTQ organizations for education on inclusive language and best practices to foster welcoming and inclusive environments for all older adults.

Indicator:

Track the number of resource materials and education sessions with staff and local partners.

Revise and adjust written materials to better represent inclusivity.

Strategy 6.1.2: Collaboration with the NC Division of Aging and local partners to educate on methods to reframe aging to address stigmas associated with aging.

Indicator:

CPAAA to host webinars on aging issues and policies.

Annually provide education to CPRC staff, local partners, local governments, and community organizations on reframing aging concepts.

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

Strategy 6.2.1: Collaborate and partner with Digital Navigators within the region to provide resources to trainings and programs designed to improve digital literacy and connectivity among older adults in underserved populations

Indicator:

Shared resources with CPAAA local partners, older adults and their support system.

Promote senior centers and their digital outreach initiatives.

Objective 6.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network.

Strategy 6.3.1: Improve and increase outreach as well as aging services to older adults, family caregivers and persons with disabilities who have limited English proficiency.

Indicator:

Partner with agencies and community organizations that serve individuals with limited English proficiency.

Provide written resources in alternate languages that are more prevalent within the region.

Strategy 6.3.1: Implement comprehensive cultural competency training programs for staff and service providers within the aging and adult services network.

Indicator:

The number of trainings and educational sessions offered by CPAAA.

Expected Outcomes:

CPAAA will work to improve access to information and resources for all diverse backgrounds by increasing awareness, knowledge, and inclusivity of programs provided.



Quality Management

Central Pines Area Agency on Aging (CPAAA) responsibly provides oversight of the fiscal and programmatic usage of state and federal funding to ensure compliance with regulations and uphold service standards. CPAAA employs a risk-based monitoring approach in line with NC Division of Aging guidelines, detailed in its Procedures for Monitoring of Community Service Providers section. Educational support is offered to all providers year-round to maintain service quality.

An annual monitoring plan is developed based on risk assessments conducted by CPAAA's Provider Risk Monitoring Committee. This plan is submitted to the NC Division of Aging annually. Monitoring reviews follow the NC Division of Aging's standards, evaluating service and financial records, staff procedures, and subcontractor compliance. Reports, including corrective actions if necessary, are shared with providers and county managers within 30 days post-visit. CPAAA oversees corrective actions until completion, typically by the fiscal year-end.

CPAAA staff regularly review reimbursement reports, client demographics, waiting lists, and service records to assess overall provider management and address issues. Annual service statistics are shared with stakeholders, including the Advisory Council on Aging and county planning committees, to inform service outcomes and future needs. Regional-level fund usage data is compiled and included in the CPRC annual report, alongside Long-Term Care Ombudsman program activities and nutrition program metrics.

Conclusion

Central Pines Area Agency on Aging (CPAAA) is proud to present our four-year Regional Area Plan on Aging for 2024-2028. This plan is a testament to our unwavering commitment to addressing the diverse needs of aging adults, adults with disabilities, and family caregivers throughout our region.

Aligned with the current North Carolina State Aging Plan, our goals are tailored to reflect the unique opportunities and strengths of our region, ensuring that our strategies and performance measures are specifically designed to meet the needs and desires of our local community.

From enhancing safety and protection through robust advocacy efforts to promoting healthy aging and quality of life, our objectives are comprehensive and aimed at fostering a supportive environment for older adults and caregivers alike. We are committed to advancing equity and reframing aging, prioritizing efforts to address disparities and foster inclusion for all members of our community.

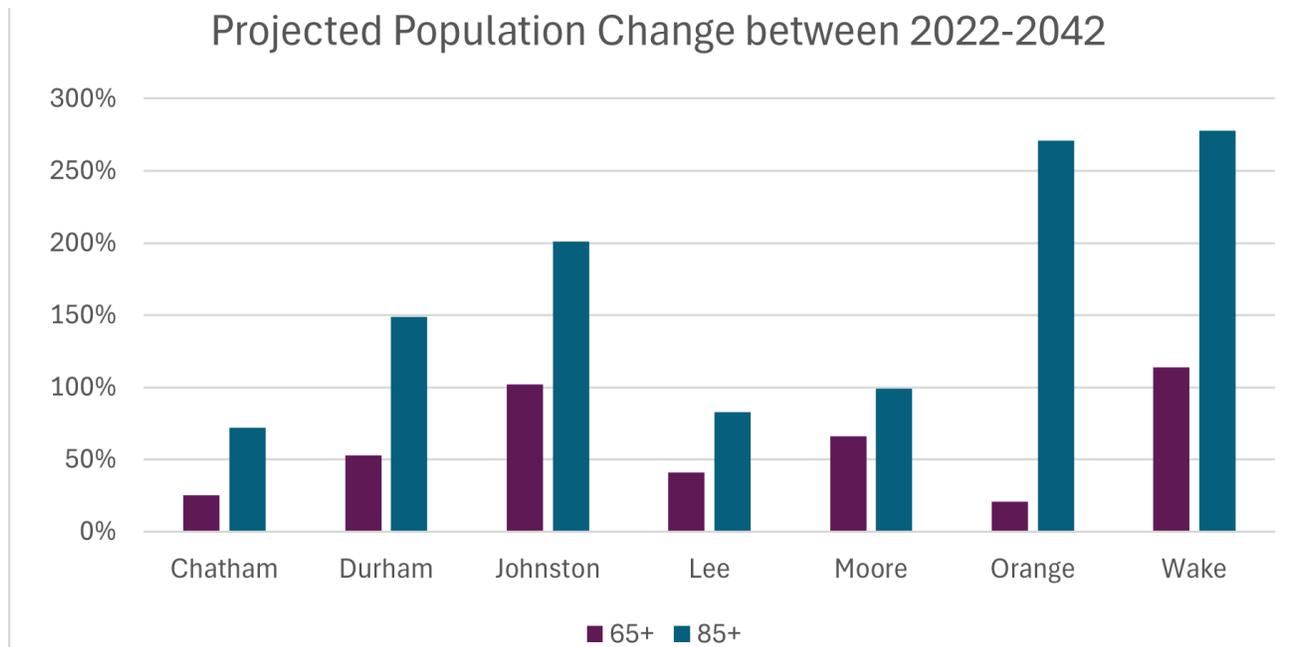
CPAAA remains steadfast in our mission to improve the lives of older adults, adults with disabilities, and family caregivers across our region. We are grateful for the collaboration and support of our stakeholders and partners, and we look forward to working together to achieve our shared vision of a more equitable and age-friendly community for all.



II. Attachments

A. Demographics

Source: NC Division of Aging, Aging Profiles, 2022

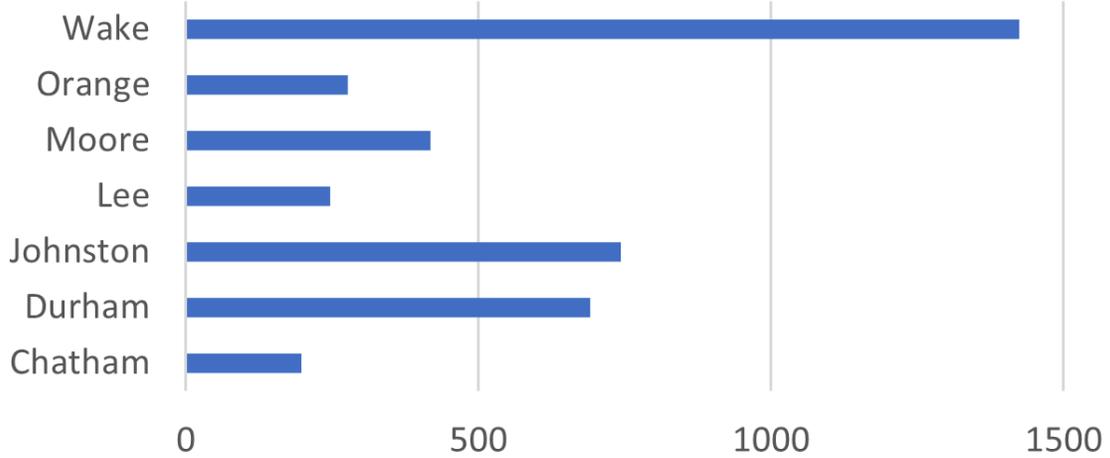


Race and Ethnicity, Age 65 and Older, 2022

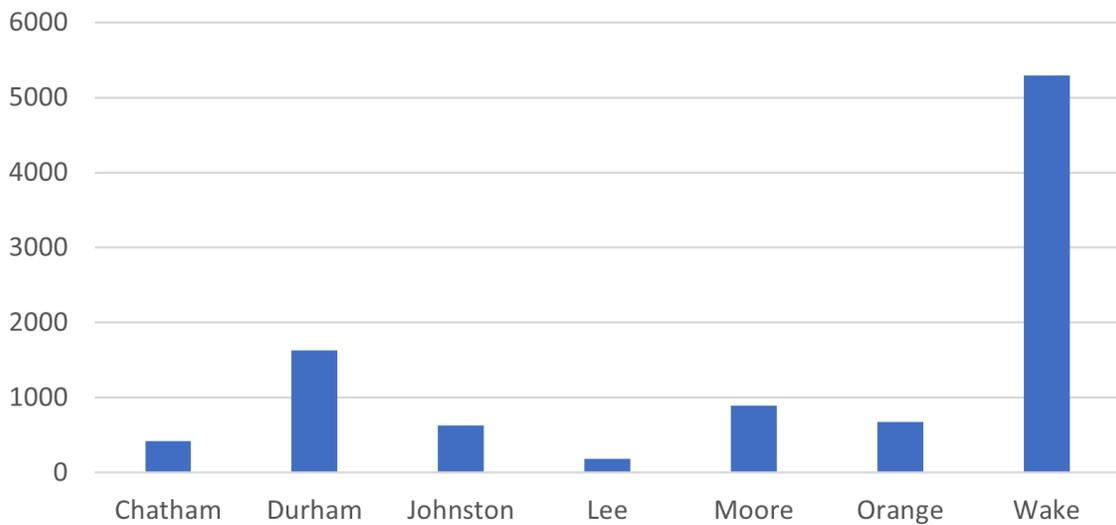
County	White	Black or African American	American Indian	Asian	Some other race	Two or more races	Hispanic/Latino	White, no-Hispanic or Latino
Chatham	86%	11%	0%	1%	<1%	2%	2%	85%
Durham	61%	32%	<1%	4%	2%	2%	3%	60%
Johnston	81%	15%	<1%	<1%	3%	1%	4%	80%
Lee	78%	17%	<1%	<1%	2%	2%	5%	77%
Moore	88%	9%	1%	1%	1%	1%	2%	87%
Orange	82%	11%	1%	3%	1%	2%	2%	82%
Wake	75%	16%	<1%	5%	2%	2%	3%	74%

Source: NC Division of Aging, Aging Profiles 2022

Age 60+ Grandparents responsible for Grandchildren, 2022



Total people 60+ who moved from other states and abroad



Social and Economic Characteristics of Population, Age 65 and Older, 2022

County	Living Alone	With a Disability	Veterans	100% Poverty	100-199% Poverty	in Labor Force
Chatham	26%	29%	13%	8%	14%	18%
Durham	29%	29%	13%	8%	16%	20%
Johnston	26%	35%	17%	9%	21%	18%
Lee	25%	38%	15%	12%	18%	17%
Moore	25%	29%	16%	7%	15%	16%
Orange	26%	24%	13%	6%	13%	23%
Wake	24%	29%	14%	7%	12%	21%



B. Area Plan Assurances and Required Documents

SECTION I. Verification of Intent and Assurances

Exhibit 1: Verification of Intent

The Area Plan on Aging is hereby submitted for the Region J Planning and Service Area for the period of July 1, 2024, through June 30, 2028.

It includes all assurances and plans to be followed by the Central Pines 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.



Area Agency Director

5-20-24
Date

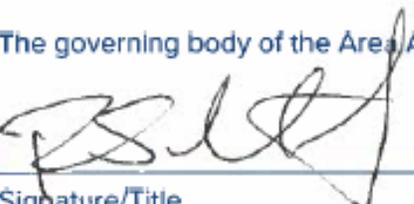
The Regional Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.



Chairperson of the Regional Advisory Council on Aging

5-22-24
Date

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



Signature/Title

5/22/24
Date

Exhibit 2: Area Plan Assurances

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

A) It will administer its Area Plan on Aging, as required under Title III of the Older Americans Act of 1965, as amended, in accordance with the regulations, policies and procedures as prescribed by the U.S. Administration on Aging and the North Carolina Division of Aging 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 track record of providing services to older individuals, that—
1) were officially designated as community action agencies or programs under section 210 of the Economic Opportunity Act of 1964 for FY 1981 and have maintained that status; or
2) came into existence during FY 1982 as direct successors in interest to such community action agencies or programs and meet the requirements under section 676B of the Community Services Block Grant Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

2) conducting analyses and making recommendations with respect to strategies for modifying the local systems of long-term care to better respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings; and target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

3) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and 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 contract or commercial relationships as required by the Act. On the request of the Federal Assistant Secretary or the Division of Aging and Adult Services, it shall disclose all sources and expenditures of funds such agency receives or spends to provide services to older individuals, for the purpose of monitoring compliance with the Act (including conducting an audit).- 42 U.S.C. §3026(a)(13)

Y) Funds received under Title III will be used-

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

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

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

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

1) provision of such services by the agency is necessary to assure an adequate supply of such services;

2) such services are directly related to the agency's administrative functions; or

3) such services can be provided more economically, and with comparable quality, by the agency. - 42 U.S.C. §3027(a)(8)(A)

Exhibit 13 provides information needed to meet this assurance. Even though the Long-Term Care Ombudsman Program is a direct service provided by the Area Agency, no waiver is required because State statute (G.S. 143B-181.-19) places the program in the Area Agency. The NC Division of Aging 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.



Area Agency Director's Signature

5/16/2024

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.



Executive Director

5/16/2024

Signature and Title of Authorized Official
CPRC Executive Director

Date

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

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

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

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



Executive Director **5/16/2024**

Signature and Title of Authorized Official

Date

Exhibit 5: Assurance of Legal Representation of Regional Ombudsman

Name and Address of Attorney/Firm:

Tharrington Smith, LLP
150 Fayetteville St., Suite 1900
Raleigh, NC 27601

Period of Time Covered by Contract:

Retainer Agreement since February 2016

Scope of Services:

-45 C.F.R. §1327.15

Division of Aging and Adult Services Administrative Letter 89-34

Key Elements of Contractual Agreement

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

AGREED UPON BY:



Central Pines Regional Council 4/25/2024

Executive Director, Name of Council of Governments, Date



5/2/2024

Area Agency on Aging Director, Date



Tharrington Smith

4/29/2024

Legal Representative, Name of Firm, Date

Section II.
Administrative Matters

Exhibit 6: Organizational Chart of Single Organizational Unit

Central Pines Regional Council Organizational Chart

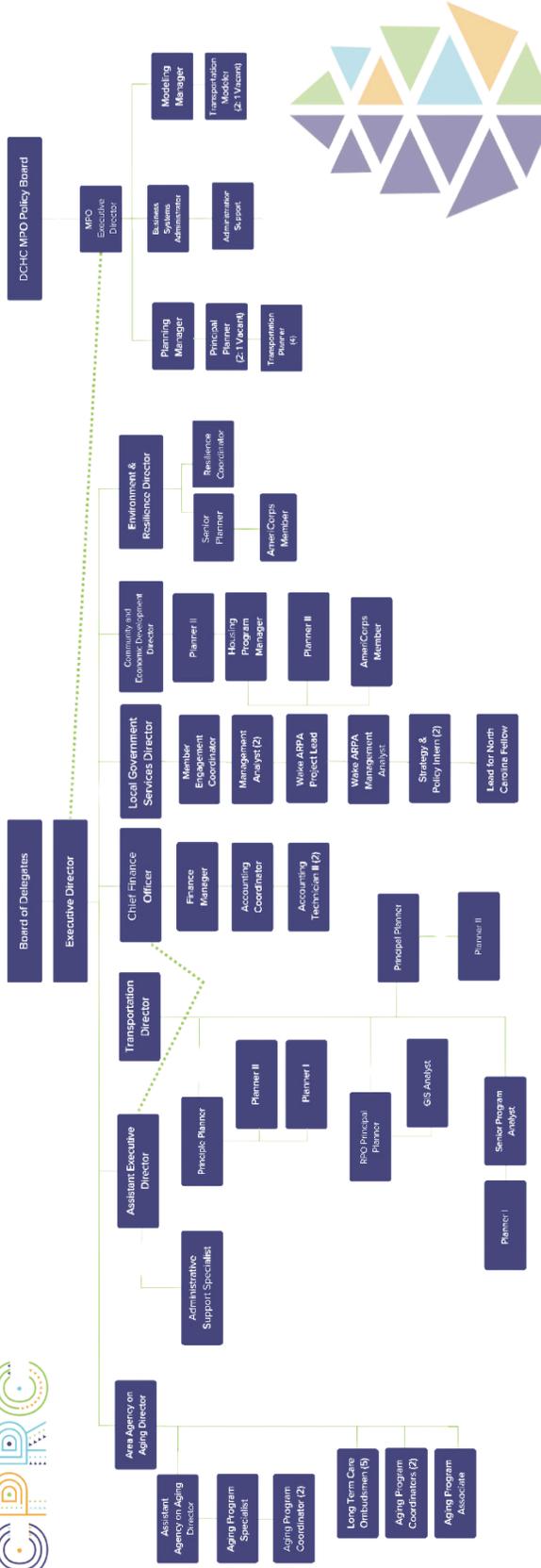


Exhibit 7: Organizations Chart of Area Agency on Aging

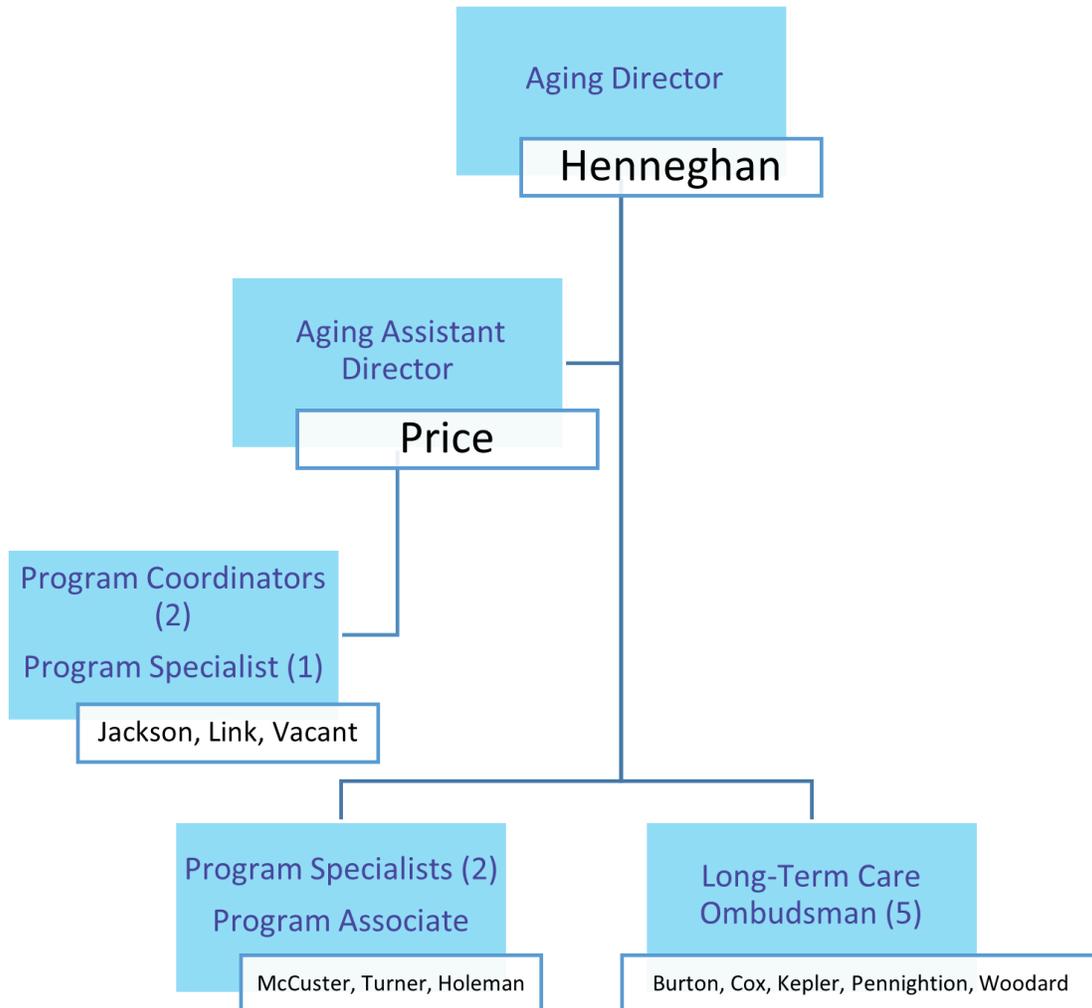


Exhibit 8: Area Agency on Aging Staffing and Volunteer List

	Staff Name	Staff Position	Race/Ethnicity	FTE/PTE	List funding source	% of time spent on duties
1	Jenisha Henneghan	Director	3	FTE	P&A	71%
					VDC	4%
					ARPA P&A	25%
					P&A	58%
2	Ashley Price	Assistant Director	5	FTE	Health Promotion	12%
					ARPA III D	5%
					ARPA P&A	25%
3	Kristin Jackson	Aging Program Coordinator	5	FTE	P&A	82%
					ARPA P&A	18%
4	Jennifer Link	Aging Program Coordinator	5	FTE	Family Caregiver Support Program	98%
					P&A	2%
					P&A	55%
5	Ashley Turner	Aging Program Specialist	3	PTE	CDS-Chatham	5%
					CDS- Johnston	5%
					VDC	10%
					ARPA P&A	25%
6	Kris McCuster	Aging Program Specialist	6	PTE	P&A	50%
					MIPPA	50%
7	Jacqylin Holeman	Aging Program Associate	3	FTE	P&A	75%
						25%
8	Tracy Burton	LTC Ombudsman	3	FTE	Ombudsman	100%
9	Autumn Cox	LTC Ombudsman	5	FTE	Ombudsman	80%
					ARPA Ombudsman	20%
10	Aimee Kepler	LTC Ombudsman	5	FTE	Ombudsman LOC 6	14%
					Ombudsman	76%
					Elder Abuse Prevention	10%
11	Carolyn Pennington	LTC Ombudsman	5	FTE	Ombudsman	100%
12	Angela Woodard	LTC Ombudsman	5	FTE	P&A	75%
					ARPA P&A	25%
13	Megan Blanke	Finance Assistant	5	.4 FTE	P&A	100%

Number of Volunteers	82
Number of Volunteer Hours Provided	3,544:50

Race/Ethnicity Categories

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

Exhibit 9: Regional Advisory Council Membership and Participation

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

#	Name		Gender	County	Position Code(s) (Note all that apply)	Organizational Affiliation(s)
	Last	First				
1	Marty	David	M	Chatham	2,6	Senior Tarheel Alt. Delegate
2	Edwards-Boone	Neriah	F	Chatham	2,3,6	Community Representative
3	Leto	Robin	F	Chatham	2	Senior Tarheel Delegate
4	Carter	Cynthia	F	Durham	2,3,8	Community Representative
5	Tabron	James	M	Durham	2,3,8	Community Representative
6	Pettyford	Rosalyn	F	Durham	2,3	Senior Tarheel Delegate
7	Johnson	Kenneth	M	Durham	2,3	Senior Tarheel Alt. Delegate
8	McCormick	Catherine	F	Johnston	2,6	Senior Tarheel Alt. Delegate
9	Dodson	Elana	F	Johnston	2	Senior Tarheel Delegate
10	Lawson, Jr.	Billie	M	Johnston	2,6	Community Representative
11	Parker	Jimmy	M	Johnston	2,6	Community Representative
12	Payne	James	M	Lee	2	Community Representative
13	Alexander	Charles	M	Lee	2,3	Senior Tarheel Delegate
14	Laney	Wilma	F	Moore	2,3,10	Commissioner, Aberdeen
15	LaFollette-Black	Suzzane	F	Moore	2,3	Senior Tarheel Delegate
16	Harris	James	M	Orange	2	Community Representative
17	Talley	Vibeke	F	Orange	2	Senior Tarheel Alt. Delegate
18	Hamilton	Jean	F	Orange	2,3,5,10	Chairperson, Orange County Commissioner
19	Lamb	Bill	M	Wake	2	Senior Tarheel Delegate

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

How many times did the Regional Advisory Council meet during the past full state fiscal year? **5**

Exhibit 10: Focal Point Organization

Designated Focal Point Agency		Check if		
Name/Address	County	Multipurpose Senior Center	Community Action Program	Other
Pittsboro Center for Active Living 365 Highway 87, North Pittsboro, NC 27312	Chatham	X		
Siler City Center for Active Living 112 Village Lake Road Siler City, NC 27344	Chatham	X		
Durham Center for Senior Life 406 Rigsbee Ave. Suite 202 Durham, NC 27701	Durham	X		
Clayton Center for Active Aging 303 Clayton Dairy Rd. Clayton, NC 27520	Johnston	X		
Harrison Center for Active Aging 611 W. Noble St. Selma, NC 27576	Johnston	X		
Benson Center for Active Aging 1204 N. Johnson St. Benson, NC 27504	Johnston	X		
Enrichment Center of Lee County 1615 S. Third St. Sanford, NC 27330	Lee	X		
Moore County Senior Enrichment Center 8040 US Hwy. 15-501 West End, NC 27376	Moore	X		
Robert & Pearl Seymour Senior Center 2551 Homestead Rd. Chapel Hill, NC 27514	Orange	X		
Jerry M. Passmore Senior Center 103 Meadowslands Dr. Hillsborough, NC 27278	Orange	X		
Cary Senior Center 120 Maury O'Dell Place Cary, NC 27512	Wake	X		
Eastern Wake Senior Center 323 Lake Drive Wendell, NC 27529	Wake	X		
Garner Senior Center 205 E. Garner Rd. Garner, NC 27529	Wake	X		
Northern Wake Senior Center 235 E. Holding St. Wake Forest, NC 27587	Wake	X		

Section III.

Needs Assessment Overview

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

Public Hearing not applicable

Exhibit 12: Needs Assessment Regional Summary

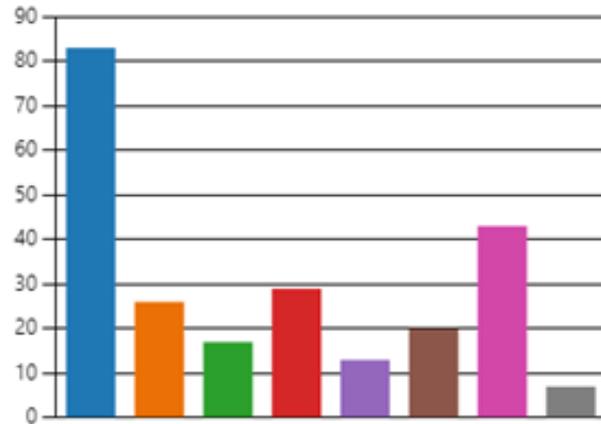
County	1	2	3
Chatham	Affordable and Supportive Housing	Homelessness	Transportation
Durham	Affordable and Supportive Housing	Family Caregiving	Community-Based Services
Johnston	Affordable and Supportive Housing	Transportation	Medical Care Treatment
Lee	Affordable and Supportive Housing	Transportation	Homelessness
Moore	Transportation	Affordable and Supportive Housing	Family Caregiving
Orange	Affordable and Supportive Housing	Community-Based Services	Transportation
Wake	Affordable and Supportive Housing	Long-Term Care	Homelessness

Needs Assessment Survey Summary

1. Please select your county from the list below:

[More Details](#)

● Chatham	83
● Durham	26
● Johnston	17
● Lee	29
● Moore	13
● Orange	20
● Wake	43
● Other	7



2. To which gender identity do you most identify?

[More Details](#)

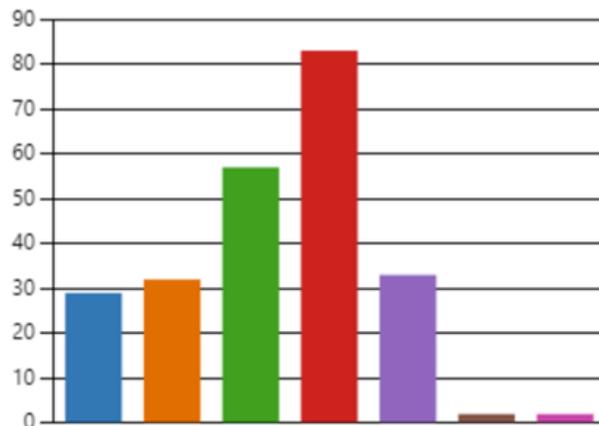
● Male	63
● Female	172
● Prefer not to answer	1
● Other	2



3. Which best describes you?

[More Details](#)

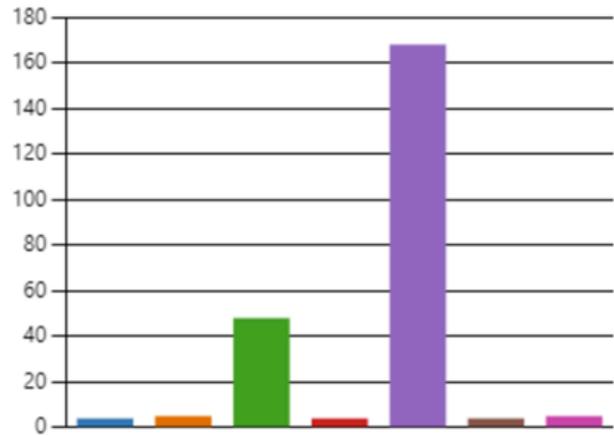
● Younger than 50	29
● 50-59	32
● 60-69	57
● 70-79	83
● 80-89	33
● 90 or older	2
● Prefer not to answer	2



4. Which race or ethnicity best describes you? (Please choose only one)

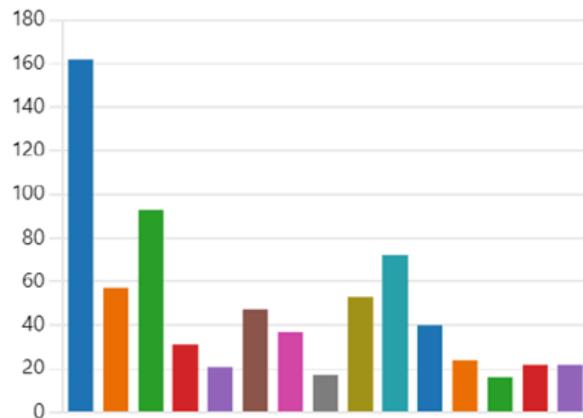
[More Details](#)

● American Indian or Alaskan Nati...	4
● Asian / Pacific Islander	5
● Black or African American	48
● Hispanic	4
● White / Caucasian	168
● Prefer not to answer	4
● Other	5



5. From this list, pick the top three needs or issues you see in your community/county:

● Affordable and Supportive Hous...	162
● Homelessness	57
● Transportation	93
● Safety and Security	31
● Nutrition	21
● Health and Wellness	47
● Medical Care and Treatment	37
● Adult Abuse, Neglect, Exploitati...	17
● Family Caregiving	53
● Community-Based Services (adu...	72
● Long Term Care (nursing homes,...	40
● Direct Care Workforce Issues	24
● Workforce Development for agi...	16
● Individual Financial Resiliency, Fi...	22
● Social or Civic Engagement, Vol...	22



6. Do you feel that your community/county is equipped to meet the needs of aging adults and adults with disabilities?

● Yes	50
● No	110
● Not sure	78



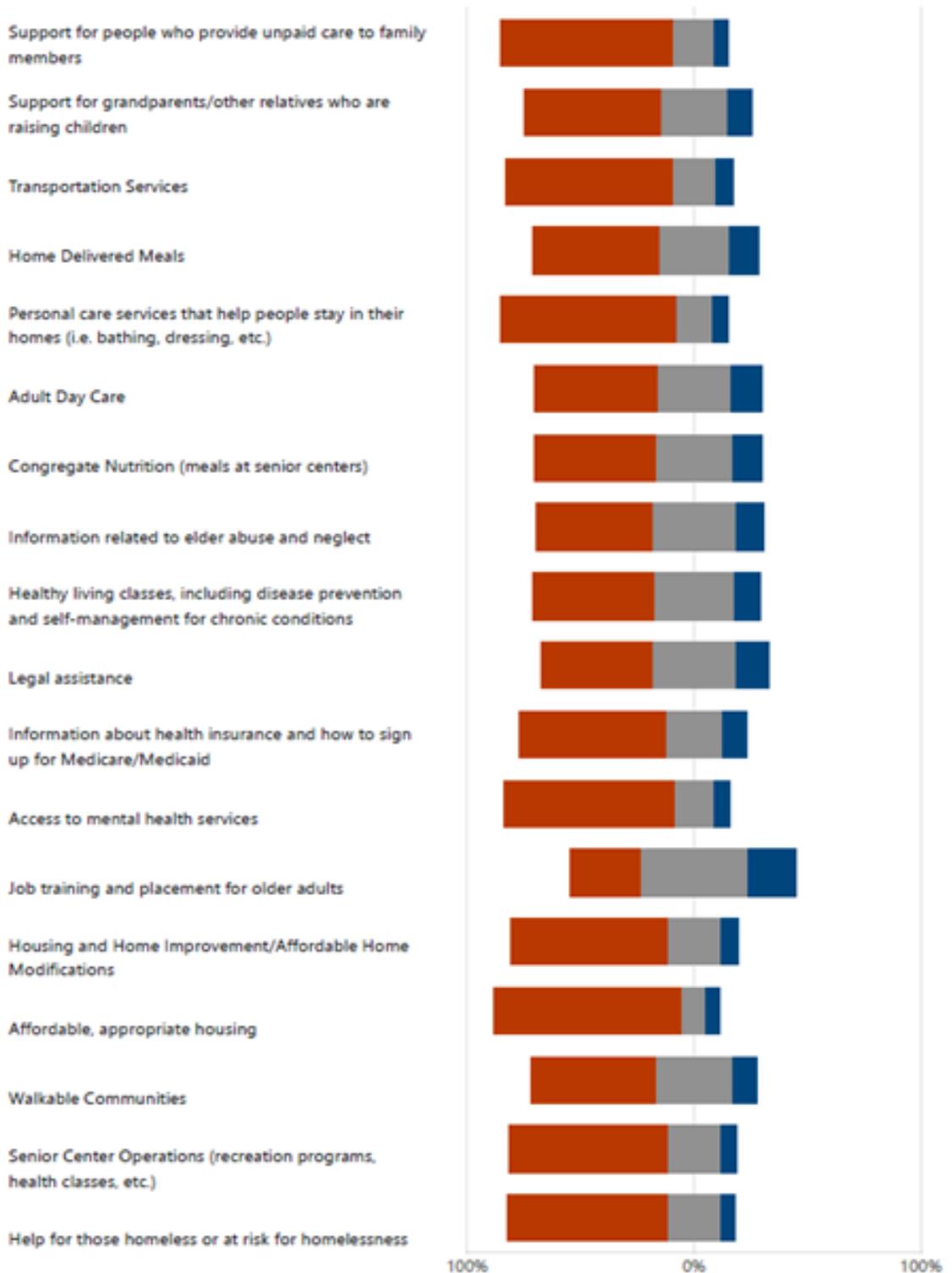
7. Do you feel that your community/county will still be supportive if you or a loved one experience cognitive changes? (for example: dementia related cognitive changes, traumatic brain injury (TBI), etc.)

● Yes	73
● No	69
● Not sure	96



8. Please indicate how important each service is to you?

Very Important Somewhat Important Less Important



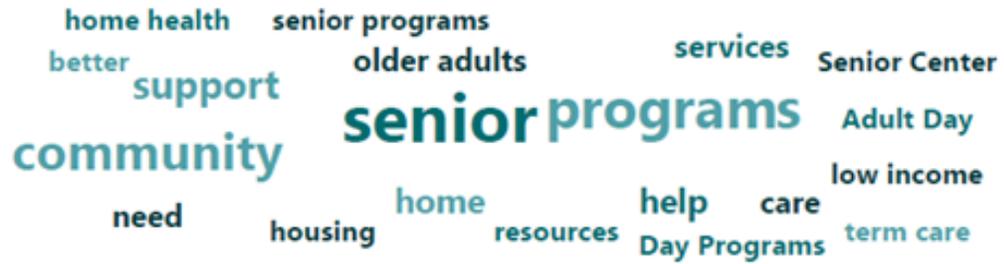
9. Are there other community programs or services you would like to see for yourself and/or older adults and people with disabilities in your community/county?

75
Responses

Latest Responses

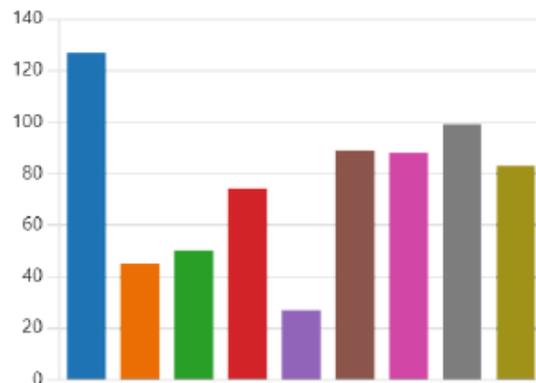
"Daytime cooperatives for seniors. Opportunities for Seniors to gather, share ..."

13 respondents (17%) answered senior for this question.



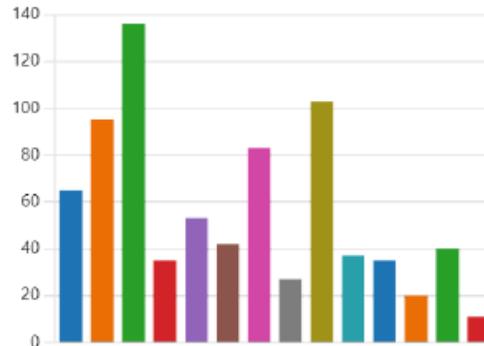
10. Please select topics below you are interested in learning more about.

- Impact of Loneliness on Health ... 127
- Elder Justice & Abuse Prevention 45
- Guardianship & Alternatives to ... 50
- Integrated Health 74
- Needs of Aging LGBTQIA+ Indiv... 27
- Emergency or Disaster Prepared... 89
- Volunteer or Educational Oppor... 88
- Dementia Capable Communities 99
- Needs of Aging Caregivers of D... 83



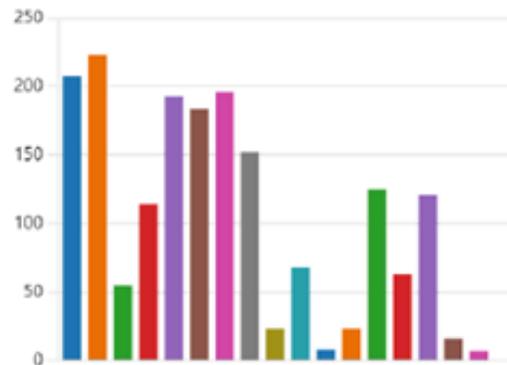
11. Where do you get most of your information about services available for aging adults, individuals with disabilities, and caregivers? (Check all that apply)

● Healthcare Provider	65
● Local Community Agencies	95
● Senior Center	136
● Faith Community	35
● Brochures/Flyers	53
● Family	42
● Friends	83
● Neighbors	27
● Internet	103
● Newspaper	37
● TV	35
● Radio	20
● Social Media (Facebook, Twitter,...)	40
● Other	11



12. Do you use any of the following technology devices, methods of technology, or social media? (Check all that apply)

● Computer	208
● Cell Phone	223
● eReader (ex. Nook, Kindle)	55
● Tablet (ex. iPad)	114
● Internet	193
● Text messaging	184
● Email	196
● Facebook	152
● X (formerly Twitter)	23
● Instagram	68
● Snapchat	8
● Tik Tok	23
● YouTube	125
● LinkedIn	63
● Zoom	121
● Blog	16
● I do not use any of these	7
● Unable to use technology for sp...	0



13. If you selected "Unable to use technology for specific reasons", please specify here. i.e. cognitive changes, no access to technology such as high-speed internet or technology devices.

11
Responses

Latest Responses
"Computer overloaded - needs to be cleaned. older model. "

3 respondents (27%) answered **technology** for this question.

A word cloud of responses for the question. The word "technology" is the largest and most prominent. Other words include "no internet", "changes in technology", "poor connection", "older model", "phone", "areas", "needs", "computers", "connection for using phone", "financial resources", "No computer", "No access", "data", "phone bills", "technology wifi", "Unable", and "wifi".

Section IV.
Monitoring and Direct Services

Exhibit 13: Provision of Direct Services – Waiver Request

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

1. Name of the Organization: Central Pines Area Agency on Aging Fiscal Year: FY 24/24

2. Summary of Service Information:

Name of Service	Service Code	Affected Counties	Nature of Request	
			New	Continuation
Title III-D Evidence-Based Health Promotion	401	Chatham, Durham, Johnston, Lee, Moore, Orange, Wake		X

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



 Area Agency on Aging Director

 5/16/2024
 Date

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: Central Pines Area Agency on Aging

**Name of Service: Title III-D Evidence-Based Health Promotion Service Code: 401
FY: 24/25**

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 Excel spreadsheet for non-HCCBG direct service waiver requests. 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 Excel spreadsheet for non-HCCBG direct service waiver requests. AAAs may include indirect as a line-item expense.

2. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.

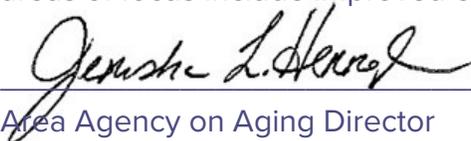
See Attached

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:

Central Pines allocates most of the Title III-D funding to existing HCCBG service providers with senior centers through a proposal review and approval process, in order to outreach to the maximum number of eligible participants. All service providers comply with the ACL’s determination that 100% of funds will be used to support Tier III (highest level of programming). Central Pines will continue its efforts to address health needs in the community and to reach new target audiences using III-D, by working with a service partner in each county in the region. Focuses include implementing Mon Ami in partnership with UNC-Asheville, consistent electronic reporting for ease of analysis communicating to UNC-Asheville encouraging each partner to focus on completion rates, and offering a quality program consistently. The Assistant Director will supervise and continue to administer the EBHP program, including reporting and monitoring of sub-recipients for compliance. There is a plan to fill the vacant part-time master trainer for Key EBHP programs in FY25 to help assist with training, and recruitment and improve fidelity and support to the leaders and service providers.

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.

Focuses include implementing Mon Amin, consistent electronic reporting for ease of analysis, communicating to UNC-Asheville, and encouraging each partner to focus on offering at least one fall prevention or other evidence-based program with their funding quarterly. Other areas of focus include improved completion rates for programs offered in the region.



 Area Agency on Aging Director Date 5/16/2024

Approved Not Approved _____ _____
 (circle one) Director, NC DAAS Date

Provision of Direct Services (Continued)

Template for providing budget for non-unit activities

Select Region Below			
J-Triangle J			
Select Program Below		Select Fiscal Year Below	
Title III-D Health Promotion/Disease Prevention		2024-25	
Allocation Details			
Total Allocation Including Match and Other Revenue	\$	132,452.00	
Amount Passed Through to Partner Agencies	\$	114,420.00	
Amount for Direct Service Provision	\$	18,032.00	
Budget Overview			
Personnel Salary Cost (Complete Details Below)	\$	9,859.00	
Fringe Benefits (Specify Rate to Right to Compute Amount)	\$	4,279.99	Specify Rate: 43%
Indirect Cost	\$	5,892.00	Specify Rate: 41%
Direct Program Support (Complete Details Below)	\$	-	
Total Cost	\$	20,030.99	
Category Details			
Personnel (List Staff Titles Below)	Amount	% of Time Worked	
Ashley Price, Assistant Director	\$ 9,859.00	12%	
Total Personnel	\$ 9,859.00		
Direct Program Support (Select Applicable Below)	Amount		

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

Home and Community Care Block Grant for Older Adults

County Funding Plan

July 1, 2024 through June 30, 2025

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency
(Older Americans Act, Section 305(a)(2)(E))

Community Service Provider: Central Pines Area Agency on Aging
County: Chatham, Durham, Johnston, Lee, Moore, Orange, and Wake

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low-income, low-income (including low-income minority elderly), rural elderly, and elderly with limited English proficiency will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conforms with specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals. Additional pages may be used as necessary.

The portion of Health Promotion/Disease Prevention funds that will be used by Central Pines Area Agency on Aging will facilitate the provision and management of approved evidence-based programs in all the above counties. Outreach regarding the availability of the programs will be targeted to a diverse group of potential participants. All activities will be done in collaboration with the local senior centers and aging services providers of Health Promotion/Disease Prevention services and consistent with their approved Methodology to Address Service Needs of Low-Income Minority and Rural Elderly and Elderly with Limited English-Speaking Proficiency, with any best practice information regarding outreach and targeting shared with all. Virtual programs may also be offered where allowed and appropriate for broader accessibility in some areas.

Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J007 Chatham County Aging Services																
	Congregate	Chatham	AAA	X		X		X		X						
	EBHP/DP	Chatham	AAA		X		X									
	FCSP	Chatham	AAA	X		X		X		X						
	HDM	Chatham	AAA	X		X		X		X						
	HP/DP	Chatham	AAA		X		X									
	In-Home Aide Services Level III-PC	Chatham	AAA-3		X		X		X			X				
	In-Home Aide Services Level II-PC	Chatham	AAA-3		X		X		X		X		X			
	Senior Center Operations	Chatham	AAA		X		X									
	Volunteer Program Development	Chatham	AAA		X		X									

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J017 Durham Center for Senior Life												X				
	Adult Day Care	Durham	AAA	X		X		X		X						
	Adult Day Health Care	Durham	AAA	X		X		X		X						
	Congregate Nutrition	Durham	AAA-3		X		X		X		X		X			
	EBHP/DP	Durham	AAA		X		X									
	FCSP	Durham	AAA	X		X		X		X						
	Information & Options Counseling	Durham	AAA		X		X									
	SC Long Term Obligations	Durham	AAA		X		X									
	Senior Center Operations	Durham	AAA		X		X									
	Transportation, General	Durham	AAA-3	X		X		X		X						

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J032 Durham County DSS																
	Home Delivered Meals	Durham	AAA-3		X		X		X		X		X			
	In-Home Aide Services Level II-PC	Durham	AAA-3	X		X		X		X		X				

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J027 Community & Senior Services of Johnston County																
	ARPA- LTSS Outreach	Johnston	AAA	X												
	Congregate Nutrition	Johnston	AAA-3	X		X		X		X		X				
	EBHP/DP	Johnston	AAA		X		X		X		X		X			
	FCSP	Johnston	AAA	X		X		X		X		X				
	HDM	Johnston	AAA-3	X		X		X		X		X				
	Information & Options Counseling	Johnston	AAA		X		X									
	In-Home Aide Services Level I-HM	Johnston	AAA-3		X		X		X		X		X			
	In-Home Aide Services Level III-PC	Johnston	AAA-3		X		X		X		X		X			
	In-Home Aide Services Level II-PC	Johnston	AAA-3		X		X		X		X		X			
	Senior Center Operations	Johnston	AAA		X		X									
	Transportation, General	Johnston	AAA		X		X			X		X		X		
	Transportation, Medical	Johnston	AAA		X		X			X		X		X		

Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****					
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28		
J037 Lee County Senior Services																	
	Congregate Nutrition	Lee	AAA-3	X		X		X		X							
	EBHP/DP	Lee	AAA		X		X		X			X					
	FCSP	Lee	AAA	X		X		X		X							
	HDM	Lee	AAA-3	X		X		X		X							
	Housing and Home Improvement	Lee	AAA		X		X										
	Information & Options Counseling	Lee	AAA		X		X										
	In-Home Aide Services Level I-HM	Lee	AAA-3		X		X		X			X					
	In-Home Aide Services Level III-PC	Lee	AAA-3		X		X		X			X					
	In-Home Aide Services Level II-PC	Lee	AAA-3		X		X		X			X					
	Senior Center Operations	Lee	AAA	X		X											
	Transportation, General	Lee	AAA		X		X		X			X					
	Transportation, Medical	Lee	AAA		X		X		X			X					

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****					
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28		
J015 Moore County Department of Aging																	
	Congregate Nutrition	Moore	AAA-3	X		X		X		X							
	EBHP/DP	Moore	AAA		X		X										
	FCSP	Moore	AAA	X		X		X		X							
	HDM	Moore	AAA-3	X		X		X		X							
	Housing and Home Improvement	Moore	AAA		X		X										
	In-Home Aide Services Level I-HM	Moore	AAA		X		X		X			X					
	In-Home Aide Services Level II-PC	Moore	AAA		X		X		X			X					
	Senior Center Operations	Moore	AAA	X		X											
	Senior Center Long Term Obligations	Moore	AAA	X		X											
	Transportation, General	Moore	AAA-3	X		X		X		X							
	Transportation, Medical	Moore	AAA-3	X		X		X		X							

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****					
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28		
J047 Orange County Department on Aging																	
	ARPA-Chore Services	Orange	AAA-3	X				X									
	Congregate Nutrition	Orange	AAA-3		X		X	X		X							
	EBHP/DP	Orange	AAA		X		X										
	FCSP	Orange	AAA	X		X		X		X							
	Information and Options Counseling	Orange	AAA		X		X										
	Senior Center Operations	Orange	AAA		X		X										

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****					
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28		
J068 Orange County DSS																	
	In-Home Aide Services Level II-PC	Orange	AAA-3		X		X		X			X					

Exhibit 14: Provider Monitoring Plan

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J025 Senior Care of Orange County, Inc. DBA Florence Soltys Center																
	Adult Day Health Care	Orange	AAA		X		X		X		X					
	Adult Day Care	Orange	AAA		X		X		X		X					

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J060 Legal Aid of NC-Wake																
	Legal Services	All Region J	AAA	X		X		X		X						

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J070 Meals on Wheels of Wake County																
	Congregate Nutrition	Wake	AAA-3	X		X		X		X						
	HDM	Wake	AAA-3	X		X		X		X						
	HDM NSIP- only	Wake	AAA-3	X		X		X		X						

A. Prov. Code	B. Community Service Providers & Funded Services	C. Counties Served	D. Monitoring Agency*	E. Schedule for Programmatic Review**				F. Schedule for Unit Verification***				G. Schedule for Fiscal Review****				
				24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	24/25	25/26	26/27	27/28	
J057 Resources for Seniors, Inc.																
	ARPA- Non-Unit III-B In-Home & Support	Wake	AAA	X												
	Adult Day Care	Wake	AAA	X		X		X		X						
	EBHP/DP	Wake	AAA	X		X										
	FCSP	Wake	AAA-1	X		X		X		X						
	Housing and Home Improvement	Wake	AAA		X		X									
	Information & Options Counseling	Wake	AAA		X		X									
	In-Home Aide Services Level III-PC	Wake	AAA	X		X		X		X						
	In-Home Aide Services Level II-PC	Wake	AAA	X		X		X		X						
	Respite, Oversight	Wake	AAA													
	Senior Center Operations	Wake	AAA	X		X										
	Transportation, General	Wake	AAA-3	X		X		X		X						

*Identifies assessment responsibilities for the Area Agency on Aging (AAA) and the NC Division of Aging. 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

Exhibit 14A: List of Subcontractors – Instructions

List each subcontractor in the chart below. For the purpose of Subcontractor Monitoring, a subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider’s HCCBG grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract.

Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services.

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

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

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

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

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

Exhibit 14A: List of Subcontractors

Region: J FY: 2023-24

Provider: Chatham County Council on Aging

Provider Code: 07 County Chatham

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract <small>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</small>
Champion Family Healthcare Services, LLC dba Keston Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Levels II & III; Caregiver Respite	Antoinette Van-Riel 1410 Millgate Drive Suite A Winston-Salem, NC 27103 (336) 608-4612	Tasks on In-home Aide Plan of Care; Aide Competency Testing and Supervision
First Choice Home Care, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Levels II & III; Caregiver Respite	Cheryl Rodriguez 506 Carthage St. Sanford NC 27330 (919) 775-3306	Tasks on In-home Aide Plan of Care; Aide Competency Testing and Supervision
Guardian Angels Home Care of North Carolina	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Levels II & III; Caregiver Respite	Amaury Alvarez 161 Bear Tree Creek Chapel Hill, NC 27517 (919) 704-8001	Tasks on In-home Aide Plan of Care; Aide Competency Testing and Supervision
Trio Community Meals	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate & Meals on Wheels	Michael Williams 100 Valley Drive Pearl, MS 39208 (856) 381-6486	Preparation and delivery of food following approved menu.
Golden Corral of Asheboro, NC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate & Meals on Wheels	Diane Sears General Manager 1070 E Dixie Drive Asheboro, NC 27203 (336) 625-6734 (336) 257-9889	Preparation and delivery of food following approved menu.
All Ways Caring	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide Levels II & III; Caregiver Respite	Timothy Lloyd 805 N. Whittington Parkway Louisville, KY 40222 (229) 242-2797	Tasks on In-home Aide Plan of Care; Aide Competency Testing and Supervision

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Exhibit 14A: List of Subcontractors

Region: J FY: 2023-24

Provider: Chatham County Council on Aging

Provider Code: 07 County Chatham

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

Provider Signature *Andrés Martín* Title: Director Date 3/28/24

Exhibit 14A: List of Subcontractors

Region J FY24

Provider: DCSL Provider Code: J017 County Durham

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Meals on Wheels	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate Meals	Jason Peace 2522 Ross Rd. Durham, NC 27703 919-667-9424	Caterer provides congregate nutritional services meals based odd the signed contract meeting nutritional requirements.
Legacy Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Travis Brisbon 10700 World Trade Blvd # 114, Raleigh NC 27617 (919) 825-0902	Door to door access van transportation to seniors at our various congregate meal locations.
National Express Transit	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	Tara Caldwell, General Manager 1911 Fay St. Durham, NC 27704 919-230-4578 Tara.Caldwell@nationalexpresstransit.com	Door to door access van transportation to seniors at our various congregate meal locations.
Wisdom Transportation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation	2522 Ross Road Durham, NC 27703 (o): 919-667-9424 (f): 919-667-9458	Door to door access van transportation to seniors at our various congregate meal locations.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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Exhibit 14A: List of Subcontractors

Region J FY24

Provider: DCSL Provider Code: J017 County Durham

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.

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

Provider Signature *Diana Blair*
 Title: Executive Director Date 04/17/2024 (updated)

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Community and Senior Services Provider Code: 027 County Johnston

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract <small>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</small>
Food Runners Collaborative	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Nutrition – Congregate and Home Delivered Meals	Christina Ogden 1001 Blair Drive P.O. Box 1250 Raleigh, NC 27603 919-856-1823	Food Runners prepares congregate and home delivered meals according to nutritional standards and requirements. They deliver the meals to the dining locations within Johnston County operated by Community and Senior Services.
Action Health Staffing	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Services	Kim Hill 3606 Eagle Point Lane Wilson, NC 27896 919-938-1150	Action Health provides in home aide services including home management and personal care for Level 1, 2, 3 and respite clients. Action Health preforms initial assessments as well as reassessments of each client, they maintain client records, and ensure qualified staffing for each client. They develop the plan of care and maintain aide competency records Duties are preformed according the standards and requirements set forth.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

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Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Community and Senior Services Provider Code: 027 County Johnston

09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature  Title: Executive Director Date 7-11-23

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Johnston County Department of Social Services Provider Code: 51 County Johnston

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Affinity Care NC, Inc.	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Program	David Mainguy, President 830 Timber Drive Garner, NC 27529 410-770-9930	The subcontractor will provide in home services to clients which include: PCS, housekeeping chores, money management, shopping, meal preparation, teaching, and/or other tasks deemed necessary.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

Provider Signature *Sue Juleen* Title: DSS DIRECTOR Date 7/12/23

Exhibit 14A: List of Subcontractors

Region J FY 24

Provider: County of Lee Provider Code: 053 County Lee

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Aramark Food Service	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate and Home Delivered Meals Nutrition Services	ARAMARK 2010 Garden View Lane Weddington, NC 28104	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. ARAMARK will prepare the noontime meal for our Congregate meal site and our Home Delivered Meal clients. Meals will be ready for pick-up Monday through Friday around 10:15 am to 10:30am. Menus will be prepared by one of ARAMARK'S dieticians and will be required to follow the Nutrition Service Standards. Any menu changes or substitutions will be discussed and a menu change form will be sent the same day of the substitution.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

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Exhibit 14A: List of Subcontractors

Region J FY 24

Provider: County of Lee Provider Code: 053 County Lee

of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature: Mason P. Davidson Title: Director Date: 7-6-23

Exhibit 14A: List of Subcontractors

Provider: Department of Aging FY 24

Region J

County: Moore

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

Subcontractor Name	Type Agency	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Describe Scope of the Subcontract <small>(Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments of clients, preparation and delivery of meals, provision of a ride, tasks identified on an In-Home Aide plan of care, etc.)</small>
Mid South Food Service, Inc.	Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/>	Catering	Patti Zainasky 203 West South Aberdeen, NC 28315 910-944-2305	Procurement and preparation of daily congregate and HDM meals as well as delivery to "drop off sites" where volunteers or Aging staff will distribute the meals.
Moore County Transportation Services	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input checked="" type="checkbox"/>	Medical and General Transportation	Moore County Planning PO Box 905 Carthage, NC 28327	One-way trips to medical appointments or the Diner's Club facilities.
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			
	Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government <input type="checkbox"/>			

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

Signature *DeWitt Prots* Date 7-7-23

Exhibit 14A: List of Subcontractors

Region _____ FY_2023-24_____

Provider: DEPARTMENT OF AGING Provider Code: J047 County ORANGE

Subcontractor Name	Type Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract <small>Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.</small>
Rymackees Café and Caterer, LLC	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Congregate Meals	Keshia Criss 912 S. Cliffs Circle Spring Lake, NC 28390	Prepare and deliver noon meals in bulk to the Passmore and Seymour Senior Centers each weekday
ORANGE COUNTY MEALS ON WHEELS	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	HOME DELIVERED MEALS	Rachel Sobel Bearman Executive Director execdirector@mowocnc.org 919-942-2948 ext. 5	DELIVER MEALS TO ELIGIBLE COMMUNITY MEMBERS IN ORANGE COUNTY
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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Exhibit 14A: List of Subcontractors

Region _____ FY_2023-24_____

Provider: DEPARTMENT OF AGING Provider Code: J047 County ORANGE

Provider Signature Jessie Tyler Title: Director Date 9/27/2023

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Orange County Department of Social Services Provider Code: J-068 County Orange

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
				Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.
Premier Home Health Care Services, Inc. 1 North Lexington Avenue Suite 200 White Plains, NY 10601	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In Home Aide Level II	Premier Home Health Care Services, Inc. 1 North Lexington Avenue Suite 200 White Plains, NY 106001 336 586 1721	Upon hire of the In Home Aide, the hiring agency will implement education based on agency policy and other requirements. The agency will also provide continuing education annually. This company will ensure staff trainings and competencies, ensures the client In Home Aide service plan is followed as authorized, and conducts home visits to assess, reassess, and observe staff. The In Home Aide services are provided by qualified caregivers and supervised by the RN supervisor. The RN is responsible for coming up with a plan of care that best suits each person served.
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government			

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

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Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Orange County Dept. of Soc. Sec. Provider Code: J-068 County Orange

09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501c3) organization with the federal government.

Provider Signature Eric B Palmer Title: Social Worker Date August 24, 2023

Exhibit 14A: List of Subcontractors

Region J FY24

Provider: Resources for Seniors Provider Code: 057 County Wake

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Go WAKE ACCESS /	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Government	Transportation – Congregate Meal Site and Grocery Shopping	Anita Davis, Program Manager. WCHS, 2200 Swinburne St Raleigh NC 27610 919.250.3829	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. WCTS is responsible for scheduling and route creation and adjustment, responding to registration and termination requests by RFS, dispatch, maintenance of trip records and preparation of billing reports, maintenance of vehicles and driver/vehicle requirements, and client safety and travel.
Response Transportation	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Transportation – Grocery and Congregate Meal Site	William Smith, Owner, PO Box 1910; Clayton, NC 27580. 919-661-2504	Response Transportation is responsible for scheduling and route creation and adjustment, responding to registration and termination requests by RFS, dispatch, maintenance of trip records and preparation of billing reports, maintenance of vehicles and driver/vehicle requirements, and client safety and travel.
Center for Volunteer Caregiving	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Family Caregiver Support Program Activities AND ARPA FCSP	Elaine Whitford, Exec Dir. 1150 SE Maynard Rd, Suite 210, Cary NC 27511 919-460-0567	Caregiver individualized education/referral, volunteer recruitment, quarterly Lunch and Learns, Caregiver Academies, train and supervise volunteers, provide In-Home Respite.
Southeastern Adult Day Care of NC	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Government	Overnight Respite	Evelyn Sanders, Exec. Director 3401 Carl Sandburg Ct, Raleigh NC 27610 (919)212-8580	Provide Overnight Respite Services according to HCCBG standards, including eligibility determination, assessments, plan of care, supervision and safety.
GFC&S Transportation	For Profit	Transportation – ARPA only	2500 Regency Parkway Cary, NC 27511 919-589-8600 Kenneth Collins	Door to door transportation for ARPA transportation. Errand, medical appointment transportation (cross county lines)

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Exhibit 14A: List of Subcontractors

Region J FY24

Provider: Resources for Seniors Provider Code: 057 County Wake

Attest Statement: Providers utilizing subcontractors must provide assurance that both for-profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are that the subcontractor: (A) has not been suspended or debarred (G.S. §143C-6-23; 09 NCAC 03M), (B) has not been barred from doing business at the federal level, (C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", and (D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCBG Services. In addition, non-profit subcontractors are registered as a charitable (501(c)3) organization with the federal government.

Provider Signature  Title: President Date 7/16/2023

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
All Time Health Car Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Ninona Wobo 4312 Old Wake Forest Rd Suite 2B Raleigh NC 919-637-9091	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an in-home aide plan of care, aide competency testing, aide supervision, etc. Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Andruss, Inc d.b.a.a ComforCare Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Andree' Vetraon 3820 Merton Drive Suite 203 Raleigh NC 27609 919-647 9150	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Compassion Health Services Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Ikechukwu Ananaba 4023 Wake Forest Rd Raleigh NC 27609 919-803-8891	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
1 st Choice Home Care and Infusion Services, Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Natasha Armstrong 712 Wilkins St Ste D Smithfield NC 27577 919-207-7641	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's

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

Provider Signature *Rita Holden* Title: Director of Home Care Date 06/29/2023
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Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Divine Grace Homecare Services, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Matondo Chantal Soko 189 Windchime Ct Suite 104F Raleigh NC 27615 919-562-2062	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an in-home aide plan of care, aide competency testing, aide supervision, etc. Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Grace Healthcare Services, Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Patience Chuku 182 Wind Chime Ct Suite 201 Raleigh NC 27615 919-848-1630	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Health 1 st Pro's, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Randez Hadden 100 Holden Road Suite F Youngsville NC 919-495-4091	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
One Choice Healthcare, Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Helen Adewunmi 1021 Forestville Rd Suite 208 Wake Forest NC 27587 919-880-4278	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's

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

Provider Signature *Rita Holden* Title: Director of Home Care Date 06/29/2023
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Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Promise Center Care Services, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Jude Ahiabuke PO Box 46863 Raleigh NC 27620 919-977-0957	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Southeastern Wake Adult Day Center (IHA)	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Evelyn Sanders 3401 Carl Sandburg Ct Raleigh NC 27610 919-630-3039	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Victory Home Care Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Chris A Irons 1100 Logger court Suite H 102 Raleigh NC 27609 919-900-8932	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Broadway	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Avi Biston 107 Windell Drive Suite 105 Raleigh NC 27609 845-445-8384	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's

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Provider Signature Rita Holder Title: Director of Home Care Date 06/29/2023
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Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Southeastern Wake ADC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Adult Day Center	Teresa Conley (Evelyn Sanders) 3401 Carl Sandburg Ct Raleigh NC 27610 919-987-2802	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Comply with state licensing standards, all applicable accrediting standards, terms of Rehabilitation Act of 1973 and provisions of the Americans with Disabilities Act of 1990. Maintains records which document the provision of agreed upon services(s) and valid service authorization plan stated on 5027. Assist frail defined by the Older Americans Act, Re-Authorization of 2008 who are unable to perform 2 ADL's & require supervision. Provisions of service consist of but not limited to organized schedule of activities, including social educational and recreational events. Activities designed to meet the individual needs and provide nutritional meals & meeting any special diet. Provide information if participant is absent for 5 consecutive schedule days, reimbursement for services rendered only
Ruth Sheets Adult Day Care Center	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	Adult Day Center	Matt Frazier 226 W Edenton St Raleigh, NC 27603 919-832-7227	Comply with state licensing standards, all applicable accrediting standards, terms of Rehabilitation Act of 1973 and provisions of the Americans with Disabilities Act of 1990. Maintains records which document the provision of agreed upon services(s) and valid service authorization plan stated on 5027. Assist frail defined by the Older Americans Act, Re-Authorization of 2008 who are unable to perform 2 ADL's & require supervision. Provisions of service consist of but not limited to organized schedule of activities, including social educational and recreational events. Activities designed to meet the individual needs and provide nutritional meals & meeting any special diet. Provide information if participant is absent for 5 consecutive schedule days, reimbursement for services rendered only

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Provider Signature Rita Hoeder Title: Director of Home Care Date 06/29/2023

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
Arosa Acquisitions, LLC	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Ari S. Medoff 1540 Sunday Drive Suite 216 Raleigh NC 27607 919-567-8200	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Comply with state licensing standards, all applicable accrediting standards, terms of Rehabilitation Act of 1973 and provisions of the Americans with Disabilities Act of 1990. Maintains records which document the provision of agreed upon services and valid service authorization plan stated on 5027. Assist frail defined by the Older Americans Act, Re-Authorization of 2006 who are unable to perform 2 ADL's & require supervision. Provisions of service consist of but not limited to organized schedule of activities, including social educational and recreational events. Activities designed to meet the individual needs and provide nutritional meals & meeting any special diet. Provide information if participants are absent for 5 consecutive schedule days, reimbursement for services rendered only

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

Provider Signature Rita Holden Title: Director of Home Care Date 07/19/2023

Exhibit 14A: List of Subcontractors

Region J FY 2023-2024

Provider: Resources for Seniors, Incorporation Provider Code: 92 County Wake County

Subcontractor Name	Type Agency	Subcontracted Service	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract
All Time Health Car Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Ninona Wobo 4312 Old Wake Forest Rd Suite 2B Raleigh NC 919-637-9091	Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, client assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/vehicle requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc. Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Andruss, Inc d.b.a.a ComforCare Home Care	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Andree' Veiraon 3820 Merton Drive Suite 203 Raleigh NC 27609 919-647 9150	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
Compassion Health Services Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Ikechukwu Ananaba 4023 Wake Forest Rd Raleigh Nc 27609 919-803-8891	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's
1 st Choice Home Care and Infusion Services, Inc	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> For-Profit <input type="checkbox"/> Government	In-Home Aide	Nalasha Armstrong 712 Wilkins St Ste D Smithfield NC 27577 919-207-7041	Appropriately licensed with the State of North Carolina, comply with Federal & State confidentiality requirements. Provide a copy of (worker's compensation) certificate of liability insurance. Comply with service authorization 5027's. Provide documentation of services actually rendered by the 1 st of each month. Certifications and renewals for N.A.'s assure RN supervisory visits quarterly. Conducts a criminal records check and driver's license check if transporting clients. Comply with in-home aide plan of care activities such as the ADL's and IADL's

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Provider Signature Rita Holden Title: Director of Home Care Date 06/29/2023



CENTRAL PINES REGIONAL COUNCIL
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Empowering older adults and adults with disabilities to live in safe and equitable communities with needed services and supports.