



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

DATE: Thursday, January 19, 2023

TIME: 10:00 A.M. – 12:00 P.M.

SEAGO Area Agency on Aging is inviting you to a scheduled Zoom meeting.
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A G E N D A

| | | | |
|------|--|---------------|----|
| I. | CALL TO ORDER/PLEDGE ALLEGIANCE/INTRODUCTIONS | JAIME AGUILAR | |
| II. | ACTION ITEMS | | |
| | 1. Approval of the November 19, 2022 minutes*** | JAIME AGUILAR | 2 |
| | 2. Open floor for nominations to vacant seats*** | JAIME AGUILAR | 5 |
| | 3. Nomination to fill vacant seats*** | JAIME AGUILAR | 6 |
| | 4. Area Plan on Aging 2023 draft*** | LAURA VILLA | 7 |
| III. | INFORMATION ITEMS | | |
| | A. SEAGO-AAA Program Updates | LAURA VILLA | 56 |
| | B. GACA report | JAIME AGUILAR | 78 |
| IV. | MEMBER/STAFF INFORMATION EXCHANGE | JAIME AGUILAR | |
| V. | SCHEDULE OF NEXT MEETING-APRIL 20, 2023 (third Thursday of the quarter) | JAIME AGUILAR | |
| VI. | 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 Michele Miller at (520) 432-2528 extension 220 at least 72 hours before the meeting to request such accommodations.

Advisory Council on Aging Meeting
Zoom Meeting
October 20, 2022/rescheduled 11-10-2022

MEMBERS PRESENT:

Jaime Aguilar, Greenlee County Unincorporated
Sue Baz, Tombstone
Gary Clark, Douglas
Frank Montoya, Clifton
Kathy Spangler, Benson (arrived late)

Robert “Bob” Rivera, Thatcher
Arnoldo Montiel, Nogales
Valadee Crotts, Duncan (Proxy Jaime Aguilar)
Leslie Lambert, Bisbee

MEMBERS NOT PRESENT:

Lisa Lane, County Unincorporated (No Proxy)
Kim Burks, Cochise County Unincorporated (No Proxy)
Monica Romero, Santa Cruz County Unincorporated (No Proxy)
Kim Jackson, Huachuca City (No Proxy)
Arnold Lopez, Thatcher (No Proxy)
David Morse, Safford (No Proxy)

GUESTS PRESENT:

Chris Vertrees, SEAGO, Transportation Program Administrator

STAFF PRESENT:

Laura Villa, AAA Program Director

I. CALL TO ORDER

President Jaime Aguilar called the meeting to order at 10:30 AM. Roll Call was completed.

II. Presentation SEAGO – Chris Vertrees, Transportation Program Administrator
Role of Mobility Management in Southern Arizona

Chris Vertrees, Transportation Program Administrator, provided a presentation.

SEAGO serves a County area; Transportation planning is a primary function. Chris outlined the goals and objectives of effective mobility Management, focusing on planning and operations. Transportation barriers were outlined. Coordinated mobility planning and transit solutions were outlined. He reviewed the operational focus and the stand-alone mobility website www.seagomobility.org for transportation questions and needs. Increasing access to transit by identifying opportunities with current resources or new opportunities. Chris reviewed the different solutions SEAGO has unitized over time to improve transportation and funding.

III. Action Items

1. Approval of Minutes of July 21, 2022

Mr. Rivera asked if the board had approved him as a member.

Villa stated yes, and the minutes will be amended to note the vote.

MOTION: Gary Clark

SECOND: Mr. Rivera

ACTION: UNANIMOUS

2. Open Floor For Nominations To Vacant Seats

Villa reviewed the staff memo outlining the ACOA bylaws Article III Membership, allowing Arnold Lopez, City of Safford, and Kathy Spangler, City of Benson, to seek nomination after 90 days of their vacancy needing to be

filled. Both seats have been vacant for the required 90 days for an appointment.

3. **Nomination To Fill Vacant Seat /Changes**

Frank Montoya moved to appoint Gary Clark to the AAA Board.

MOTION: Frank Montoya

SECOND: Arnold Montiel

ACTION: UNANIMOUS

Rivera moved to appoint Arnold Lopez, the City of Safford, and Kathy Spangler, the City of Benson, to the SEAGO Executive Board.

MOTION: Frank Montoya

SECOND: Arnold Montiel

ACTION: UNANIMOUS

Villa informed the Council that Monica Romero, Santa Cruz County, has missed three meetings with no proxy appointed. She will be looking for a replacement and will bring that appointment back to the Council for consideration.

Advisory Council on Aging (ACOA) currently has four vacant seats. Vacancies are in Cochise County, Sierra Vista, and Benson, Santa Cruz County, the Town of Patagonia, and unincorporated counties.

IV. **Information Items** Laura Villa reviewed the memos in the 10-20-22 packet

a) SFY23 Allocations/Alert Overview

a. Laura Villa reviewed the Alerts Mem dated 10-20-22, SFY 23 Itemized Service Budget (ISB) Allocations

b) Advocacy/Update Memo

a. Advocacy/AZ4A has rebranded. Updates were given for AZAging

b. LIHEAP – Low Income Home Energy Assistance Program – Changes to the program outlined

c. Area Plan on Aging 2023-2027 Update Memo

d. SEAGO-AAA Program Update memo

e. Governor’s Advisory Council on Aging (GACA) Report- No report at this time

V. **MEMBER/STAFF INFORMATION EXCHANGE**

Gary Clark continues to support DARC after the many years he dedicated to the agency.

Arnold Montiel, last year was his 10th-year commitment as a volunteer for the SCCOA, and he is retiring and leaving Marco in charge. The SCCOA continues to receive financial support and now getting ARPA funds from the city and county.

Bob Rivera, learning the ACOA responsibilities.

Leslie Lambert has been working with the Red Cross and Sound the Alarm Program and has complied with resources. She will pass the information to AAA for use on the AAA app.

Kathy Spangler reported on the uptick of COVID cases in Cochise County and the long-term care facilities.

Frank Montoya shared about being a caregiver with his wife, who cares for his mother-in-law, who is now in hospice care.

Jaime Aguilar commends Shi for her help with LTC issues, Ramona for assisting him with ramp referral, Carrie with assistance to a caregiver, and Michele for being so helpful with his needs when he calls. Sue Baz, Tombstone, reported on the city’s new in-town transportation. The town has purchased a vehicle and

provided a staff member to transport citizens within the town limits, and they are looking for additional services outside the community. Board members voiced their support, confidence, and pleasure that the AAA Program Director Laura Villa has returned to her post.

VI. SCHEDULE OF NEXT MEETING – JANUARY 19, 2023

VII. ADJOURNMENT

Jaime Aguilar called for a motion to adjourn. The meeting adjourned at 11:46 AM.

MOTION: Arnoldo Montiel

SECOND: Rivera

ACTION: UNANIMOUS



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM DIRECTOR
DATE: JANUARY 19, 2023
SUBJECT: NOMINATIONS TO VACANT SEATS

The Advisory Council on Aging's (ACOA) revised bylaws dated May 19, 2007, 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 that 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 that members appointed by the SEAGO Executive Board shall serve three years (3). Each member shall be limited to two (2) consecutive terms. However, a previous member can be reappointed if a vacancy cannot be filled in 90 days. The Advisory Council on Aging may submit a member to the Executive Board for reappointment for an additional term.

There is currently one (1) vacant seat, and members are selected to represent incorporated cities, towns, and the unincorporated portions of each county. The current vacancy applies to Santa Cruz County, county-unincorporated.

Nominated representatives will commence their term on the date once approved and appointed by the SEAGO Executive Board, scheduled for **February 09, 2023**.

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 19, 2023
SUBJECT: NOMINATION TO FILL VACANT SEATS IN SANTA CRUZ, THE
TOWN OF PATAGONIA, AND COCHISE COUNTY SIERRA VISTA

Description:

In our efforts to recruit ACOA members for the vacant seats, a SEAGO Executive Board member nominated Ms. Susan M. Lange to the SEAGO-Area Agency on Aging Advisory Council to represent the town of Patagonia in Santa Cruz County.

Susan, a registered nurse, has served her community in Patagonia for many years. Susan has a BA in Psychology and worked with the local hospital and hospice care. She volunteers at the Patagonia museum, is the senior center president, and is a library advisory board member. Susan takes pleasure in helping others while she is healthy, and her involvement with the ACOA will allow her to do that.

Eva T McElroy is retired and currently volunteers at the Salvation Army in Sierra Vista. Eva's background is with the U.S. Army as a paralegal for four years. Retired from the military after 24.5 years. Eva wants to be part of our mission and help those who need a hand.

Mr. David Morse has served the ACOA three-year term, and his membership ends on January 16, 2023. Mr. Morse accepted the invitation to sit on the ACOA for a new three-year, and his extension does not require it to be presented to the SEAGO-Executive Board.

Article III Membership

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

Attachments: None

A motion to recommend approval of Ms. Susan Lange to fill the vacant position representing Santa Cruz County-Town of Patagonia to the SEAGO-Executive Board.

A motion to recommend approval of Ms. Eva T McElroy to fill the vacant position representing Sierra Vista in Cochise County.

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: JANUARY 19, 2023
SUBJECT: SEAGO-AREA AGENCY ON AGING PLAN ON AGING

Description:

An Area Plan is the document submitted by an Area Agency on Aging to the State Agency on Aging 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 distributes 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 that translates needs assessment information into establishing 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 the Area Agency will undertake 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 how 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.

The SEAGO-Area Agency on Aging brings to the Council the draft Area Plan on Aging for 2024-2027.

- The Advisory Council reviews and comments on all community policies, programs, and actions which affect older individuals to ensure maximum coordination and responsiveness to older individuals.
- The Advisory Council shall be responsible for reviewing the Area Plan and any amendments to the plan before its transmittal to the Division of Aging and Adult Services for approval.
- The Area Plan on Aging will be fully completed and presented to the SEAGO-Executive Board for approval on May 19, 2023. The plan is then submitted to the State Unit on Aging for review on May 22, 2023.

Items to focus on and recommend changes to the SEAGO-AAA director to consider for the next meeting on April 20, 2023.

1. Goals and Objectives
2. Key Changes to the Service Delivery Plan
3. Needs Assessment survey response
4. Key Respondent Survey response

Attachments: Area Plan on Aging draft

Motion to recommend approval to the draft of the Area Agency on Aging Area Plan.

Action Requested

Information Only

Action Requested Below

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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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?

The Planning and Service Area: The Planning and Service Area designated as Region VI consists of the four rural counties of Cochise, Graham, Greenlee, and Santa Cruz, which covers a territory of approximately 14,000 square miles. It is bordered on the east by New Mexico and on the south by Mexico. The region has fourteen incorporated cities and towns ranging from 712 in Duncan to 45,308 in Sierra Vista, based on the ESRI and ACS 2022 report. The total census population for the entire region is 222,366. The economic base varies from community to community, but most communities depend on one major employer and have little economic diversity; mining, ranching, border trade, agriculture, military, prisons, and tourism are the major industries.

According to the 2020 Census, July 1, 2021, 23.7 percent of the population was aged 65 or older, with the highest concentration of 23.84 percent in Cochise County, the lowest of 15.99 percent in Graham County, 17.04 percent in Greenlee, and 18.71 percent in Santa Cruz County. The percentage of elders aged 60 or older who were minority was 24.11 percent in Cochise, 25.74 percent in Graham, excluding San Carlos Apache Nation, 44.17 percent in Greenlee, and 59.78 percent in Santa Cruz. Of those aged 60 or older, 11.97 percent were below the federal poverty level, with the highest poverty rate among elders of 15.54 percent in Cochise and the lowest in Graham with 9.55 percent. These figures could be slightly higher or lower based on migration experienced in the different areas in our region since the 2010 Census was conducted.

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?

The Southeastern Arizona Governments Organization: The Southeastern Arizona Governments Organization (SEAGO) is a Council of Governments (COG). The member governments are the four counties of Cochise, Graham, Greenlee, and Santa Cruz, and the 14 incorporated cities and towns of Benson, Bisbee, Clifton, Douglas, Duncan, Huachuca City, Nogales, Patagonia, Pima, Safford, Sierra Vista, Thatcher, Tombstone, and Willcox, and the San Carlos Apache Tribe. SEAGO is a regional planning agency that performs and coordinates various functions. Established in 1972, SEAGO is a 501(c) 3 nonprofit organization whose core function is to help local governments seek cooperative solutions to area-wide problems. SEAGO provides a forum for regional policy discussion and development and serves as a coordinating link between municipal, county, tribal, state, and federal agencies. SEAGO's programs focus on issues often cross jurisdictional boundaries, such as water quality, community, economic development initiatives, transportation, aging, and social service issues. Originally a planning entity, SEAGO's operational scope has expanded considerably since its inception to include project programming and implementation activities in economic development, social services, transportation, the environment, and public transit.

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?

The SEAGO Area Agency on Aging: The Southeastern Arizona Governments Organization (SEAGO) was designated as an Area Agency on Aging (AAA) in 1974. As with many of SEAGO's program areas, the AAA is a separate organizational unit within SEAGO. Over the years, AAA staff have worked with various community organizations as partners and service providers to develop and maintain community-based systems of service that meet and fit the needs of the communities within the planning and service area. The AAA continuously strives to create new partnerships with other agencies serving the communities within our region. The AAA does not directly coordinate with any tribes but will refer to ITCA certain cases and services.

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

The SEAGO Organizational Chart is included in **Appendix A**. All policy decisions related to the AAA are presented to the Advisory Council on Aging and the Administrative Council for input to submit to the Executive Board, which is the policy-making body of SEAGO. The AAA Program Director reports directly to the Executive Director of SEAGO regularly. (See staff table below.)

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?)

Every five years, the SEAGO AAA issues a competitive Request for Applications to select the best-qualified service providers and ensure competition in arranging services for elderly individuals and their caregivers. The AAA currently administers subaward agreements with the agencies identified in Appendix C. The AAA combines Older Americans Act, federal Social Service Block Grants, and state appropriations into one line in the providers' subaward operating budgets. Service Providers identify all other funding sources the AAA does not administer, which they include in the subaward budgets. In their proposals, prospective service providers describe how they will coordinate services with other programs that serve the elderly or disabled and plan to coordinate with county long-term care programs, Medicare, and ALTCS. It also asks how the provider will ensure that these fund sources maximize to use of AAA funding only when no other source is available and ensure coordination of services and the integration of multiple funding sources.

The SEAGO AAA is the smallest region of the state, but it is growing, with approximately thirteen and a half full-time equivalent staff. Without partnerships, minimally could be accomplished. Because SEAGO's focus has been on in-home services, senior centers are not effective in reaching seniors significantly since participation in nutrition sites in some communities has declined over the years. The COVID-19 pandemic imposed new challenges for the nutrition sites that have yet to help our senior centers bring participation back. In attempting to resolve some of the issues we have encountered in the past and to help mitigate some challenges, SEAGO-Area Agency on Aging focused on Case Management. By transitioning case management in-house for Santa Cruz and Cochise Counties, there will be more cross-

training and the ability to perform more outreach in the designated communities, which will help enhance the visibility of our subcontracted partners. We will continue implementing flexible approaches to deliver services more uniformly in our region. Various agencies offer space for SEAGO staff to meet with clients or have agreed to co-host training events. In Santa Cruz County, we receive an in-kind value to house our case manager. This assistance helps minimize the amount spent on having a case manager oversee the program, which increases the availability of funds to provide services.

During the pandemic, many nationwide encountered huge impediments to delivering services. SEAGO-AAA regularly participated in health and resource fairs. These events were sponsored by hospitals, schools, Cochise College, Eastern Arizona College, and senior and disability expos sponsored by the City of Sierra Vista, which provided opportunities to inform the community of AAA services and distribute elder resource directories and Medicare information. We had to stop those approaches because of the safety of our communities and staff. However, we implemented an innovative method that helped us bring these services to fruition. We adopted Get Set Up, created a Mobile App, adopted Trualta, and created newsletters that would help our seniors stay engaged. Due to the uncertainty with Covid-19 we have not planned our Region VI Conference on Aging. The conference grew in participation in the five years that we hosted it. Our region must bring it back, but it will only happen once we feel comfortable that Covid-19 numbers are contained.

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

The Advisory Council on Aging (ACOA) meets quarterly to address issues arising in the communities and discuss AAA alerts and other agency-related information. Action Plans relating to the Area Plan will be a regular agenda item at the January and July meetings of the ACOA. This way, the Action Plans track progress in meeting the Area Plan Goals and Objectives. Should changes to any goals or objectives be identified, the ACOA will revise the Area Plan and seek approval for these changes from the Administrative Council and Executive Board.

Positions and duties within the SEAGO-AAA are as follows:

| Position | Duties |
|---|---|
| AAA Program Director Full-Time | Plans, organizes, and directs the operations and staff of the Area Agency on Aging for the SEAGO region; develops and implements the agency plan; negotiates awards with provider agencies; prepares financial reports; monitors performance under these awards; serves the purpose of enhancing programs and ensures compliance with all federal and state laws and regulations. |
| Office Specialist Full-Time | Sets up and maintains computer records on clients using the DAARS Reporting system maintains program administrative files, responds to questions from service providers and clients through information and referral, and delivers administration support. |
| Case Management Coordinator Full-Time | Delivers Administrative support, performs programmatic monitoring, Oversees the case management program and serves as its lead. Assists with client caseloads as needed. Assist management in operating more efficiently and effectively and helps prepare policy and procedures manuals for the organization. |

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| Health Insurance Coordinator Full-Time | Provides counseling to seniors on Medicare and other health insurance Programs to access their healthcare options. Recruits, trains, and supervises volunteers and works to expand the volunteer base to ensure expanded geographic coverage for this program. Provide outreach that will include activities that encompass cultural and intergenerational diversity. Collaborate with partners and networks to hold annual health fairs, and collect accurate data for needs assessment, program evaluation, and reporting. Collaborates with LTC to help identify areas of improvement in targeting seniors who would potentially be victims of fraud or scams. |
| Ombudsman Coordinator | Coordinates the ombudsman program represents and advocates for residents In nursing homes and assisted living facilities in the SEAGO region. |

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| .75Time | Represents the Area Agency on Aging program with these facilities; recruits, Trains and oversees volunteers for each facility. Maintains a close relationship with DHS to assist with facility survey exits and works very closely with APS to promote and protect the rights of each resident. LTCO performs site visits at least every other month. The LTCO co-hosts the Southeastern Arizona Elder Abuse Taskforce (SEAEAT). The LTCO and SHIP-SMP collaborate to bring local partners to the table at SEAEAT to address fraud and abuse of older adults' needs in Southeastern Arizona. |
|---------|--|

| Position | Duties |
|---|---|
| Accounts Manager AAA supports part of this position 1/10 | The staff helps maintain the central accounting system for SEAGO. All accounting records and financial controls; reconciles bank statements to general ledger and maintains agency cashbook; prepares monthly financial reports for the AAA in-house programs; ensures that the financial system complies with applicable regulations. Ensure Accounts Payable monthly for the AAA service providers. |
| Health and Nutrition Coordinator 1.25 Full-Time | The Health and Nutrition coordinator is a professional certified food manager Through the National Environmental Health Association and is responsible for monitoring the meal programs and nutrition-related provider training. It is responsible for coordinating its activities with other community agencies and voluntary organizations, providing supportive services and programs to older individuals. The coordinator is responsible for recruiting, training, and overseeing volunteers. Staff is accountable for developing a network of evidence-based lay leaders and coaches for AMOB, Tai Chi for Arthritis, and the new program CDSMP for the region. The staff ensures that classes are provided multi-modal periodically throughout the region. |
| Family Caregiver Program Coordinator Full-Time | Provides a multi-faceted system of support services for family caregivers, Coordinates its activities with other community agencies and voluntary organizations by providing supportive services to family caregivers. Helps refer clients for respite services and collaborates closely with regional case managers to carry out these services; schedules caregiver outreach activities Trualta online portal access, peer support groups, outreach, and caregiver training opportunities. |

| | |
|--|---|
| Transit Coordinator AAA supports 1/10 of this position | The transit coordinator is SEAGO's mobility manager, performs under a contract with ADOT, and is certified to train in SEAZ and throughout the state. This individual monitor all AAA-funded transportation programs throughout the SEAGO region to have transit programs and their funding integrated. |
| Central Intake .50 Time | The central intake staff helps the Office Specialist with I&R for case management and the Family Caregiver Program to ensure that all referrals are processed timely and efficiently for regional case managers. Assists Case Management program in recording in DAAR's for access and to keep confidentiality. |
| Case Management Five Full-Time | Area Agency on Aging brought the Case Management Program in-house. For Santa Cruz, we have a full-time staff, and for Cochise County four case managers to cover the geographic areas of Cochise. A case manager to oversee Sierra Vista, one for Douglas, one for Bisbee, and one for Benson, and a possible expansion for Wilcox. |

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

We can increase the regional social services hubs by strengthening our existing partnerships and enhancing with others. During Covid-19, we partnered with the local libraries throughout the region and made new connections with family medical care clinics, new residential homes, and more. Slowly we see the AAA participate in community events such as the Healthy Tombstone fair, the Alzheimer's Association Caregiver's Resource Fair, Mariposa Community Resource Fair, and many more events that invite the Area Agency on Aging to take part. As new funding opportunities arise, we predominantly emphasized a robust partnership with Southeastern Arizona Health Education Center (SEAHEC), which helps deliver Covid-19 education and helps Expand the Healthcare Workforce initiative in the four-county region. SEAHEC employs health educators and coordinators who will bring outreach, education, and training to help support the SEAGO-AAA efforts. Through this grant, the number of organizations increases monthly, and SEAHEC's efforts in keeping the communities engaged and well-informed about vaccines and Covid-19 are increasing substantially.

While the Area Agency does not have a designated finance manager, we rely heavily on SEAGO's Finance Manager to perform accounting related tasks. The finance manager ensures that if funding from other sources is received, our budget has a designated area to utilize. An example includes SEAGO's partnership with the Community Coalition for Advanced Care Planning to bring education and awareness of a delicate subject, End of Life. The Legacy Foundation of Southeast Arizona granted funds at the end of 2018 to begin our journey with Thoughtful Life Conversations in Cochise and Eastern Santa Cruz counties. We subcontracted with Veronica "Ronnie" Squyres, and Ronnie took this project to a new level. The David and Lura Lovell Foundation saw how much progress was made in one year and granted funds for another two years to expand to Graham and Greenlee County. These funds and the partnership ended in June 2022. Thoughtful Life Conversations Workshops help people start

conversations, empower decision-making and make advanced healthcare planning (including completing forms) more straightforward. For sustainability, after the grant ended, Ronnie trained our existing case managers and our coordinator. The goal is to continue the conversation during their case-managed visit. Our case managers will carry their Advance Care Planning documents and provide them to their clients if requested after the discussion. By keeping this process, we will ensure that our region is aware and has the resources to plan for its end of life

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

The Region VI Facebook page continues to be a highlight for our region; Staff updates the page regularly; we have over 865 followers since we created the page. The AAA coordinators utilize this page to post articles, information about their program events, resources, pictures, and more. By keeping the Facebook page current with relevant information geared to our caregivers and older adults, we see an influx of community professionals who visit the page for information and for the AAA to share their resources with the population we serve. During the pandemic, we created a Mobile App that serves the purpose of a resource guide at the tip of your mobile device. Since the start of the Mobile App, we have seen stagnation not because the app is not useful but because we have limited ourselves to promoting it in the community. By bringing case management in-house, we will ensure that our clients have the app on their phones, that they know how to utilize it and that we encourage the organization to share it. With the central intake staff that oversees I&R this will help to add more resources and ensure that the information is up to date.

The AAA meets with its Advisory Council on Aging quarterly; before the pandemic, we held these meetings in Willcox, AZ, a central location for the entire region. During Covid-19, we held our meetings via zoom, and most recently, we have gone back to in-person but also with the flexibility of multi-modal platforms. The meeting's purpose is to keep the council updated with changes throughout the state. Staff provides updates on AZ Aging as well as their local AAA. The opportunity allows the council members to address any issues they encounter in their communities. All members have a chance to share positive events happening in their areas. ACOA members present on behalf of the AAA whenever possible. In Graham County, a member was part of a roundtable discussion with potential representatives and shared daily issues that our seniors face. The plan is review yearly for any updates that need to be added or removed.

The president of the ACOA is a current member of the Governor's Council on Aging (GACA); he participates in the meetings and shares with the group updates. The AAA is fortunate to collaborate and receive support from the Chambers of Commerce in three of the four-county region. The Eastern Arizona Courier and the Gila Valley Central (KATO) Radio news allow us to share articles, perform interviews, and utilize their platforms to promote projects and resources for our programs. They are huge supporters of our work and will make space for us every time. The participation of the AAA Program Director with the AZ Aging Association helps us keep current on the national and state legislative issues and policies affecting our seniors and family caregivers. The Association helps support the state AAA not only as advocates but as mentors to one another. The Association's advocacy efforts help bring more funding to our specific regions. The AAA appreciates the support they give to SEAGO-AAA as we see the need for older adults increasing dramatically, not only due to the baby boomers rising but now with the long-term effects of Covid-19.

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

The AAA has subawards with 17 qualified service providers, Southeastern Arizona Community Unique Services (SEACUS). Headquartered in Safford, SEACUS continues to allow AAA a space to utilize for a SHIP-SMP volunteer to schedule appointments for Medicare beneficiaries. SEACUS continues to be a huge supporter of AAA services and includes AAA as a host to prioritize our programs at their Senior Expo and Caregiver Conference year after year. The insurance counselor and Family Caregiver Support programs have also established partnerships with libraries, senior housing complexes, and other community organizations in Nogales, Wilcox, Sierra Vista, Huachuca City, Benson, and Clifton to serve as insurance counseling sites and as a hub for our family caregivers. We are fortunate to have two NMHCBS providers deliver to three of the four counties from our region. In Cochise County and Santa Cruz County, our clients have a choice of provider, which helps the AAA diversify its funds and have a provider option when a provider has difficulty with DCWs, which happens quite frequently in the rural areas of SEAZ. We only have one Greenlee County Health Department that serves their community in Greenlee County. While we have had AccentCare in that area, it became a challenge for AccentCare as they needed more clients to bring a DCW to their location that was worthwhile for them, and they had to pull out as it became too costly.

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?

AAA staff includes an item to discuss the emergency preparedness plan in their agenda for nutrition site training. In 2021, all the subcontracted nutrition sites completed their emergency preparedness plan and followed it. During the program monitoring by our certified Health and Nutrition Coordinator, she revisits the procedure and provides feedback and guidance for consistency. To plan for a pandemic such as Covid-19, SEAGO-AAA, under program development, began the Real Emergency and Disaster Innovative meals, READI. The READI program allows us to work with our subcontracted Sr. Centers and produce frozen, dried meals to comply with their emergency feeding plan. The READI meals program will help our sites reduce food waste and supply our participants with well-balanced, nutritious, and long-lasting freeze-dried meals. While READI has been a work in progress, there have been some setbacks. We utilized carryover funding to help support the project by purchasing the necessary equipment to give to our nutrition sites participating in these efforts. We provided them with an incentive to hire part-time staff to process items for testing items only approved by the health department. We purchased the Water Activity Meters that help us determine the humidity before and after the product is processed. The Vapor Sorption Analyzer would provide us with shelf life depending on the item processed and where the freeze-done thing will be, for example, Phoenix versus Bisbee room area temperature to consider. With partners such as the health departments, the U of A, Borderland Foodbank of Nogales, and more, we could produce a Hazard Analysis And Critical Control Points (HACCP) plan to potentially incorporate this in our region share it throughout the state. Due to the loss of the staff member handling the project leaving the AAA, we are back to hiring a subcontractor who will help us continue these efforts and work closely with the U of A for the HACCP process.

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?

The Area Agency on Aging partners with faith-based and community organizations to assist older individuals and their families who meet the qualifications for home and community-based services by co-sponsoring training. The AAA adopted the Community Connections, a panel of AAA staff zoom meetings focused on reaching out to local organizations, promoting the program's services, and deploying resources by helping the participating organization understand and build on each other's work. Some of which we have presented are the Alzheimer's Association, Lutheran Social Services, St. Vincent de Paul, and the most recent, the Knights of Columbus. KOC has a group of volunteers who help those in need, they were in the process of obtaining their finger clearance cards, and we would form an MOU to send them clients who would benefit from their help in installing grab bars, ramps, etc., but unfortunately, with Covid-19, we had to put this on hold. The MOU with KOC is a great partnership, and we will pursue them once the Covid-19 number is contained again in our efforts to provide our region with more services.

12. Provide additional information as necessary.

Much was accomplished during the past two years, and the integration of Case Management and collaboration between the case managers and the Family Caregiver Support program is promising. We have an increase in identified and registered caregivers enrolled in the program. The efficacy of the Trualta platform has allowed the FCSP Coordinator to engage the caregivers in accessing the resources and tools available to them. The FCSP Coordinator has new volunteers who help carry out these functions consistently. This is due to Trualta and the highly professional structure that the staff implemented. Other Area agencies observe the state-approved program throughout Arizona due to its efficiency. It was an honor to have the smallest region present on Trualta at the 47th Annual Conference in Austin. "Creating Communities of Support in Rural Arizona." This is the first time we have presented nationally, and the agency is proud of our staff for putting us on the map. The Health and Nutrition program delivers AMOB and Tai Chi for Arthritis with long-lasting volunteers in Santa Cruz and Cochise County. There is still work in progress for this program while we find the appropriate individual knowledgeable to carry on these functions as our previous Coordinator did.

While transportation has improved in some areas, other communities have a need. We still have a gap in service in Santa Cruz County. The "Senior Sin Ruedas Taskforce" was formed to identify the cultural barriers impeding the majority Hispanic community of Santa Cruz County from accessing services and finding solutions to the county's lack of service. SEAGO and the Area Agency on Aging collaborated to host the task force that brought entities who collaborate in finding solutions. From local service providers to the Chamber of Commerce, the fire department, and Senator Gabaldon's office, we identified a provider from Pima county already providing services to community residents from the northern part of Santa Cruz County. With available American Rescue funds, we subcontracted Valley Assistance Services (VAS) to serve a 20-mile radius of Green Valley; the gap between Tumacacori, Tubac, and Rio Rico now has coverage. This area will succeed with the SEAGO Mobility Management team and their guidance. The City of Willcox partnered with ADOT and SEAGO Mobility Resource for SE AZ to implement a dial-a-ride transit system serving the Willcox, Sunsites, Pearce, Bowie, and San Simon communities. Transportation providers are encouraged to transport multiple population groups because it is inefficient only to transport the elderly in rural areas. Due to efforts at a state level to improve the coordination of transit services, the AAA continues to be actively involved, along with the SEAGO

Mobility Management staff and regional transportation service providers, in state and regional planning efforts initiated by the Arizona Department of Transportation (ADOT). The Area Agency on Aging is happy to help support those efforts to meet our most rural community's needs with affordable, reliable, and safe transportation.

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.

AREA AGENCY ON AGING

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|---------------------------------------|---|
| AREA AGENCY ON AGING staff forms part of the Alzheimer's Association Regional Council Coalition and partners with the Graham County Health Department to enhance Dementia Friendly communities. We participate in monthly meetings and support the Alzheimer's Association's efforts to increase the visibility and awareness of dementia. Given this, we hope to disseminate additional resources to Graham county to best be able to cope with dementia stigmatization. | Ongoing, however, monitored every year for improvements. | AAA Director and Program Coordinators | Increase the amount of dementia-friendly communities in our region. |

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| <p>Three AAA staff are certified by the Boston University CADER program to deliver care transitions effectively in SEAZ. With the integration of case managers from Santa Cruz County and Cochise, the certification will improve their knowledge and effectiveness in providing services to all older adults, disabled individuals, and caregivers who qualify for HCBS services and all AAA available programs. This is to best refer our clients to appropriate resources that will attenuate any hardships.</p> | <p>All In-house case managers and intake specialists will complete after their six-month probation period</p> | <p>AAA Case Managers</p> | <p>Formulate better connections with the healthcare system to increase the visibility of AAA services to 60+ individuals</p> |
| <p>Trualta enables new caregivers to have resources at the tip of their fingertips and helps promote the programs we deliver. Working in tandem with case managers, we will aim to disseminate awareness pertaining to the existence of this resource to all relevant actors within our network. Namely by strengthening the bond between caregivers and case managers. This will be done through usage of our existing community forums and outreach techniques.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA Director and Program Coordinators</p> | <p>Caregiver's participation within Trualta will become more prevalent and this will correlate to a more profound understanding of their work.</p> |
| <p>Objective 1.2: Increase access to care coordination, healthcare, and other social services for all seniors</p> | | | |
| <p>Action Step</p> | <p>Completion Date</p> | <p>Person Responsible</p> | <p>Outcome/Output</p> |

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| <p>We brought the Santa Cruz and Cochise County Case Management programs in-house. This helped us decrease the waitlist by educating our communities about the Older Americans Act requirements and eligibility matrix. The Ability to educate and oversee case managers in ALL AAA program services will enhance their performance and increase the number of individuals we can assist with all programs, not just for HCBS services. We are still working on integrating these new case managers to optimize our efficiency in the previous efforts. The inclusion of Central Intake has allowed linkage between case-managed services and, in general, from congregate settings, local resources, programs, or other available services that individuals might need to learn about. SHIP-SMP continued to educate caregivers and retired or disabled individuals by using Medicare.gov and coordinating with Social Security, the VA, and the Department of Security if and when qualified. FCSP will facilitate a "Train the Trainer" model of education of current caregiver programs and Trualta for in-house staff.</p> | <p>Ongoing, however, monitored every year for improvements.</p> | <p>AAA Director, Program Coordinators and In-house Case Managers, SHIP-SMP</p> | <p>By integrating these programs within our purview. Participation in all in-house programs, such as the family caregivers support program, SHIP-SMP, and HPDP access, will become more ubiquitous.</p> |
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| <p>The Community Connections were established to increase awareness of AAA resources with community organizations and to bridge programs, services, and resources within our region. It facilitates new partnerships that will help strengthen the aging network. Community Connections outreach aims to make communication within our area more fluid and strengthens caregiver awareness and self-identification to increase referrals from our partners.</p> | | | <p>Increase referrals from healthcare networks, faith-based organizations, local organizations, and local government. This step promotes increased awareness of the Older Americans Act, which implicates additional possibilities for funding increases.</p> |
| <p>The SHIP-SMP and FCSP programs are increasing their volunteer base to help increase visibility and effectiveness throughout the region. Existing partnerships are engaged, and new partnerships are formed with the Salvation Army, local libraries, community housing, health facilities, etc., to assist family caregivers and low-income and non-English speaking individuals with bilingual staff on board.</p> | | | <p>Strengthen commitments by becoming independent to facilitate counseling education within underprivileged and marginalized communities</p> |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
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| <p>SEAGO-AAA SHIP-SMP will enhance education and target pre-Medicare beneficiaries to inform individuals and facilities of Medicare timeframes and requirements that will help reduce penalties incurred by not applying within the appropriate timeframes. SHIP-SMP will continue to educate on Medicare fraud in the healthcare field by collaborating with CM in the healthcare network and AAA.</p> | <p>Ongoing, however, monitored every year for improvements.</p> | <p>AAA SHIP-SMP, FCSP, LTCO, CMG</p> | <p>The overall decrease in penalization frequency for eligible recipients within our communities. Thus granting greater financial liberty to our senior populations. Build partnerships that will provide SHIP-SMP increase referrals to the AAA programs.</p> |
| <p>SEAGO-AAA Program Coordinators mutually collaborate on delivering information, education, and resources throughout the region. The ability to do this in coordination helps each program meet its goals and objectives. The FCSP works with the Case Management program to help bring caregivers on board with Trualta. The SHIP-SMP and LTCO work together to deliver the Elder Abuse Taskforce (SEAEAT), which brings partners to the table and addresses issues that arise in our region.</p> | | | <p>Cross Integration of distinct programs to diminish existing communication barriers. This will form heavily intertwined service networks that allow actors to intervene for better outcomes when necessary across programs within the agency.</p> |
| <p>The FCSP will continue collaborating with the AZ Caregiver Coalition and the State Caregiver strategic planning coalition to provide feedback regarding our region. By integrating central intake, the AAA can identify clients' available resources to refer to appropriate AAA programs and enhance the delivery of services.</p> | | | <p>It will create a better referral system for all programs within the agency. It will help educate our communities in Spanish and English on the eligibility matrix for services.</p> |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
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| <p>The Central Intake unit screens and identifies gaps in service by referring clients to the appropriate programs and resources. Before central intake was established, this process needed to be clearer and more adhered to by relevant players.</p> | <p>Ongoing, however, monitored every year for improvements.</p> | <p>AAA Central Intake staff, coordinators, CM's, director</p> | <p>This results in increased mobile app use, FB page, and our website, and it also induces increased participation in volunteer opportunities to further expand our reach.</p> |
| <p>The AAA program Coordinators are more engaged in their communities and bring more qualified and dedicated volunteers to deliver our programs in their communities. Volunteer Appreciation is key, and word of mouth helps tremendously.</p> | | | <p>Further promotion of volunteer participation to advocate and disseminate aging issues to their communities.</p> |
| <p>Expand public and consumer education to promote the visibility of Health Promotion and Disease Prevention, SHIP-SMP, and HCBS services. This will be done through innumerable intermodal mediums that facilitate participation and access to vital information.</p> | | | <p>Increased visibility of available program knowledge.</p> |
| <p>We will continue to collaborate with the Arizona Falls Prevention Coalition and distribute information within health networks to refer effected clients to a Matter of Balance, Tai Chi, and other programs.</p> | | | <p>Further educate our communities and promote the use of fall screenings that will help us determine best practices in reducing falls in SEAZ. As well as help clients not only recuperate from incidents but help implant the seed to prevent further falls.</p> |

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| Increase partnerships that include younger adults such as high school students and faith-based organization members through our organizations such as SEAHEC. | | | Promote education within younger adults to be cognizant of existing services to assist their fellow elderly family members. |
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Objective 2.2: Promote the usage of positive person-centered pronouns of older adults and other ageism terminology

| Action Step | Completion Date | Person Responsible | Outcome/Output |
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| Will participate in webinars, training, and available resources in AZ to be better informed of positive person-centered vernacular that accommodates and respects older individuals' preferences on self-identification. | Ongoing, however, monitored every year for improvements. | AAA Staff, coordinators, CM's, director | Increasing our usage of positive pronouns within our organizations will promote a positive environment of inclusivity. |
| We will work closely with the Alzheimer's Association and the USAging to study best practices to deliver in a multi-cultural region that compels the usage of a preponderance of means in effecting change. | | | Education of existing subcontractors on ways to engage within their communities to encourage senior participation. |

Objective 2.3: Address Senior Homelessness

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|--|--|-------------------------------|---|
| AAA will work closely with SEAGO Community Development team and join efforts when feasible to help support advocacy for the housing program to address homelessness in SEAZ. | Ongoing, however monitored on yearly basis for improvements. | AAA Director, CMG Coordinator | Create new bonds that will help our agency promote ongoing efforts by sister agencies who are working to improve housing discrepancies as they may relate to our seniors. |

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| <p>AAA will participate in coalitions that address homelessness. Previously, in Santa Cruz County, the SEAGO-AAA was involved in a coalition that helped reduce senior homelessness and provided services when placed in housing. We wish to continue this endeavor and work on alternative options to address this issue.</p> | | <p>AAA Director, CMG Coordinator</p> | <p>Fewer homeless seniors and increased knowledge of services may help ease financial hardships that may push seniors into adverse housing situations.</p> |
|--|--|--------------------------------------|--|

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.

| Action Step | Completion Date | Person Responsible | Outcome/Output |
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| <p>Partner with local health departments to promote the AAA CDSMP and Falls Prevention program. To increase participation by 10% each year for each county.</p> | <p>Ongoing, however, monitored every year for improvements.</p> | <p>AAA Coordinators, AAA Director</p> | <p>As health departments are required to deliver health promotion services, collaborating with them will help generate more units of services for more individuals.</p> |
| <p>Work closely with all nutrition sites to prepare in addressing mal-nutrition. Our program coordinators will orient them towards the proper avenues for accessing resources pertinent to promoting healthier lifestyles. Being part of NANASP we will help our nutrition centers cope with the changes post COVID.</p> | <p>Ongoing, however, monitored every year for improvements.</p> | <p>AAA Coordinators, AAA Director</p> | <p>The AAA staff will increase their participation in webinars and help deliver the information to our nutrition sites for implementation, thus helping increase the number of clients who socially engage. Including but not limited to</p> |

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| | | | baby boomers |
| AAA will find ways to develop closer ties with AHCCC's broad network in order to apprise them of the various programs the AAA delivers. Thus making individuals more amenable to receive programs which can be of use, but have previously been obscure due to a lack of an existing partnership for referrals. | Ongoing, however monitored on yearly basis for improvements. | AAA Coordinators, CMG, AAA Director | Disseminate knowledge of vital programs to a previously untargeted group of eligible participant and increase program participation by 10% across the board. |
| Will enhance and maintain HCBS which enable older adults to remain at home, decreasing long-term care institutionalization costs. | Ongoing, however monitored on yearly basis for improvements. | AAA Staff, coordinators, CM's, director | Induce individuals to seek means to remain in their houses/ communities and thus implicitly improve quality of life. |
| Will increase participation in coordination meetings and planning efforts. Thus increasing administrative presence in relevant dialogue pertaining to long term care centers and hospital settings. Promote outreach to increase public awareness and recognition of family caregivers. | Ongoing, however monitored on yearly basis for improvements. | AAA Director, AAA coordinators | Increase in referrals from long term care centers and hospitals to help individuals recuperate from rectifiable incidents using existing services. |
| Objective 3.2: Support aging services and programs that promote independence and self-determinations of choices | | | |
| Action Step | Completion Date | Person Responsible | Outcome/Output |

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| <p>Will continue to prioritize individuals with higher needs for Attendant Care and home delivered meals, based on the scoring method obtained from CMG.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA CMG Coordinator and CM's</p> | <p>Higher Need Individuals will receive expedited assistance for the aforementioned services to prolong their need for services that are detrimental to their independence and well-being.</p> |
| <p>Encourage identified individuals through central intake to participate in congregated settings, in order to increase socialization and promote healthier lifestyles conducive to longevity that isolated services cannot impart. FCSP and program coordinators will promote intentional engagement outreach to increase awareness of AAA and Caregiver support services at congregated sites.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA CMG Coordinator, central intake and CM's , Program Coordinators</p> | <p>Senior center participation will see an increase, and general advertisement of senior center proximity will be more diffuse.</p> |
| <p>Develop ways to enhance our reach within regional transportation services to share AAA resources to riders and to encourage them to participate in their available programs.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA staff, SEAGO TSP staff</p> | <p>Both physical and interactive methods of display of services within transportation services for individual awareness.</p> |
| <p>Will increase the number of caregivers receiving Trualta licenses by reaching out to providers of healthcare and long-term services and supports. Trualta provides caregivers with tools to be able to diminish the effects of caregiving trauma. FCSP is promoting the inclusion of family caregivers in all relevant care coordination and transitions as essential members and partners in the care recipient's care team.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA FCSP, HPDP, CMG</p> | <p>Be able to track caregivers who may be at the onset of experiencing trauma and provide them with adequate assistance and community to prepare them. Identify Caregivers as partners in Health care and long-term services and supports</p> |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|-------------------------------|---|
| The collaboration between SHIP-SMP and LTCO enables AAA to bring essential partners to the table and share ideas, issues and solutions to address elder abuse in our region. While the AAA is part of TASA, the issues in our region are very different than in other parts of the state. | Ongoing, however monitored on yearly basis for improvements. | AAA SHIP-SMP, FCSP, LTCO, CMG | The Southeastern Arizona Elder Abuse Taskforce (SEAEAT) will help increase involvement in elder abuse prevention, multi-disciplinary teams offer training and education of community partners to respond to elder abuse, neglect, and exploitation. |
| AAA will search for possible legal assistance opportunities for the SEAZ region. | Ongoing, however monitored on yearly basis for improvements. | AAA Director | Establish at least one robust partnership apart from referrals to legal aid to better assist individuals undergoing any form of elder abuse or exploitation. |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|---|--------------------|--|
| AAA staff has participated in the PCOA diversity and inclusion training and plan to participate in the Culturally and linguistically appropriate services (CLAS) provided by SEAHEC as a way to show respect and be responsive to the health beliefs, practices and needs of diverse patients | Will be completed by 2023 and monitored on a yearly basis for progress. | All AAA staff | Ensure both current and future staff members will have the tools to assist our community member's idiosyncratic cultural needs to encourage participation in our programs. |

Objective 3.5: Respond to the ongoing effects of Covid-19 Pandemic

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|--------------------|---|
| Collaborate with SEAHEC and their SOW to deliver Covid-19 education In SEAZ. AAA plans to be more involved in assisting with existing NMHCBS clients through the CMG program. | Ongoing, however monitored on yearly basis for improvements. | All AAA staff | Increased information about disease prevention and mitigation efforts throughout the region. |
| AAA will work on implementing a robust Emergency Preparedness Plan that will include all subcontracted service providers. | Completed by 2024 with continuous opportunities for revision in the future, as new information surfaces. | AAA Director | Formulation of a comprehensive Emergency Preparedness Plan that extracts valuable information in regards to deficiencies and strengths this previous pandemic elucidated. |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|--------------------|--|
| In Collaboration with two existing partners who help deliver transportation services by use of volunteers, AAA will look for possible ways to enhance the service to include emergent needs which are non-existent to clients and or their unpaid caregivers. | Ongoing, however monitored on yearly basis for improvements. | AAA Director | Make funding available that will help clients and caregivers address their emergency needs. |
| With use of the Trualta platform, central intake and the transition of case management in two of most served counties, we can track utilization of caregiver’s services, units, and education provided. | Ongoing, however monitored on yearly basis for improvements. | AAA CMG, FCSP | Allows identification of gaps in service which can then be propelled to advocate for increased funding in deficient areas. |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|-------------------------|---|
| In Collaboration with our existing services providers AAA is strategizing ways to expand the direct-care workforce, by increasing wages. In advocating as a member of the AZAging network, we will push to address this great issue not only in the state but at the federal level. | Ongoing, however monitored on yearly basis for improvements. | AAA Director, AAA staff | Retain valuable DCW's in a turbulent labor market and in return increase client case load as DCW's acclimate to the system. |

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 to underserved areas.

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|---|--|--------------------------------|--|
| As 50% of our in-house programs are added to DAAR's reporting system, we are able to gather more necessary data which is utilized to develop a framework for posterior targeting of needs. Furthermore, the AAA utilizes the AAA Analysis tool to track use of provider services and allows the Agency to better track and project for changes to our budget. | Ongoing, however monitored on yearly basis for improvements. | AAA Director, AAA staff | With increased reliance on data, we will be able to better assess shortcomings and target funding for vital programs which are not receiving funding comparable to the need. |
| The Volunteer manual was established to share on the AAA requirements for volunteer opportunities, the manual helps identify the strengths and weaknesses of those who apply and what area of our agency they would be better in. | Ongoing, however monitored on yearly basis for improvements. | AAA FCSP, HPDP, LTCD, SHIP-SMP | With training and certification, volunteers feel more valuable to the work they perform and their involvement in each programs increases with time. Thus providing better service. |

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

| Action Step | Completion Date | Person Responsible | Outcome/Output |
|--|---|--|---|
| <p>SEAGO-AAA region is too small to be able to set service rates. However, as a member of the AZAging network and in conjunction with all other regions in the state we are able to join forces and advocate for one another. We meet bi-monthly with AHCCC's and we stay informed of the changes that affect their population as these impact the AAA's tremendously.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA Director</p> | <p>Develop a system for awareness of inter region fluctuations in population which may alter service rate attractiveness relative to other regions which prepares us for shortcomings in addressing regional needs.</p> |
| <p>In order for our five service providers to sustain our current and possible increase in caseloads it is imperative that we stay as close as possible to others throughout the state as we generally use the same service providers.</p> | <p>Ongoing, however monitored on yearly basis for improvements.</p> | <p>AAA Director, CMG Coordinator</p> | <p>By promoting a climate of interconnectedness we will better be able to cope with increased caseloads while precluding the deterioration of our existing services. Ultimately, collaboration is the only feasible avenue towards improvement and expansion.</p> |

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?

AAA adopted the central intake to help individuals gain access to services by providing accurate and current information and referral to appropriate resources. Central Intake links providers, clients, and caregivers with existing subcontracted or in-house programs to receive proper assistance. The Central Intake staff and Case Manager Coordinator work collaboratively to enhance the delivery of services to all individuals 60+, disabled individuals, and unpaid caregivers seeking guidance. With the proper screening of individuals with the greatest economic or social needs identified. The Area Agency on Aging can serve as the hub for services. Thus, avoiding the duplication of multiple referrals received for different services we provide. Through this assessment, services are targeted to those who lack a support system, have low income, and are vulnerable, including adult protective service referrals. Many of the individuals who are case-managed are at risk of institutionalization. A waitlist is kept and monitored monthly to help keep waitlisted clients to a minimum and allocate funds where they are needed. Family caregivers are also identified and referred to the appropriate caregiver coordinator for guidance and assistance. Consequently, the AAA can identify, assist, guide, and track DAAR’s outcomes for that call or referral in a central location. The integration of central intake allows case managers to focus only on the screened referrals by the central intake staff, which then results in quality time that the case manager can spend with the client once approved for services.

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

Hispanics and Non-Hispanic whites constitute the most prominent race group in our region. SEAGO uses the demographic analysis report generated through the DAARS database to track home and community-based services, congregate meals, and transportation needs. During SFY 2022-2023, the data on household composition in the four-county region indicates that 38% of all clients live alone, and 21% live with their spouses. **Appendix E5** provides a detailed demographic analysis of SEAGO AAA clients for SFY 2022-2023. To meet our target population's service needs, AAA and its providers employ bilingual and bicultural individuals in Spanish and English to meet our target population's service needs providers to employ bilingual and bicultural individuals in Spanish and English. They also use flyers and publications in both Spanish and English to reach elders and their families throughout the region. Moreover, provider staff is trained to recognize cultural or religious customs that must be considered when providing service. To identify eligibility for assistance, individual client assessments were completed by case managers to identify individuals that qualify to receive non-medical home and community-based services (NMHCBS). Through this assessment, services are targeted to those who lack a support system, are low income, or are deemed most vulnerable; this includes adult protective service referrals. Thus, by discerning individuals eligible for services conducive to a positive lifestyle or maintenance of an existing optimal individual lifestyle, we can defer the need for cost-burden payer sources such as ALTCs. Where resource constraints are present, a waitlist is kept and monitored monthly to help keep waitlisted clients to a minimum and allocate funds where they are most needed.

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?

Presentations at community meetings, faith-based organizations, and board meetings that SEAGO AAA Program Director or staff participate in monthly help get the word out about our services. The Chamber of Commerce in Cochise, Graham, and Santa Cruz help us disseminate information through their platforms. Health and Resource fairs have also been a way to reach those who would not learn about our services otherwise. Often younger family members at these fairs take the information back to their elders. Networking with fair participants has also been beneficial, such as home-care agencies, hospitals, fire departments, long-term care facilities, senior housing complexes, disability organizations, and elder law attorneys. The Community Connections through the FCSP presents to local organizations on all AAA programs. This form of performing outreach has enhanced and helped reach the younger population. As a result, it brings new referrals for services. While the SEAGO-AAA region does not provide services to the only tribe, Apache Junction, we collaborate and refer, if needed to the Inter-Tribal Council of Arizona. However, when it comes to planning, SEAGO has an ongoing collaboration as they are participants and members of the SEAGO Executive Board. Finally, by making our presence in the community a prevalent force, eligible individuals and those close to potentially qualified individuals will be more cognizant of the existing services in their community. Apart from our targeted screenings, community presence is equally integral in that the former could not only be as robust as the latter.

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?

SEAGO's 17 contracted service providers, plus its many community partners, enable minimal participation in the Area Agency on Aging to function and implement this Area Plan. However, by performing monthly case conferences with each provider, the case manager discusses the client's goals and mutually designated care plans. The providers will report any anomaly they see in providing care, and the case manager will follow up to refer to the care plan. The AAA also performs yearly monitoring to ensure that the service delivery plan is met and that the client's needs are met based on the plan.

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?

With the implementation of central intake during SFY23, the staff ensures that low-income minority individuals residing in rural areas, individuals at risk of institutionalization, and individuals with

disabilities receive priority. NMHCBS providers receive an indication from the case manager who performed the assessment and ensured that the services could be provided. With the DCW wage increase implementation, SEAGO-AAA foresees an increase of DCWs to service those hard-to-reach areas. This wage increase is inextricable to our region's long-term sustainability and ability to provide our services as we strengthen our relationships with the workforce and extend our reach. Through collaboration with DIRECT Center for Independence, we can refer individuals who can benefit from their available services and promote their services on our social media platforms. While DIRECT does not have a physical presence in our region, AAA offers space in our office.

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?

By integrating case management into our in-house programs rather than subcontracting it out, AAA now has a case manager coordinator who oversees the program, helps with training, and, most importantly, track service units and utilization of funds. The providers are guided, and the AAA helps expand their resources as much as possible. Providers are in communication not only with our case managers but with our billing side to help identify gaps in service for no-shows, missed visits, or hospitalizations. Then the case manager can discuss the client's responsibilities and promote client utilization based on need. An evaluation of objectives is less ambiguous and will be at the forefront for our case managers, service providers, and clients. Each provider is responsible for abiding by the AAA Analysis tool and revises its monthly; this tool allows them to see what they are spending and how they spend and make adjustments if needed at least twice per year.

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

As the Area Agency on Aging delivers "Community Connection" presentations to expand outreach throughout the four-county region, we see greater demand and referrals increase. In our Advisory Council, we have members who are, in one way or another, part of their community-based organizations and help deliver the results of the Area Plan to organizations that work with the aging population. By forming closer ties, we can implicitly perceive areas of deficient service that only our community-based organizations may be aware of and thus better adhere to our area plan. Furthermore, local health departments generate their Area Plans; by collaborating with them in formulating and implementing our area plan, we hope to find areas of interchange and mutual interest to help inform future planning.

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.)

To improve operational control and service delivery, SEAGO-AAA is bringing case management in-house. Throughout the years, SEAGO-AAA has received less in-kind and Non-Fed Cash from our subcontractors to help deliver the HCBS services in their communities. Furthermore, as the AAA in-house program coordinators became more visible in the four-county region, we saw a pronounced decline in the outreach performed by case managers in their respective areas. The reason was a lack of funding for vital subcontractors to deliver other tasks. Unable to provide the necessary funding, subcontractors could only focus on service units, thus disparaging outreach efforts/community education which understandably became a second priority. As the case manager coordinator became more involved, we discerned ways to enhance those services by utilizing other sources of funding that would help the AAA expand our efforts. Thus, not only would we be able to provide service units for our clients, but we would devise ways to continuously promote additional services and extend educational endeavors without compromising the quality of said services.

Santa Cruz County was the first position we brought on board in 2021. With the generosity and support of Santa Cruz County, we received an in-kind contribution to house a case manager in the Public Fiduciary's office, an in-kind value of \$5000 per month, which has helped us tremendously with the program. The Cochise County case management program was set to transition on November 1, 2022. Unfortunately, the outcome was not as we expected it to be. While we could continue to utilize county buildings for housing our case managers, for Cochise, we had to abide by a lease agreement and pay \$560 per month per location. Currently, we pay for two sites, one in Sierra Vista and another in Douglas. As the community learned about our challenges and how this would impact our seniors, Benson Hospital-TMC Health offered to help house the case manager on their premises. The hospital has been a huge supporter of AAA services, and the partnership will help the community receive more resources by allowing us to work together. A case manager who oversees Benson/Willcox will be housed at the Benson Hospital-TMC Health beginning in late February and beginning of March, with little or no cost. We are confident that the Area Agency on Aging has a good plan to follow with Cochise and Santa Cruz. We do not intend to bring Graham/Greenlee County on board within the next four years; we will contemplate changes in this regard once we can see if our projected stability materializes with the changes alluded to earlier.

Thus deciding whether it would be prudent for the Area Agency on Aging to expand our vision. With an intentional focus on **expanding volunteerism as a means of supporting family caregivers**, the FCSP program has increased the availability of diverse counseling, training, peer support, and educational opportunities for family caregivers by establishing peer support groups facilitated by vetted volunteers. Rather than subcontracting FCSP out, with the integration of FCSP under the AAA, the dedication of staff has allowed the program to increase educational opportunities and participation from our caregivers.

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

In our efforts to develop and coordinate the Aging and Disability Resource Consortium, the AAA completed certification from the Boston University Center for Aging and Disability Education and Research to obtain ADRC-Options Counseling, a 22-credit course. The certificate allowed the FCSP, Case Manager Coordinator, and Director to learn and help deliver ADRC during the Covid-19 pandemic. Despite funding having ceased for additional certification on behalf of our members, we hope to make ADRC more prevalent. All AAA case managers and central intake aim to undertake the certification after their six-month probation period. This will allow new case managers and central intake staff to assist the client with their journey from hospital to home and remain in their homes for as long as possible. By identifying and establishing a mutual care plan with clients/caregivers and promoting healthcare network knowledge, we hope to support our clients within the Aging network.

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?

SEAGO-AAA adopted CDSMP, but the coordinator trained and certified to oversee it left her post. We are hiring a new person to oversee the project and expand the effort by working closely with our local health departments in the future. SEAGO-AAA provides AMOB, with the help and support of four volunteers in Santa Cruz and Cochise. We currently have two consistent volunteers in Santa Cruz, two in Willcox, and one in Bisbee. The goal is to have volunteers in all counties, but the Covid19 pandemic has erected barriers that prevent us from recruiting and retaining volunteers. Working closely with the health departments will allow us to enhance our community partnerships in all four counties, expand SEAGO-AAA outreach and train more volunteer coaches to deliver services to participants within their communities. Outreach and partnerships will focus on county organizations, senior communities, and assisted living facilities in the four-county region. Post Covid19, we deliver AMOB and Tai-Chi in person, and our communities will continue to receive the classes. We will promote and expand our efforts in all areas of the region to best fit the needs of each community and deepen our partnerships to ensure access, communication and support.

ADD NARRATIVE

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

Case Management will continue to educate clients and the community on the SHIP/SMP Program, Medicare open enrollment period, and SHIP/SMP presentations. Case Management will start to receive basic training that will allow them to best comprehend SHIP/SMP to inquire more about their client’s needs and provide resources and guidance, including but not limited to referring them to the SHIP/SMP coordinator. This builds a bond between our case managers and the SHIP-SMP coordinator to reach out to more individuals and/or family members turning 60 to inform them of the penalties incurred by not signing up for Low-Income Subsidies in time. SHIP/SMP continues to provide help to beneficiaries of Region VI to navigate Medicare.gov, includes education on Medicare/Medicaid/Extra Help and Saving Plans, and

creates Medicare.gov accounts. This will also allow individuals to become independent in viewing information about any changes to their current plan and gives them the mechanisms to compare health plans, pharmacy costs, and medication corrections. Thus, it creates a more profound understanding of a system that is indivisibly linked to their life/ health and promotes individual agency to choose programs that work for them.

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?

The SEAGO AAA does not operate or manage nutrition sites or senior centers but does provide funding for nutrition programs across the region through subawards with six service providers. In soliciting nutrition service providers, SEAGO may ask potential providers to include strategies for targeting Boomers in their service delivery plans. SEAGO-AAA has created a Director's Handbook to issue to our meal providers to have on hand when needed. In that handbook, we cover an overview of the AAA, *the Fundamentals of CNG and HDM and requirements, menu and meal planning, Policies, licensing, and more*. During the yearly training, the AAA staff will cover each of the topics included in the handbook and address them when needed. The SEAGO AAA will increase and promote activities and events in the congregate sites to stabilize and increase in-person participation in post-pandemic cases. Other regions have adopted ServTracker cloud-based software, and SEAGO-AAA will look into it to see how it will meet our regional needs. *ServTracker by CaseWorthy is an integrated software solution featuring real-time reporting, risk management, reduction in paper and unnecessary redundancies, fiscal savings, the lean on-boarding process of clients and client management, employee and volunteer management, digital service delivery solutions, digital billing to support multiple funding streams and more*. Within the next few months and by utilizing ARPA funding, we will explore the possibility of implementation, reach out to our partners to receive guidance, review the information, and present it to our subcontracts for ultimate adoption.

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

The renewal of our Trualta partnership encourages the use of technology solutions to support family caregivers and offers self-directed caregiver education and training. The collaboration between FCSP and in-house Case Managers will promote increased outreach with caregiver identification, participation, and person-centered counseling. Due to the success of implementing Central Intake at SEAGO AAA, FCSP has established a Caregiver Reassurance volunteer program to support the increased referrals and onboarding of caregivers with Trualta. The volunteers provide caregiver-specific Information and Referral to facilitate Case Management Respite referrals.

SEAGO's organizational capabilities are not within the scope of managing self-directed care options for our communities. The agency is small, and the program would fail without the structure to handle the

additional burden. Although we may hope for an alteration of this fact in the future, the agency is currently not in a favorable position to expand in this direction.

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?

Building new partnerships come with consistency; we are all constantly working together to sustain and cultivate new partnerships at SEAGO-AAA. AAA Coordinators continue to use the “community connections” to educate community hospitals and health providers about our services, the qualifications for our services, and other service options in their areas. Case managers coordinate care with hospital social workers, SNIF case managers, and medical practitioners. With the new partnership formed with Benson Hospital-TMC Health, we foresee an opportunity to enhance our services in areas that have been difficult for us to reach. With new staff within the AAA and hospital settings, the outreach to them continues to succeed. We have formed strong partnerships with Community Health Clinics such as Chiricahua and Mariposa Community Health services to expand and promote our services and theirs in our communities. This allows for the care coordinators at both of these centers to refer clients to the AAA for assistance and allows us to better connect with them if services are needed, and the client qualifies.

Public awareness and outreach: Intentional engagement outreach offers opportunities to promote self-identification and awareness of caregivers individually and self-directed with key partners in healthcare and long-term services, congregate sites, and public agencies.

Engaging family caregivers in healthcare and LTSS: FCSP promotes increased care integration by including family caregivers in all relevant care coordination and transition conversations and exploring ways to incorporate family caregivers earlier in the care process. SEAGO AAA issues a competitive Request for Applications to select the best-qualified service providers and ensure competition in arranging services for elderly individuals and their caregivers. In their proposals, prospective service providers are asked to describe how they will coordinate benefits with any other programs that serve the elderly or disabled, how they will coordinate activities with county long-term care programs, Medicare and ALTCS, and how the provider will ensure that these fund sources are maximized to use AAA funding only when no other source is available, to ensure coordination of services and integration of multiple funding sources.

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

SEAGO-AAA is fortunate to have at least two providers in each service area who provide NMHCBS. This allows us to offer options, except for Greenlee County, where we only have one NMHCBS provider. Case Managers provide a choice of eligible services and providers to the client. The client participates in creating their care plan and goals. Clients always have the right to decline services, and provider agencies work hard to connect the client with the DCW that best fits the client’s needs and schedule preference. The right to self-determination is a way to empower an individual and help promote their dignity and trust. However, to ensure the integrity fostered through the client-DCW connection, wage increases corresponding with acceptable living standards are necessary. The agency is continuously advocating for better wages for our DCWs to ensure that the utility they provide to our clients may persist.

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?

The AAA staff, in general, and the LTCO Coordinator have a good working rapport with APS in our region. Because of that, we have formed a robust network for mutual collaboration to inhibit the possibility of elder fraud and abuse. The Southeastern Arizona Elder Abuse Taskforce (SEAEAT) was created to bring partners to the table and discuss matters that affect older adults. The task force collaborates to educate, raise awareness, and advocate for regional issues our older adults face. The Case Manager coordinator arranges for all case managers to be part of the quarterly meeting. The case managers are mandated to report and continue to increase their knowledge of abuse and exploitation of older adults to identify and report abuse. Their participation in the task force helps strengthen their connections in their community and identify resources. Their participation allows engagement in the task force since having them involved makes it much easier for them to connect directly if questions or concerns arise. Senior Medicare Patrol will continue to present and deliver scam jams by utilizing Facebook newsletter articles with warning signs/examples of trending fraud and scams throughout region VI. Continued efforts of educating the Medicare beneficiary but family, friends, and neighbors to avoid becoming victims. SMP continues to provide support and education, research, and the ability to report any concerns of fraud or scams. The collaboration between both programs allows for building a relationship of trust; it empowers individuals to care for themselves by staying engaged and aware.

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 |
|------|------------------|
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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 _____



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JANUARY 19, 2023
SUBJECT: AAA PROGRAM UPDATES

Administrative:

Direct Care Worker Incentives/wage increase:

A DES-DAAS alert was issued on September 15, 2022, and shared with you during the November 10, 2022, meeting. A plan has been put in place, transferred, and processed with approval from our service providers who help deliver Non-Medical Home and Community Based Services (NMHCBS) in our four-county region. DCW incentives will continue, and DCW wages will be bumped starting January 1, 2023.

- DCW Incentives based on hours produced with AAA clients.
- DCW wage increase in the four-county region
- DCW recruitment campaign to explore jobs @ WWW.AZDoesCare.org
- Reporting requirements to DES-DAAS

Case Management:

Case Manager recruitment efforts continue:

The case managers previously reported in our last meeting are no longer with SEAGO-AAA. These two individuals left, leaving us to expand our recruitment efforts again. It has been a challenge, I am sure that all of you are aware, but we are fortunate to bring a couple of new staff on board.

- **Sarah Guerrero** comes with four years of experience from Community Provider Enrichment Services (CPES), a community human services and healthcare organization, and left in 2020 when the agency closed in Cochise county. Sarah lives in Sierra Vista and accepted the position to oversee the area of Benson/Willcox and will be housed at the Benson hospital. Sarah begins employment **Monday, January 23, 2023**, and will train under Carrie Gibbons before she opens her office in Benson.
- **Elizabeth Torres** comes to us with two years of experience from DARC as a delivery driver. Elizabeth wants to expand her knowledge and career to help our seniors with available services. Elizabeth will begin employment on **Monday, January 30, 2023**, with Carrie and shadow Yolanda Thomas in Douglas.
- **Yolanda Thomas**, our subcontracted case manager, is currently helping us maintain the caseload in Douglas, Benson, and Douglas until her replacement. The agreement is for her to stay on board until February 28, 2023, when the CM is ready to be on her own. Yolanda is open to staying with SEAGO-AAA part-time if needed in the future. AAA is fortunate to have Yolanda.

- **The Bisbee Case Manager** position is still vacant; please help us pass the word along so we can cover the area. Carrie continues to oversee the caseload in Bisbee.
- A lease agreement will be established by Benson hospital-TMC health and SEAGO to allow us to house our case manager there at a minimal or no cost. The ability to do this is huge as it impacts our clients positively when we do not have to pay for space. SEAGO-AAA continues to look for other options for the office space in Sierra Vista and Douglas. Please connect the AAA director with any contact you might have that will help the AAA support the needs of our clients in Cochise county.

Health Promotion and Disease Prevention position is currently vacant. AAA will post this position soon. Please visit www.seago.org for details; encourage individuals you feel can qualify for this position to apply or send their resumes to Diane Becerra at dbecerra@seago.org. The posting for this position will

Volunteer Appreciation Day: Training at Cochise County Justice of the Peace from 8:30-12:00, 4001 E Foothills Dr. A, Sierra Vista, AZ, following lunch at Hibachi Grill Super Buffet, 1 pm to 2 pm, 465 AZ-90, Sierra Vista, AZ. The AAA wants to show you our appreciation; you make us shine.

- SFY23 ISB revision to include future amendment for over-expenditures.

Attachments:

**DCW rate increase plan,
 Provider MOU,
 CMG job description,
 Job ad, Volunteer event
 SFY23 revised ISB**

Action Requested

Information Only

Action Requested Below



Memorandum of Understanding
between

And

Southeastern Arizona Governments Organization Area Agency on Aging

This Memorandum of Understanding is entered into on this _____ day of _____, 2023, by and between _____, _____, hereafter referred to as "_____", and the Southeastern Arizona Governments Organization Area Agency on Aging hereafter referred to as "SEAGO" Area Agency on Aging.

_____ oversees and provides NMHCBS as a subcontractor for SEAGO-AAA in Cochise, Graham, and Santa Cruz Counties. _____ employs Direct Care Workers (DCWs) to assist with delivering services in the three counties as specified above.

Terms

The term of this Memorandum of Understanding (MOU) between _____ and SEAGO-Area Agency on Aging shall run from January 1, 2023, through June 30, 2023. This MOU shall automatically terminate on June 30, 2023, unless both parties exercise the option to extend the term limits beyond the MOU. Any extension of terms is not valid unless stated in writing and agreed to by both parties.

1. Alert SFY23 State General Fund for home care provider rate increases for DCWs in Non-Medical Home and Community-Based Services. The comprehensive fund source allows the SEAGO-AAA to issue endurance/incentive payments to existing and new DCWs to promote retention and to provide services to AAA clients. Example: If a DCW meets the hours worked two consecutive months, January and February, for example, 16-25 hours, this will give them an incentive of \$150. If a DCW works during January and February between 26-40 hours, the DCW qualifies for \$200.
2. In the same alert noted above, an appropriation that provides rate increases for HCBS resulted from HB2862 being signed into law. SEAGO-AAA will increase the attendant care unit rate to service providers on January 1, 2023, to \$25.00 per unit produced.

Requirements

To qualify for continuation of both of the above, the service provider will comply by:

- ***Ensuring that existing DCWs who have received the incentives above receive priority and that their hourly wage is more than \$15. The DCWs who join the team will commit to producing the minimal hours for AAA clients and will be hired at a minimum of \$15 hourly wage.***

- The provider will respect all benefits DCWs currently have with the agency. To include **travel time, health insurance, paid maximum of, training, orientation, etc.**
- The DCW minimal hourly wage will be at a minimum of \$15.00 per hour beginning January 1, 2023. However, we do not want DCWs already receiving \$15 or more to see their wages stagnant. **Thus we expect at least 38% of the per-unit increase to go directly to DCWs.** Therefore we should see an equivalent increase in both low and high-earning DCWs.
- Will utilize and submit to SEAGO-AAA the monthly report attached to this memo Distribution template/Payment Request, the monthly information linked to this memo, and the supporting documents showing the new rate.
- Upon monitoring, the service provider will show supporting documents to AAA to ensure that the MOU is followed.

SEAGO-AAA responsibilities:

- AAA will track DCW increase separately to show delivery and outcome. The AAA will issue the provider the appropriate templates to use for reporting.
- AAA will issue payments to providers based on the incentive submitted and include payments for the additional increase.
- AAA will report quarterly on the outcomes to DES-DAAS as requested by gathering data from the provider monthly.
- For SFY24, July 1, 2023, upon completion of the subaward renewals, AAA will allow the service provider to revise and change the rate sheet to reflect the \$25 unit rate for attendant care only.

In Witness Whereof, the parties to this MOU have respectively caused this MOU to be executed on the date herein indicated.

Provider name

 name,
 Title

 Date

SEAGO Area Agency on Aging

 Laura Villa,
 SEAGO Area Agency on Aging Director

 Date

Direct Care Workforce Plan

Direct Care Workforce Plan 2023- SEAGO-Area Agency on Aging Region VI

- I. **Introduction:** SEAGO-AAA is fortunate to give our clients a choice of providers in three counties, Cochise, Graham, and Santa Cruz Counties. Accentcare provides services in all three counties with other service providers. Lutheran Social Services provides services in Cochise and Santa Cruz Counties. The Covid 19 pandemic has imposed challenges in recruiting and retaining DCWs in the aging network. These challenges affect the delivery of services as the needs of our Aging population increase. Due to lower wages, individuals who could be trained to become DCWs choose to work elsewhere where the demand is lower. To address this task force issue and improve service delivery, the SEAGO-AAA compared our regional provider's data from the endurance payments issued during SFY22 and strategized a possible solution to strengthen the network. This plan outlines how SEAGO will help address the DCW shortage with a one-time appropriation for provider rate increases for Non-Medical Home and Community-Based Services due to HB2862 being signed into law. SEAGO-AAA, alongside the service providers, will report to DES-DAAS outcomes and measures associated with the funding.

- II. **Project Objective:** To improve service delivery to existing and new clients by recruiting and retaining DCWs in our AAA region. SEAGO-AAA, in joint efforts with the NMHCBS providers, will perform the following:
 - ✓ Distribute funds as a one-time allocation to assist AAA providers with retaining, recruiting, and incentivizing NMHCBS direct care workers.
 - ✓ Will show how these funds will help support the stabilization and expansion of service
 - ✓ Will track the result from the allocation, and what implications will this hold for the broader community?
 - ✓ What initiatives will not continue beyond SFY23 and why?

- III. **Action Steps Completed:** During SFY22, DES-DAAS issued all AAAs with general funds to help incentivize the work generated by our DCWs. The Steps the AAA Region VI took to utilize these funds were based on the number of DCWs and hours worked. This process began on January 2022 and continues to this day.
 - ✓ SFY22, DCW's with endurance payments through June 30, 2022.
 - ✓ If a DCW meets the hours worked two consecutive months, January and February, for example, 16-25 hours, this will give them an incentive of \$150. If a DCW works during January and February between 26-40and, the DCW qualifies for \$200.
 - ✓ With an Alert issued on 9-15-2022, SEAGO-AAA incentivizes DCW for hours worked will continue
 - ✓ During the high gas prices, DCW appreciated the bonus that helped them fill up their tanks.
 - ✓ AAA records higher service delivery than we have seen before.

| Endurance Payment | | | | |
|-------------------|-----------|--------|-----------|---|
| Name | Eligible? | Amount | Total Sum | |
| | | | 0 | 0 |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |

IV. **Action Steps Pending:** SEAGO-AAA region gathered data from our service providers that helped find a solution in allowing a DCW wage increase and help with retention efforts for the benefit of the aging network. DCW rates have been stagnant for the past eight years. As the aging population grows, we see an increase in service needs, and the workforce declines. SEAGO-AAA will increase the unit rate for all DCW performing attendant care services to \$25.00 per unit, approximately a \$3 increase across the board to match AHCCC's rates. Service providers will report to SEAGO-AAA the following:

- ✓ The number of DCWs performing AAA client services
- ✓ What is DCW's previous wage? What is the salary now with the unit rate increase
- ✓ When did the wage increase take effect?
- ✓ Report the number of **new** DCWs joining the network
- ✓ How has the per unit increase affected the overall distribution of services to clients?

V. **Outcomes:**

- ✓ As a result of these changes taking effect on **January 1, 2023**, SEAGO-AAA will help stabilize the DCW workforce in our region, especially for rural areas where DCW are non-existent.
- ✓ Reduce the number of clients on the waitlist due to DCWs available to provide care
- ✓ Demonstrate the value DCWs bring to the Aging network to feel appreciated for their work.
- ✓ Service Providers agree that they will continue to provide their DCWs with existing benefits and more if feasible.
- ✓ Minimize adverse effects on aggregate services to clients while helping to strengthen the DCW network.
- ✓ The table below shows an average of DCW to date, the average hours worked in two months, and how the available funding allocation from DES-DAAS will impact services.

| \$3 increase impact | | | | |
|--|--------------|--|--------------------------|-------------------|
| Avg Hrs (per month over 2 months) | DCW's | Total Impact of \$3 raise over 6 months | increased Funding | difference |
| 47.72682203 | 118 | 101371.77 | 95195 | -6176.77 |

- ✓ The table below shows the impact on client services, a projection based on utilization, waitlisted and projected waitlisted clients further data.

| Current Enrolled/Auth A TT | Provider | County | Clients Enrolled | Units Auth | Current Unit Rate | Current Monthly Total | DCW-I Diff Rate | DCW-I Diff Total | Combine Total | |
|-----------------------------------|----------------|---------|------------------|------------|-------------------|-----------------------|-----------------|------------------|---------------|---------------|
| | Accent Care-CO | Cochise | 190 | 1997 | \$ 22.00 | \$ 43,934.00 | \$ 3.00 | \$ 5,991.00 | \$ 49,925.00 | |
| Accent Care-GR | Graham | 9 | 86 | \$ 22.00 | \$ 1,892.00 | \$ 3.00 | \$ 258.00 | \$ 2,150.00 | | |
| Accent Care-SC | Santa Cruz | 28 | 380 | \$ 22.00 | \$ 8,360.00 | \$ 3.00 | \$ 1,140.00 | \$ 9,500.00 | | |
| AZ-Consumer Direct | Santa Cruz | 49 | 700 | \$ 22.00 | \$ 15,400.00 | \$ 3.00 | \$ 2,100.00 | \$ 17,500.00 | | |
| GCHD | Greenlee | 66 | 640 | \$ 22.00 | \$ 14,080.00 | \$ 3.00 | \$ 1,920.00 | \$ 16,000.00 | | |
| LSS-CO | Cochise | 75 | 722 | \$ 22.84 | \$ 16,490.48 | \$ 2.16 | \$ 1,559.52 | \$ 18,050.00 | | |
| LSS-SC | Santa Cruz | 47 | 618 | \$ 22.84 | \$ 14,115.12 | \$ 2.16 | \$ 1,334.88 | \$ 15,450.00 | | |
| SEACUS | Graham | 72 | 896 | \$ 22.00 | \$ 19,712.00 | \$ 3.00 | \$ 2,688.00 | \$ 22,400.00 | | |
| | | | 536 | 6039 | | \$133,983.60 | | \$ 16,991.40 | \$150,975.00 | Monthly |
| | | | | 36234 | | \$803,901.60 | | \$101,948.40 | \$905,850.00 | 6 month total |

| Current Waitlisted/Auth A TT | Provider | County | Clients Enrolled | Units Auth | Current Unit Rate | Current Monthly Total | DCW-I Diff Rate | DCW-I Diff Total | Combine Total | |
|------------------------------|--------------------|------------|------------------|------------|-------------------|-----------------------|-----------------|------------------|---------------|---------------|
| | Accent Care-CO | Cochise | 2 | 24 | \$ 22.00 | \$ 528.00 | \$ 3.00 | \$ 72.00 | \$ 600.00 | |
| | Accent Care-GR | Graham | 0 | 0 | \$ 22.00 | \$ - | \$ 3.00 | \$ - | \$ - | |
| | Accent Care-SC | Santa Cruz | 0 | 0 | \$ 22.00 | \$ - | \$ 3.00 | \$ - | \$ - | |
| | AZ-Consumer Direct | Santa Cruz | 0 | 0 | \$ 22.00 | \$ - | \$ 3.00 | \$ - | \$ - | |
| | GCHD | Greenlee | 9 | 58 | \$ 22.00 | \$ 1,276.00 | \$ 3.00 | \$ 174.00 | \$ 1,450.00 | |
| | LSS-CO | Cochise | 0 | 0 | \$ 22.84 | \$ - | \$ 2.16 | \$ - | \$ - | |
| | LSS-SC | Santa Cruz | 0 | 0 | \$ 22.84 | \$ - | \$ 2.16 | \$ - | \$ - | |
| | SEACUS | Graham | 10 | 122.5 | \$ 22.00 | \$ 2,695.00 | \$ 3.00 | \$ 367.50 | \$ 3,062.50 | |
| | | | | 21 | 204.5 | | \$ 4,499.00 | | \$ 613.50 | \$ 5,112.50 |
| | | | | 1227 | | \$ 26,994.00 | | \$ 3,681.00 | \$ 30,675.00 | 6 month total |

"Volunteering is an act of heroism on a grand scale. And it matters profoundly."
SEAGO Area Agency on Aging would like to Thank you.

01
27
23

SAVE
THE
DATE

**Training at Cochise County
Justice-Peace**

from 8:30 AM to 12 PM
at

4001 E Foothills Dr A.
Sierra Vista, AZ 85635

following lunch at

Hibachi Grill Super Buffet

from 1pm to 2pm

465 AZ- 90 Sierra Vista, AZ
85635

Any questions or concerns contact
your Coordinator

520-432-2528

"Volunteering is an act of heroism on a grand scale. And it matters profoundly."
SEAGO Area Agency on Aging would like to Thank you.

01
27
23

SAVE
THE
DATE

Hibachi Grill
Super Buffet

from

1pm to 2pm

465 AZ- 90 Sierra
Vista, AZ 85635

Any questions or concerns contact
your Coordinator

520-432-2528

64



WEBSITE AD

NAME OF POSTION: Case Manager I
FLSA: Full Time, Non-Exempt

DESCRIPTION: Under direct supervision, performs professional work of considerable difficulty in the monitoring and case management of individuals in need of special services; performs related work as required or assigned. Exercises independent judgment to assure appropriate services and resources are utilized so that programmatic goals are met. This position serves clients in **Cochise County-Benson service area**.

EDUCATION/EXPERIENCE: A minimum of 2 years' experience in a community-based social or health services agency. Or a Bachelor's Degree in social work, sociology, psychology, counseling, or nursing; OR an equivalent combination of experience, closely related fields of education, and training that provides the desired knowledge, skills, and abilities stated in the job description posted at www.seago.org. Spanish is desired but not required.

Salary Range: \$28,857 to \$40,400

AZ state retirement and health insurance benefits are provided.

Contact Diane Becerra at (520) 432-5301 X 207 if you have any questions. To apply, e-mail

or send a resume and three **professional** references to:

SEAGO ATTN:
Diane Becerra
1403 HWY 92
Bisbee, AZ
85603 [dbecerra@
seago.
org](mailto:dbecerra@seago.org)

SEAGO IS AN EQUAL OPPORTUNITY EMPLOYER.

TITLE: Case Manager I

JOB CODE: 225

FLSA: Non-Exempt

PREPARED: June 2021

UPDATED: 3/3/22

Summary: Under strategic guidance from the Area Agency on Aging Program Director, the Case Manager performs professional work of considerable difficulty in the monitoring and case management of individuals in need of Home and Community-based Services. Exercises independent judgment to assure appropriate services and resources are identified, planned, obtained, provided, recorded, monitored, modified when necessary, and terminated and that programmatic goals are met.

Essential Job Functions: The following list is not a comprehensive list; it is intended to provide a representative summary of the primary duties and responsibilities. Incumbent(s) may not be required to perform all duties listed and may be required to perform additional, position-specific tasks.

- Complete in-home visits to conduct in-depth assessments of clients' abilities to perform Activities of Daily Living and Instrumental Activities of Daily Living and complete the required assessment tools.
- Assess the client's strengths based on daily living situation, health, finance/insurance, social supports, leisure/recreational activities, spirituality/religion, etc.
- Develop a service plan in collaboration with the individual or caregiver and other appropriate persons, identifying the services the individual will receive, the frequency, beginning and end dates of the services, and who will provide the services.
- Establish and record the individual's or caregiver's goals.
Complete additional assessments for the caregiver or non-covered community services, as needed.
- Facilitate the implementation of the service plan by authorizing the services needed, making referrals to appropriate agencies, and documenting actions taken.
- Assist client in transitioning to/from other levels of care (hospital discharges, ALTCS, etc.)
- Monitor the Service Plan, recording the client's progress toward the established goals.
Ensure client files are accurate and updated; maintain required case and program records as required in an accurate and timely manner.
- Maintain confidentiality of all materials and information encountered in performing duties.
Provide excellent customer service at all times.
- Participate in community outreach and education events
- Build strong community partnerships with local resources
perform other duties as assigned.

Desirable Knowledge, Skills, Abilities, and Experience:

- Knowledge of the aging process, issues, and health problems associated with aging and disabilities.
- Knowledge of community resources and social service agencies
- Ability to communicate effectively both orally and in writing
- Proficiency in reading, writing, and speaking Spanish is preferred
- Good documentation skills
- Ability to maintain effective working relations with clients, caregivers, co-workers, service providers, and community agencies
- Resiliency in adapting to a variety of situations and individuals while remaining non-judgmental and respectful but with a problem-solving approach

- Ability to organize tasks, establish priorities and work within time constraints and sometimes limited resources.
- Demonstrated experience handling multiple assignments and meeting deadlines with attention to accuracy and detail
- Ability to work harmoniously in multicultural environments with individuals of diverse backgrounds and ages
- Ability to work independently or with a team with a strong sense of focus and accountability and a clear sense of boundaries
- Proficient with Microsoft Office software (Word, Excel, and PowerPoint)
- Understanding of and commitment to the organization's vision, mission, and values

Education, Experience, and Certifications:

A Bachelor's Degree in social work, sociology, psychology, counseling, nursing, or closely related fields; a minimum of 2 years' experience in a community-based social or health services agency; OR, an equivalent combination of the previously stated expertise, education, and training which provides the desired knowledge, skills and abilities of this classification; must possess and maintain a valid Arizona driver's license if position duties require.

Environmental Factors and Conditions/Physical Requirements:

- Essential duties may require that the employee make a minimum of quarterly visits to clients in their homes.
- Employees in this classification must function well in stressful situations and be willing to establish and maintain effective working relationships with fellow employees.
- This position may also require that the employee perform in-home visits in unsanitary conditions.
- Work is performed in a fast-paced environment with frequent interruptions and irregular work schedules.
- This position requires community work, traveling to and from various community locations, numerous office suites, and occasionally an overnight stay. Therefore, the selected individual in this position must be able to travel, including operating a motor vehicle and using walkways, stairs, and elevators. Must be able to travel to Bisbee, AZ, at least once per month or as needed.
- Ability to lift 20 - 50 pounds for short distances.
- Ability to communicate by voice, use sight, and hearing.
- No special coordination beyond normal mobility, operation of conventional office equipment, and handling of everyday objects and materials is needed to perform the job satisfactorily.

Equipment and Tools Utilized:

- Equipment utilized includes computerized and conventional office equipment.
- The operation of motorized vehicles may be required for travel.

Other Requirements:

- Must possess a valid State of Arizona driver's license.
- Must have access to reliable transportation and demonstrate proof of vehicle insurance.
- Must pass a Central Registry Background Check and possess or be able to obtain a valid fingerprint clearance card that meets Level One requirements as described in A.R.S. §41-1758.07.

Grant Funded:

This position is grant-funded and has been created to perform the duties and meet the requirements of one or more grants. The position is paid through funds received by SEAGO to administrate the grant. If the funding is

withdrawn or significantly reduced, the job may be eliminated, and the employee will be subject to layoff procedures or a reduced work schedule.

The SouthEastern Arizona Governments Organization provides equal employment opportunities to all applicants regardless of race, color, religion, sex, national origin, age, disability, political affiliation, veteran status, genetics, or any other protected status in accordance with applicable federal laws.

Approvals:

| | | |
|--------------------------|----------------------------------|--------------------|
| _____ | Title: Case Manager | _____ |
| Name: | | Date Signed |
| _____ | Title: Executive Director | _____ |
| Name: Randy Heiss | | Date Signed |

| Ln | Fund Source | Administration | | | | | Case Mgmt | | EPHW | | CRRSA | VACCINE | VACCINE | |
|-----------------------|---------------------------------|----------------|-----|-----|-----|-----------|-----------|------------|-----------|-----------|-----------|----------|-----------|----------|
| | | ADM | ADM | ADM | ADM | ADM | CMG | CMG | EPHW | EPHW | CRRSA | VACCINE | VACCINE | |
| | | DAARS Codes | ADM | ADM | ADM | ADM | ADM | ADM | PHW | PHW | LTC | CEI | ADM | |
| | | Program Codes | HC | HC | HC | HC | FCS | FCS | HC | HC | OMB | HC | HC | |
| Service Detail Code | C19 | C20 | C21 | C20 | C20 | C20 | 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) | 142,235.00 | | | | | | | | | | | | |
| 3 | OAA Admin (III E) | | | | | 18,044.00 | | | | | | | | |
| 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 | 1,204.00 | | | | 495.00 | | 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 DIRECT CARE WORKER | | | | | | | | | | | | | |
| 53 | STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | | |
| 54 | EXPANDING PH WORKFORCE | | | | | | | 71,840.00 | 18,000.00 | | | | | |
| 55 | STATE LTC OMBUDSMAN | | | | | | | | | | | | | |
| Reimbursement Ceiling | | 255,692.00 | | | | 24,058.67 | | 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 | 255,692.00 | | | | | 24,058.67 | | 422,585.89 | 33,715.00 | 71,840.00 | 18,000.00 | 4,136.00 | 23,883.00 | 2,238.00 |
|--------------------|------------|--|--|--|--|-----------|--|------------|-----------|-----------|-----------|----------|-----------|----------|

EXPENSES

| | | | | | | | | | | | | | | |
|----------------------------|------------|--|--|--|--|-----------|--|------------|-----------|-----------|-----------|----------|-----------|----------|
| Personnel - Direct | 108,079.65 | | | | | 13,660.04 | | 11,380.33 | 15,000.00 | | | | | 1,254.00 |
| ERE - Direct | 35,693.00 | | | | | 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 | 255,692.00 | | | | | 24,058.67 | | 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 | 255,692.00 | | | | | 24,058.67 | | 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 | 21,307.67 | NA | NA | | | 2,004.89 | NA | NA | NA | NA | NA | NA | NA | NA |
| Unit Rate/Purch | NA | | | | | NA | | 40.95 | NA | NA | NA | NA | NA | NA |
| Unit Rate/Total | 21,307.67 | NA | NA | NA | NA | 2,004.89 | NA | 42.91 | NA | 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 | 47,411.67 | | | | | 6,014.67 | | 2,451.51 | | | | | | |
| State Admin | 46,208.00 | | | | | 5,519.67 | | | | | | | | |
| State ILS | 1,204.00 | | | | | 495.00 | | 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 | | | | | | | | | | | 244,015.25 | |
| 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 | | | 18,537.95 | - | | 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 DIRECT CARE WORKER | | | | | | | | | | | | |
| 53 STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | |
| 54 EXPANDING PH WORKFORCE | | | | | | | | | | | | |
| 55 STATE LTC OMBUDSMAN | | | | | | | | | | | | |
| Reimbursement Ceiling | 44,249.00 | 6,625.00 | 26,855.55 | - | - | 238,090.72 | - | 245,473.79 | - | - | 543,311.87 | - |

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 | 26,855.55 | - | - | 1,845,723.72 | - | 604,094.79 | - | - | 898,050.87 | - |
|--|-----------|----------|-----------|---|---|--------------|---|------------|---|---|------------|---|

EXPENSES

| | | | | | | | | | | | | |
|----------------------------|-----------|----------|-----------|--|--|--------------|--|------------|--|--|------------|--|
| Personnel - Direct | | 3,791.00 | 10,984.00 | | | | | | | | | |
| ERE - Direct | | 2,834.00 | 4,199.00 | | | | | | | | | |
| Professional/Out | | | | | | | | | | | | |
| Direct | 44,249.00 | | 4,066.00 | | | | | | | | | |
| Sub-Contractor | | | | | | 1,845,723.72 | | 604,094.79 | | | 898,050.87 | |
| Travel - Direct | | | 1,687.55 | | | | | | | | | |
| Space - Direct | | | | | | | | | | | | |
| Equipment - Direct | | | | | | | | | | | | |
| One Time | | | | | | | | | | | | |
| On Going | | | | | | | | | | | | |
| Material/Supplies - Direct | | | 2,534.00 | | | | | | | | | |
| Operating Svcs Direct | | | 1,335.00 | | | | | | | | | |
| Allocated Indirect Direct | | | 2,050.00 | | | | | | | | | |
| SubTotal DIRECT | 44,249.00 | 6,625.00 | 26,855.55 | | | | | | | | | |
| SubTotal PURCH | | | | | | 1,845,723.72 | | 604,094.79 | | | 898,050.87 | |
| TOTAL SERVICE | 44,249.00 | 6,625.00 | 26,855.55 | | | 1,845,723.72 | | 604,094.79 | | | 898,050.87 | |

| | | | | | | | | | | | | |
|-----------------|--|--|-------|--|--|-----------|--|-----------|--|--|-----------|--|
| 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 | 2,237.96 | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Unit Rate/Purch | NA | NA | N/A | NA | NA | 19.96 | | 12.50 | | | 10.49 | |
| Unit Rate/Total | NA | NA | NA | NA | NA | 19.96 | NA | 12.50 | NA | NA | 10.49 | NA |

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

| | | | | | | | | | | | | |
|----------------------------------|--|--|-----------|--|--|-----------|--|-----------|--|--|-----------|--|
| Required State Match | | | 489.27 | | | 4,757.71 | | 10,557.02 | | | 14,353.96 | |
| State Admin | | | | | | | | | | | | |
| State ILS | | | 18,537.95 | | | 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 | HC2 | HC2 | HC2 | HC2 | HC2 | HC2 | HPR | HPR | SHP | SMP | SMP | SMP |
| 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 | | | | | | | 26,404.00 | | | | | |
| 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. | | | | | | | | | | | | 9,571.00 |
| 25 MIPPA - AAA | | | | | | | | | | | | |
| 26 MIPPA - ADCRC | | | | | | | | | | | | |
| 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 ADCRC | | | 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 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 DIRECT CARE WORKER | | | | | | | | | | | | |
| 53 STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | |
| 54 EXPANDING PH WORKFORCE | | | | | | | | | | | | |
| 55 STATE LTC OMBUDSMAN | | | | | | | | | | | | |
| Reimbursement Ceiling | | | 35,000.00 | 11,312.13 | 22,114.30 | | 42,581.00 | | 37,000.00 | | 28,810.67 | 9,571.00 |
| 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 | | 46,481.00 | | 39,300.00 | | 28,810.67 | 9,571.00 |
| 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 | | | 4,229.90 | | 1,000.00 | | 3,038.00 | 9,571.00 |
| 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 | | 46,481.00 | | 39,300.00 | | 28,810.67 | 9,571.00 |
| SubTotal PURCH | | | 9,029.00 | | | | | | | | | |
| TOTAL SERVICE | | | 35,000.00 | 11,312.13 | 22,114.30 | | 46,481.00 | | 39,300.00 | | 28,810.67 | 9,571.00 |
| 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 | | 619.75 | NA | 20.15 | NA | 360.13 | NA |
| Unit Rate/Purch | | | | N/A | | | NA | | NA | | NA | N/A |
| Unit Rate/Total | NA | NA | NA | NA | NA | NA | 619.75 | 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 serv | | | | | | | | | | | | |

| Ln | Fund Source | MIPPA AAA | MIPPA ADRC | Long Term Care | Long Term Care | Home Care Cluster | | | Attendant Care | Attendant Care | SSBG Waitlist | | | | | |
|-----------------------|---------------------------------|---------------|------------|----------------|----------------|-------------------|-----|----------|----------------|----------------|---------------|-----------|-----|-----|-----|-----|
| | | SHI | SHI | LTC | LTC | HSK | PRC | NRH | ATT | ATT | CMG | ATT | HSK | RSP | NRH | |
| | | DAARS Codes | SHI | SHI | LTC | LTC | HSK | PRC | NRH | ATT | ATT | CMG | ATT | HSK | RSP | NRH |
| | | Program Codes | SHP | SHP | OMB | OMB | HSK | PRC | NRH | ATT | ATT | CMG | ATT | HSK | RSP | NRH |
| Service Detail Code | MAM | MDM | OMB | C20 | HSK | PRC | VNS | ATT | C20 | WTL | WTL | WTL | WTL | WTL | | |
| AIMS Codes | | | LTC | | 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 | 453,444.32 | | | | | | | |
| 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 | | | 2,834.00 | | | | | | | | | | | | |
| 12 | Title VII FED OMB | | | 20,969.00 | | | | | | | | | | | | |
| 13 | State Ind Living Supports | | | | | 51,413.00 | | 1,772.00 | 41,540.07 | | | | | | | |
| 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 | 7,000.00 | | | | | | | | | | | | | | |
| 26 | MIPPA - ADRC | | 3,120.00 | | | | | | | | | | | | | |
| 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 DIRECT CARE WORKER | | | | | | | | | | | | | | | |
| 53 | STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | | | | |
| 54 | EXPANDING PH WORKFORCE | | | | | | | | | | | | | | | |
| 55 | STATE LTC OMBUDSMAN | | | | | | | | | | | | | | | |
| Reimbursement Ceiling | | 7,000.00 | 3,120.00 | 59,010.00 | | 59,505.00 | | 9,000.00 | 711,141.39 | | 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 | 7,000.00 | 3,120.00 | 63,510.00 | | 101,255.00 | | 28,135.00 | 712,641.39 | | 18,135.00 | 97,000.00 | | | | |
|--------------------|----------|----------|-----------|--|------------|--|-----------|------------|--|-----------|-----------|--|--|--|--|

EXPENSES

| | | | | | | | | | | | | | | | |
|----------------------------|----------|----------|-----------|--|------------|--|-----------|------------|--|-----------|-----------|--|--|--|--|
| Personnel - Direct | | | 31,023.13 | | | | | | | | | | | | |
| ERE - Direct | | | 12,013.80 | | | | | | | | | | | | |
| Professional/Out | | | | | | | | | | | | | | | |
| Direct | 7,000.00 | 3,120.00 | 5,862.00 | | | | | | | 18,135.00 | | | | | |
| Sub-Contractor | | | | | 101,255.00 | | 28,135.00 | 712,641.39 | | | 97,000.00 | | | | |
| Travel - Direct | | | 4,430.07 | | | | | | | | | | | | |
| 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 | 7,000.00 | 3,120.00 | 63,510.00 | | | | | | | 18,135.00 | | | | | |
| SubTotal PURCH | | | | | 101,255.00 | | 28,135.00 | 712,641.39 | | | 97,000.00 | | | | |
| TOTAL SERVICE | 7,000.00 | 3,120.00 | 63,510.00 | | 101,255.00 | | 28,135.00 | 712,641.39 | | 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 | 37.80 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Unit Rate/Purch | N/A | N/A | NA | NA | 4.78 | NA | 85.00 | NA | NA | NA | NA | NA | NA | NA | NA |
| Unit Rate/Total | NA | NA | 37.80 | NA | 4.78 | NA | 85.00 | N/A | N/A | NA | 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 | 26,673.42 | | | | | | | |
| State Admin | | | | | | | | | | | | | | | |
| State ILS | | | | | 51,413.00 | | 1,772.00 | 41,540.07 | | | | | | | |
| 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 | Direct Care Worker |
|------------------------------------|------------|-----------|-----------|-----------|-----------|-----|----------|----------|----------------------------|----------------------------|----------|-----------|-------------|-----------|--------------------|
| DAARS Codes | HDM | OTR | OTR | CMG | INR | INR | CGT | CGT | CEI | CEI | ADP | ADP | RPR | LTC | ATT |
| Program Codes | HCB | FCS | FCS | FCS | FCS | FCS | FCS | FCS | FCS | FCS | FCS | HCB | FCS | OMB | HCB |
| Service Detail Code | WTL | | C20 | | | | | C20 | | C20 | | | | FTE | DCW |
| AIMS Codes | | IR5 | | CM5 | | | | | CEI | C20 | 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 | | | | | | | | | | | | 5,509.00 | | | |
| 6 Title III-C1 | | | | | | | | | | | | | | | |
| 7 Title III-C2 | | | | | | | | | | | | | | | |
| 8 Title III-D Prev Hlth | | | | | | | | | | | | | | | |
| 9 Title III-E Caregiver | | 12,000.00 | | 11,000.00 | 19,435.00 | | 8,079.00 | | 15,439.58 | | | 5,000.00 | 8,000.00 | | |
| 10 NSIP | | | | | | | | | | | | | | | |
| 11 Title VII Elder Abuse | | | | | | | | | | | | | | | |
| 12 Title VII FED OMB | | | | | | | | | | | | | | | |
| 13 State Ind Living Supports | | | | | | | | | | | | 1,080.00 | | | |
| 14 State Ombudsman | | | | | | | | | | | | | | | |
| 15 State Respite | | | | | | | | | | | | | | | |
| 16 SSBG (Services) | | | | | | | | | | | | | | | |
| 17 SHIP | | | | | | | | | | | | | | | |
| 18 Senior Medicare Patrol | | | | | | | | | | | | | | | |
| 19 SSBG - HCB Wait List | 100,000.00 | | | | | | | | | | | | | | |
| 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 | | | 17,355.00 | | | | | | | 10,588.86 | | | | | |
| 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 DIRECT CARE WORKER | | | | | | | | | | | | | | | 95,195.00 |
| 53 STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | | | | |
| 54 EXPANDING PH WORKFORCE | | | | | | | | | | | | | | | |
| 55 STATE LTC OMBUDSMAN | | | | | | | | | | | | | | | 20,793.00 |
| Reimbursement Ceiling | 100,000.00 | 12,000.00 | 17,355.00 | 11,000.00 | 19,435.00 | - | 8,079.00 | - | 15,439.58 | 10,588.86 | - | 11,589.00 | 8,000.00 | 20,793.00 | 95,195.00 |

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 | 16,133.00 | 17,355.00 | 11,000.00 | 19,435.00 | - | 8,079.00 | - | 15,439.58 | 10,588.86 | - | 11,589.00 | 8,000.00 | 20,793.00 | 95,195.00 |
|--|------------|-----------|-----------|-----------|-----------|---|----------|---|-----------|-----------|---|-----------|----------|-----------|-----------|

EXPENSES

| | | | | | | | | | | | | | | | |
|----------------------------|-------------------|------------------|------------------|------------------|------------------|----------|-----------------|----------|------------------|------------------|----------|------------------|-----------------|------------------|------------------|
| Personnel - Direct | | 6,914.00 | 6,279.00 | 5,000.00 | 10,682.00 | | 4,579.00 | | 8,940.00 | 4,778.86 | | | | 11,000.00 | |
| ERE - Direct | | 2,677.00 | 3,200.00 | 2,000.00 | 5,216.00 | | 2,000.00 | | 2,976.58 | 1,800.00 | | | | 4,730.00 | |
| Professional/Out | | | | | | | | | | | | | | | |
| Direct | | 958.00 | 2,376.00 | 500.00 | 638.00 | | 500.00 | | 1,023.00 | 200.00 | | | | | |
| Sub-Contractor | 100,000.00 | | | | | | | | | | | | 11,589.00 | 8,000.00 | 95,195.00 |
| Travel - Direct | | 1,692.00 | 2,500.00 | 1,000.00 | 500.00 | | | | 500.00 | 1,000.00 | | | | 4,000.00 | |
| Space - Direct | | | | | | | | | | | | | | | |
| Equipment - Direct | | | | | | | | | | | | | | | |
| One Time | | | | | | | | | | | | | | | |
| On Going | | | | | | | | | | | | | | | |
| Material/Supplies - Direct | | 1,000.00 | 500.00 | | 415.00 | | | | 500.00 | 1,300.00 | | | | 1,063.00 | |
| Operating Svcs Direct | | 500.00 | | 1,000.00 | 500.00 | | | | | | | | | | |
| Allocated Indirect Direct | | 2,392.00 | 2,500.00 | 1,500.00 | 1,484.00 | | 1,000.00 | | 1,500.00 | 1,510.00 | | | | | |
| SubTotal DIRECT | | 16,133.00 | 17,355.00 | 11,000.00 | 19,435.00 | - | 8,079.00 | - | 15,439.58 | 10,588.86 | - | - | - | 20,793.00 | 95,195.00 |
| SubTotal PURCH | 100,000.00 | | | | | | | | | | | 11,589.00 | 8,000.00 | | |
| TOTAL SERVICE | 100,000.00 | 16,133.00 | 17,355.00 | 11,000.00 | 19,435.00 | - | 8,079.00 | - | 15,439.58 | 10,588.86 | - | 11,589.00 | 8,000.00 | 20,793.00 | 95,195.00 |

| | | | | | | | | | | | | | | | |
|------------------|----|----------|----------|----|--------|----|----|----|----|--------|-------|----|----------|----|----|
| 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 | 1,344.42 | 1,446.25 | NA | 20.43 | NA | NA | NA | NA | 882.41 | NA | NA | NA | | |
| Unit Rate/Purch | NA | NA | | NA | NA | | | | | | NA | NA | 2,000.00 | | |
| Unit Rate/Total | NA | 949.00 | 1,446.25 | NA | 20.43 | NA | NA | NA | NA | 882.41 | NA | NA | 2,000.00 | NA | 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 serv | | | | | | | | | | | | | | | |

| Ln | Fund Source | Direct Care Worker | | | | | | | | | | ARPA | | | | | |
|-----------------------|---------------------------------|---------------------|-----|-----|-----|-----|-----|-----------|-----|-----|-----|------|-----------|-----------|-----------|-----|-----|
| | | PRC | HSK | RSP | ADC | NRH | ATT | PRC | HSK | RSP | DCI | ADM | ADM | TSP | CMG | CMG | |
| | | Program Codes | DCW | DCW | FCS | DCW | DCW | DCI | DCI | DCI | DCI | DCI | FCS | DCW | DCW | DCW | DCW |
| | | Service Detail Code | DCW | DCW | DCW | DCW | DCW | DCI | DCI | DCI | DCI | DCI | ARP | ARP | ARP | ARP | ARP |
| AIMS Codes | | | | | | | | | | | | | | | | | |
| 1 | State Admin | | | | | | | | | | | | | | | | |
| 2 | OAA Admin (III C-1) | | | | | | | | | | | | 1,380.33 | | | | |
| 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 | | |
| 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 | | |
| 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 | | | | | | | | | | | | 13,447.00 | | | | |
| 51 | ARPA - VII FED OMBUDSMAN | | | | | | | | | | | | | | | | |
| 52 | STATE DIRECT CARE WORKER | | | | | | | | | | | | | | | | |
| 53 | STATE DIRECT CARE INCENTIVE | | | | | | | 95,195.00 | | | | | | | | | |
| 54 | EXPANDING PH WORKFORCE | | | | | | | | | | | | | | | | |
| 55 | STATE LTC OMBUDSMAN | | | | | | | | | | | | | | | | |
| Reimbursement Ceiling | | - | - | - | - | - | - | 95,195.00 | - | - | - | - | 17,930.00 | 52,942.00 | 21,177.00 | - | |

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 | - | - | - | - | - | - | - | 95,195.00 | - | - | - | - | 17,930.00 | 52,942.00 | 21,177.00 | - |
|--------------------|---|---|---|---|---|---|---|-----------|---|---|---|---|-----------|-----------|-----------|---|

EXPENSES

| | | | | | | | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|-----------|---|---|---|---|-----------|-----------|-----------|---|
| Personnel - Direct | | | | | | | | | | | | | | | | |
| ERE - Direct | | | | | | | | | | | | | | | | |
| Professional/Out | | | | | | | | | | | | | | | | |
| Direct | | | | | | | | 95,195.00 | | | | | 17,930.00 | | 21,177.00 | |
| Sub-Contractor | | | | | | | | | | | | | | 52,942.00 | | |
| Travel - Direct | | | | | | | | | | | | | | | | |
| Space - Direct | | | | | | | | | | | | | | | | |
| Equipment - Direct | | | | | | | | | | | | | | | | |
| One Time | | | | | | | | | | | | | | | | |
| On Going | | | | | | | | | | | | | | | | |
| Material/Supplies - Direct | | | | | | | | | | | | | | | | |
| Operating Svcs Direct | | | | | | | | | | | | | | | | |
| Allocated Indirect Direct | | | | | | | | | | | | | | | | |
| SubTotal DIRECT | - | - | - | - | - | - | - | 95,195.00 | - | - | - | - | 17,930.00 | - | 21,177.00 | - |
| SubTotal PURCH | - | - | - | - | - | - | - | - | - | - | - | - | - | 52,942.00 | - | - |
| TOTAL SERVICE | - | - | - | - | - | - | - | 95,195.00 | - | - | - | - | 17,930.00 | 52,942.00 | 21,177.00 | - |

| | | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Units/Direct | | | | | | | | | | | | | | | | |
| Units/Purchased | | | | | | | | | | | | | | | | |
| Units Total | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

| | | | | | | | | | | | | | | | | |
|------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Unit Rate/Direct | | | | | | | | | | | | | | | | |
| Unit Rate/Purch | | | | | | | | | | | | | | | | |
| Unit Rate/Total | 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 | - |
| State Admin | - | - | - | - | - | - | - | - | - | - | - | - | 1,380.33 | - | - | - |
| State ILS | - | - | - | - | - | - | - | - | - | - | - | - | 3,102.67 | 2,942.00 | 1,177.00 | - |
| 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 | CNG | HDM | HED | LTC | PGD | RSP | ATT | PRC | HSK | HOLD | RSP | RSP | RSP | PCS | | |
| | | Program Codes | HCN | HCN | HPR | OMB | HCN | FCS | HCN | HCN | HCN | HOLD | FCS | FCS | FCS | FCS | | |
| | | Service Detail Code | ARP | ARP | ARP | ARP | ARP | ARP | ARP | ARP | ARP | HOLD | VCH | C20 | C20 | PEC | | |
| AIMS Codes | | | | | | | | | | | | | | | PEC | | | |
| 1 | State Admin | | | | | | | | | | | | | | | | | 53,108.00 |
| 2 | OAA Admin (III C-1) | | | | | | | | | | | | | | | | | 142,235.00 |
| 3 | OAA Admin (III E) | | | | | | | | | | | | | | | | | 18,044.00 |
| 4 | SSBG Admin | | | | | | | | | | | | | | | | | 58,674.00 |
| 5 | Title III-B | | | | | | | | | | | | 3,147.21 | | | | | 647,322.96 |
| 6 | Title III-C1 | | | | | | | | | | | | | | | | | 179,467.79 |
| 7 | Title III-C2 | | | | | | | | | | | | | | | | | 244,015.25 |
| 8 | Title III-D Prev Hlth | | | | | | | | | | | | | | | | | 26,404.00 |
| 9 | Title III-E Caregiver | | | | | | | | | | | | 58,763.10 | | | 8,968.00 | | 191,228.00 |
| 10 | NSIP | | | | | | | | | | | | | | | | | 106,098.00 |
| 11 | Title VII Elder Abuse | | | | | | | | | | | | | | | | | 2,834.00 |
| 12 | Title VII FED OMB | | | | | | | | | | | | | | | | | 20,969.00 |
| 13 | State Ind Living Supports | 7,647.58 | 17,228.17 | | | 327.00 | | 23,118.68 | | | | | 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 | | | | | | | | | | | | | | | | | 9,571.00 |
| 25 | MIPPA - AAA | | | | | | | | | | | | | | | | | 7,000.00 |
| 26 | MIPPA - ADRC | | | | | | | | | | | | | | | | | 3,120.00 |
| 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 | | | | | 5,545.00 | | 393,000.00 | | | | | | | | | | 468,545.00 |
| 45 | ARPA - III-C1 | 130,000.00 | | | | | | | | | | | 48,749.00 | | | | | 178,749.00 |
| 46 | ARPA - III-C1 ADMIN | | | | | | | | | | | | 109,484.00 | | | | | 109,484.00 |
| 47 | ARPA - III-C2 | | 292,875.00 | | | | | | | | | | 170,000.00 | | | | | 462,875.00 |
| 48 | ARPA - III-D | | | 10,000.00 | | | | | | | | | 35,259.00 | | | | | 45,259.00 |
| 49 | ARPA - III-E | | | | | | | 70,000.00 | | | | | 72,542.00 | | | | | 142,542.00 |
| 50 | ARPA - III-E ADMIN | | | | | | | | | | | | 8,000.00 | | | | | 13,447.00 |
| 51 | ARPA - VII FED OMBUDSMAN | | | | 2,287.00 | | | | | | | | | | | | | 10,287.00 |
| 52 | STATE DIRECT CARE WORKER | | | | | | | | | | | | | | | | | 95,195.00 |
| 53 | STATE DIRECT CARE INCENTIVE | | | | | | | | | | | | | | | | | 95,195.00 |
| 54 | EXPANDING PH WORKFORCE | | | | | | | | | | | | | | | | | 89,840.00 |
| 55 | STATE LTC OMBUDSMAN | | | | | | | | | | | | | | | | | 20,793.00 |
| Reimbursement Ceiling | | 137,647.58 | 310,103.17 | 10,000.00 | 2,287.00 | 5,872.00 | 70,000.00 | 416,118.68 | - | - | 444,034.00 | - | 96,601.31 | - | - | 8,968.00 | - | 4,983,421.16 |

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 137,647.58 310,103.17 10,000.00 2,287.00 5,872.00 70,000.00 416,118.68 - - 444,034.00 - 98,542.31 - 8,968.00 7,529,557.16

EXPENSES

| | | | | | | | | | | | | | | | | | | |
|----------------------------|------------|------------|-----------|----------|----------|-----------|------------|---|---|------------|------------|-----------|-----------|---|----------|---|--------------|--------------|
| Personnel - Direct | | | | | | | | | | | | | | | | | | 5,768.00 |
| ERE - Direct | | | | | | | | | | | | | | | | | | 1,700.00 |
| Professional/Out | | | | | | | | | | | | | | | | | | - |
| Direct | | | 10,000.00 | 2,287.00 | 5,872.00 | 27,000.00 | | | | | 444,034.00 | | | | | | 500.00 | |
| Sub-Contractor | 137,647.58 | 310,103.17 | | | | 43,000.00 | 416,118.68 | | | | | | 98,542.31 | | | | | 5,877,183.07 |
| Travel - Direct | | | | | | | | | | | | | | | | | 500.00 | 44,780.02 |
| Space - Direct | | | | | | | | | | | | | | | | | | - |
| Equipment - Direct | | | | | | | | | | | | | | | | | | - |
| One Time | | | | | | | | | | | | | | | | | | 22,000.42 |
| On Going | | | | | | | | | | | | | | | | | | - |
| Material/Supplies - Direct | | | | | | | | | | | | | | | | | 500.00 | 38,536.53 |
| Operating Svcs Direct | | | | | | | | | | | | | | | | | | 12,580.00 |
| Allocated Indirect Direct | | | | | | | | | | | | | | | | | | 84,063.00 |
| SubTotal DIRECT | | | 10,000.00 | 2,287.00 | 5,872.00 | 27,000.00 | | | | | 444,034.00 | | | | | | 8,968.00 | 1,652,374.09 |
| SubTotal PURCH | 137,647.58 | 310,103.17 | | | | 43,000.00 | 416,118.68 | | | | | | 98,542.31 | | | | | 5,877,183.07 |
| TOTAL SERVICE | 137,647.58 | 310,103.17 | 10,000.00 | 2,287.00 | 5,872.00 | 70,000.00 | 416,118.68 | - | - | 444,034.00 | - | 98,542.31 | - | - | 8,968.00 | - | 7,529,557.16 | |

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|-------|-------|------------|
| 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 | | | | | | | | | | | | | NA | NA | NA | NA | | 32,124.72 |
| Unit Rate/Purch | | | | | | | | | | | | | NA | 33.55 | | | | 2,207.24 |
| Unit Rate/Total | NA | NA | NA | NA | NA | #DIV/0! | NA | 33.55 | NA | NA | 149.47 | 34,331.96 |

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

| | | | | | | | | | | | | | | | | | | |
|----------------------------------|----------|-----------|---|---|--------|---|-----------|---|---|---|---|---|--------|---|---|---|---|------------|
| Required State Match | 7,647.12 | 17,228.09 | - | - | 326.18 | - | 23,117.84 | - | - | - | - | - | 185.13 | - | - | - | - | 173,334.70 |
| State Admin | | | | | | | | | | | | | | | | | | 53,108.00 |
| State ILS | 7,647.58 | 17,228.17 | | | 327.00 | | 23,118.68 | | | | | | 804.00 | | | | | 423,133.00 |
| Additional match required | | | | | | | | | | | | | | | | | | - |
| Non-Fed In-kind/Non-Fed Cash | | | | | | | | | | | | | | | | | | - |
| Match required from another serv | | | | | | | | | | | | | | | | | | - |



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING DIRECTOR
DATE: JANUARY 19, 2023
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