

SEAGO

Area Agency on Aging, Region VI MEETING OF THE ADVISORY COUNCIL ON AGING

DATE: Thursday, July 21, 2022

TIME: 10:00 A.M. – 12:00 P.M.

United Methodist Church 124 South Curtis Ave. Willcox, Arizona 85643

Zoom Meeting <https://us02web.zoom.us/j/89129055453>

Meeting ID: 891 2905 5453

One tap mobile +16699006833,,89129055453# US (San Jose)

A G E N D A

I	CALL TO ORDER/PLEDGE ALLEGIANCE/INTRODUCTIONS	JAIME AGUILAR	
II	PRESENTATION (Produce on Wheels With Out Waste-POW-WOW)	YOLANDA SOTO	2
III	ACTION ITEMS		
	1. Approval of the April 21, 2022 minutes	JAIME AGUILAR	3
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V	MEMBER/STAFF INFORMATION EXCHANGE	JAIME AGUILAR	
VI	SCHEDULE OF NEXT MEETING-OCTOBER 20, 2022 (third Thursday of the quarter)	JAIME AGUILAR	
VII	ADJOURNMENT	JAIME AGUILAR	

***Agenda items requiring action by the Advisory Council on Aging. NOTE: All agenda items are subject to action by the Advisory Council on Aging. Individuals with disabilities who require special accommodations may contact Brenda Schumacher at (520) 432-2528 extension 220 at least 72 hours before the meeting time to request such accommodations.



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: BORDERLANDS FOOD BANK PRESENTATION

Description:

Yolanda Soto of Borderlands Food bank will present on her organization and most importantly on Produce on Wheels With Out Waste (**POWWOW**).

P.O.W.W.O.W. is one of four major programs for Borderlands Produce Rescue a 501(c)(3) nonprofit organization based in Nogales, Arizona since 1994. Mission is to supplement meals in Arizona communities with fresh nutritious rescued produce at an affordable cost while reducing food waste and methane gas from landfills.

Attachments: None

Action Requested

Information Only

Action Requested Below

**Advisory Council on Aging Meeting
Zoom Meeting
April 21, 2022**

MEMBERS PRESENT:

Jaime Aguilar, Greenlee County Unincorporated (In-Person)
Sue Baz, Tombstone (In-person)
Gary Clark, Douglas (in-Person)
David Morse, Safford (Zoom)
Frank Montoya, Clifton (In-Person)
Kim Burks, Cochise County Unincorporated (Zoom)
Monica Romero, Santa Cruz County Unincorporated (Zoom)

Kathy Spangler, Benson (ZOOM)
Arnoldo Montiel, Nogales (Zoom, Proxy Marco)
Valadee Crofts, Duncan (J. Aguilar Proxy)
Arnold Lopez, Thatcher (In-Person)
Sue Baz (Tombstone) (In-Person)
Jayne Hancox Willcox (Zoom)

MEMBERS NOT PRESENT:

Donald Behnke, Sierra Vista (Resigned)
Royce Hunt, Graham County Unincorporated (No Proxy)
Leslie Lambert, Bisbee (No Proxy)
Kim Jackson, Huachuca City (No Proxy)

STAFF PRESENT:

Laura Villa, AAA Program Director
Carrie Gibbons Case Management Coordinator
Karen Enriquez FCSP Coordinator

Brenda Schumacher, AAA Office Specialist

I. CALL TO ORDER

President Jaime Aguilar called the meeting to order at 10:06 AM. Pledge Allegiance and Roll Call was completed.

II. ACTION ITEMS

1. Approval of the January 20,2022 minutes

President Mr. Aguilar asked that minutes be reviewed and motion made for approval.

MOTION: Gary Clark

SECOND: Sue Baz

ACTION: UNANIMOUS

2. Open floor for nominations to vacant seats

President Mr. Aguilar explains the open seat situation, 3 open seats and the council members whose terms are about to expire. Council member Valadee Crofts who's 2 term expired does not qualify for reelection, Under Section 9 of the Bylaws, Mr Crofts may be accepted to another term if after 90 days no qualified candidates apply.

Motion made to keep Mr. Crofts on the Council in his current seat.

MOTION: Frank Montoya

SECOND: Arnold Lopez

ACTION: UNANIMOUS

Mr. President continued to discuss the current seats and stated that he is hoping that all members will continue to stay on the council.

Laura Villa discussed the current seat held by Royce Hunt (Graham County Unincorporated), Royce is no longer coming to the meetings and there has been no contact from her, 3 consecutive meeting have been missed. Under the bylaws the council can vote to fill this seat with another individual as it is an issue to obtain the required quorum for the meeting.

Mr. Lopez stated that he might have an individual for this seat, Laura Villa stated that Mr. Lopez could move from his seat in Thatcher to the open seat in Graham, It was determined that the discussion of replacement of open seats would be floored until the next ACOA meeting July 21, 2022.

(Discussion only no action taken)

3. Election of Officers

All officers for president, 1st vice president, 2nd vice president, and secretary shall remain the same,

MOTION: Gary Clark

SECOND: Frank Montoya

ACTION: UNANIMOUS

III. INFORMATION ITEMS

1. SFY23 Initial Allocations/Alert/ISB/distribution

Laura Villa explained currently working on the SFY 22 Amendments for those providers who have over spent their funds.

For SFY 23 Even though AAA was only provided with base funding, we feel confident that we will not have to reduce or close services which is always the goal, as the bulk of the funds received is allocated to the services provided.

The Social Service Block Grant has been imitated, in the past these dollars were received to address the waitlist, with the assistance of Carrie Gibbons and the Case Management Staff, we have been able to eliminate the waitlist, with the exception of 2 people who are on this list , not because service are not available but because of other situations.

ARPA Funds, these were funds received 3 months ago that will assist in providing more funds to the providers until June 2024, the providers have such a need for additional funds that we do not see these funds lasting until June 2024.

The Grab and Go Meals have ended and the Weekend Meals are also gone,

Gary Clark voiced his concern for the congregate sites, the cost of food is going up, gas process are also up, the congregate site in Douglas is finding it hard to provide for the HDM as they now have to go out daily when they were only going out once a week. Douglas needs additional help with food.

A discussion took place about POWWOW and how they really help the Santa Cruz Council on Aging, ACOA Council members requested that arrangements be made with Borderlands Produce (POWWOW) to provide a presentation to the ACOA.

2. Advocacy/SFY21 annual report

Laura Villa discussed participating in the USAging Policy Briefing in Washington DC and how important Advocacy is, Laura asked the ACOA members to help advocate for the needs of the seniors in their communities. Laura Villa discussed House Bill HB 2477 and AZ4A's position statement.

Annual Report provided in packet for review.

3. SEAGO-AAA Program Updates

- a. Celebrate 50 years of Nutrition – AAA recognized the 50th Anniversary of the Senior Nutrition Program by hosting events at three congregate sites.
- b. SFY23 Subaward Renewals – AAA is moving towards an electronic packet with the help of SEAGO GIS Analysis
- c. Direct Care Worker disbursement of \$18750.00 to 97 DCW's for incentive.

- d. End of Life-Thoughtful Life Conversations- Ronnie Squire will be retiring on June 30, 2022 after many years of dedication to this program over the last 4.5 years. AAA is saddened to see her leave.
- e. Case Management- New case manager for Santa Cruz County Liz Robles.
- f. READI Meals Program- AAA Staff Cindy Meyers is working closely with Santa Cruz and Patagonia to complete the installation and set-up of equipment needed for the freeze-dried food for sample testing and with Safford to complete set up.
- g. Family Caregiver Support Program- Senior Connect has established partnerships with 20 public libraries,
- h. SHIP/SMP working on outreach and building the volunteer participation
- i. Health Promotion and Disease Prevention- providing training and classes to assist Fall Prevention and Chronis Disease Self-Management, recruited 2 new volunteers for AMOB
- j. Long Term Care Ombudsman Program- 2 new volunteers to allow the residents of the facilities to be seen more often.

4. **GACA REPORT** **Jaime Aguilar**
Nothing to report as this meeting was not attended

IV. INFORMATION EXCHANGE

Dr. Montiel No Report **Mr. Lopez** was excited to attend the 50th celebration in Safford, wife went with him and they had a wonderful time connecting with others at the event, Great Job AAA Staff. **Gary Clark** Hopefully soon people can be people again and things can get back out there for the people. **Frank Montoya** Caring for mother-in-law has shown me how important it is for the elderly to be with family and friends, when we take my mother-in-law to visit the grandkids, it is wonderful to see the brightness in her face again. **Kim Gill** had to leave meeting early **Kathy Spangler** ALTCS will be back doing home visits on April 1st, Have not seen a member in person in over 2 years, we will require the members to wear mask during the visits. Excited to attend the Elder Abuse Awareness event in June at Haven of Safford **David Morse** Unable to hear Mr. Morse talk. Audio Issues **Jaime Aguilar** it is nice to see that it has been 50 years, my mother was a volunteer with Kathrine Heard and now I am following in my mom's footsteps. Jamie also discussed concerns he has about housing and the elderly, there are not enough places for the elderly to live and the cost is too high, he stated that the elderly have come to him with these concerns also. **Sue Baz** A end of life workshop will be held at the Tombstone Senior Center this month and the healthy Tombstone is all ready to go for May 5, 22 1pm to 5pm, very excited for all the vendors who will be there.

V. NEXT MEETING DATE- Thursday July 21, 2022

(Third Thursday of the Quarter)

VI. ADJOURNMENT

Jaime Aguilar called for a motion to adjourn. Meeting adjourned at 11:58 AM

MOTION: Gary Clark
SECOND: Frank Montoya
ACTION: UNANIMOUS



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM DIRECTOR
DATE: JULY 21, 2022
SUBJECT: NOMINATIONS TO VACANT SEATS

The Advisory Council on Aging's (ACOA) revised bylaws dated May 19, 2007, the state under Article III-Membership section 1, that the ACOA consists of eight representatives from Cochise County, four from Graham, and three from Greenlee and Santa Cruz County.

Section 2 states, at least ten of the eighteen members shall be age sixty or older and shall include persons in greatest economic or social need, minority individuals, and participants in services funded through the SEAGO Area Agency on Aging.

Section 9 states, members appointed by SEAGO Executive Board shall serve a term of three years (3). Each member shall be limited to two (2) consecutive terms. However, if a vacancy cannot be filled in 90 days, a previous member can be reappointed. The Advisory Council on Aging may submit a member to the Executive Board for reappointment for an additional term.

There are currently one (2) vacant seats and members selected to represent incorporated cities, towns, and the unincorporated portions of each county. The current vacancies apply to Cochise County, Sierra Vista and Santa Cruz County town of Patagonia.

Nominated representatives will commence their term on the date once approved and appointed by the SEAGO Executive Board, scheduled for **August 19, 2022**.

Action Requested: Information Only Action Requested Below

Proposed representatives to the SEAGO Executive Board for appointment to fill vacancies.



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JANUARY 21, 2022
SUBJECT: NOMINATION TO FILL VACANT SEAT IN GRAHAM COUNTY

Description:

Ms. Lisa Lane expressed an interest in serving on the SEAGO-Area Agency on Aging Advisory Council on Aging representing the unincorporated seat in Graham County. Ms. Lane has dedicated 40+ years to volunteering for numerous causes. She is the co-founder of the Gila Valley Veteran Services, served in the Transit Coordination Committee to bring transportation to Graham County, and currently works as the manager of the Arizona@Work job center in Safford. She wishes to be part of the SEAGO-Area Agency on Aging to increase her knowledge of the resources available in Graham County. Lisa firmly believes in giving back to her community and providing them with tools to help them remain active.

Mr. Bob Rivera is a retired former mayor of the Town of Thatcher. As a former mayor, he represented the Town of Thatcher in the SEAGO-Executive Board; Mr. Rivera has been involved with the Area Agency on Aging for some time. He understands the agency's functions and, most importantly, the value it brings to our region. Mr. Rivera volunteers his time as a board member of Graham and Greenlee United Way, board member of the EA Hispanic Heritage Corp., and Graham County substance abuse coalition. Mr. Rivera wants to be a volunteer on the ACOA to serve the pioneers that went before him.

CHANGES to the membership

- Mrs. Royce Hunt has not participated in the council for almost a year due to her obligations. Mr. Lopez offered to take her seat in Safford and nominated someone to represent Thatcher.
- Former mayor Mr. Bob Rivera is interested in filling the seat of Thatcher and awaits the ACOA decision
- Mr. David Morse to change the seat to represent the town of Pima, where he resides
- Mr. Crotts is approved for a new term on the Advisory Council beginning May 20, 2022

OLD

Graham County			
Community	Member	Term	Telephone/E-mail
Pima	Vacant		
Safford	David Morse	1/16/2020 to 1/16/2023	928-428-3767 firingpin620@gmail.com
1st Term Thatcher	Arnold Lopez	11/16/2016 to 8/16/2022	928-322-0144 arnold85552@yahoo.com
2nd term County Unincorp	Royce Hunt	11/16/2019 to 11/16/2022	928-965-3226 roycehunt15@gmail.com
2nd term			

NEW

Graham County						
Community	Member	Term	Telephone/E-mail	Address	Background	
Pima	David Morse	1/16/2020 to 1/16/2023	928-428-3767 firingpin620@gmail.com	PO Box 1158 no physical address prov Pima, Graham 85543	volunteers at the Lions club, Safford Graham library. Wants to bring positive feedback to seniors in his community	
Safford	Arnold Lopez	11/16/2016 to 8/16/2022	928-322-0144 arnold85552@yahoo.com	1216 W 18st Safford AZ 85546	lives in Safford works Town of Safford, serves Safford City Council for 4 years.	EXPIRES AUGUST
Thatcher	Bob Rivera	8/19/2022 to 8/19/2025	928-965-9116 bmrivera66@gmail.com	3792 W Pace St Thatcher, AZ 85552	retired former town of Thatcher mayor, board member Graham/Greenlee United Way, EA Hispanic Heritage.	pending nomination
County Unincorp	Lisa Lane	8/19/2022 to 8/19/2025	928-432-6933 office 928-322-7935 cell llane@cpic-cas.org	626 s 6th Ave Safford, AZ 85546	manager at AZ@work job center Safford 40+ years of volunteer exp. Co-founder Gila Valley Veteran SVCE.	expires in Novembe
1st Term						

Attachments: None

A motion to recommend approval of Ms. Lisa Lane’s and Mr. Bob Rivera appointments to fill the vacant position representing the unincorporated and Town of Thatcher Graham county seats on the Advisory Council on Aging

Action Requested: Information Only Action Requested Below



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: SFY 23 ITEMIZED SERVICE BUDGET (ISB) /INITIAL ALLOCATIONS ALERT

Description:

DES-DAAS issued an alert on June 3, 2022 that changes to the initial allocations for the respected Planning and Service Area for State Fiscal Year (SFY) 2023.

Older American's Act-allocations

Social Services Block Grant (SSBG) Non-Medical Home and Community-Based waitlist allocations

Nutrition Services Incentive Program (NSIP)

Expanding the Public Health Workforce grant allocations

Other estimated carryover funds COVID/FFCRA

Area Plan technical assistance

See attached ISB reflecting these proposed allocations, these are subject to change with any future Alerts.

Attachments: SFY23 Alert 6-3-2022, ISB, provider distribution

Action Requested

Information Only

Action Requested Below

Ln	Fund Source	Administration					Case Mgmt	Case Mgmt	EPHW	EPHW	CRRSA	VACCINE	VACCINE	
		ADM	ADM	ADM	ADM	ADM	CMG	CMG	PGD	ADM	LTC	CEI	ADM	
		DAARS Codes	ADM	ADM	ADM	ADM	ADM	ADM	ADM	ADM	LTC	CEI	ADM	
		Program Codes	HC	HC	HC	HC	FCS	FCS	HC	HC	HC	HC	OMB	HC
Service Detail Code	HC	C19	C20	C21	C20	C20	PHW	PHW	PHW	CRR	VAC	VAC		
AIMS Codes	ADM				AM5	CMG								
1	State Admin	46,208.00				5,519.67								
2	OAA Admin (III C-1)	141,809.00												
3	OAA Admin (III E)					17,918.00								
4	SSBG Admin	58,674.00												
5	Title III-B						41,675.30							
6	Title III-C1													
7	Title III-C2													
8	Title III-D Prev Hlth													
9	Title III-E Caregiver													
10	NSIP													
11	Title VII Elder Abuse													
12	Title VII FED OMB													
13	State Ind Living Supports	1,062.00				453.00		96,329.59						
14	State Ombudsman													
15	State Respite													
16	SSBG (Services)							133,597.00						
17	SHIP													
18	Senior Medicare Patrol													
19	SSBG - HCB Wait List													
20	SSBG - One-Time Admin.	7,371.00												
21	SSBG - One-Time (Services)							5,000.00						
22	Senior Patrol Vols.													
23	Alzheimer's Dementia (ADSSP)													
24	MIPPA - S.H.I.P													
25	MIPPA - AAA													
26	MIPPA - ADRC													
27	FFCRA - C1													
28	FFCRA - C1 Admin													
29	FFCRA - C2													
30	CARES Act - III-B							33,715.00						
31	CARES Act - III-C2 Admin													
32	CARES Act - III-C2													
33	CARES Act - III-E													
34	CARES Act - III-E Admin													
35	CARES Act - III-VII - FED. OMB.													
36	Cares Act ADRC													
37	Title III-C2 COVID Supplemental													
38	OAA Admin. III-C2 COVID Supp.													
39	ACCESS VACCINES													
40	ACCESS VACCINES ADMIN													
41	CRRSA LTC OMB.									4,136.00				
42	ADRC ACCESS VACCINES										23,883.00			
43	ADRC ACCESS VACCINES ADMIN											2,238.00		
44	ARPA - III-B													
45	ARPA - III-C1													
46	ARPA - III-C1 ADMIN													
47	ARPA - III-C2													
48	ARPA - III-D													
49	ARPA - III-E													
50	ARPA - III-E ADMIN													
51	ARPA - VII FED OMBUDSMAN													
52	STATE ARPA													
53	EXPANDING PH WORKFORCE							71,840.00	18,000.00					
54	STATE LTC OMBUDSMAN													
Reimbursement Ceiling		255,124.00				23,890.67		276,601.89	33,715.00	71,840.00	18,000.00	4,136.00	23,883.00	2,238.00

DIRECT SERVICES

ALTCs												
Program Income												
Non-Fed In-kind							60,000.00					
Non-Fed Cash												
Other Federal												
Total							60,000.00					

PURCHASED SERVICES

ALTCs												
Program Income												
Non-Fed In-kind							9,233.00					
Non-Fed Cash							76,751.00					
Other Federal												
Total							85,984.00					

Grand Total	255,124.00				23,890.67		422,585.89	33,715.00	71,840.00	18,000.00	4,136.00	23,883.00	2,238.00
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EXPENSES

Personnel - Direct	108,079.65				13,492.04		11,380.33	15,000.00				1,254.00	
ERE - Direct	35,125.00				5,025.00		4,000.00	6,000.00				984.00	
Professional/Out													
Direct	27,435.00				2,798.63			1,000.00	71,840.00	18,000.00	4,136.00	23,883.00	
Sub-Contractor							403,310.56						
Travel - Direct	14,999.40							2,000.00					
Space - Direct													
Equipment - Direct													
One Time	17,000.42							5,000.00					
On Going													
Material/Supplies - Direct	10,295.53				500.00		1,895.00						
Operating Svcs Direct	6,345.00												
Allocated Indirect Direct	35,844.00				2,075.00		2,000.00	4,715.00					
SubTotal DIRECT	255,124.00				23,890.67		19,275.33	33,715.00	71,840.00	18,000.00	4,136.00	23,883.00	2,238.00
SubTotal PURCH							403,310.56						
TOTAL SERVICE	255,124.00				23,890.67		422,585.89	33,715.00	71,840.00	18,000.00	4,136.00	23,883.00	2,238.00

Units/Direct	12.00				12.00							
Units/Purchased							9,847.79					
Units Total	12.00				12.00		9,847.79					

Unit Rate/Direct	21,260.33	NA	NA	NA	1,990.89	NA	NA	NA	NA	NA	NA	NA
Unit Rate/Purch	NA	NA	NA	NA	NA	NA	40.95	NA	NA	NA	NA	NA
Unit Rate/Total	21,260.33	NA	NA	NA	1,990.89	NA	42.91	NA	NA	NA	NA	NA

Note: Title III-B, III-C1, III-C2, III-D, III-E (Admin) require a state match

Required State Match	47,269.67				5,972.67		2,451.51					
State Admin	46,208.00				5,519.67							
State ILS	1,062.00				453.00		96,329.59					
Additional match required												
Non-Fed In-kind/Non-Fed Cash												
Match required from another serv												

	VACCINE	VACCINE	Advocacy	Legal	Legal	Transportation	Congregate	Congregate	Congregate	Home Del	Home Del	
DAARS Codes	CEI	ADM	ADV	LGL	LGL	TSP	TSP	CNG	CNG	CNG	HDM	HDM
Program Codes	HCB	HCB	HCB	LSA	LSA	HCB	HCB	HCB	HCB	HCB	HCB	HCB
Service Detail Code	VA1	VA1			C20		C20		C19	C20		C19
AIMS Codes			ADV	LGL		TSP		CNG			HDM	
Ln Fund Source												
1 State Admin												
2 OAA Admin (III C-1)												
3 OAA Admin (III E)												
4 SSBG Admin												
5 Title III-B			8,317.60	-		80,880.40						
6 Title III-C1								179,467.79				
7 Title III-C2											239,015.25	
8 Title III-D Prev Hlth												
9 Title III-E Caregiver						44,543.32						
10 NSIP											106,098.00	
11 Title VII Elder Abuse												
12 Title VII FED OMB												
13 State Ind Living Supports			8,537.95	-		37,452.00		45,307.00			53,585.62	
14 State Ombudsman												
15 State Respite												
16 SSBG (Services)						65,215.00		10,699.00			139,613.00	
17 SHIP												
18 Senior Medicare Patrol												
19 SSBG - HCB Wait List												
20 SSBG - One-Time Admin.												
21 SSBG - One-Time (Services)						10,000.00		10,000.00				
22 Senior Patrol Vols.												
23 Alzheimer's Dementia (ADSSP)												
24 MIPPA - S.H.I.P.												
25 MIPPA - AAA												
26 MIPPA - ADCRC												
27 FFCRA - C1												
28 FFCRA - C1 Admin												
29 FFCRA - C2												
30 CARES Act - III-B												
31 CARES Act - III-C2 Admin												
32 CARES Act - III-C2												
33 CARES Act - III-E												
34 CARES Act - III-E Admin												
35 CARES Act - III-VII - FED. OMB.												
36 CARES Act ADCRC												
37 Title III-C2 COVID Supplemental												
38 OAA Admin. III-C2 COVID Supp.												
39 ACCESS VACCINES	44,249.00											
40 ACCESS VACCINES ADMIN		6,625.00										
41 CRRSA LTC OMB.												
42 ADCRC ACCESS VACCINES												
43 ADCRC ACCESS VACCINES ADMIN												
44 ARPA - III-B												
45 ARPA - III-C1												
46 ARPA - III-C1 ADMIN												
47 ARPA - III-C2												
48 ARPA - III-D												
49 ARPA - III-E												
50 ARPA - III-E ADMIN												
51 ARPA - VII FED OMBUDSMAN												
52 STATE ARPA												
53 EXPANDING PH WORKFORCE												
54 STATE LTC OMBUDSMAN												
Reimbursement Ceiling	44,249.00	6,625.00	16,855.55	-	-	238,090.72	-	245,473.79	-	-	538,311.87	-

DIRECT SERVICES												
ALTCs												
Program Income												
Non-Fed In-kind												
Non-Fed Cash												
Other Federal												
Total												

PURCHASED SERVICES												
ALTCs												99,441.00
Program Income						89,000.00		57,940.00				
Non-Fed In-kind						1,800.00		212,607.00				168,927.00
Non-Fed Cash						494,346.00		88,074.00				86,371.00
Other Federal						1,022,487.00						
Total						1,607,633.00		358,621.00				354,739.00

Grand Total	44,249.00	6,625.00	16,855.55	-	-	1,845,723.72	-	604,094.79	-	-	893,050.87	-
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EXPENSES												
Personnel - Direct		3,791.00	6,984.00									
ERE - Direct		2,834.00	3,199.00									
Professional/Out												
Direct	44,249.00		2,066.00									
Sub-Contractor						1,845,723.72		604,094.79				893,050.87
Travel - Direct			687.55									
Space - Direct												
Equipment - Direct												
One Time												
On Going												
Material/Supplies - Direct			1,534.00									
Operating Svcs Direct			1,335.00									
Allocated Indirect Direct			1,050.00									
SubTotal DIRECT	44,249.00	6,625.00	16,855.55									
SubTotal PURCH						1,845,723.72		604,094.79				893,050.87
TOTAL SERVICE	44,249.00	6,625.00	16,855.55			1,845,723.72		604,094.79				893,050.87

Units/Direct			12.00									
Units/Purchased						92,483.00		48,308.56				85,625.92
Units Total			12.00			92,483.00		48,308.56				85,625.92

Unit Rate/Direct	NA	NA	1,404.63	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unit Rate/Purch	NA	NA	N/A	NA	NA	19.96	NA	12.50	NA	NA	NA	10.43
Unit Rate/Total	NA	NA	NA	NA	NA	19.96	NA	12.50	NA	NA	NA	10.43

Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)

Required State Match			489.27			4,757.71		10,557.02				14,059.84
State Admin												
State ILS			8,537.95			37,452.00		45,307.00				53,585.62
Additional match required												
Non-Fed In-kind/Non-Fed Cash												
Match required from another serv												

	Home Del	Home Del	I&R	Program Devel	Program Devel	Program Devel	Health Prom	Health Prom	Ship/Outreach	Senior Patrol	Senior Patrol	MIPPA SHIP
DAARS Codes	HDM	HDM	INR	PGD	PGD	PGD	HED	HED	SHI	SHI	SHI	SHI
Program Codes	HCB	HCB	HCB	HCB	HCB	HCB	HPR	HPR	SHP	SMP	SMP	SHP
Service Detail Code	C20	C21	BOC		C20	SCD		C20	OTR	IRM	OTP	MSM
AIMS Codes							HPR		IR1	IRM	SMP	SMP
Ln Fund Source												
1 State Admin												
2 OAA Admin (III C-1)												
3 OAA Admin (III E)												
4 SSBG Admin												
5 Title III-B				7,688.13			14,722.00		8,575.00		14,297.00	
6 Title III-C1												
7 Title III-C2												
8 Title III-D Prev Hlth							26,240.00					
9 Title III-E Caregiver												
10 NSIP												
11 Title VII Elder Abuse												
12 Title VII FED OMB												
13 State Ind Living Supports				3,624.00			1,455.00		6,885.00		6,105.67	
14 State Ombudsman												
15 State Respite												
16 SSBG (Services)												
17 SHIP									21,540.00			
18 Senior Medicare Patrol											8,408.00	
19 SSBG - HCB Wait List												
20 SSBG - One-Time Admin.												
21 SSBG - One-Time (Services)												
22 Senior Patrol Vols.												
23 Alzheimer's Dementia (ADSSP)												
24 MIPPA - S.H.I.P												
25 MIPPA - AAA												
26 MIPPA - ADRC												
27 FFCRA - C1												
28 FFCRA - C1 Admin												
29 FFCRA - C2												
30 CARES Act - III-B					22,114.30							
31 CARES Act - III-C2 Admin												
32 CARES Act - III-C2												
33 CARES Act - III-E												
34 CARES Act - III-E Admin												
35 CARES Act - III-VII - FED. OMB.												
36 CARES Act ADRC			35,000.00									
37 Title III-C2 COVID Supplemental												
38 OAA Admin. III-C2 COVID Supp.												
39 ACCESS VACCINES												
40 ACCESS VACCINES ADMIN												
41 CRRSA LTC OMB.												
42 ADRC ACCESS VACCINES												
43 ADRC ACCESS VACCINES ADMIN												
44 ARPA - III-B												
45 ARPA - III-C1												
46 ARPA - III-C1 ADMIN												
47 ARPA - III-C2												
48 ARPA - III-D												
49 ARPA - III-E												
50 ARPA - III-E ADMIN												
51 ARPA - VII FED OMBUDSMAN												
52 STATE ARPA												
53 EXPANDING PH WORKFORCE												
54 STATE LTC OMBUDSMAN												
Reimbursement Ceiling	-	-	35,000.00	11,312.13	22,114.30	-	42,417.00	-	37,000.00	-	28,810.67	-
DIRECT SERVICES												
ALTCs												
Program Income												
Non-Fed In-kind							3,100.00		2,300.00			
Non-Fed Cash							800.00					
Other Federal												
Total							3,900.00		2,300.00			
PURCHASED SERVICES												
ALTCs												
Program Income												
Non-Fed In-kind												
Non-Fed Cash												
Other Federal												
Total												
Grand Total	-	-	35,000.00	11,312.13	22,114.30	-	46,317.00	-	39,300.00	-	28,810.67	-
EXPENSES												
Personnel - Direct			11,354.00	5,104.00	9,114.30		22,421.83		20,361.00		14,208.67	
ERE - Direct			5,000.00	681.00	6,000.00		7,762.27		6,969.00		4,336.00	
Professional/Out												
Direct			3,000.00	3,192.13			4,065.90		1,000.00		3,038.00	
Sub-Contractor			9,029.00									
Travel - Direct				923.00	1,000.00		2,637.00		3,501.00		1,910.00	
Space - Direct												
Equipment - Direct												
One Time												
On Going												
Material/Supplies - Direct			3,471.00	50.00	3,000.00		3,315.00		3,000.00		2,230.00	
Operating Svcs Direct			400.00				1,000.00		1,000.00			
Allocated Indirect Direct			2,746.00	1,362.00	3,000.00		5,115.00		3,469.00		3,088.00	
SubTotal DIRECT			25,971.00	11,312.13	22,114.30		46,317.00		39,300.00		28,810.67	
SubTotal PURCH			9,029.00									
TOTAL SERVICE	-	-	35,000.00	11,312.13	22,114.30	-	46,317.00	-	39,300.00	-	28,810.67	-
Units/Direct				12.00	12.00		75.00		1,950.00		80.00	
Units/Purchased												
Units Total	-	-	-	12.00	12.00	-	75.00	-	1,950.00	-	80.00	-
Unit Rate/Direct	NA		NA	N/A	1,842.86		617.56	NA	20.15	NA	360.13	NA
Unit Rate/Purch				N/A			NA	NA	NA	NA	NA	NA
Unit Rate/Total	NA	NA	NA	NA	NA	NA	617.56	NA	20.15	NA	360.13	NA
Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)												
Required State Match				452.25			866.01		504.42		841.01	
State Admin												
State ILS				3,624.00			1,455.00		6,885.00		6,105.67	
Additional match required												
Non-Fed In-kind/Non-Fed Cash												
Match required from another servc												

Ln	Fund Source	MIPPA SHIP	MIPPA AAA	MIPPA ADRC	Long Term Care	Long Term Care	Home Care Cluster			Attendant Care	Attendant Care	SSBG Waitlist				
		SHI	SHI	SHI	LTC	LTC	HSK	PRC	NRH	ATT	ATT	CMG	ATT	HSK	RSP	
		DAARS Codes	SHI	SHI	SHI	LTC	LTC	HSK	PRC	NRH	ATT	ATT	CMG	ATT	HSK	RSP
		Program Codes	SHP	SHP	SHP	OMB	OMB	HSK	PRC	NRH	ATT	ATT	CMG	ATT	HSK	RSP
Service Detail Code	MSA	MAA	MDA	C20	C20	HSK	PRC	VNS	C20	C20	WTL	WTL	WTL	WTL		
AIMS Codes				LTC	C20	HSK	PRC	VNS								
1	State Admin															
2	OAA Admin (III C-1)															
3	OAA Admin (III E)															
4	SSBG Admin															
5	Title III-B						6,770.00		2,297.00	449,299.32						
6	Title III-C1															
7	Title III-C2															
8	Title III-D Prev Hlth															
9	Title III-E Caregiver															
10	NSIP															
11	Title VII Elder Abuse				2,289.00											
12	Title VII FED OMB				20,658.00											
13	State Ind Living Supports						51,413.00		1,772.00	57,575.07						
14	State Ombudsman				35,207.00											
15	State Respite															
16	SSBG (Services)						1,322.00		4,931.00	184,816.00						
17	SHIP															
18	Senior Medicare Patrol															
19	SSBG - HCB Wait List										18,135.00	97,000.00				
20	SSBG - One-Time Admin.															
21	SSBG - One-Time (Services)									31,341.00						
22	Senior Patrol Vols.															
23	Alzheimer's Dementia (ADSSP)															
24	MIPPA - S.H.I.P.															
25	MIPPA - AAA															
26	MIPPA - ADRC															
27	FFCRA - C1															
28	FFCRA - C1 Admin															
29	FFCRA - C2															
30	CARES Act - III-B															
31	CARES Act - III-C2 Admin															
32	CARES Act - III-C2															
33	CARES Act - III-E															
34	CARES Act - III-E Admin															
35	CARES Act - III-VII - FED. OMB.															
36	Cares Act ADRC															
37	Title III-C2 COVID Supplemental															
38	OAA Admin. III-C2 COVID Supp.															
39	ACCESS VACCINES															
40	ACCESS VACCINES ADMIN															
41	CRRSA LTC OMB.															
42	ADRC ACCESS VACCINES															
43	ADRC ACCESS VACCINES ADMIN															
44	ARPA - III-B															
45	ARPA - III-C1															
46	ARPA - III-C1 ADMIN															
47	ARPA - III-C2															
48	ARPA - III-D															
49	ARPA - III-E															
50	ARPA - III-E ADMIN															
51	ARPA - VII FED OMBUDSMAN															
52	STATE ARPA															
53	EXPANDING PH WORKFORCE															
54	STATE LTC OMBUDSMAN															
Reimbursement Ceiling		-	-	-	58,154.00	-	59,505.00	-	9,000.00	723,031.39	-	18,135.00	97,000.00	-	-	

DIRECT SERVICES

ALTCs															
Program Income															
Non-Fed In-kind				4,500.00											
Non-Fed Cash															
Other Federal															
Total				4,500.00											

PURCHASED SERVICES

ALTCs															
Program Income						3,736.00			500.00						
Non-Fed In-kind						2,076.00									
Non-Fed Cash						35,938.00		19,135.00	1,000.00						
Other Federal															
Total						41,750.00		19,135.00	1,500.00						

Grand Total	-	-	-	62,654.00	-	101,255.00	-	28,135.00	724,531.39	-	18,135.00	97,000.00	-	-
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EXPENSES

Personnel - Direct				31,023.13											
ERE - Direct				12,013.80											
Professional/Out															
Direct				5,862.00								18,135.00			
Sub-Contractor						101,255.00		28,135.00	724,531.39			97,000.00			
Travel - Direct				3,574.07											
Space - Direct															
Equipment - Direct															
One Time															
On Going															
Material/Supplies - Direct				2,968.00											
Operating Svcs Direct				500.00											
Allocated Indirect Direct				6,713.00											
SubTotal DIRECT				62,654.00								18,135.00			
SubTotal PURCH						101,255.00		28,135.00	724,531.39			97,000.00			
TOTAL SERVICE				62,654.00		101,255.00		28,135.00	724,531.39		18,135.00	97,000.00			

Units/Direct				1,680.00	12.00										
Units/Purchased						21,174.56	8,280.82	331.00							
Units Total				1,680.00	12.00	21,174.56	8,280.82	331.00							

Unit Rate/Direct	NA	NA	NA	37.29	NA	NA	NA	NA	NA	NA	NA	#DIV/0!	NA	NA	NA
Unit Rate/Purch	N/A	N/A	N/A	NA	NA	4.78	NA	85.00	NA	NA	NA	NA	NA	NA	NA
Unit Rate/Total	NA	NA	NA	37.29	NA	4.78	NA	85.00	N/A	N/A	NA	NA	NA	NA	NA

Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)

Required State Match						398.24		135.12	26,429.60						
State Admin															
State ILS						51,413.00		1,772.00	57,575.07						
Additional match required															
Non-Fed In-kind/Non-Fed Cash															
Match required from another serv															

			Outreach	Outreach	Case Mgn	I&R	I&R	Training	Training	Community Education & Info	Community Education & Info	Adap Aid	Adap Aid	Home Repair	Ombudsman
DAARS Codes	NRH	HDM	OTR	OTR	CMG	INR	INR	CGT	CGT	CEI	CEI	ADP	ADP	RPR	LTC
Program Codes	HCB	HCB	FCS	FCS	FCS	FCS	FCS	FCS	FCS	FCS	FCS	FCS	HCB	FCS	OMB
Service Detail Code	WTL	WTL	C20	C20	C20	C20	C20	C20	C20	C20	C20	FCS	HCB	FCS	FTE
AIMS Codes			IRS		CM5					CEI		AD5		RP5	
Ln	Fund Source														
1	State Admin														
2	OAA Admin (III C-1)														
3	OAA Admin (III E)														
4	SSBG Admin														
5	Title III-B														
6	Title III-C1														
7	Title III-C2														
8	Title III-D Prev Hlth														
9	Title III-E Caregiver														
10	NSIP														
11	Title VII Elder Abuse														
12	Title VII FED OMB														
13	State Ind Living Supports														
14	State Ombudsman														
15	State Respite														
16	SSBG (Services)														
17	SHIP														
18	Senior Medicare Patrol														
19	SSBG - HCB Wait List														
20	SSBG - One-Time Admin.														
21	SSBG - One-Time (Services)														
22	Senior Patrol Vols.														
23	Alzheimer's Dementia (ADSSP)														
24	MIPPA - S.H.I.P														
25	MIPPA - AAA														
26	MIPPA - ADRC														
27	FFCRA - C1														
28	FFCRA - C1 Admin														
29	FFCRA - C2														
30	CARES Act - III-B														
31	CARES Act - III-C2 Admin														
32	CARES Act - III-C2														
33	CARES Act - III-E														
34	CARES Act - III-E Admin														
35	CARES Act - III-VII - FED. OMB.														
36	Cares Act ADRC														
37	Title III-C2 COVID Supplemental														
38	OAA Admin. III-C2 COVID Supp.														
39	ACCESS VACCINES														
40	ACCESS VACCINES ADMIN														
41	CRRSA LTC OMB.														
42	ADRC ACCESS VACCINES														
43	ADRC ACCESS VACCINES ADMIN														
44	ARPA - III-B														
45	ARPA - III-C1														
46	ARPA - III-C1 ADMIN														
47	ARPA - III-C2														
48	ARPA - III-D														
49	ARPA - III-E														
50	ARPA - III-E ADMIN														
51	ARPA - VII FED OMBUDSMAN														
52	STATE ARPA														
53	EXPANDING PH WORKFORCE														
54	STATE LTC OMBUDSMAN														
Reimbursement Ceiling	-	100,000.00	17,000.00	17,355.00	11,000.00	24,435.00	-	10,079.00	-	10,439.58	10,588.86	-	11,589.00	8,000.00	-
DIRECT SERVICES															
ALTCs															
Program Income															
Non-Fed In-kind															
Non-Fed Cash															
Other Federal															
Total															
PURCHASED SERVICES															
ALTCs															
Program Income															
Non-Fed In-kind			2,688.00												
Non-Fed Cash			1,445.00												
Other Federal															
Total			4,133.00												
Grand Total	-	100,000.00	21,133.00	17,355.00	11,000.00	24,435.00	-	10,079.00	-	10,439.58	10,588.86	-	11,589.00	8,000.00	-
EXPENSES															
Personnel - Direct			9,914.00	6,279.00	5,000.00	12,682.00		6,579.00		4,940.00	4,778.86				
ERE - Direct			3,677.00	3,200.00	2,000.00	6,216.00		2,000.00		1,976.58	1,800.00				
Professional/Out															
Direct			1,958.00	2,376.00	500.00	1,638.00		500.00		1,023.00	200.00				
Sub-Contractor		100,000.00											11,589.00	8,000.00	
Travel - Direct			1,692.00	2,500.00	1,000.00	500.00				500.00	1,000.00				
Space - Direct															
Equipment - Direct															
One Time															
On Going															
Material/Supplies - Direct			1,000.00	500.00	-	415.00				500.00	1,300.00				
Operating Svcs Direct			500.00		1,000.00	500.00									
Allocated Indirect Direct			2,392.00	2,500.00	1,500.00	2,484.00		1,000.00		1,500.00	1,510.00				
SubTotal DIRECT	-	-	21,133.00	17,355.00	11,000.00	24,435.00	-	10,079.00	-	10,439.58	10,588.86	-	-	-	-
SubTotal PURCH	-	100,000.00	-	-	-	-	-	-	-	-	-	-	11,589.00	8,000.00	-
TOTAL SERVICE	-	100,000.00	21,133.00	17,355.00	11,000.00	24,435.00	-	10,079.00	-	10,439.58	10,588.86	-	11,589.00	8,000.00	-
Units/Direct			12.00	12.00	-	951.19					12.00				
Units/Purchased			5.00									34.00		4.00	
Units Total	-	-	17.00	12.00	-	951.19	-	-	-	-	12.00	34.00	-	4.00	-
Unit Rate/Direct	NA	NA	1,761.08	1,446.25	NA	25.69	NA	NA	NA	NA	882.41	NA	NA	NA	NA
Unit Rate/Purch	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2,000.00	NA
Unit Rate/Total	NA	NA	1,243.12	1,446.25	NA	25.69	NA	NA	NA	NA	882.41	NA	NA	2,000.00	NA
Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)															
Required State Match													324.06		
State Admin															
State ILS													1,080.00		
Additional match required															
Non-Fed In-kind/Non-Fed Cash															
Match required from another servc															

	Direct Care Worker	Direct Care Worker	Direct Care Worker	Direct Care Worker	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA	ARPA
DAARS Codes	ATT	PRC	HSK	RSP	ADM	ADM	TSP	CMG	CMG	CNG	HDM	HED	LTC	PGD	RSP	
Program Codes	HCN	HCN	HCN	FCP	HCN	FCS	HCN	HCN	HCN	HCN	HCN	HCN	OMB	HCN	FCS	
Service Detail Code	DCW	DCW	DCW	DCW	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	
AIMS Codes																
Ln Fund Source																
1 State Admin						1,380.33										
2 OAA Admin (III C-1)																
3 OAA Admin (III E)																
4 SSBG Admin																
5 Title III-B																
6 Title III-C1																
7 Title III-C2																
8 Title III-D Prev Hlth																
9 Title III-E Caregiver																
10 NSIP																
11 Title VII Elder Abuse																
12 Title VII FED OMB																
13 State Ind Living Supports						3,102.67	2,942.00	1,177.00		7,647.58	20,554.17			327.00		
14 State Ombudsman																
15 State Respite																
16 SSBG (Services)																
17 SHIP																
18 Senior Medicare Patrol																
19 SSBG - HCB Wait List																
20 SSBG - One-Time Admin.																
21 SSBG - One-Time (Services)																
22 Senior Patrol Vols.																
23 Alzheimer's Dementia (ADSSP)																
24 MIPPA - S.H.I.P																
25 MIPPA - AAA																
26 MIPPA - ADRC																
27 FFCRA - C1																
28 FFCRA - C1 Admin																
29 FFCRA - C2																
30 CARES Act - III-B																
31 CARES Act - III-C2 Admin																
32 CARES Act - III-C2																
33 CARES Act - III-E																
34 CARES Act - III-E Admin																
35 CARES Act - III-VII - FED. OMB.																
36 CARES Act ADRC																
37 Title III-C2 COVID Supplemental																
38 OAA Admin. III-C2 COVID Supp.																
39 ACCESS VACCINES																
40 ACCESS VACCINES ADMIN																
41 CRRSA LTC OMB.																
42 ADRC ACCESS VACCINES																
43 ADRC ACCESS VACCINES ADMIN																
44 ARPA - III-B							50,000.00	20,000.00							5,545.00	
45 ARPA - III-C1										130,000.00						
46 ARPA - III-C1 ADMIN																
47 ARPA - III-C2											200,875.00					
48 ARPA - III-D												10,000.00				
49 ARPA - III-E																
50 ARPA - III-E ADMIN						13,447.00										
51 ARPA - VII FED OMBUDSMAN														2,287.00		
52 STATE ARPA																
53 EXPANDING PH WORKFORCE																
54 STATE LTC OMBUDSMAN																
Reimbursement Ceiling						17,930.00	52,942.00	21,177.00		137,647.58	221,429.17	10,000.00	2,287.00	5,872.00		
DIRECT SERVICES																
ALTCs																
Program Income																
Non-Fed In-kind																
Non-Fed Cash																
Other Federal																
Total																
PURCHASED SERVICES																
ALTCs																
Program Income																
Non-Fed In-kind																
Non-Fed Cash																
Other Federal																
Total																
Grand Total						17,930.00	52,942.00	21,177.00		137,647.58	221,429.17	10,000.00	2,287.00	5,872.00		
EXPENSES																
Personnel - Direct																
ERE - Direct																
Professional/Out																
Direct						17,930.00		21,177.00				10,000.00	2,287.00	5,872.00		
Sub-Contractor							52,942.00			137,647.58	221,429.17					
Travel - Direct																
Space - Direct																
Equipment - Direct																
One Time																
On Going																
Material/Supplies - Direct																
Operating Svcs Direct																
Allocated Indirect Direct																
SubTotal DIRECT						17,930.00		21,177.00				10,000.00	2,287.00	5,872.00		
SubTotal PURCH							52,942.00			137,647.58	221,429.17					
TOTAL SERVICE						17,930.00	52,942.00	21,177.00		137,647.58	221,429.17	10,000.00	2,287.00	5,872.00		
Units/Direct																
Units/Purchased																
Units Total																
Unit Rate/Direct																
Unit Rate/Purch																
Unit Rate/Total	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)																
Required State Match						4,482.33	2,941.20	1,176.48		7,647.12	11,816.28			326.18		
State Admin						1,380.33										
State ILS						3,102.67	2,942.00	1,177.00		7,647.58	20,554.17			327.00		
Additional match required																
Non-Fed In-kind/Non-Fed Cash																
Match required from another serv																

Ln	Fund Source	ARPA				Respite			Peer Counseling	TOTAL	
		DAARS Codes	ATT	PRC	HSK	HOLD	RSP	RSP	RSP		PEC
		Program Codes	HCB	HCB	HCB	HOLD	FCS	FCS	FCS		FCS
		Service Detail Code	ARP	ARP	ARP	HOLD	VCH	C20			
AIMS Codes							RSP	PEC			
1	State Admin									53,108.00	
2	OAA Admin (III C-1)									141,809.00	
3	OAA Admin (III E)									17,918.00	
4	SSBG Admin									58,674.00	
5	Title III-B						3,147.21			643,177.96	
6	Title III-C1									179,467.79	
7	Title III-C2									239,015.25	
8	Title III-D Prev Hlth									26,240.00	
9	Title III-E Caregiver						52,430.10		6,968.00	189,895.00	
10	NSIP									106,098.00	
11	Title VII Elder Abuse									2,289.00	
12	Title VII FED OMB									20,658.00	
13	State Ind Living Supports	13,941.68					804.00			423,133.00	
14	State Ombudsman									35,207.00	
15	State Respite						19,628.00			19,628.00	
16	SSBG (Services)						4,259.00			544,452.00	
17	SHIP									21,540.00	
18	Senior Medicare Patrol									8,408.00	
19	SSBG - HCB Wait List									215,135.00	
20	SSBG - One-Time Admin.									7,371.00	
21	SSBG - One-Time (Services)						10,000.00			66,341.00	
22	Senior Patrol Vols.									-	
23	Alzheimer's Dementia (ADSSP)									-	
24	MIPPA - S.H.I.P									-	
25	MIPPA - AAA									-	
26	MIPPA - ADRC									-	
27	FFCRA - C1									-	
28	FFCRA - C1 Admin									-	
29	FFCRA - C2									-	
30	CARES Act - III-B									55,829.30	
31	CARES Act - III-C2 Admin									-	
32	CARES Act - III-C2									-	
33	CARES Act - III-E									27,943.86	
34	CARES Act - III-E Admin									-	
35	CARES Act - III-VII - FED. OMB.									-	
36	Cares Act ADRC									35,000.00	
37	Title III-C2 COVID Supplemental									-	
38	OAA Admin. III-C2 COVID Supp.									-	
39	ACCESS VACCINES									44,249.00	
40	ACCESS VACCINES ADMIN									6,625.00	
41	CRRSA LTC OMB.									4,136.00	
42	ADRC ACCESS VACCINES									23,883.00	
43	ADRC ACCESS VACCINES ADMIN									2,238.00	
44	ARPA - III-B	237,000.00			156,000.00					468,545.00	
45	ARPA - III-C1				48,749.00					178,749.00	
46	ARPA - III-C1 ADMIN				109,484.00					109,484.00	
47	ARPA - III-C2				262,000.00					462,875.00	
48	ARPA - III-D				35,259.00					45,259.00	
49	ARPA - III-E				142,542.00					142,542.00	
50	ARPA - III-E ADMIN									13,447.00	
51	ARPA - VII FED OMBUDSMAN				8,000.00					10,287.00	
52	STATE ARPA									-	
53	EXPANDING PH WORKFORCE									89,840.00	
54	STATE LTC OMBUDSMAN									-	
Reimbursement Ceiling		250,941.68	-	-	762,034.00	-	90,268.31	-	6,968.00	4,740,497.16	

DIRECT SERVICES										
ALTCs										-
Program Income										-
Non-Fed In-kind										69,900.00
Non-Fed Cash										800.00
Other Federal										-
Total										70,700.00

PURCHASED SERVICES										
ALTCs										99,441.00
Program Income							200.00			151,376.00
Non-Fed In-kind										397,331.00
Non-Fed Cash							1,741.00			804,801.00
Other Federal										1,022,487.00
Total							1,941.00			2,475,436.00

Grand Total	250,941.68	-	-	762,034.00	-	92,209.31	-	6,968.00	7,286,633.16
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EXPENSES										
Personnel - Direct								3,768.00		327,508.81
ERE - Direct								1,700.00		122,498.65
Professional/Out										-
Direct				762,034.00					500.00	1,061,695.66
Sub-Contractor	250,941.68						92,209.31			5,580,889.07
Travel - Direct								500.00		38,924.02
Space - Direct										-
Equipment - Direct										-
One Time										22,000.42
On Going										-
Material/Supplies - Direct								500.00		36,473.53
Operating Svcs Direct										12,580.00
Allocated Indirect Direct										84,063.00
SubTotal DIRECT				762,034.00				6,968.00		1,705,744.09
SubTotal PURCH	250,941.68						92,209.31			5,580,889.07
TOTAL SERVICE	250,941.68	-	-	762,034.00	-	92,209.31	-	6,968.00	7,286,633.16	

Units/Direct								60.00		4,904.19
Units/Purchased							2,936.96			272,205.71
Units Total							2,936.96	60.00		277,109.90

Unit Rate/Direct										#DIV/0!
Unit Rate/Purch							31.40			2,205.02
Unit Rate/Total	NA	NA	NA	NA	NA	NA	31.40	NA	116.13	#DIV/0!

Note: Title III-B, III-C1, III-C2, III-D, III-E (Adm)

Required State Match	13,941.29	-	-				185.13			158,024.40
State Admin										53,108.00
State ILS	13,941.68						804.00			423,133.00
Additional match required										-
Non-Fed In-kind/Non-Fed Cash										-
Match required from another servc										-

Revenue and expenditures - must be zen



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Wisehart
Director

June 3, 2022

To: Area Agencies on Aging
From: Rebecca Clayton *RC*
Deputy Assistant Director
Division of Aging and Adult Services
Subject: State Fiscal Year (SFY) 2023 Initial Allocations

The following ALERTS are attached:

<u>ALERTS</u>	<u>FUND SOURCE/TYPE</u>
ALERT SFY-23-1B	Title III/VII Older Americans Act - Allocations
ALERT SFY-23-2B	Social Services Block Grant (SSBG) – Non-Medical Home and Community-Based Waitlist Allocations
ALERT SFY-23-6A	Nutrition Services Incentive Program – SFY 2023 Allocations
ALERT SFY-23-9	Expanding the Public Health Workforce Grant Allocations
ALERT SFY-23-9A	Expanding the Public Health Workforce Grant FAQ
ALERT SFY-23-11	Other Funds - COVID/FFCRA Estimated Carryover
ALERT SFY-23-12	Technical Assistance- DAARS System Update: Waitlist

The ALERTS are subject to change as additional information is received by the Division pertaining to the funding sources identified.

ALERTS are available on the Division website using the link:
<https://www.azdes.gov/daas/alerts>

A SFY 2023 contract operating budget is due to the Division of Aging and Adult Services, Finance and Business Operations Administration by close of business Friday, June 24, 2022. Once budgets have been submitted to DAAS, they will be incorporated into Area Agency on Aging (AAA) contracts to begin July 1, 2022.

Should you have any questions regarding the attached ALERTS, please contact your assigned Contract Specialist.

cc: Molly McCarthy, Rebecca Clayton, Scott Schlageter, Bridget Casey, Matt LeCrone, Nathanael Hudson Catherine Chavez, Jennifer Cain, Scott Geiger, DAAS FSA Team, DAAS file

Older Americans Act Title III and VII for SFY-2023

The Division of Aging and Adult Services (DAAS) received an overall increase of \$722,718 for Older Americans Act Title III and Title VII collectively in the FFY 2022 grant awards from the Administration for Community Living. A full 100 percent of the FFY 2022 overall increase was placed into the SFY 2023 allocation. Had the changes been received in SFY 2022, $\frac{3}{4}$ of the overall increase would have been placed in SFY 2022 and $\frac{1}{4}$ of the increase would have been placed in SFY 2023.

The following changes occurred in Title III and Title VII in the following titles and subparts:

- an increase of \$108,197 in III-B
- a decrease of \$53,545 in III-C1
- an increase of \$427,405 in III-C2
- an increase of \$9,068 in III-D
- an increase of \$209,653 in III-E
- a decrease of \$5,611 in VII-Elder Abuse
- an increase of \$27,551 in VII-Federal Ombudsman

Should you have questions regarding the allocations, please contact your assigned Contract Specialist.

**Social Services Block Grant (SSBG)
for SFY 2023**

The Division of Aging and Adult Services (DAAS) has received **\$3,800,000** in additional SSBG funding in SFY 2023.

This funding shall be used to reduce waitlists for Non-Medical Home and Community-Based Services.

Funds shall be utilized to remove clients that are waitlisted for Non-Medical Home and Community Based Services in SFY 2023. If necessary, this funding can be utilized to sustain clients that were previously removed from waitlists in SFY 2022 using the initial SSBG allocations in ALERT 23-2.

Funds shall not be utilized for administrative costs.

Area Agency on Aging	Allocation
Area Agency on Agency, Region One, Inc.	\$ 1,338,919
Pima Council on Aging	\$ 979,730
Northern Arizona Council of Governments	\$ 475,676
Western Arizona Council of Governments	\$ 405,405
Pinal/Gila Council for Senior Citizens	\$ 385,135
SouthEastern Arizona Governments Organization	\$ 215,135
Total	\$ 3,800,000

Funds must be expended by no later than June 30, 2023.

Area Agencies on Aging shall:

- Utilize current assessment results and other socio-economic factors to prioritize waitlisted clients for enrollment to services.
- Use the appropriate service code (see table below).

Enrollments and authorizations can be completed over the phone if the waitlisted client is within six months of the most recent home visit and the client's status has not substantially changed.

**Social Services Block Grant (SSBG)
for SFY 2023**

The following service codes will be available for use in association with this funding:

SOW Service Code	Program Code	Service Detail
ADC	HCB	WTL
ADC	FCS	WTL
ADP	HCB	WTL
ATT	HCB	WTL
CMG	HCB	WTL
HDM	HCB	WTL
HHA	HCB	WTL
HSK	HCB	WTL
NRH	HCB	WTL
PRC	HCB	WTL
RSP	FCS	WTL

Should you have any questions regarding the allocations, please contact your assigned Contract Specialist.

**Nutrition Services Incentive Program (NSIP)
for SFY-2023**

Attached are the initial allocations that identify the contract planning levels for NSIP for each respective Planning and Service Area for State Fiscal Year SFY 2023.

The allocations are based on the Federal Fiscal Year (FFY) 2022 grant and on the meals served by the Area Agencies on Aging (AAAs) during FFY 2020 and are subject to revisions during SFY 2023.

There was a reduction in the overall award from \$1,900,202 to \$1,892,496.

The following NSIP allocations are being made to the AAAs:

Area Agency on Aging	Allocation
Area Agency on Aging, Region One, Inc.	(\$2,699)
Pima Council on Aging	(\$780)
Northern Arizona Council of Governments	(\$750)
Western Arizona Council of Governments	(\$772)
Pinal/Gila Council for Senior Citizens	(\$567)
SouthEastern Arizona Governments Organization	(\$434)
Navajo Nation	(\$1,291)
Inter Tribal Council of Arizona	(\$413)
Total	(\$7,706)

NSIP funds may be used to pay for any client receiving home delivered meals or congregate meals.

Unexpended dollars at the end of the fiscal year are allowed as carryover into the next fiscal year. Carryover dollars must be expended prior to utilizing any new allocations.

Should you have any questions regarding the allocation, please contact your assigned Contract Specialist.

DIVISION OF AGING & ADULT SERVICES

ALERT # 23-6A

**NSIP
SFY - 2023**

REGION	(Line # 17) FFY - 2022 (1/4) INITIAL ALLOCATION	(Line # 17) FFY - 2022 CARRYOVER	(Line # 17) FFY - 2022 (1/4) Sub-Total From prior ALERT	(Line # 17) FFY - 2022 INCREASE/ (DECREASE) TO ALLOCATION	(Line # 17) FFY - 2022 (1/4) TOTAL ALLOCATION	(Line # 18) FFY - 2023 (3/4) INITIAL ALLOCATION	(Line # 18) FFY - 2023 (3/4) Sub-Total From prior ALERT	(Line # 18) FFY - 2023 INCREASE/ (DECREASE) TO ALLOCATION	(Line # 18) FFY - 2023 (3/4) TOTAL ALLOCATION	SFY - 2023 CONTRACT ALLOCATION
I	\$ 166,421.00	\$ -	\$ 166,421.00	\$ (2,699.00)	\$ 163,722.00	\$ 499,265.00	\$ -	\$ (2,024.00)	\$ 497,241.00	\$ 660,963.00
II	\$ 48,084.00	\$ -	\$ 48,084.00	\$ (780.00)	\$ 47,304.00	\$ 144,253.00	\$ -	\$ (585.00)	\$ 143,668.00	\$ 190,972.00
III	\$ 46,242.00	\$ -	\$ 46,242.00	\$ (750.00)	\$ 45,492.00	\$ 138,723.00	\$ -	\$ (562.00)	\$ 138,161.00	\$ 183,653.00
IV	\$ 47,566.00	\$ -	\$ 47,566.00	\$ (772.00)	\$ 46,794.00	\$ 142,696.00	\$ -	\$ (578.00)	\$ 142,118.00	\$ 188,912.00
V	\$ 34,946.00	\$ -	\$ 34,946.00	\$ (567.00)	\$ 34,379.00	\$ 104,837.00	\$ -	\$ (425.00)	\$ 104,412.00	\$ 138,791.00
VI	\$ 26,714.00	\$ -	\$ 26,714.00	\$ (434.00)	\$ 26,280.00	\$ 80,143.00	\$ -	\$ (325.00)	\$ 79,818.00	\$ 106,098.00
VII	\$ 79,558.00	\$ -	\$ 79,558.00	\$ (1,291.00)	\$ 78,267.00	\$ 238,672.00	\$ -	\$ (968.00)	\$ 237,704.00	\$ 315,971.00
VIII	\$ 25,520.00	\$ -	\$ 25,520.00	\$ (413.00)	\$ 25,107.00	\$ 76,562.00	\$ -	\$ (311.00)	\$ 76,251.00	\$ 101,358.00
TOTAL	\$ 475,051.00	\$ -	\$ 475,051.00	\$ (7,706.00)	\$ 467,345.00	\$ 1,425,151.00	\$ -	\$ (5,778.00)	\$ 1,419,373.00	\$ 1,886,718.00
NOTE:										
	1) The 3/4 columns are based on the FFY 2022 NSIP Grant Award and the total number of meals served by Area Agency for FFY 19. FFY 2022 Allocation is \$1,892,496									
	2) Unexpended dollars as of June 30th can be carried-over into the next year's allocation.									
	3) Carry-over dollars must be expended prior to utilizing any new allocations.									

**COVID
for SFY-2023**

The Division of Aging and Adult Services (DAAS) has received allocations from the Administration for Community Living (ACL), Expanding the Public Health Workforce.

These funds are intended to increase the number of public health professionals within the aging and disability networks to support the public health of older adults and people with disability. Funds may be used to cover wages and benefits to expand the workforce for Direct Care Workers and provide a wide range of public health services and supports including costs of associated equipment, training, supplies and indirect costs for:

- culturally affirmative and linguistically accessible information
- assistance with accessing vaccines (including boosters) and connecting to other services
- transition and diversion from high-risk congregate settings to community living
- health and wellness programs
- activities that address social isolation and social determinants of health
- other activities that support the public health and wellbeing of older adults and people with disabilities

See SFY23-9A for the FAQ regarding the funding.

Reporting details for this funding will be provided at a later date.

Area Agency on Aging	SFY 2023	Total
Region One, Inc.	-	-
Pima Council on Aging	\$89,840.00	\$89,840.00
Northern Arizona Council of Governments	\$89,840.00	\$89,840.00
Western Arizona Council of Governments	\$89,840.00	\$89,840.00
Pinal/Gila Council for Senior Citizens	\$89,840.00	\$89,840.00
SouthEastern Arizona Governments Organization	\$89,840.00	\$89,840.00
Navajo Nation	\$89,839.00	\$89,839.00
Inter Tribal Council of Arizona	\$89,839.00	\$89,839.00
Total	\$628,878.00	\$628,878.00

NOTES:

Region One has elected not to receive any of the funding.

These funds are allocated for the period of 01/1/2022 through 9/30/2024.

**COVID
for SFY-2023**

Reporting Requirements:

The following parameters will be used in the Division of Aging and Adult Services Reporting System (DAARS) for budgeting and reporting purposes associated with this funding:

SOW Service Code	Program Code	Service Detail Code
PGD	HCB	PHW
ADM	HCB	PHW

Should you have questions regarding these allocations, please contact your assigned Contract Specialist.

Expanding the Public Health Workforce within ACL's Networks

FREQUENTLY ASKED QUESTIONS

For No Wrong Door System Grantees

1/10/2022

On November 10, 2021, the Administration for Community Living (ACL) announced a nearly \$150 million investment to expand the public health workforce within the aging and disability networks. In January 2022, ACL began the process for distributing the funding to grantees. This FAQ is intended to answer anticipated questions and assist our networks with implementing this new program.

Background and Purpose of the Program

The American Rescue Plan Act of 2021 (ARPA) provided funding to recruit, hire, and train public health workers to respond to the COVID-19 pandemic and prepare for future public health challenges. ARPA directed that funds may be used to offset costs of hiring a range of public health professionals, including, but not limited to, social support professionals, community health workers, communication and policy experts and "...other positions as may be required to prevent, prepare for, and respond to COVID-19..."

As trusted members of their communities and providers of services that support older adults and people with disabilities in every community across the country, the aging and disability networks play an essential role in public health. Our networks provide a variety of services that directly support public health, such as health and wellness education and information, counseling, case management, and assistance with accessing health care services, including COVID-19 vaccinations. With more than 50 years of experience and unmatched knowledge of the unique needs of older adults and people with disabilities, our networks also are critical partners with the public health system, providing technical assistance and guidance on meeting the unique needs of older adults and people with disabilities.

ACL's *Expanding the Public Health Workforce within the Aging and Disability Networks* program provides funding to help cover the costs of staff to conduct these crucial public health activities. Professionals funded through this program may provide a wide range of public health services and supports, including culturally affirmative and linguistically accessible information, assistance with accessing vaccines (including boosters) and connecting to other services, transition and diversion from high-risk congregate settings to community living, health and wellness programs, activities that address social isolation and social determinants of health, and other activities that support the public health and wellbeing of older adults and people with disabilities.

Allowable Activities

Q1: What are the allowable activities for this award?

A1: Funding may be used to cover wages and benefits for public health professionals (directly or through contract), as well as the costs of associated equipment, training, and supplies for these professionals and indirect costs.

Q2: How are wages and benefits defined?

A2: See the Compensation [section](#) of the Electronic Code of Federal Regulations (eCFR) (45CFR75.430-431).

Q3: What kinds of professionals can be paid for with this funding?

A3: ARPA included this list of professional categories, which represent a wide range of jobs, functions, and responsibilities found through the aging and disability networks:

- Community health worker
- Program manager
- Public health nurse
- Communication and policy experts
- Case investigator
- Contact tracer
- Social support specialist
- Disease intervention specialist
- Epidemiologist
- Laboratory personnel
- Informaticians
- Other positions required to prevent, prepare for, and respond to COVID-19

Q4: Can the funding be used to pay for staff to plan, organize, and participate in meetings with local public health officials and other entities, and/or collect and analyze data on COVID-19 vaccination rates of the people with disabilities and older adults, family caregivers, and network staff and volunteers?

A4: Yes. These are considered public health activities related to COVID-19 response, so the staff who conduct them may be funded through this program.

Q5: Can we use these funds to provide temporary staffing and/or independent contractors to carry out public health related activities?

A5: Yes. Paying for temporary staff and independent contractors is allowed (consistent with the grantee's policies and procedures).

Q6: Do I need to hire a new person, or can the funding be used to pay current staff?

A6: The intent of the program is to increase the number of public health professionals within the aging and disability networks to support the public health of older adults and people with disabilities, but there is flexibility in how this is accomplished. Grantees could hire new staff, hire contract staff, expand knowledge and duties of current staff, pay existing staff for additional hours worked, etc.

Q7: Can this funding be used for COVID-19-related activities, such as assistance with getting vaccinations and boosters or assistance for people who have contracted COVID?

A7: Yes. ARPA states the funding may be used for "other positions required to prevent, prepare for, and respond to COVID-19." Therefore, public health professionals paid with this funding may provide COVID-19-related assistance.

Q8: *Can this funding be used to support public health activities other than COVID-19 response and recovery?*

A8: ARPA specifically focuses on public health activities to respond to the COVID-19 pandemic. However, ARPA allows for activities to "prevent, prepare for, and respond to COVID-19," which encompasses a very broad range of activities that have applicability to a wide variety of public health needs and scenarios.

Q9: *Can the funding be used to provide incentives to individuals to get a COVID-19 vaccine/booster?*

A9: No, but the funding may be used to fund staff who, as part of their public health duties, support incentive programs.

Q10: *How can this funding be used to advance equity within our networks?*

A10: As with all of ACL's programs, grantees are encouraged to target funding to those with greatest needs, and there are many ways this funding could be used to advance equity. For example, grantees may use this funding to add staff to provide public health services to people with limited English proficiency, focus on improving the cultural competency of public health programs, increase the organization's ability to reach underserved populations with public health services, or other similar activities.

Q11: *Can the funding be used to provide transportation stipends/vouchers to individuals?*

A11: No, that would not be allowable using the public health workforce funding.

Q12: *Can the funding be used to purchase equipment, such as IT equipment?*

A12: Funds MAY be used for equipment to support the recruiting, hiring, and training of staff supporting public health activities. This could include IT equipment, personal protective equipment, data management and other technology, or other necessary supplies. Funds may NOT be used for general equipment purchases for staff who are not involved in public health activities, or for the organization as a whole.

Q13: *Can the funding be used to purchase a vehicle to transport people with disabilities or older adults to vaccination appointments?*

A13: No, that would not be allowable use of the public health workforce funding.

Q14: *Is funding required to be targeted toward the needs of a specific population?*

A14: Yes. This funding must be used to expand the public health workforce that supports older adults and people with disabilities. Grants for No Wrong Door entities should be used to expand the workforce that supports public health for No Wrong Door population, their families, support providers, and network staff and volunteers. Funding must be targeted to serve these populations.

Grant and Fiscal Policy Questions

In order to get the funding out to communities as fast as possible, ACL is distributing it using existing grant mechanisms.

Q15: Will these grants be awarded as an amended Notice of Award (NOA) to an existing grant, or will they be issued under a new grant award number?

A15: These funds will be issued as a separate grant and a new grant award number will be issued. Funds should be accounted for and tracked separately. Notifications will be issued through ACL's GrantSolutions system.

Q16: Will funding received under this award affect funding for other current or future grant awards received from ACL?

A16: No. There will be no impact on future funding since these are one-time special funds provided under the American Rescue Plan Act of 2021.

Q17: Can we use multiple funding sources to fund these activities in the community?

A17: Yes. ACL encourages collaboration and leveraging of funds and many grantees are using multiple funding sources to fund different parts of projects. For example, some grantees are using funding from No Wrong Door programs, CARES Act funds, and CDC funding. Grantees should be specifically cautious that costs charged to a grant are not also included on any other federally financed program in either the current or a prior period. Please also note that funding utilized, and the related activities and outcomes, will need to be reported. Grantees are encouraged to plan for expenses that can be tracked and reported specific to this funding source.

Q18: Can multiple entities receiving grants through this program pool these funds and partner to jointly fund staff and/or conduct allowable activities?

A18: Yes, and ACL encourages grantees to work together to achieve greater impact with these funds. There are a number of ways this could be accomplished. For example, two grantees could agree to jointly fund a single FTE to perform public health functions that support the mission of both organizations. Using funds from this grant, one grantee could pay the other via a contract (or other agreement) to fund a portion of the costs of paying that FTE. Or, multiple organizations could individually contract with a single independent contractor to support all of the organizations' allowable public health activities. Each grantee must maintain control and oversight of their grant funds, and each must track and report on the expenditures.

Q19: Can I transfer this grant to another entity?

A19: No. A grantee cannot transfer the grant to another entity. However, a grantee may have a contract or formal agreement with another entity to jointly conduct allowed activities under this grant. ACL expects the recipient to have control and oversight of these funds at all times.

Q20: Will I need to track these funds separately?

A20: Yes. Grantees will be expected to report specifically on the use of these funds and should ensure funds are utilized in a way that allows for specific tracking and reporting.

Q21: Will there be separate reporting requirements specific to this award?

A21: Yes. These funds are awarded as separate grants; therefore, funds must be accounted for separately from other grants. Grantees are required to maintain appropriate records and documentation to support the charges against the federal awards. Required reports include semi-annual federal financial reports (FFR) and annual program reports that include:

- Number of full-time equivalents (FTEs),
- Type of public health professional(s) hired, and
- The activities they are engaged in to advance public health.

To minimize burden on grantees, ACL will incorporate these requirements into existing reporting processes wherever possible. Specific requirements, processes, and deadlines will be shared in the coming months.

Q22: *Can the funding be declined?*

Q22: Yes, although ACL encourages grantees to take advantage of this opportunity to grow the critical public health capability within the NWD system. If the NWD grantee declines the funding, their portion will be equally distributed across all NWD grantees accepting funding. Please inform your Program Officer or NoWrongDoor@acl.hhs.gov if you wish to decline funding.

Q23: *How are funding amounts determined?*

A23: Each grantee will receive an equal amount of funding. If any NWD grantee chooses not to access this funding, this will increase the awards for all other grantees. ACL distributed the funding evenly according to the number of organizations within each grantee group so that each probable sub-grantee could receive sufficient funding to expand the public health workforce within their organization. Total amounts for each network vary for two reasons. First, we were given a fixed amount of funding to distribute, and we had to divide it into separate pots by networks, which have different numbers of grantees. Second, we were able to give a little more to some of the grantees that provide direct services (which is the focus of the ARPA public health workforce funding) and to those that already are well established as part of the public health community.

Q24: *Does the NWD grantee need ACL approval for distribution of funding?*

A24: No. The NWD may determine the best use of funding.

Q25: *Is match required?*

A25: No. There is no non-federal participation (match) requirement.

Q26: *What is the project period for this award?*

A26: Funding will be available until September 30, 2024, regardless of when grants are awarded. However, grantees may use the funds over any period of time within this period, and they are encouraged to use the funding as soon as possible to have the greatest impact. The Invitation to Apply will include an estimated start day of April 1, 2022, but the actual award may be earlier or later than that date. Because total amount awarded to each grantee is contingent upon the total number of grantees applying for funding, grants cannot be awarded until ACL receives responses from all eligible grantees.

Q27: *Can indirect costs be charged to the grant?*

A27: Yes. Indirect costs that are in accordance with [45 CFR § 75.414](#) may be charged to the grant. Grantees should use their existing approved indirect cost rate agreement to determine indirect costs for this funding opportunity.

Division of Aging and Adult Services
ALERT

SFY-23-11

**Other Funds
for SFY-2023**

Grants Estimated Carryover

The Area Agencies on Aging must ensure that all unexpended funds are completed as of September 30, 2022 regarding the grants listed below. Please estimate the carryover for the SFY 2023 contract.

- COVID
- Families First Coronavirus Response Act (FFCRA)

If you have any questions, please contact your assigned Contract Specialist.

Technical Assistance: DAARS System Update for SFY-2023

Technical Assistance ALERTS are generated periodically to update contractual and/or programmatic requirements and/or clarifications. Please ensure that appropriate Area Agency on Aging (AAA) personnel are aware of this technical assistance.

The purpose of this ALERT is to notify Area Agencies on Aging (AAAs) of a system update in DAARS.

Summary of Revision

A new disenrolling code titled “waitlist policy” has been added as an additional reason to remove an individual from the Non-Medical Home and Community-Based Services waitlist.

Implementation

For information regarding Prioritization and Waitlist Capitation Limit, see the DAAS Policy and Procedure Manual section 3129.4,

https://des.az.gov/sites/default/files/polpro_c3000_s3100.pdf?time=1654119903746.

DIVISION OF AGING & ADULT SERVICES						
CONTRACT OBLIGATION FOR SFY 2023						
REGION 6	SFY 2022 CARRYOVER	INITIAL SFY 2023 ALERTS	TOTAL SFY 2023 ALERTS	INCREASE (DECREASE) SFY 2023 ALERTS	REVISED TOTAL SFY 2023 AWARDS	
1. STATE ADMIN.	\$ -	\$ 53,108.00	\$ 53,108.00	\$ -	\$ 53,108.00	
2. OAA ADMIN. III C-1	\$ -	\$ 141,809.00	\$ 141,809.00	\$ -	\$ 141,809.00	
3. OAA ADMIN. III-E	\$ -	\$ 17,918.00	\$ 17,918.00	\$ -	\$ 17,918.00	
4. SSBG ADMIN.	\$ -	\$ 58,674.00	\$ 58,674.00	\$ -	\$ 58,674.00	
5. TITLE III-B	\$ -	\$ 403,053.00	\$ 403,053.00	\$ -	\$ 403,053.00	
6. TITLE III-C1	\$ -	\$ 340,234.00	\$ 340,234.00	\$ -	\$ 340,234.00	
7. TITLE III-C2	\$ -	\$ 318,374.00	\$ 318,374.00	\$ -	\$ 318,374.00	
8. TITLE III-D	\$ -	\$ 26,240.00	\$ 26,240.00	\$ -	\$ 26,240.00	
9. TITLE III-E CAREGIVER	\$ -	\$ 189,895.00	\$ 189,895.00	\$ -	\$ 189,895.00	
10. NSIP	\$ -	\$ 106,098.00	\$ 106,098.00	\$ -	\$ 106,098.00	
11. TITLE VII ELDER ABUSE	\$ -	\$ 2,289.00	\$ 2,289.00	\$ -	\$ 2,289.00	
12. TITLE VII FED. OMB	\$ -	\$ 20,658.00	\$ 20,658.00	\$ -	\$ 20,658.00	
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 423,133.00	\$ 423,133.00	\$ -	\$ 423,133.00	
14. STATE OMBUDSMAN	\$ -	\$ 35,207.00	\$ 35,207.00	\$ -	\$ 35,207.00	
15. STATE RESPITE	\$ -	\$ 19,628.00	\$ 19,628.00	\$ -	\$ 19,628.00	
16. SSBG (SERVICES)	\$ -	\$ 544,452.00	\$ 544,452.00	\$ -	\$ 544,452.00	
17. S.H.I.P.	\$ -	\$ 21,540.00	\$ 21,540.00	\$ -	\$ 21,540.00	
18. SENIOR MEDICARE PATROL	\$ -	\$ 8,408.00	\$ 8,408.00	\$ -	\$ 8,408.00	
19. SSBG - HCB WAIT LIST	\$ -	\$ 215,135.00	\$ 215,135.00	\$ -	\$ 215,135.00	
20. SSBG - ONE-TIME ADMIN.	\$ -	\$ 7,371.00	\$ 7,371.00	\$ -	\$ 7,371.00	
21. SSBG - ONE-TIME (SERVICES)	\$ -	\$ 66,341.00	\$ 66,341.00	\$ -	\$ 66,341.00	
22. EXPANDING PUBLIC HEALTH WORKFORCE	\$ -	\$ 89,840.00	\$ 89,840.00	\$ -	\$ 89,840.00	
TOTAL	\$ -	\$ 3,109,405.00	\$ 3,109,405.00	\$ -	\$ 3,109,405.00	

	HSK	ATT	ATTN-ARP	RSP	ATTN-SSBG	NRH	CMG	CMG-SSBG	CMG-C20	CMG-FCS	CMG-ARP	TSP	TSP-ARP	CNG	CNG-ARP	HDM	HDM-renal	HDM-SSBG	HDM-ARP	ADP	HRP
Accentcare CO	\$ 15,000.00	\$ 270,000.00	\$ 90,000.00	\$ 45,000.00	\$ 32,000.00																
Accentcare GR	\$ 1,000.00	\$ 21,000.00	\$ -	\$ 1,500.00	\$ -																
Accentcare SC	\$ 7,000.00	\$ 52,000.00	\$ 20,000.00	\$ 1,000.00	\$ 8,000.00																
Lutheran CO	\$ 7,000.00	\$ 112,000.00	\$ 30,000.00	\$ 20,000.00	\$ 15,000.00																
Lutheran SC	\$ 7,000.00	\$ 45,000.00	\$ 26,000.00	\$ 500.00	\$ 14,000.00																
AZ Consumer SC	\$ 7,000.00	\$ 80,000.00	\$ 20,176.00	\$ 2,000.00	\$ 6,000.00																
SEACUS	\$ 10,000.00	\$ 86,000.00	\$ 10,000.00	\$ 15,000.00	\$ 15,000.00																
Greenlee	\$ 5,505.00	\$ 57,000.00	\$ 5,000.00	\$ 5,000.00	\$ 2,000.00															\$ 11,589.00	\$ 8,000.00
CHSS					\$ 92,500.00																
SEACUS					\$ 30,000.00																
GCHD					\$ 9,000.00		\$ 9,000.00														
SEAGO					\$ 35,601.89		\$ 35,601.89	\$ 18,135.00	\$ 33,715.00	\$ 11,000.00	\$ 21,177.00										
City of Benson					\$ 30,000.00																
City of Bisbee					\$ 30,000.00																
City of Douglas					\$ 35,000.00																
City of Willcox					\$ 30,000.00																
Easter Seals GR					\$ 40,000.00																
Easter Seals CL					\$ 20,000.00																
Easter Seals DN					\$ 20,000.00																
VICAP					\$ 30,000.00																
VAS-SCC					\$ 30,000.00																
MOM's																\$ 199,973.00	\$ 3,000.00	\$ 65,000.00	\$ 150,000.00		
Sr. Patagonia															\$ 74,400.00	\$ 15,000.00					
City of Tombstone															\$ 30,000.00	\$ 50,000.00					
SCCOA															\$ 87,000.00	\$ 25,000.00					
DARC															\$ 9,000.00	\$ 10,000.00	\$ 200,000.00		\$ 40,000.00		
SEACUS-GL															\$ 20,000.00	\$ 7,000.00	\$ 23,000.00		\$ 10,000.00	\$ 5,000.00	
SEACUS-GR															\$ 25,000.00	\$ 30,000.00	\$ 100,000.00		\$ 25,000.00	\$ 32,000.00	
Subtotal SFY23 #2	\$ 59,505.00	\$ 723,031.39	\$ 250,941.68	\$ 90,268.31	\$ 97,000.00	\$ 9,000.00	\$ 276,601.89	\$ 18,135.00	\$ 33,715.00	\$ 11,000.00	\$ 21,177.00	\$ 238,090.72	\$ 52,942.00	\$ 245,473.79	\$ 137,647.58	\$ 538,311.87	\$ 100,000.00	\$ 221,429.17	\$ 11,589.00	\$ 8,000.00	
subawards	\$ 59,505.00	\$ 723,000.00	\$ 201,176.00	\$ 90,000.00	\$ 92,000.00	\$ 9,000.00	\$ 184,101.89	\$ 33,715.00	\$ 11,000.00	\$ 21,177.00	\$ 235,000.00	\$ 30,000.00	\$ 245,400.00	\$ 137,000.00	\$ 522,973.00	\$ 227,000.00	\$ 0	\$ 0	\$ 0	\$ 0	
unobligated balance	\$ -	\$ 31.39	\$ 49,765.68	\$ 268.31	\$ 5,000.00	\$ 0.00	\$ 92,500.00	\$ -	\$ -	\$ -	\$ -	\$ 3,090.72	\$ 22,942.00	\$ 73.79	\$ 647.58	\$ 15,338.87	\$ 12,338.87	\$ (5,570.83)	\$ 8,000.00	\$ 8,000.00	



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: ADVOCACY/LEGISLATIVE UPDATE

Description:

The Governor's budget is only relevant for the beginning of the Legislative Session. This is when the governor proposes a budget for the legislature to consider. In that budget, released in January, the Governor proposed elimination of the funds. The legislature then spends the legislative session working out the state budget, of which – if successfully negotiated, the governor signs. In this budget there was \$3 million for HCBS for the Area Agencies on Aging in increased funds. \$1 million is on-going funding to back fill what the Area Agencies on Aging got last year in one-time funding. \$2 million is one-time funding, of which \$500,000 will back fill other one-time funding we got this past year. Altogether, this is an increase of \$1.5 million for the Area Agencies on Aging in one time funds, and a back fill of \$500,000 to extend one-time funds from last session.

Overall, the Area Agencies on Aging has their best legislative session in at least a decade.

The full House Appropriations Committee approved the Labor-HHS-Education funding bill for federal fiscal year (FY) 2023, sending the measure to the full House for approval.

The bill includes increases in funding for many federal aging programs, including Older Americans Act (OAA) programs:

Attachments: USAging funding bill 2023, appropriations

Action Requested

Information Only

Action Requested Below

April 22, 2022

The Honorable Patty Murray, Chair
The Honorable Roy Blunt, Ranking Member
Senate Appropriations Subcommittee on Labor/HHS/Education
Washington, DC 20510

The Honorable Rosa DeLauro, Chair
The Honorable Tom Cole, Ranking Member
House Appropriations Subcommittee on Labor/HHS/Education
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro and Ranking Member Cole:

As your Subcommittees consider the FY 2023 Labor/HHS/Education appropriations in the coming months, USAging (formerly the National Association of Area Agencies on Aging), which represents the country's 617 Area Agencies on Aging (AAAs) and advocates for the more than 270 Title VI Native American Aging Programs, urges you to prioritize Older Americans Act (OAA) and other aging programs which provide a range of critical services that help older adults age successfully at home and in their communities.

The nationwide Aging Network in which AAAs play a local leadership role is a critical policy partner in maximizing the health, safety and independence of older adults so they can live at home and in the community as they age—whether through discretionary programs such as Older Americans Act or mandatory programs such as Medicaid home and community-based services.

The range of AAA-provided supportive services for older Americans and their caregivers include, but are not limited to, information and assistance, in-home supportive services, congregate and home-delivered meals, transportation, evidence-based health and wellness programs, and caregiver support. The provision of these services oftentimes makes the difference between a person's ability to age at home or being forced to move to an institutional setting.

This wealth of person and family-centered knowledge and community practice that the AAAs and Title VI programs have has proven critical during the pandemic.

AAAs, Title VI programs and other vital Aging Network partners have been selflessly serving on the front lines of the public health emergency and responding to the needs of older adults who face significantly increased risks. AAAs have also been—and will continue to be—vital partners in the rollout and adoption of vaccination strategies. The outreach, education, coordination and wrap-around supportive services that AAAs and their partners provide have been essential to implementing successful federal and state-level campaigns to get life-saving vaccines into the arms of the highest-risk and often hardest-to-reach older adults.

Throughout the COVID-19 crisis, the Aging Network has served more older adults than ever before with life-saving assistance thanks to federal emergency relief funds. **High levels of need experienced by older adults have not faded away, however, and AAAs continue to serve dramatically increased numbers of older adults with escalating levels of complex needs**—with demographic trends only pointing to increased need in the coming years and decade. In a recent USAging poll of AAAs, 94 percent of respondents indicated they are serving more older adults than before the pandemic and 95 percent of all respondents indicated that there is an increased complexity of needs in those they are serving.

In addition to increased need and increased complexity, USAging members are facing unprecedented workforce challenges owing to chronically low wages for critical jobs that support older adults in aging well at home.

From retaining overworked case managers to recruiting direct care workers, the current workforce situation is a crisis. In a not-yet-released USAging poll, AAAs told us that 74 percent were facing staffing shortages within their agency, with 91 percent of respondents saying their service providers are also affected by staff shortages. This crisis has led to consumers not receiving the frequency of needed services and experiencing social isolation and loneliness, which research indicates leads to poor health outcomes. Additional federal funds would allow the Aging Network to increase wages to attract the caregiving workforce that this aging country desperately needs.

Appropriators must recognize that the foundational capacity of these programs must be dramatically increased to both meet the ongoing need that exists even as the pandemic begins to wane and to address a rapidly aging population.

As you consider funding levels for FY 2023, we urge you consider the following priorities identified by our members' experience in directly supporting older adults and caregivers in their communities:

- **Increase funding for all Older Americans Act programs and services.**

While all OAA subtitles require immediate increases to meet the current and future needs of older adults, on behalf of our AAA and Title VI Native American Aging Program members—who administer these programs locally and therefore witness the critical pressure points as the number of older adults they serve rapidly grows—USAgings urges Congress to *prioritize* the following OAA services when developing the FY 2023 budget for the U.S. Administration on Aging, which is housed within the U.S. Administration for Community Living, Department of Health and Human Services:

- **Title III B Home and Community-Based Supportive Services, \$797.1 million**
- **Title VI Grants for Native American Aging Programs, \$72.5 million for Part A (nutrition and supportive services) and \$22.6 million for Part C (family caregiver support)**
- **Title III E National Family Caregiver Support Program, \$387.9 million**
- **Title III D Evidence-Based Disease Prevention and Health Promotion, at least \$50 million**
- \$2 million to the Administration on Aging for the engAGED: National Resource Center on Engaging Older Adults to help the Aging Network respond to the increasing incidence of social isolation among older adults
- \$75 million for the newly authorized research and innovation center at the Administration on Aging
- Title VII Long-Term Care Ombudsman Program, at least \$35 million
- **Invest in other key programs that support healthy aging at home and in the community, including:**
 - Evidence-based health and wellness programs
 - State Health Insurance Assistance Programs (SHIPs)
 - National Community Care Corps
 - Social Services Block Grant, LIHEAP, Community Services Block Grant and AmeriCorps Seniors

Additional details follow on our requests, which we hope will guide your work on the FY 2023 Labor/HHS/Education spending bill.

Older Americans Act

The OAA is the cornerstone of the nation’s non-Medicaid home and community-based services (HCBS) system, providing older adults with much-needed supports, including in-home care, congregate and home-delivered meals, adult day care, information and referral assistance, case management, transportation, legal services and caregiver support/respice. With investments in these vital OAA programs that support the health of older adults with these services, these OAA

programs and services save Medicare—and the nation—money in the short and long-term.

The significant emergency COVID-relief dollars Congress provided through OAA allowed the Aging Network to adapt programs to meet the new realities and the dramatically escalating human need identified by all AAAs.

While estimates in the degree of growth vary by program and by community, most of our members told us they saw at least a 50 percent increase in clients on average across all programs. A majority also reported that existing clients needed a higher level of service once the pandemic struck. However, even post-pandemic, our collective experience tells us that the need for these supports and services will remain high and continue to grow. There are two major reasons for this:

- The demand for these services was already and still is growing in every community as the older population continues to grow. There are simply more older adults and caregivers who need assistance in every community. By 2030, one in five Americans will be age 65 or older, an unprecedented percentage of the general population.
- Our members have told us that most of the new clients they began serving due to COVID-19 will still need help to age well at home beyond the pandemic. So many older adults have declined cognitively and physically during COVID-19 that we expect additional need for AAA services in the months and years ahead. Another COVID-related factor is that more and more older adults and their families are turning to home and community-based services like those provided by AAAs, rather than institutions such as nursing homes, for their long-term care needs.

It's time for a reset to expand the reach of and investment in these programs to reflect the realities of a rapidly aging nation recovering from an ongoing pandemic.

That is why we urge Congress to prioritize increased investments particularly for Title III B Supportive Services, Title VI Native American Aging Programs, and Title III E National Family Caregiver Support Program.

OAA Title III B Supportive Services is the bedrock of the Act, providing states and local agencies with flexible funding to provide a wide range of supportive services to older Americans, which include in-home services for frail older adults, senior transportation programs, information and referral/assistance services, case management, home modification and repair, chore services, legal services, emergency/disaster response efforts and other person-centered approaches that

help older adults age well at home.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults at home and in the community, thereby eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid to meet critical health care needs. The flexibility of OAA Title III B also allows AAAs to meet new and emerging needs in their communities, such as wellness checks for homebound older adults, activities to help older adults stay socially engaged (historically in-person but now also virtual programming) and supporting vaccine outreach and assistance. However, years of eroded funding prior to COVID-19 resulted in local agencies losing ground in their ability to provide critical Title III B Supportive Services—and that was before the pandemic.

To meet current demand for services as well as meet the rising need as more and more people require assistance as they age, we call on Congress to double OAA Title III B over FY 2022 levels in FY 2023, for a funding level of \$797.1 million.

OAA Title VI Native American Aging Programs are a primary authority for funding aging services in Indian Country, where elders are the most economically disadvantaged in the nation. We encourage lawmakers to build on COVID-19-relief funding for tribal aging programs and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet escalating need.

We urge Congress to double funding for Title VI over FY 2022 in FY 2023 in order to reach at least \$72.5 million for Part A (nutrition and supportive services) and \$22.6 million for Part C (family caregiver support).

Caregiver programs—such as the Older Americans Act’s **National Family Caregiver Support Program** (NFCSP, **OAA Title III E**)—support through training, respite, support groups and other programs those who care for friends and family members as they age. The NFCSP funds local AAA or tribal programs that assist older caregivers and family members caring for older loved ones by offering a range of in-demand supports to family caregivers in every community. Steady and sustained increases are needed for this modest federal program that supports the 41.8 million caregivers for people age 50 and olderⁱ and could prevent billions in more expensive institutional care costs being borne by taxpayers.

For FY 2023, we encourage Congress to double-over-FY 2022 its appropriations for the National Family Caregiver Support Program to reach

\$387.9 million, the only national program supporting the family caregivers of older adults who provide the lion's share of long-term care in this country.

Additionally, beyond those top priorities, USAging urges the following funding levels for three other OAA programs.

Older Americans Act Title III D delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult's ability to live independently. Commonly used interventions address the risk of falls, chronic diseases, mental health and medication management. ***However, at less than \$25 million in FY 2022, appropriations for Title III D are woefully inadequate and should be at least doubled to \$50 million in FY 2023.***

The pandemic shone a brighter light on two pre-existing conditions among too many older Americans: **social isolation and loneliness**. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day. Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death. Federally, social isolation and loneliness cost the Medicare program an estimated \$6.7 billion annually—or an added \$1,600 per socially isolated beneficiary. USAging administers [engAGED: The National Resource Center for Engaging Older Adults](#), which is funded by the U.S. Administration on Aging under authority in the OAA. The Center is an important resource for assisting the Aging Network in getting older adults connected to and engaged in their communities.

Given the high incidence of social isolation due to COVID-19 and the steadily increasing numbers of older adults nationwide, USAging urges Congress to provide at least \$2 million to the U.S. Administration on Aging for engAGED to leverage the existing Aging Network infrastructure to combat social isolation and to create more safe social engagement opportunities for older adults across the country.

The 2020 reauthorization of the OAA established a **research, demonstration and evaluation center for the Aging Network under Title II** to improve evaluation and research and to strengthen and promote the relationship between OAA programs and services and health outcomes of older adults. These efforts are vital to fully realizing the efficacy and efficiency of longstanding OAA programs as well as to evaluating innovations in service delivery to a growing population of older adults—an effort that the Aging Network's response to the COVID-19 crisis has made even more important. However, without funding, this research center will not

realize these important goals. ***As such, in FY 2023, we urge Congress to make the first investment in the updated vision of OAA Title II by investing \$75 million.*** This level was also recommended in the House-passed 2021 Build Back Better Act.

The OAA Title VII Long-Term Care Ombudsman Program should be increased to at least \$35 million in FY 2023 to reflect the expansions of its roles (into assisted living and to serve those younger than age 60) and the increased need—painfully highlighted by COVID-19—for advocates to serve those living in institutions and other congregate housing facilities.

USAgings also believes the following appropriation actions for FY 2023 are critical to build and sustain a comprehensive system of home and community-based services that can meet the needs of the growing older adult population while preventing unnecessary medical expenditures and costly institutionalization:

Evidence-Based Prevention and Wellness

In addition to doubling appropriations for Older Americans Act III D, ***USAgings urges Congress to increase funding for the Chronic Disease Self-Management Program (CDSMP) and falls prevention efforts*** administered through the U.S. Administration for Community Living that are implemented locally. The Prevention and Public Health Fund currently provides the modest funding, \$8 million and \$5 million respectively, for these successful programs, and we urge Congress to significantly grow these activities and resources.

State Health Insurance Assistance Programs

USAgings requests that Congress increase funding for SHIPs in FY 2023 to meet the ever-growing need among Medicare beneficiaries for one-on-one unbiased assistance and personalized counseling. Administered by ACL, and leveraging the work of highly trained volunteers, SHIPs play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage and navigate the complicated and shifting landscape of Medicare choices. SHIP counseling and assistance can save individual Medicare beneficiaries hundreds, or even thousands, of dollars every year. SHIPs, which two-thirds of AAAs operate locally, help individuals whose complicated situations cannot be successfully addressed by 1.800.MEDICARE or www.medicare.gov, an important distinction.

With 10,000 boomers becoming eligible for Medicare every day, USAging calls on Congress to increase SHIP funding to at least \$80 million to reflect the growth in the older adult population and inflation over the past decade.

Community Care Corps

USAging also supports continuing the National Community Care Corps via a \$5 million funding level in FY 2023. This ACL demonstration program is exploring models that engage trained volunteers to provide non-medical support to older adults and people with disabilities living in the community, in order to supplement other caregiving options.

Gap-Filling Programs

Local agencies rely upon a myriad of funding streams to successfully implement aging programs, including several federal block grants that serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. USAging supports the highest possible levels for the Social Services Block Grant, the Community Services Block Grant, the Low-Income Home Energy Assistance Program, the Community Development Block Grant and Americorps Seniors.

Thank you for your consideration of our recommendations. Should you have any questions, please feel free to contact [me](#) or [USAging's policy staff](#).

Sincerely,



Sandy Markwood
Chief Executive Officer

cc:

Chairman Patrick Leahy, Senate Appropriations Committee
Ranking Member Richard Shelby, Senate Appropriations Committee
Chairwoman Rosa DeLauro, House Appropriations Committee
Ranking Member Kay Granger, House Appropriations Committee
Members of the House and Senate Labor/HHS/Education Subcommittee

ⁱ AARP Family Caregiving, *Caregiving in the U.S.*, https://www.caregiving.org/wp-content/uploads/2020/08/AARP1316_ExecSum_CaregivingintheUS_508.pdf.

Program	FY22 Final	FY23 President	FY23 House
Older Americans Act Programs			
Title III-B Home and Community-Based Services	\$398.6 million	\$500 million	\$450 million
Title III-C Nutrition Total	\$966.7 million	\$1.273 billion	\$1.26 billion
<i>III-C-1 Congregate Meals</i>	\$515 million	\$762 million	\$700 million
<i>III-C-2 Home-Delivered Meals</i>	\$291 million	\$410 million	\$400 million
<i>III-C Nutrition Services Incentive Program (NSIP)</i>	\$160 million	\$100 million	\$160 million
Title III-D Preventive Health	\$24.8 million	\$26.3 million	\$27.5 million
Title III-E Family Caregiver Support Program	\$193.9 million	\$249.9 million	\$230 million
Title V Senior Community Service Employment Program (SCSEP)	\$405 million	\$405 million	\$450 million
Title VI Native Americans Nutrition/Supportive Services	\$36.2 million	\$70.2 million	\$41.2 million
Title VI Native Americans Caregiver Program	\$11.3 million	\$15.8 million	\$13.8 million
Title VII Long-Term Care Ombudsman	\$19.8 million	\$36.9 million	\$36.8 million
Title VII Elder Rights Support Activities Total	\$18.9 million	\$77.4 million	\$100 million
<i>Elder Justice-Opioids</i>	\$3 million	\$3 million	
<i>Elder Justice-Guardianship</i>	\$2 million	\$2 million	
<i>Elder Justice-Infrastructure</i>	\$10 million	\$10 million	
<i>Elder Justice-State APS Grants/APS Funding</i>	<i>n/a</i>	\$58 million	\$80 million
Block Grants			
Social Services Block Grant (HHS-ACF)	\$1.7 billion	\$1.7 billion	\$1.7 billion
Community Services Block Grant (HHS-ACF)	\$755 million	\$754 million	\$800 million
Community Development Block Grant (HUD)	\$3.3 billion	\$3.8 billion	\$3.3 billion
Other Aging Programs			
Americorps Seniors (CNCS)	\$230.7 million	\$245.1 million	\$245 million
Chronic Disease Self-Management Program (HHS-ACL)	\$8 million	\$8 million	\$8 million
Elder Falls Prevention (HHS-ACL)	\$5 million	\$5 million	\$10 million
Aging and Disability Resource Centers (HHS-ACL)	\$8 million	\$12.2 million	\$9.1 million
Aging Network Support Activities	\$18.4 million	\$22.95 million	43\$36.9 million
Low-Income Home Energy Assistance Program (LIHEAP) (HHS-ACF)	\$3.85 billion	\$4.07 billion	\$4 billion
Medicare SHIPs (State Health Insurance Assistance Program) (HHS-ACL)	\$53.1 million	\$55.2 million	\$58.1 million



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: SEAGO-AREA PLAN ON AGING

Description:

An Area Plan is the document submitted by an Area Agency on Aging to the State Agency on Aging in order to receive awards or contracts from the State Agency's grant provided under the Older Americans Act, as amended. The Area Plan contains provisions required by the Act, the Federal rules and regulations, State policies, procedures, and assurances and commitments that the Area Agency will administer activities funded under the plan in accordance with all Federal and State requirements. The plan is the blueprint by which the Area Agency develops and administers a comprehensive and coordinated system of services and serves as the advocate and focal point for older people in the Planning and Service Area.

Conceptually, the plan must represent a process, which translates needs assessment information into the establishment of priorities for funding and services.

The Area Plan on Aging, as a planning document, has three major purposes, as follows:

- 1) The Area Plan serves as the planning document which identifies needs, goals, objectives, and the activities that will be undertaken by the Area Agency on Aging relative to programs for the older persons in the Planning and Service Area.
- 2) The Area Plan represents a formal commitment to the State Agency, which describes the manner in which the Area Agency on Aging plans to utilize the Older Americans Act funds, and how it will carry out its administrative responsibilities.
- 3) The Area Plan is viewed as "the blueprint for action" which represents a commitment by the Area Agency on Aging that it will fulfill its role as the planner/catalyst/advocate on behalf of older persons in the Planning and Service Area.

- A. Goal One: Older adults in Arizona have access to quality care. 3 objectives
- B. Goal Two: Increase awareness and understanding of aging issues to help prepare Arizona for an aging population. 3 objectives
- C. Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent. 5 objectives
- D. Goal Four: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce. 2 objectives
- E. Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services. 2 objectives

The Area Agency on Aging Area Plan Committee revised the Needs Assessment to reflect some of the changes that occurred these past two years. Taking into consideration the designated goals and objectives from the state. SEAGO-AAA will work closely with Mr. Robert Carreira US Economic Research, LLC who is willing to complete the Area Plan Needs Assessment report.

In order for the Area Agency on Aging to have enough time to get the assessments out in our region. We will need to finalize the assessments by the end of July and start sending these out to get at least 600 surveys back by September 15, 2022.

We can use all the help we can get.

Attachments: draft timeline, state goals and objectives, AZ4A draft letter to DAAS, draft needs assessments

Action Requested

Information Only

Action Requested Below

**Seago/Area Agency on Aging
Area Plan Time Line
2022 2023**

DATE	Activity
29-Jun-22	Area Plan Committee meets
July 1, 2022 to July 29, 2022	draft/revised Needs Assessment Copying by July 29 (survey, envelopes, labels) Prepare for mailings
	Needs Assessment due by September 15
21-Jul-22	ACOA-timeline, survey & goals & objectives
July 22, 2022 to September 15, 2022	Needs Assessment-Data Collection/review with ACOA 10-20-22
September 15, 2022-December 1, 2022	Analysis Needs assessments and Data Key Informant Surveys
January 9-March 15, 2023	Goals and Objectives and draft documents Goals and Objectives reviewed with Advisory Council January 19, 2022
February 9- February 24	Admin and Executive Board final edits/comments
March 1-March 22, 2023	Public Notice and Local paper distribution Press Release

March 1- March 8, 2023	Public Hearings: Cochise/Santa Cruz County
March 13- March 24, 2023	Public Hearings: Graham/Greenlee County
Thursday April 20, 2023	Present Area Plan to the Advisory Council for recommendations, comments, approval, signature
May 4, 2023 to May 19, 2023	Plan presented to Executive Board for approval and signature
22-May-23	Deliver Area Plan to DAAS no later than May 1

To Leadership within the Division of Aging and Adult Services:

The Arizona Association of Area Agencies on Aging, representing seven of the Area Agencies on Aging in Arizona, is writing this letter in response to the guidance released in mid-June by the Department of Economic Security for the completion of the Area Plan to the Area Agencies on Aging. Arizona Association of Area Agency on Aging members have reviewed procedures related to the Area Plan and are seeking to share concerns about the new guidance. The concerns expressed are in a hope to collaboratively move forward with an Area Planning process that will meet both the need for the Department of Economic Security as well as the needs of each Area Agency on Aging.

Though not explicit in the Older Americans Act of 1965, precedent set in Arizona for over 40 years has made it clear the value that local planning has on our communities. Arizona has both diverse geography and population. The Area Agencies on Aging have continued to value a process that allows for alignment with state goals while also having the ability to address specific regional concerns or need through locally planned objectives. The guidance and process the Department outlined does allow for flexibility in adding objectives, but not flexibility to change objectives based on local need or fund source. These changes have highlighted various concerns from Area Agencies on Aging, including two overarching concerns and various objective specific concerns noted below.

Departure from Precedent Without Sufficient Notice

Though the Department of Economic Security did ask the Area Agencies on Aging for input into the State Plan on Aging's Goals and Objectives, they did not do so with this new guidance and process in mind. This led to insufficient responses from the Area Agencies on Aging, not considering that goals and objective set in the State Plan would eventually become their own. Area Agencies on Aging are concerned that the change in process without notification has led to several objectives that are not achievable for the Area Agencies.

Reasonable Workloads

The Area Agencies on Aging are busier than ever before, and that's a positive change. Throughout the pandemic Area Agencies on Aging have experienced significant growth in funds, staffing, and clients. Though there is flexibility to add objectives that specifically relate to local regions, the Area Agencies on Aging are concerned that adding objectives will outpace their capacity for monitoring and reporting. In the current guidance, the Area Agencies on Aging are required to address 16 objectives including planning for, monitor, and report on. Adding additional objectives would be difficult for some Area Agencies on Aging, even if that agency sees sufficient localized need to do so.

Objective Specific Concerns

Though most objectives are realistic and achievable for the Area Agencies on Aging, objective specific concerns are noted below.

Objective 1.1 – Strengthen and enhance the dementia capability of the aging network to promote independence.

Though this objective is mostly achievable, the Area Agencies on Aging through existing or proposed expansion, there is concern that it is only achievable should funding levels remain the similar to what they are today. Though some Area Agencies on Aging have Alzheimer's Disease Prevention and Awareness Grants from the Administration for Community Living, most do not. Additional funding would be difficult to obtain and could make it difficult to meet this objective in years to come.

Objective 2.2 – Promote the usage of positive person-centered pronouns of older adults and other ageism terminology.

The Area Agencies on Aging support the use of person-centered pronouns and terminology to reduce ageism, but because of the varying degrees of training on this subject in the network, some Area Agencies on Aging do not feel they have the institutional knowledge or resources to dedicate to this shift. Though some Area Agencies on Aging have more robust programming and communication in this area, the Association understands the resources needed to make these shifts. The Arizona Association of Area Agencies on Aging is committed to assisting in this goal through the identification of a framework and collective training of Area Agencies on Aging in the network.

Objective 2.3 – Address senior homelessness

Addressing housing affordability and homelessness for older adults is a primary concern of the Area Agencies on Aging, with varying degrees of resources statewide. Through existing funding, Area Agencies on Aging can distribute existing resources and information through their information and referral lines, and potentially join boards and commissions in their regions working on this issue. That said, we know the need for addressing this issue greatly outstrips the capacity currently in the Aging Network. Coupling this with no specific funding sources for additional housing related programming through the Area Agencies on Aging makes it difficult for the network to have a meaningful impact on housing affordability and homelessness.

Objective 3.3 – Strengthen efforts to enhance a multi-disciplinary approach to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.

Area Agencies on Aging are unable to achieve parts of this goal because it is not within the scope of responsibility and work of the Area Agencies on Aging. Though Area Agencies on Aging can advocate, educate, collaborate, and provide available resources to older adults and the broader community to prevent elder abuse, neglect, and financial exploitation, they are unable to assess, intervene, and investigate. This objective better falls under the scope of Adult Protective Services.

Objective 3.4 – Foster inclusion and diversity of underserved and underrepresented populations in accessing NMHCBS within the Aging Network in Arizona.

This objective falls at the core of the mission of all Area Agencies on Aging. AZ4A's membership is supportive of this objective, but requests that "in Arizona" be removed to be reflective of the local nature of the Area Plans.

Objective 3.5 – Respond to the ongoing effects of the COVID-19 pandemic

Area Agencies on Aging in Arizona have done an extraordinary work over the past two years to address older adults' needs during the COVID-19 pandemic. Though there will continue to be funding specifically to address pandemic related concerns until FY 2024, a reduction in funding would impact the ability to continue to achieve work through this objective.

Objective 4.1 – Strengthen, expand, and evaluate the Family Caregiver Support Program

On-going funding for the Family Caregiver Support Program continues to be too low to expand services. Though Area Agencies on Aging can expand service through one-time COVID-19 pandemic stimulus funding, AZ4A members remain concerned about their long-term ability to achieve this goal.

Objective 4.2 – Develop a direct care workforce sufficient to meet the growing care needs in Arizona

The Area Agencies on Aging continue to struggle with the shortage of direct care workers in Arizona. Area Agencies on Aging have continued to work with the Department of Economic Security, AHCCCS, and the Department of Health Services to address these concerns. However, Area Agencies on Aging cannot achieve this goal as currently written on its own. Area Agencies on Aging are not experts in workforce development and do not have jurisdiction or capacity to meet the growing care needs in Arizona. Area Agencies on Aging stand ready to work with the Department of Economic Security to develop effective strategies that can be implemented in the Aging Network to increase the workforce, but the Area Agencies on Aging are a relatively small payer in relation to the Medicaid Long-Term Supportive Services System. Due to this, the Area Agencies on Aging are unable to realistically achieve this objective without a revision in the wording.

Objective 5.2 – Develop methodology for setting service rates that provide adequate network coverage.

Each Area Agency on Aging currently develops its own methodology for setting provider rates relevant to local need. While understanding the need for a consistent methodology statewide, for this objective to be achieved, Area Agencies on Aging need to work in close partnership with not only the Department of Economic Security, but AHCCCS too. Area Agencies on Aging stand ready to work in collaboration with the Department of Economic Security and AHCCCS but may have difficulty achieving this objective individually as currently written.

Conclusion

The Area Agencies on Aging in Arizona are deeply appreciative of the continued partnership with the Department of Economic Security. We stand ready and willing to work with the Department of Economic Security to work on a more inclusive and collaborative approach to the Area Planning process. Developing relevant and achievable local goals and objectives is critical for the success of every Area Agency on Aging.

For more information, please reach out to Maddy Bynes, Director of the Arizona Association of Area Agencies on Aging, at (520) 307-5751 or mbynes@pcoa.org.

Warmest regard,

Mary Beals Luedtka

Chair

Instructions for Completing Area Plan

Use this template to complete your region's Area Plan.

Text that is UNDERLINED AND IN ALL CAPITAL LETTERS indicates that you should fill in content.

Text that is **blue** and in a text box provides instruction. The instruction does not need to be included in the plan submission. All narrative responses should be clear and concise.

Completed plans are due to AZSUA@azdes.gov by May 31, 2023.

COVER PAGE

The plan should include a cover page that provides the [Region Number](#), [Region Name](#), and [Plan Year](#). The agency may include other information, photos, artwork, and design elements as appropriate.

Fill in page numbers. Add additional appendices as necessary.

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Appendix F: Verification of Intent	<u>PAGE NUMBER</u>

Part I: Introduction to the Area Plan

The narrative below must be included in the introduction section of the Area Plan on Aging. The agency may include additional introduction information.

An Area Plan is the document submitted by an Area Agency on Aging to the State Agency on Aging in order to receive awards or contracts from the State Agency's grant provided under the Older Americans Act, as amended. The Area Plan contains provisions required by the Act, the Federal rules and regulations, State policies, procedures, and assurances and commitments that the Area Agency will administer activities funded under the plan in accordance with all Federal and State requirements. The plan is the blueprint by which the Area Agency develops and administers a comprehensive and coordinated system of services and serves as the advocate and focal point for older people in the Planning and Service Area.

Conceptually, the plan must represent a process, which translates needs assessment information into the establishment of priorities for funding and services.

The Area Plan on Aging, as a planning document, has three major purposes, as follows:

- 1) The Area Plan serves as the planning document which identifies needs, goals, objectives, and the activities that will be undertaken by the Area Agency on Aging relative to programs for the older persons in the Planning and Service Area.
- 2) The Area Plan represents a formal commitment to the State Agency, which describes the manner in which the Area Agency on Aging plans to utilize the Older Americans Act funds, and how it will carry out its administrative responsibilities.
- 3) The Area Plan is viewed as "the blueprint for action" which represents a commitment by the Area Agency on Aging that it will fulfill its role as the planner/catalyst/advocate on behalf of older persons in the Planning and Service Area.

Part II: Description of Area Agency on Aging and Its Network

Answer questions below. It may also be helpful to reference appendices.

1. Is the agency a single-purpose agency to administer programs for older persons?

ADD NARRATIVE

2. Is the agency a separate organization unit within a multi-purpose agency which functions only for the purposes of service as the AAA? If so, describe the nature and organization placement of the separate unit?

ADD NARRATIVE

3. If the agency is a Tribal Area on Aging, how does it coordinate with the programs and services outlined in the Older American Act Title IV?

ADD NARRATIVE

4. How is the agency organized and what is the nature and scope of its work and/or its capabilities?

ADD NARRATIVE

5. What methods are used by the agency to carry out AAA responsibilities? (examples: clear delineation of the roles and responsibilities of project staff, consultants and partners organizations, how they will contribute to achieving the plan's objectives?)

ADD NARRATIVE

6. What is the network for which the agency operates? (Examples: service delivery system, advisory council, partnerships, funders, etc.)

ADD NARRATIVE

7. How does the agency assure coordination and integration of multiple fund sources?

ADD NARRATIVE

8. What is the approach that will be used to monitor and track progress on the Area

Plan on Aging?

ADD NARRATIVE

9. How is competition used by the agency in arranging for services for elderly individuals and their caregivers?

ADD NARRATIVE

10. How has the agency coordinated activities and long-range emergency preparedness plans along with local emergency response agencies, local governments, state agencies responsible for emergency preparedness and other entities involved in disaster relief?

ADD NARRATIVE

11. How has the agency partnered with faith-based and community organizations in order to assist older individuals and their families and meet home and community based needs?

ADD NARRATIVE

12. Provide additional information as necessary.

ADD NARRATIVE

Part III: Needs Assessment

Answer questions below. Attach the “Needs Assessment Instrument and Results” as Appendix D and reference it, as necessary, in responses.

1. What procedure(s) were used to conduct the needs assessment (i.e., survey instrument, public forum sessions, etc.)?

ADD NARRATIVE

2. What was the rationale for using particular procedure(s)?

ADD NARRATIVE

3. What parties were involved in the assessment?

ADD NARRATIVE

4. Describe the methods used to ensure that the views of the following populations were considered:

- Older individuals with the greatest economic and social need, with particular attention to low-income minority individuals and individuals residing in rural areas:

ADD NARRATIVE

- Older individuals who are Native Americans:

ADD NARRATIVE

- Individuals at risk of institutional placement:

ADD NARRATIVE

- Older individuals with severe disabilities:

ADD NARRATIVE

5. What was the role and makeup of strategic partnerships (i.e. identification of other organizations, funders, and/or consumer groups)?

ADD NARRATIVE

6. What information was collected from the needs assessment process that was used to build the plan?

ADD NARRATIVE

7. What major barriers were anticipated and encountered?

ADD NARRATIVE

8. What strategy was used to overcome barriers?

ADD NARRATIVE

9. What prior planning activities or approaches were used?

ADD NARRATIVE

10. Provide additional information as necessary.

ADD NARRATIVE

Part IV: Goals, Objectives, and Action Plans

Goals 1-5 and related objectives (shown below) must be incorporated into the Agency’s plan. Do not change goals or objectives. Add additional goals, objectives, and steps as necessary. Delete any unused rows.

In drafting your plan, ensure preference is given to older persons with the greatest social need with particular attention to low-income minority and older individuals residing in rural areas and individuals at risk of institutional placement as defined in [P.L. 109-365 §306(a)(1), 306(a)(4)(A), 306(a)(4)(B)].

In addition, where a new service is to be developed, the goals and strategic objectives should guide the development effort.

Goal One: Older adults in Arizona have access to quality care.

Objective 1.1: Strengthen and enhance the dementia capability of the aging network to promote independence.

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Objective 1.2: Increase access to care coordination, healthcare, and other social services for all seniors.

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Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.

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Goal Two: Increase awareness and understanding of aging issues to help prepare Arizona for an aging population.

Objective 2.1: Strengthen and enhance information sharing on aging issues to promote support.

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Objective 2.2: Promote the usage of positive person-centered pronouns of older adults and other ageism terminology.

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Objective 2.3: Address senior homelessness.

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Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent.

Objective 3.1: Promote healthy lifestyles to reduce long-term illness and mortality from preventable and chronic diseases.

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Objective 3.2: Support aging services and programs that promote independence and self-determination of choices.

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Objective 3.3: Strengthen efforts to enhance a multi-disciplinary approach to prevent, detect, assess, intervene and investigate elder abuse, neglect and financial exploitation.

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Objective 3.4: Foster inclusion and diversity of underserved and underrepresented populations in accessing NMHCBS within the Aging Network in Arizona.

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Objective 3.5: Respond to the ongoing effects of COVID-19 pandemic.			
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Goal Four: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

Objective 4.1: Strengthen, expand, and evaluate the Family Caregiver Support Program.

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Objective 4.2: Develop a direct care workforce sufficient to meet the growing care needs in Arizona.

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Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services

Objective 5.1: Develop programs and approaches to close the current gaps in aging services infrastructure and delivery system, especially in underserved areas.

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Objective 5.2: Develop methodology for setting service rates that provide adequate network coverage.			
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Part V: Preference to Older Persons with Greatest Economic or Social Need

Answer questions below. It may also be helpful to reference appendices.

1. How will the agency ensure that the needs of “preference” are being met?

ADD NARRATIVE

2. How will the agency incorporate published demographic information into outreach and service delivery?

ADD NARRATIVE

3. How will the agency use outreach efforts to identify individuals eligible for assistance under the Older Americans Act, with particular attention to low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement and individuals with a severe disability within your planning and service area?

ADD NARRATIVE

4. How will the agency ensure that your service provider(s) will satisfy the service needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement and individuals with a severe disability in the area being served by the service provider?

ADD NARRATIVE

5. How will the agency ensure that your service provider(s), to the maximum extent feasible, will provide services to low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement, and individuals with a severe disability in the area being served by the service provider?

ADD NARRATIVE

6. How will the agency ensure that your service provider(s) will meet the specific objectives established by the Area Agency for providing services to low-income minority individuals, individuals residing in rural areas, individuals who are Native

Americans, individuals at risk of institutional placement and individuals with a severe disability in the area being served by the service provider?

ADD NARRATIVE

7. How will community-based organizations be involved, in a meaningful way, in the planning and implementation of the Area Plan on Aging?

ADD NARRATIVE

8. Provide additional information, as necessary.

ADD NARRATIVE

Part VI: Key Changes to Service Delivery

Answer questions below. This section should also provide the initiatives in which the agency is or will be involved. It may also be helpful to reference appendices.

1. What are the key changes in the agency's service delivery system and why are those changes being made? (Direct delivery of Case Management should be included in this response.)

ADD NARRATIVE

2. What is the agency's involvement in the continued efforts to expand and coordinate the Aging and Disability Resource Consortium?

ADD NARRATIVE

3. How will the agency ensure that evidence-based health promotion and disease prevention programs (Highest Tier) are implemented in your planning and service areas?

ADD NARRATIVE

4. How will the agency continue to help older adults to avail themselves of the Medicare benefits available to them?

ADD NARRATIVE

5. What is the agency's involvement in improving the coordination of transportation services to assist elderly individuals in communities within your planning and service area?

ADD NARRATIVE

6. What strategies will the agency use to modernize nutrition programs and senior centers in your planning and service area to target Boomers?

ADD NARRATIVE

7. What strategies will the agency use to offer and/or expand self-directed care options?

ADD NARRATIVE

8. What strategies will the agency use to coordinate with health care systems in the planning and service area to avoid duplication of services and maximum available resources?

ADD NARRATIVE

9. What strategies will the agency implement to support consumer control and choice in your planning and service area?

ADD NARRATIVE

10. Describe the planned efforts the agency will coordinate that will protect, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation of vulnerable adults under Title VII?

ADD NARRATIVE

11. Provide additional information as necessary.

ADD NARRATIVE

Part VII: Waivers

The following waivers may be requested by an Area Agency on Aging:

- [Direct Service Waiver](#) - request to provide services directly instead of contracting with an agency or individual to provide services.
- [Adequate Proportion Waiver](#) - request to not expend the minimum established for priority services.
- [Cost Sharing Waiver](#) - to not implement cost sharing within the service area.

Additional information on waivers can be found in [DAAS Policy Chapter 2000](#). Policy Exhibits contain waiver request forms.

If the Agency has an approved waiver for SFY2022 and needs to continue the waiver, the agency must complete a new waiver request. Return waiver forms with this plan.

Part VIII: Budget

This section should provide a detailed budget for the first year of the planning period.

Part IX: Area Agency Services to be Funded by Geographic Area

This section should provide a listing of the anticipated allotments of Area Agency on Aging resources for the delivery of services within the various geographical areas of the Planning and Service Area (i.e., counties, cities, etc). Add additional rows and columns as necessary.

Geographic Area	Service #1	Service #2	Service #3	Service #4	Etc.
<u>CITY/PSA A</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>
<u>CITY/PSA B</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>
<u>CITY/PSA C</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>
<u>CITY/PSA D</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>
<u>ETC.</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>	<u>FILL IN</u>

Part X: Appendices

[Attach Appendices A-E.](#)

Appendix A: AGENCY NAME Organizational Chart

Attach an organizational chart.

Appendix B: AGENCY NAME Regional Advisory Council Membership

Complete the table below. Add additional rows and columns as necessary. You may also create additional tables if necessary.

Name	Officer Position

Appendix C: AGENCY NAME Listing of Programs and Services

List programs and services.

Appendix D: AGENCY NAME Needs Assessment Instrument and Results

Provide the agency's needs assessment instrument and results.

Appendix E: AGENCY NAME Plan Assurances

Attach signed assurances document. This document was sent to you as a PDF with this plan guidance.

Appendix E: AGENCY NAME Verification of Intent

Attach signed Verification of intent. Fill in the region number and name. Do not change any other text within the Verification of Intent.

The Area Plan on Aging is hereby submitted for Region REGION NUMBER for the period of July 1, 2023 through June 30, 2027. It includes all assurance and plans to be followed by REGION NAME under provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified 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 the advocate and focal point 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 Older Americans Act and is hereby submitted to the State Agency on Aging for Approval.

_____ Date _____

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.

_____ Date _____

The governing body for the Area Agency has reviewed and approved the Area Plan on Aging.

_____ Date _____

SEAGO SURVEY OF OLDER RESIDENTS

To take this survey online, visit www.SurveyMonkey.com/R/SEAGO2022

1. What town do you live in? _____
2. Zip Code: _____
3. Here is a list of issues or activities that some people say are problems for older Americans. To what degree is each of these items a problem for you personally? Please circle one response to each item.

	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
Availability of health care providers (doctors, hospitals, etc.)	1	2	3
Affordable dental care	1	2	3
Affordable assistive devices (hearing aids, glasses, canes, etc.)	1	2	3
Having someone check on me daily or weekly	1	2	3
Food Insecurity	1	2	3
Personal Care (bathing, washing hair)	1	2	3
Homemaker services (shopping, housekeeping, meal preparation)	1	2	3
Getting information about health promotion and disease prevention	1	2	3
Transportation: Medical/Non-Medical, Rural	1	2	3
Maintenance of yard and repair of home	1	2	3
Accessibility modifications in my home (grab bars)	1	2	3
Recreational or social opportunities	1	2	3
Counseling or mental health services	1	2	3
Advance Care Planning	1	2	3
Bereavement/grief counseling/hospice services/ loss of spouse/loved one	1	2	3
Finding legal assistance	1	2	3
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc., paying for prescription drugs)	1	2	3
Housing cost, housing availability	1	2	3
Homelessness and or fear of homelessness	1	2	3
Income (having enough money for basic needs)and employment opportunities	1	2	3
Cost of energy/utilities	1	2	3
Age/disability discrimination (loans, insurance, employment, service)	1	2	3
Elder abuse, exploitation, personal safety (Crime)	1	2	3
Inclusion and representation in your community	1	2	3
Isolation	1	2	3
Knowledge of volunteer opportunities	1	2	3

	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
Grandparents raising grandchildren	1	2	3
Obtaining information on selecting a nursing home, assisted living facility, and adult day centers	1	2	3
Processing monthly bills and medical claims	1	2	3
Providing care and supervision for an elderly family member	1	2	3
Maintaining my independence	1	2	3
Are you or someone you care for affected by Dementia, Alzheimer's, or chronic conditions	1	2	3
Access or ability to the internet, social media, and tele-health	1	2	3
Access to resources, services, and information due to language barriers	1	2	3
Telemarketing or In-Home sales	1	2	3
Did the pandemic impact any of the above	1	2	3

4. Whom do you usually go to for advice about your health insurance or Medicare? (Circle all that apply):

- a. Agency on Aging (SEAGO)
- b. State Health Insurance Assistance Program (SHIP)
- c. Friends and neighbors
- d. Insurance Agent
- e. Have never asked for advice
- f. Other (please specify): _____

5. What is your source of transportation? (Circle all that apply):

- a. My own vehicle
- b. Friend/Neighbor
- c. Church/Place of Worship
- d. Taxi
- e. Public bus
- f. Volunteer
- g. Other (please specify): _____

6. Circle the group that contains your age.

- Under 60 65 - 69 75 - 79 85 - 89
- 60 - 64 70 - 74 80 - 84 90 or over

7. Gender Identification : Male Female Other : _____

8. What is your racial/ethnic origin?

- a. White (Non-Hispanic)
- b. Hispanic/Latino
- c. Black/African-American
- d. Asian/Pacific Islander
- e. American Indian/Native American
- f. Other (please specify): _____

9. Primary language spoken: English Spanish Other (please specify): _____

PLEASE RETURN NO LATER THAN: September 15, 2022
TO EITHER THE SENIOR CENTER OR YOUR SERVICE PROVIDER
OR MAIL TO:

SEAGO Area Agency on Aging
1403 W Hwy 92
Bisbee, AZ 85603
(520) 432-2528- Aging@SEAGO.org - WWW.SEAGO.org

ENCUESTA DE SEAGO PARA PERSONAS DE LA TERCERA EDAD

Para participar en esta encuesta en internet: www.SurveyMonkey.com/R/SEAGO2022

1. ¿En qué comunidad vive? _____
2. Código Postal: _____
3. Aquí hay una lista de temas o actividades que algunos dicen causan problemas para personas mayores. ¿A qué grado le causan problemas a usted personalmente? Por favor marque el número que corresponde a la respuesta apropiada para cada tema.

	NO ES UN PROBLEMA	ES UN PROBLEMA	ES PROBLEMA SERIO
Accesibilidad de servicios médicos (doctores, hospitales, etc.)	1	2	3
Servicios dentales que no son demasiado caros	1	2	3
Aparatos de ayuda (audífonos, lentes, bastones, etc.)	1	2	3
Teniendo alguien que verifica cada día/semana que estoy bien	1	2	3
Inseguridad nutricional	1	2	3
Aseo personal (bañando, lavando el pelo)	1	2	3
Limpieza de casa y haciendo el mandado, preparar comidas	1	2	3
Obteniendo información acerca de servicios de salud y prevención de enfermedades crónicas	1	2	3
Transportación: medical/no-medical, áreas rurales	1	2	3
Mantenimiento de yarda/reparación de la casa	1	2	3
Modificando mi casa para que sea más accesible	1	2	3
Oportunidades sociales o de recreo	1	2	3
Servicios de un consejero psicológico/salud mental	1	2	3
Planificación anticipada de la atención en vida	1	2	3
Ayuda para alguien que está a punto de morir, o para alguien que está de luto	1	2	3
Obteniendo servicios legales (de un abogado)	1	2	3
Obteniendo información acerca de seguros que pagan gastos médicos (AHCCCS, Medicare, etc. Pagando para recetas médicas)	1	2	3
Costo de una vivienda/disponibilidad de vivienda	1	2	3
Falta de vivienda o miedo a falta de vivienda	1	2	3
Ingresos (teniendo suficiente dinero para gastos básicos) oportunidad de empleo	1	2	3
Costo de la electricidad y del gas	1	2	3
Discriminación por edad avanzada/discapacidad (prestamos, seguros, empleo)	1	2	3
Abuso de ancianos, explotación, seguridad personal (delito criminal)	1	2	3
Inclusión y representación en su comunidad	1	2	3
aislamiento	1	2	3

Oportunidades de ser un voluntario	1	2	3
	NO ES UN PROBLEMA	ES UN PROBLEMA	ES PROBLEMA SERIO
Criando nietos	1	2	3
Obteniendo información para seleccionar un asilo u hogar para personas mayores	1	2	3
Pagando cuentas mensuales o cuentas médicas	1	2	3
Cuidando y supervisando a un pariente mayor de edad	1	2	3
Manteniendo su independencia personal	1	2	3
Usted o alguien a quien cuida es afectado por demencia, Alzheimer o enfermedades crónicas	1	2	3
Acceso o capacidad a internet, redes sociales y tele salud	1	2	3
Acceso a recursos, servicios e información debido a las barreras del idioma	1	2	3
Ventas por teléfono o en su casa	1	2	3
La pandemia impacto alguna de las anteriores	1	2	3

4. ¿Qué persona consulta usted si necesita consejos acerca de su seguro médico o de Medicare? (Marque más de uno si es apropiado):

- a. Agencia para personas de la tercera edad (SEAGO)
- b. Agencia estatal que provee ayuda con Medicare (SHIP)
- c. Familiares o vecinos
- d. Agente que venta de pólizas de seguro
- e. Nunca he llamado para conseguir consejos
- f. Otro (por favor identifique): _____

5. ¿Cuál es su modo de transporte? (Marque más de uno si es apropiado):

- a. Mi carro propio
- b. Amigo o vecino
- c. Miembro de mi iglesia
- d. Taxi
- e. Camión público
- f. Voluntario
- g. Otro (por favor identifique): _____

6. Marque el grupo que incluye su edad.

- | | | | |
|-------------|---------|---------|----------|
| Menos de 60 | 65 - 69 | 75 - 79 | 85 - 89 |
| 60 - 64 | 70 - 74 | 80 - 84 | 90 o más |

7. Identificación de género: Masculino Femenino Otro (por favor identifique): _____

8. ¿Cuál es su raza?

- a. Blanco (No-Hispano)
- b. Hispano/Latino
- c. Negro/Africano-Americano
- d. Asiático/Isla Pacífico
- e. Indio Americano, Americano nativo
- f. Otro (por favor identifique): _____

9. Idioma prima: Inglés Español Otro (Por favor identifique): _____

**POR FAVOR DEVUELVA ESTA ENCUESTA ANTES DEL 15 de Septiembre 2022
ENTREGUELO A SU CENTRO DE LA TERCERA EDAD O A SU PROVEEDOR DE SERVICIOS
O ENVIÉLO A**

SEAGO Area Agency on Aging, 1403 W HWY 92, Bisbee AZ 85603, 520-432-2528 aging@seago.org –WWW.SEAGO.org



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: AAA PROGRAM UPDATES

Administrative:

World Elder Abuse Awareness Day (WEADD)

For the past four years, the World Elder Abuse Awareness Day conference has hosted by the Department of Economic Security Division of Adult and Aging Services. It has brought together organizations, professionals, and experts in aging to discuss how we can better serve and protect older adults so they can continue to age with dignity. This year, in our efforts to bring awareness to our region, three different events took place during June.

- WEADD June 3, 2022, in **Safford**
- WEADD June 10, 2022, in **Sierra Vista**
- WEADD June 24, 2022 in **Nogales**

SEAEAT, Partners came together to host three successful elder abuse awareness events. All three events had speakers from adult protective services, the public fiduciary's office, and Long term Ombudsman program. We had many vendors giving support and information to the community and residents. In Safford and Sierra Vista, a balloon release helped create awareness.

Thanks to the help in organizing these events throughout the four-county region, the members of the Southeastern Arizona Elder Abuse Taskforce (SEAEAT) and AAA staff made this possible and raised awareness, and informed the communities of fraud scams, elder abuse, and much more. The last SEAEAT meeting was on June 20, 2022. We had speaker Doug Clark with the Attorney's General's office. He educated the SEAEAT members on some fascinating statistics on elder abuse in the state of Arizona.

On June 14, during a break-out session, AAA staff Karen Enriquez and Carrie Gibbons presented on Creating Communities of Support in Rural Communities. In Collaboration with Trualta Laura Jane Ward, Leda Rosenthal of DES-DAAS addressed building support for those who care for their loved ones.



USaging 47th Annual Conference Austin, Tx

As a result of the extraordinary work and dedicated efforts by Karen Enriquez, with guidance and support from DES-DAAS in bringing Trualta to Region VI, SEAGO-AAA was chosen to present at the National Conference. Way to go, Karen and Carrie, Region VI is proud of you; we trust that you will represent SEAGO-AAA wonderfully in Austin.

W10) Creating Communities of Support in Rural Arizona

Focus Area: Supporting Caregivers

Join SEAGO Area Agency on Aging and learn how thinking outside of the box to deliver family caregiver education helped address social isolation among older adults and overcome technology barriers. COVID-19 brought about a rapid pivot to online caregiver education and SEAGO Area Agency on Aging staff sought ways to support their clients. With limited senior services available in rural Arizona, a partnership with Trualta, an on-demand, personalized, skill-based e-learning portal for caregiver training, was their solution. Join SEAGO AAA's staff as they share their journey and best practices for caregiver engagement that brought them to be the Arizona state pilot of the innovative Trualta Caregiver program.

Presenters:



Carrie Gibbons, Case Manager, SEAGO Area Agency on Aging, Bisbee, AZ [\[biography\]](#)



Karen Enriquez, Family Caregiver Support Program Care Coordinator, SEAGO AAA, Bisbee, AZ [\[biography\]](#)



SEAHEC- Covid-19 Vaccine access-expanded efforts

Through the collaboration with SEAHEC, much has been accomplished by

- Increasing vaccine confidence/decreasing vaccine hesitancy (e.g., developing materials or resources, group or individual outreach)
- Reaching underserved populations, such as rural, minority, non-English speaking, and other marginalized people (e.g., developing materials or resources, door-to-door campaigns, translation services)
- Public outreach and awareness (e.g., public announcements, targeted marketing push, sharing information on ADRC/NWD website)
- Individual outreach and awareness (e.g., direct calls or in-person visits to individuals who may be eligible)
- Supporting vaccine distribution sites (e.g., staffing, providing a location for distribution sites, including mobile sites, etc.)

During June, SEAHEC completed 1968 public outreach activities; 369 people reached and assisted 128 individuals in 16 events throughout the four-county region. With these results, the Area Agency on Aging is happy to announce an expansion of the current efforts until September 2024. With this expansion, SEAHEC will help our nutritional sites bring education and peace of mind to our congregate site providers, participants, and other professionals in staying informed with the facts. Ultimately, it will increase the participation in our congregate site settings that will help address social isolation due to Covid.

To increase the number of public health professionals within the aging and disability networks to support the general health of older adults and people with disability. SEAGO-AAA forms an additional MOU with SEAHEC to help with the following key points through September 30, 2024

- ❖ Culturally affirmative and linguistically accessible information
- ❖ Assistance with accessing vaccines (including boosters) and connecting to other services (AAA)
- ❖ Transition and diversion from high-risk congregate settings to community living
- ❖ Health and wellness programs
- ❖ Activities that address social isolation and social determinants of health
- ❖ Other activities support the public health and well-being of older adults and people with disabilities.

Direct Care Worker

- SEAGO AAA issued \$18,450 for the DCW incentive during March and April. Ninety-seven direct care workers will be rewarded \$150 to \$200 for their continued dedication to serving our seniors.

Direct Care Worker Bonus				
Provider	Jan-Feb Payment	Number of DCW	Mar-Apr Payment	Number of DCW
Accent Care- SC	\$1,550.00	8	\$1,550.00	8
Accent Care- GR	\$350.00	2	\$350.00	2
Accent Care- CO	\$7,100.00	36	\$6,950.00	36
AZCD	\$2,250.00	13	\$2,250.00	13
GCHD	\$1,600.00	8	\$1,400.00	7
Lutheran- SC	\$1,600.00	8	\$1,600.00	8
Lutheran- CO	\$3,000.00	15	\$3,000.00	15
SEACUS	\$1,300.00	7	\$1,350.00	7
Total	\$18,750.00	97	\$18,450.00	97

End Of Life-Thoughtful Life Conversations:

Our program has raised awareness, provided workshops, conducted talks, and assisted many people in our 4.5 years since starting in 2018. Nearly 1300 people have attended our workshops, and >95% found it helpful and increased their knowledge. The impact of the education provided over the last three years to Cochise College Nursing Program and UA South Human Services Program (ACP and Enhanced Communication workshops) will be felt for years as these individuals move into their careers. Nearly 500 students have participated in our lectures, and we got positive feedback about their increased knowledge and comfort in discussing advance care planning topics. We have reached a younger and more diverse population through our work at the colleges.

There are no plans to continue the Community Coalition for Advance Care Planning as nobody has stepped forward. Area Agency on Aging will continue to train their case managers on ACP and address it with their clients. Carrie Gibbons, the Case Manager Coordinator, and Ronnie gave another training session at the end of June; Carrie will do them in the future. Cochise College will incorporate it into its curriculum and use SEAGO-AAA-provided materials. I have provided the libraries in Cochise, Graham, Greenlee, and Santa Cruz Counties with our 2-page *Advance Healthcare Planning Guide* (revised copy attached) and have distributed advance directives to them. The AAA website is great for finding advance directives, resource links (including the AZ Healthcare Directives Registry), and videos. You may want to bookmark it: <https://www.seago.org/advance-care-planning>.

Through the Coalition founder's passion and willingness to take action, the momentum started to address ACP issues in our communities. Through the efforts of many and our region's Area Agency on Aging incorporating this initiative into their programs, we have made an impact. There is more work to do, and we see efforts in our state and throughout the nation to improve care for the seriously ill. Colleges incorporate it into their curricula for healthcare providers, including UA and Cochise College. Progress continued to be made.

Case Management:

SEAGO-AAA posted for recruitment of a case manager to cover the Home and Community-Based case management needs for Bisbee and Naco. The case manager will oversee the client's caseload that the case manager coordinator managed for a year. As we bring Cochise County Case

Management in-house, the AAA wants to cover this gap in preparation for that transition. SEAGO-AAA is having conversations with CHSS to smoothly transition case management without our case managers or clients being affected by it. CHSS and SEAGO hold the same goal in keeping the funds in Cochise County to allow the AAA clients to continue receiving the care they deserve. In Santa Cruz County, Liz Robles, case manager, is learning the process of creating a case management program that will work for her and her community. Liz is now providing one-on-one assessments in people's homes; while still undertaking covid precautions, connecting with individuals in person provides the case manager with a better understanding of their needs. In-person helps create a much broader holistic assessment to set mutual goals. Liz is also participating in community events that help her meet new partners, show a presence of AAA services, and increase client visibility of their benefits.

READI Meals Program:

READI Meals completed equipment installation at the Senior Center in Nogales and Patagonia. Software updates to the equipment are complete, and both sites are ready to complete READI Meals training and begin to run freeze-dried produce samples.

Family Caregiver Support Program:

1. FCSP has initiated collaborations with Inter-professional and Cross-sector care teams and Social Service providers, beginning with the Sierra Vista Canyon Vista Medical Center's Neurological and Discharge departments. This expands our community-based support by identifying families and caregivers at the onset of a Dementia diagnosis when support services such as Trualta and peer support groups are most beneficial.
2. FCSP sponsors two additional In-person Caregiver Support Groups and the Virtual Caregiver Mingle.

Balancing Wellness Support Group- Holy Trinity Monastery, St. David

When: First and third Thursdays of each month, 11:00 am -12:30 pm

Who: For those who have Parkinson's, Alzheimer's, or other dementia and their caregivers
To Register, Contact Carolyn Fiolek – Winson (520) 276-8343 or complete the Contact Me form at <https://www.balancingwellnessbenson.com/>

Caregiver Alumni Group: In-person Sierra Vista Public Library

When: Second and fourth Mondays of each month 12:30 pm - 2:00 pm

Who: Open to all current and former caregivers, Registration is not required

Pinkie's Up-Caregiver Mingle: Virtual via Zoom

When: Every Tuesday at 2:00 pm

Who: Open to all caregivers -To Register, call Karen Enriquez at 520-432-2528 or on [Facebook](#) – SEAGO Area Agency on Aging/ Events

SHIP-SMP

SHIP/SMP Coordinator has completed 14 outreach presentations and was co-chair of the Southern Az Elder Abuse Task Force organizing WEAAD presentations throughout Region VI during this reporting period.

Outreach efforts with Primary Care Physicians in Sierra Vista have established a direct connection with Canyon Vista Medical Center, and a partnership with the Salvation Army in Sierra Vista. With a targeted outreach to Hispanic communities in Santa Cruz County, SHIP/SMP increased 26% in services provided to the Hispanic community demographic. SHIP/SMP has four active volunteers, and the monthly client contact meets a minimum of 49 client contacts per month. SHIP/SMP coordinator has coordinated locations throughout Region VI to provide one-on-one Medicare counseling opportunities. To schedule a telephone appointment for assistance with Medicare Issues:

Call: 520-432-2528 ext. 222 Email: shiphelp@seago.org Go to: <https://www.seago.org/state-health-insurance-assistance-program> and fill out a questionnaire or request an appointment online.

Health Promotion and Disease Prevention:

Tai Chi for Arthritis

The fourth quarter of SFY 21-22 continued with aggressive community outreach in all four counties, getting the word out about Health Promotion Disease Prevention Programming and recruiting volunteers.

Tai Chi class was delivered at the Huachuca City Senior Center from April to June, and a class continued in Willcox through May. 2 more Tai Chi classes started in Santa Cruz County in June.

The A Matter of Balance class was held at the Winterhaven senior living community, Sierra Vista, in May with great success.

Chronic Disease Self-Management

The Chronic Disease Self-Management 6-week workshop was launched at the Sierra Vista Public Library at the end of June with 12 registered participants.

Explore the evidence-based programs on our [Facebook](#) page that are proven to help older adults reduce their risk of falling. You can also visit our [webpage](#) to find a program near you! Check our calendar of events for specific class information, or call (520) 432-2528 or email: cmeyers@seago.org to inquire about upcoming classes in your community!

Long Term Care Ombudsman Program:

The long-term care Ombudsman and volunteer Ombudsmen Continue to see and advocate for residents in nursing facilities and assisted livings in Cochise, Graham, and Santa Cruz counties. We have had no new facilities added this quarter, however. Two extensive commercial assisted living facilities are getting built. One is an extension of Haven of Sierra Vista. The other will be the old Windermere hotel. The addition of these two facilities will significantly increase the beds available in Cochise county. Construction on both is expected to finish in late fall or early winter

Attachments: EOL final

Action Requested

Information Only

Action Requested Below

Final Report for Advance Care Planning Matters Program 6.30.2022
Ronnie Squyres, MA

Final Project Status/Successes

Our Community Education program began in 2018 as the End-of-Life Care Matters Program and served Cochise County. We expanded to reach all 4 Area Agency on Aging counties served – Cochise, Graham, Greenlee and Santa Cruz and the name changed to Advance Care Planning Matters Program (more inclusive than EOL). Our collaboration with partners grew from working with (and started by) the Community Coalition for Advance Care Planning to partnering with many organizations including AZ Hospital and Healthcare Association (AzHHA), Libraries, Cochise College and UA South, Hospitals, Hospices, Health Departments, EOLCP (AZ End of Life Care Partnership), DES' DD program, churches and many others. The creation of our website, <https://www.seago.org/advance-care-planning> has been critical for making resources and Advance Directive forms accessible to the public.

We have continued to bring awareness to the public by promoting NHDD (National Healthcare Decisions Day) and in April 2022, we did 2 workshops at the Willcox Hospital (Northern Cochise Community Hospital). We have also provided education on Arizona's new POLST (Portable Orders for Life Sustaining Treatment). Patients who are seriously ill and could possibly die in the next year or 2 could be appropriate for a POLST medical order and can work with their Doctors/Nurse Practitioners to complete this form. We want providers and patients alike to be familiar with the availability of this form (like the familiarity people have with the DNR) so that treatment and care wishes are known and documented.

The move of the Secretary of State's AZ Advance Care Registry to Health Current has been a major move forward. The new AZ State Healthcare Directives Registry is an exciting development in ensuring people's wishes are accessible and assist healthcare providers in honoring them. We have been promoting the registry through outreach, inclusion in our workshops and when working with individuals on a one-on-one basis.

Our program has included community education through workshops, outreach and one-on-one help with ACP and completing advance directives. We have also worked with Hospitals, Hospices, Health Centers and individual healthcare providers. The impact is widened as these individuals talk with their families, friends and healthcare providers.

The impact of the education provided over the last 3 years to Cochise College Nursing Program and UA South Human Services Program (*ACP and also Enhanced Communication workshops*) will be felt for years to come as these individuals move in to their careers. Nearly **500 students** have participated in our lectures and we got very positive feedback about their increased knowledge and comfort in discussing advance care planning topics. When we expanded to higher education, we were able to reach a much younger and diverse audience. We have felt that this is true progress as we have worked to lessen the stigma of discussing end of life issues and have reached a wide variety of people who can potentially help many others in their journey.



The following data is for workshops presented:

TOTAL Workshop Data incl'g all 4 counties

Lovell Grant – 2.2021 - 6.2022

Workshops	Participants	Evaluations
17	335	160

TOTAL Workshop Data incl'g all 4 counties

Lovell & ACF Grants 2019 – 6.2022

Workshops	Participants	Evaluations
62	985	613

TOTAL Workshop Data incl'g all 4 counties

Legacy Foundation, Lovell & ACF Grants 2018 – 6.2022

Workshops	Participants	Evaluations
85	1280	870

Data results from those who completed our evaluation after workshops:

>95% of respondents report they found the workshop **helpful**

>95% of respondents report **increased knowledge** of advance care planning

>94% of respondents report **increased confidence in discussing their wishes** with loved ones and friends

>94% of respondents report **they will have conversations about their wishes** with loved ones and friends

>80% of respondents report that **they have or intend to discuss their wishes with loved ones and healthcare providers** within 30 days

CHALLENGES

We were not alone in finding that the challenge of the COVID pandemic required us to re-think what and how we disseminated information. Since we normally did face-to-face workshops, we needed to pivot and get the info out virtually. We tweaked the Thoughtful Life Conversations workshop (basic curriculum provided by TLC/AzHHA) to improve the user experience of our Zoom workshops. With much of our

service area being rural, we could offer Zoom workshops to all 4 counties at the same time which made the info more accessible. COVID did nudge us to create a few YouTube videos:

Advance Healthcare Planning in the Time of Covid-19

Have a Say in Advance Care Planning (English)

Have a Say in Advance Care Planning (Spanish)

Because we were no longer doing in-person workshops, our need for volunteers to present changed. Many of our facilitators were not interested in presenting via Zoom and it required a different skill set. Our core of volunteers after the pandemic started, included Monica Romero (a great asset in Santa Cruz County who is bilingual), Dr. Sheena Brown (UA South Human Services Program Director), Lorna Cook and Becky Smyth (Coalition members and healthcare practitioners with much experience). Over the years of our program, Coalition member participation decreased. This was mostly due to the Coalition's mission and reason for existence being realized through the Area Agency on Aging's Advance Care Planning Matters Program which was doing just what the Coalition had wished for by educating the community and promoting ACP. There are no plans for the Coalition to continue as there has been nobody to come forward to step into that role.

We had hoped to partner more with churches and workplace organizations. We were fairly successful with churches; however, we were not able to gain entry into many businesses. We felt that it would be a great addition to wellness programs at companies, but were not able to make connections and many companies are not large enough to have wellness programs.

TRANSITION

As the program transitions with my retirement, we have trained the AAA case managers in advance care planning and provided them with information/resources to increase their comfort in talking with their clients re: ACP. They have been trained in ACP and the AZ Healthcare Directives Registry so they can provide tools/resources for clients to do their own advance care planning (conversations and forms, if they so choose). ACP is a process of conversations and not just about form completion, so the case managers will provide follow up/further resources to clients in their planning. The Case Manager Coordinator, Carrie Gibbons and I have worked together to provide the training to the case managers. Carrie will have the external hard drive with templates, PowerPoints, etc. for future trainings/workshops.

I have developed a new workshop going forward called *Conversations Matter: Advance Care Planning* that is a result of new information on ACP messaging, the new Registry, etc. This replaces the *Thoughtful Life Conversations: ACP* workshop we have used in the past and will be used in future case manager trainings and other possible presentations.

I have collaborated with Cochise College and given them resources such as the *Conversations Matter: ACP* PowerPoint (can not be modified) and also our 2-page [Advance Healthcare Planning Guide](#) (which can also be found on the SEAGO ACP website) for them to use with their Nursing students. I have followed up with UA South, as well so they have resources and know that we will not continue to provide ACP lectures. The UA in Tucson is working on a system-wide ACP curriculum for their healthcare

provider programs (Doctors, Pharmacists, etc.) and I have collaborated with them by providing info and resources on what we have been doing at Cochise College and UA South.

Libraries throughout our 4-county region have been provided with our website address (which AAA will need to keep updated), our 2-page [Advance Healthcare Planning Guide](#) and some advance directives. The libraries have partnered with us for a few years and have been very receptive to providing ACP info to their patrons and will continue to do so in the future.

Many thanks go out to the Area Agency on Aging for the support of this initiative in such a great way and to those who provided funding, direction and much support such as the David and Lura Lovell Foundation, Legacy Foundation of Southeast AZ and the Community Coalition for Advance Care Planning. Our volunteers have been greatly appreciated!! What would we do without volunteers?! Thank you, Laura Villa, for all of your support – you have been a huge pleasure to work with.





ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JULY 21, 2022
SUBJECT: GOVERNOR'S ADVISORY COUNCIL ON AGING (GACA)

Description:

Mr. Aguilar will provide the Advisory Council on Aging an update from the previous meeting he participated in.

Action Requested: Information Only Action Requested Below

SEAGO Area Agency on Aging

Aging

Summer 2022

NEWSLETTER

We Have Moved!

1403 B W. HWY 92
Bisbee, AZ 85603

520-432-2528



The SEAGO Area Agency on Aging has relocated from the offices they held next to the Bisbee Senior Center to the SEAGO Main Campus.

Letter from the Director

In the middle of continued uncertainty, I see the opportunity for new ideas, new partnerships and most importantly good health. During 2022 our focus is Covid and the information we give to our seniors and most vulnerable population. With the help from South Eastern Arizona Education Center (SEAHEC) we have been able to deliver information, education and guidance on Covid-19. SEAHEC accomplished in eight months 14,968 activities, 2353 individuals assisted, 1308 over the age of 60 and 40 developmental disabled adults. We are happy to announce that there is still work to do and we plan to expand our partnership until September 2024 to continue these efforts throughout Region VI.

The Area Agency on Aging is happy to announce that we will be developing the Area Plan for the planning and service area for the next four years. We look forward to visiting each service area and distribute Needs Assessment surveys that will be helping us understand what the needs of the community are. We have wonderful partners throughout Cochise, Graham, Greenlee and Santa Cruz County that we know that we will accomplish our goal of collecting enough assessments and build the picture of the needs in Southeastern Arizona.

The good news continue, we are now in our new home. With dedicated and hard work from our executive director, the Area Agency on Aging is enjoying a new space. We look forward to the Open House and the opportunity to invite you to come and see the new location of your Area Agency on Aging. More details will be shared when the date is set but for now, please stay connected via our website or our Facebook page for any updates.

Young, old, professionals, neighbors, family members, we all will need the Area Agency on Aging at one point. It is important to know what your resources are, how you can access them and most importantly know about them as you never know when you will be out in your community and someone will need the information and you have the tools to provide it. The Area Agency on Aging works hard for you to receive the resources you need. If you feel you can contribute in some way to your community, reach out to your Area Agency on Aging and ask to become a volunteer. Our seniors are in dire need of further assistance and any volunteer contribution made will have a tangible effect on their lives. Our volunteers will also be able to immerse themselves in an agency who has service of the forefront of their mission. With additional support from volunteers we can all flourish in conjunction as we improve the communities in which we reside. This, while hopefully cultivating a community with robust social frameworks to ensure dignified aging. Want to be part of the AAA family, then call us. We are here waiting for you.

Let's prepare for the heat and stay cool!

Sincerely,

Laura Villa

AAA Director

Aging in Place

The term “aging in place” refers to the ability of older adults to live in their homes and communities safely, independently and comfortably, regardless of their age, income or abilities.

Nearly 80 percent of adults ages 50 and older want to remain in their current homes as they age, according to AARP.

"The stairs are getting so hard to climb."

"Since my wife died, I just open a can of soup for dinner. I've lived here 40 years. No other place will seem like home."

These are common issues for older people. You may share the often-heard wish — “I want to stay in my own home!” The good news is that with the right help, you might be able to do just that. Staying in your own home as you get older is called “aging in place.” We have a few suggestions to help you find the help you need to continue to live independently.

Planning ahead is hard because you never know how your needs might change. The first step is to consider the kind of help you might want in the future. Maybe you live alone, so there is no one living in your home who is available to help you. Perhaps you don't need help right now, but you live with a spouse or family member who does. Everyone has a different situation.

One way to begin planning is to look at any illnesses like diabetes or emphysema that you or your spouse might have. Talk with your doctor about how these health problems could make it hard for someone to get around or take care of themselves in the future. If you're a caregiver for an older adult, learn how you can get them the support they need to stay in their own home.



You can get almost any help you want in your home — often for a cost. Some things you want may cost a lot. Others may be free. Some might be covered by Medicare or other health insurance. Some may not.

Family, friends, and neighbors are the most significant source of help for many older people. Talk with those close to you about the best way to get what you need. If you are physically able, think about trading services with a friend or neighbor. One could do the grocery shopping, and the other could cook dinner, for example. SEAGO Area Agency on Aging can help by linking you to services in your community. We offer home and community-based services such as attendant care, home-delivered meals, and Respite care. The SEAGO AAA also has programs for chronic disease and health management, Medicare counseling, Long term care ombudsman, and a Family caregiver support program.

We are here to help. Give us a call at 520-462-2528 or go online to www.seago.org for more information

Home and Community Based Services Spotlight



washing your hair, or dressing getting harder to do?

Attendant Care is a Non-Medical Case managed service designed to meet the daily living needs of someone who require support to care for themselves or their home independently. It assists individuals aged 60 and up or under 60 with a disability with their personal physical needs such as bathing, dressing, meal prep, light housekeeping and related services at an individual's residence to help maintain their independence and avoid costly and unwanted placement in a facility.

TO MAKE A DECISION THAT MEDICARE BEST FITS YOUR NEEDS. REPORT ANY FRAUD OR SCAMS CONCERN.



SEAGO Area Agency on Aging/State Health Insurance Program & Senior Medicare Patrol is here to advocate and support you.
Call (520)432-2528

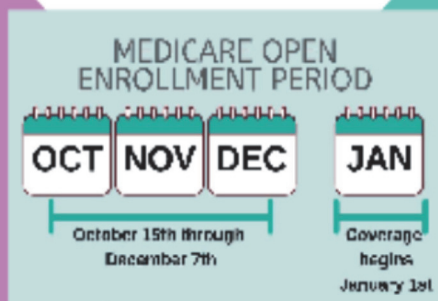


Original Medicare

Some people get Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) automatically, and some have to sign up for it. Original Medicare is a fee-for-service health plan that has **TWO PARTS**: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Part D

Medicare drug coverage helps pay for prescription drugs you need. Even if you don't take prescription drugs now, you should consider getting Medicare drug coverage. Medicare drug coverage is optional and is offered to everyone with Medicare. If you decide not to get it when you're first eligible, and you don't have other creditable prescription drug coverage (like drug coverage from an employer or union) or get Extra Help, you'll likely pay a late enrollment penalty if you join a plan later.



Medicare Advantage Plans

Medicare Advantage Plans are another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D).

New Medicare fraud fighting tool now offered to seniors

An estimated \$60 billion annually is lost to Medicare fraud according to the Arkansas Department of Human Services' Senior Medicare Patrol division and in hopes of helping combat fraud, DHS is offering a free My Health Care Tracker booklet.

Kathleen Pursell, Arkansas Medicare Patrol program director, told Seven On Your side seniors can use this booklet to keep track of doctor visits.

"This is just one tool we offer to help beneficiaries prevent, detect, and report suspected Medicare fraud and errors.

A lot of times you forget what happened to you in that doctor visit and so can take that out, compare it with your Medicare summary notice, or if you're on a Medicare Advantage Plan, you will have an explanation of benefits and so you're going to compare that and make sure that what is written in your book

By using this booklet, seniors can find discrepancies or detect identity theft.

You may see on your Medicare summary notice things that you didn't receive like back braces or any type of brace or medical equipment," she said. "And you say 'I didn't get that wheelchair or those braces' and so someone has stolen your identity and billed Medicare with your number and that's one way to detect that type of scam or fraud.

SEAGO Area Agency on Aging SHIP/SMP can help with questions call (520)432-2528 ext.222.





Support is Important!

If caring for a loved one leaves you frustrated and angry at times, that's normal — but you don't have to do this alone. In the world of caregiving, support groups are a place where others go to learn, feel less stress, and generally feel included socially.

A good caregiver support group can be a lifeline, providing a place — in person or online — to share feelings confidentially, make friends, get help navigating the health care system and learn from others who have walked a similar path. Caregivers often can't speak openly with family members about their emotional reactions, and a support group provides a safe place to share.

The SEAGO Area Agency on Aging, Family Caregiver Support Program is sponsoring two new in-person Support Groups in Cochise County, in addition to a weekly on-line group.

Balancing Wellness Support Group: In person (if vaccinated and boosted) or through Zoom.

Location: Holy Trinity Monastery, St. David

When: First and third Thursdays of each month 11:00 am -12:30 pm

Who: For those who have Parkinson's, Alzheimer's, or other dementia and their caregivers

To Register: Contact Carolyn Fiolek – Winson (520) 276-8343 or complete the Contact Me form at <https://www.balancingwellnessbenson.com/>

Caregiver Alumni Group: In-person

Location: Sierra Vista Public Library, small conference room

When: Second and fourth Mondays of each Month 12:30 pm - 2:00 pm

Who: Open to all current and former caregivers

Registration not required

Pinkie's Up-Caregiver Mingle: Virtual

Location: Via Zoom

When: Every Tuesday at 2:00 pm

Who: Open to all caregivers

To Register: call Karen Enriquez 520-432-2528 or on [Facebook](#) – SEAGO Area Agency on Aging/ Events



Arizona Caregiver Coalition

—Serving the Needs of Arizona Caregivers—

Caregiver Respite - Receive Vouchers up to \$300*

Call the Caregiver Resource
Line 888-737-7494

Caregivers:

- You are the primary caregiver of a loved one who:
 - Has a chronic condition
 - Has a developmental disability (Targeted Support Coordination eligible)
 - Has Alzheimer's Disease or dementia
 - Has a physical disability
- You are not receiving respite from another public program



How it works:

- You select your respite worker. It could be a neighbor, a friend, or a professional agency.
- We reimburse you for the expense, up to \$300.

Learn more about us
and our programs:
www.azcaregiver.org/respite

**Limited availability. Priority for rural areas and educational respite.*

This program is made possible through the Lifespan Respite Grant from the Administration of Community Living and in partnership with the Arizona Department of Economic Security and the Arizona Association of Area Agencies on Aging.

888-737-7494
info@azcaregiver.org
www.AZcaregiver.org





HOW DO I PROVIDE THE BEST CARE?

You're tired of general information. Trualta's Caregiver Portal addresses real issues, showing you how with in-depth lessons, practical steps, and guided support from a care manager.

- Explore options for challenging behaviors
- Discover ways to connect with your loved one
- Share and learn with fellow caregivers

FREE CAREGIVER TRAINING

“

And that fact that you can do a module in five minutes is great!

- JERRY, 65,
CARING FOR HIS WIFE WITH
ALZHEIMER'S

Sign up today!

SEAGOAAA.trualta.com



Scan me with
your camera
to visit!





TRUALTA

The SEAGO, Area Agency on Aging, is excited to share Tualta, an online learning system to provide skill based training and resources for family caregivers.

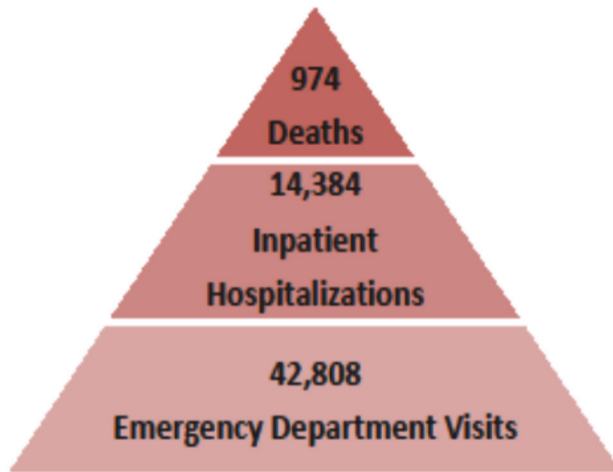
Built specifically for family caregivers, Tualta helps caregivers reduce stress, find local resources, and provide better care for their loved ones. Every caregiver has a custom learning journey, so you can choose the topics that interest you and learn any time of day. Tualta content is dementia focused and topics include personal care, safety and injury prevention, and caregiver wellness. Tualta also offers "expert level" dementia training from professional-level providers like Teepa Snow, adapted for the family caregiver.

Registration is by invitation only.



Contact us for more information today!

Karen Enriquez
SEAGO Area Agency on Aging
kenriquez@seago.org
(520) 432-2528 x 221



Unintentional Falls among Arizonans 65 years and older, 2016

-Were the leading cause of injury-related deaths among Arizona residents 65+ Years

-Resulted on average a length of stay of 6 days in the hospital.

- Totaled charges over \$933.6 million for Inpatient Hospitalization and over \$344.7 million for ED Visits.

-These charges do not describe costs associated with physician care, EMS services, rehabilitation, or long-term disability.

What can be done to reduce the risk of unintentional falls?

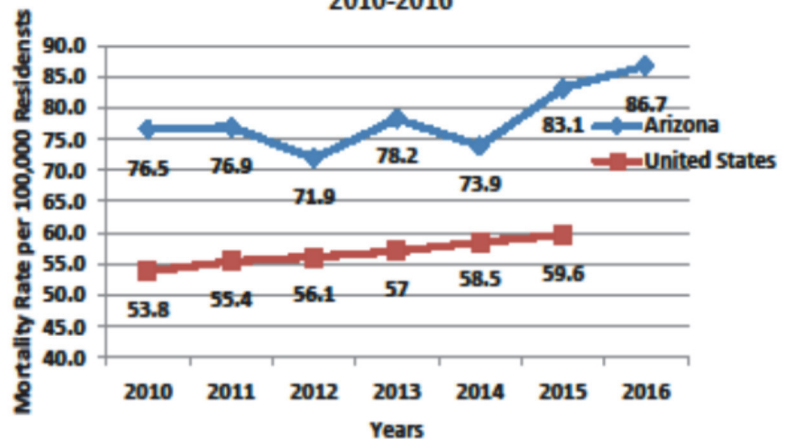
-Maintain a regular exercise program to increase strength, balance, and coordination
Tai Chi classes are an evidence-based method.

- Regularly review meds with a healthcare provider, and dispose unused meds

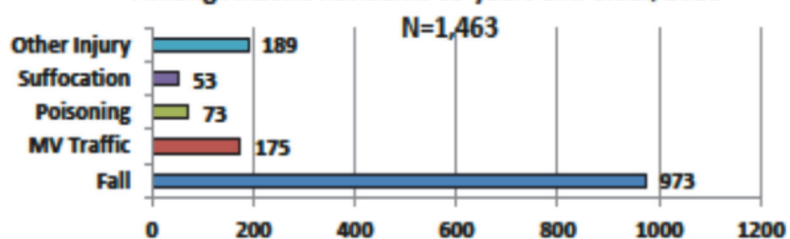
- Have yearly eye exams.

- Modify home environments to reduce hazards such as slippery floors, poor lighting, and uneven surfaces.

Mortality Rates Due to Unintentional Falls in those 65+ Years, Arizona Compared to the United States, 2010-2016



Leading Causes of Unintentional Injury-Related Deaths Among Arizona Residents 65 years and older, 2016



Visit the Arizona Healthy Aging website at: <http://www.azdhs.gov/phs/healthy-aging/>



Falls Prevention Programs

Sponsored by the SEAGO Area Agency on Aging

1 in 4 older adults will have a fall this year. The mission of the Arizona Falls Prevention Coalition is to reduce risk of falls in Arizona through education, outreach, evaluation and advocacy.

The SEAGO Area Agency on Aging is committed to advocating for the seniors and disabled citizens in our community by partnering with the CDC and the state of Arizona to deliver evidence-based Falls Prevention Programming. We offer the A Matter of Balance, Tai Chi for Arthritis and Falls Prevention, as well as other community outreach programs to reduce the risk of falls.

Please contact Cynthia Meyers for more information about workshops, classes and outreach happening in your local community.

A Matter of Balance is a cognitive restructuring program which helps reduce the fear of falling, improves balance and educates participants on how to reduce fall risks.



MANAGING CONCERNS ABOUT FALLS

Tai Chi for Arthritis & Falls Prevention helps people with arthritis to improve strength, flexibility and reduce joint pain. It improves balance both mentally and physically thus significantly reduces the risk of falls in older adults.



Dr Paul Lam

Tai Chi for Health Institute

EMPOWERING PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING

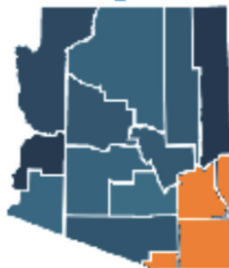
For More Information Contact:

**Cynthia Meyers - Health & Nutrition Coordinator
(520) 432-2528 x306
cmeyers@seago.org**



The International Network launched World Elder Abuse Awareness Day (WEAAD) for the Prevention of Elder Abuse and the World Health Organization at the United Nations. The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect.

This year of 2022 events were on June 3rd, June 10th and June 24th the World Elder Abuse Awareness Day (WEAAD) was commemorated throughout four counties in Region VI. Through WEAAD, we raise awareness about the millions of older adults who experience elder abuse, neglect, and financial exploitation. SEAGO Area Agency on Aging Thank Region VI for the support and joining such a great cause.





As Americans, we believe in justice for all. Yet we fail to live up to this promise when we allow older members of our society to be abused or neglected. Older people are vital, contributing members of American society and their maltreatment diminishes all of us. Just as we have confronted and addressed the social issues of child abuse and domestic violence, so too can we find solutions to address issues like elder abuse, which also threatens the well-being of our community.

June 15th 2022 is World Elder Abuse Awareness Day (WEAAD). On that day, communities in the USA and all over the world will sponsor events to highlight solutions to this systemic social challenge. The SEAGO / Area Agency on Aging is proud to host three events to participate in this national conversation.

Our policies and practices make it hard for older people to stay involved with and connected to our communities as they age. As a result, older people are more likely to experience social isolation, which increases the likelihood of abuse and neglect. We can design stronger societal supports to keep our older people connected and protect them from abuse, whether financial, emotional, physical or sexual. When we address a root cause, like social isolation, we also make it less likely that people will experience neglect. Older adults who are socially connected and protected from harm are less likely to be hospitalized, less likely to go into nursing homes and less likely to die. We can and must create healthier and safer living environments for older adults, including their homes, nursing homes, and assisted living facilities.

There are many ways to get involved in strengthening our communities and preventing elder abuse:

It is up to everyone to prevent and address elder abuse. Talk about it – to your leaders, and to your neighbors.

- Advocate for elder abuse prevention and intervention programs.

- Raise public awareness by conducting friendly calls, virtual presentations and distributing materials via mail and email about elder abuse through networks of senior centers, places of worship, medical networks, etc.

- Educate yourself and enable others to better recognize the warning signs

- Lend strength to existing social support structures

 - Volunteer to be a friendly visitor and either call, mail or email an older person living in the community

 - Suggest telephone helpline programs or assist in arranging meal or grocery delivery services for someone who is a caregiver

 - Don't tolerate ageism – this begins with not making fun of older adults

- Contribute to building new social support structures:

 - Report concerns to your local Adult Protective Services program or law enforcement

 - Get involved with the Long-Term Care Ombudsman program in your state, working to resolve problems related to the health, safety, welfare and rights of persons who live in long-term care facilities (e.g., nursing homes, assisted living).

We Have Moved

SEAGO Area Agency on Aging

1403 B Hwy 92

Bisbee, AZ 85603

Phone : 520-432-2528

FAX: 520-432-9168

Web Page: www.seago.org/area-agency-on-aging



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DOWNLOAD



VISIT US

<https://www.facebook.com/seagoareaagencyonaging/>

Would you like to receive the SEAGO Area Agency on Aging newsletter by email?, Simply email us at mail@seago.org and let us know! Future issues of the quarterly newsletter (four per year) will automatically be sent to you.

This program was funded through a Contract with the Arizona Department of Economic Security. "Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and Title VII) and the Americans Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, SEAGO Area Agency on Aging prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex national origin, age, and disability. The SEAGO Area Agency on Aging must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, the SEAGO Area Agency on Aging must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the SEAGO Area Agency on Aging will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in an alternative format or for further information about this policy please contact: SEAGO Area Agency on Aging at 520-432-2528." Para obtener este documento en otro formato u obtener informacion adicional sobre esta politica, SEAGO Area Agency on Aging 520-432-2528. This program was funded through a Contract with the Arizona Department of Economic Security.