

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

**THIRD YEAR OF THE PLAN:
Fiscal Year 2021
July 1, 2021 - June 30, 2022**

Five County Area Agency on Aging

Area Agency on Aging

**For
The Older Americans Act**

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

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I. APPROVAL PROCESS

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

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

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

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2021 to June 30, 2022

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

Director, Area Agency on Aging _____ Date _____

Agency Name: Five County Area Agency on Aging

Agency Address: 1070 West 1600 South, Bldg. B St. George, UT 84770

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2016 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman _____ Date _____

Area Agency Advisory Council

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

Chairman, County Commission, or _____ Date _____

Association of County Governments

4. Plan Approval

Director _____ Date _____

Division of Aging and Adult Services

Chairman _____ Date _____

State Board of Aging and Adult Services

III. PROGRESS REPORT ON GOALS AND OBJECTIVES

Please review the progress made during the past year on the goals and objectives found in the AAA four-year plan. This summary should not exceed two pages in length. If additional supporting data are submitted, please place it in the attachments.

- 1. Coordination of Title III and Title VI Native American programs** – Efforts to maintain working relationships with the Paiute Tribe and Tribal leaders have improved over the years but there are still some challenges. However, we continue to maintain a good working relationship with Tracie Lund, Family Services Program Manager with Four Points Health and recently met two additional social workers with the Tribal Family Services who are participating as part of our recently formed Elder Justice Multidisciplinary Team (E-MDT). We have coordinated several events with Tracie over the past several years and work closely to connect tribal elders with services including cross training with the Benefit Enrollment Center to assist low-income Medicare beneficiaries within the Tribe who need assistance in accessing public benefits. We have an active group of Tribal members attend our Seniors Conference and other community events; but due the pandemic we have not been able to offer these in-person events. As reported in the Paiute Tribes 2020 Annual Report, Tribal Family Services has developed an elders list and initiated regular calls during the pandemic to assure elder's needs were being met and also provided Elder Care Packages. Iron County Council on Aging continues outreach to Paiute Tribe Elders and is looking forward to opening up their congregate meals where Tribal elders have enjoyed having lunch and playing bingo. They especially enjoy holiday events, and it is not unusual to have 20 tribal members in attendance. They also provide MOW to several tribal members and participate with the Paiute Tribe's Annual Conference and Health Fairs, along with Five County staff.
- 2. Integration of health care and social services systems** –The Five County Area Agency on Aging has an excellent history of developing collaborative partnerships. We work with over 50 health and social service providers, from local in-home care to State and National Organizations and have established long term relationships with the County entities operating the Senior Centers within our service area. We maintain good relationships with Adult Protective Services, Alzheimer's Association, Memory Matters, Red Rock Center for Independence, IHC and other community agencies. We work with local and State Health Departments including local Emergency Preparedness and Evidence-based health prevention programs. We currently have contracts with the Utah Department of Health to provide seven evidence-based programs and work with their Alzheimer's State Plan Specialist and coordinating council along with two Medicaid Waiver programs. We also work with the Salt Lake VAMC on VD-HCBS and National Council on Aging to support our Benefit Enrollment Center. We continue to maintain good working relationships with IHC and their local hospitals in the areas, including working closely with the Live Well Center and Evidence Based Programs. The AAA Director is a member of the Age Well Advisory Council for the Southwest Region of Intermountain and serves on their Community Financial Services Advisory Council. As part of efforts previously coordinated by Utah's ADRC, we continue to provide services under the Cover to Cover (C2C) model to include a certified Veteran Service Officer funded in part by the UDVMA and collaborate with local and state Veteran agencies including other VSO's, Vet Center, VA CBOC, and Veteran's Nursing Home. And, with the support of Jen Morgan and USU we received funding through DOH to provide targeted veteran outreach with Rural Healthcare and in addressing COVID-19 as part of a Rural Veterans-Health Access Program. We collaborate with local Health Department in protecting vulnerable populations including coordination and scheduling of COVID vaccinations with the St. George Senior Center serving as a vaccination site. We have significantly increased virtual services and learning opportunities partnering with healthcare and social services, including evidence-based programs.
- 3. Empowering seniors in maintaining health, safety, and independence** – The pandemic had a significant impact on how we support and empower seniors in maintaining health, safety, and independence due to a very restrictive environment related to the need to social distance and self-isolate. This brought with it a unique set of challenges not only in keeping seniors safe but in helping address issues of social isolation and loneliness exacerbated by the need to stay at home and with congregate settings shut down. Home delivered meals and curbside meals increased significantly and we anticipate that many of these individuals will continue to be served after the pandemic creating additional concerns related to funding limitations when relief funding is no longer available. Senior Centers also started to look at other options to support seniors such as providing

shopping, pick-up and delivery of groceries, Rx's, mail, and other support in accessing essential services. Emergency Meals were order and delivered to client's homes in preparation for any interruption in meal services at the centers. Additional telephone reassurance calls and "check in" were made to make sure vulnerable older adults were okay and their needs were being met. Case management services were moved to telehealth options to limit client's exposure. And virtual programming and services were developed to increase access to services, resources, and socialization to help replace loss of in-person services as detailed more in the sections below.

4. **Planning for the future** – A large part of our planning in the near future will focus on moving back to more in-person services, Senior Centers re-opening with safety precautions and working to adapt where needed to make environments safe while getting back to some level of "normalcy". We will also be continuing our focus on technology from physical access to education and training, to increasing familiarity and comfort in using technology as another options for accessing services and supports. We have come a long way in improving the delivery of virtual services and will continue to expand and find new ways to reach more diverse populations. We have been working with members form U4A, the Utah Commission on Aging, Jen Morgan, and staff with the UATC at USU in several areas related to improving access, expanding service delivery including virtual services and improving capacity of the AAA's. This has included a special sub-committee focused on a Statewide Virtual Senior Center to include a calendar of events. This has led to work with a tech and senior services company to identify ways to improve workflow and streamline reporting to enable AAAs to improve reporting and data collection to show impact in turn increasing Aging Networks ability to be competitive in development of working relationships with health plans and health care providers to expand the scope of services in addressing social determinants of health more efficiently. The 2020 Census will also play a large role in Aging Services, in particular for our service area with an already disproportionately higher population of older adults. As we look at specific demographics and trends for the future as well as funding changes resulting from the 2020 Census.
5. **ACL Discretionary Grants** – Five County has continued to participate in and support ACL Discretionary Grants. We continue to provide letters of support and receive funding from these discretionary grants through Utah DOH and DAAS. This has included funding for Evidence-based programs and SHIP/MIPAA funding. We continue to be a sub-recipient of funding form NCOA through discretionary funding under MIPAA. We have also received ADRC- COVID-19 funding received by USU as part of discretionary funding from ACL. U4A has also been actively researching options this past year to make improvements and changes to expand our reach and enable the association to apply for funding in support of the Aging Network in Utah. We are also working closely with Rob Ence with the Utah Commission on Aging as a network to improve access to other funding, including discretionary grants and funds. I am hopeful that the coming year as we move past the pandemic that our agency will be able to play an even more active role in support of and applying for discretionary funding.
6. **Participant-Directed/Person-Centered Planning** – Five County continues to support and make improvements in our overall service delivery model taking a more person-centered approach to service delivery. Staff have been trained in person-centered care models in providing case management, options counseling, benefit enrollment, Medicare counseling, education, training, and advocacy. Just prior to COVID-19 we made improvements to our screening and intake process; however, the impact of COVID-19 on service delivery made it difficult for us to keep up with the demands and increased call volume. In February, we hired a full time Options Counselor to handle all of our incoming calls and inquiries for services with the goal of completing a comprehensive screening, intake, and referral process for all inquiries both for services within our agency and through community partners, providing when possible, warm handoffs. We are also working on an improved data and reporting system which would allow access and sharing of certain demographics and data, so the individual does not have to provide the same information to multiple individuals.
7. **Elder Justice** – We continue to manage the Long-term care ombudsman program for our service areas, and they have done an excellent job working with the LTC facilities during the pandemic and the impact it had on resident of these facilities. We continue to provide outreach and training to help educate and inform older adults, their caregivers and the community about Elder Justice and issues of abuse, neglect, and exploitation. We have done virtual outreach: including blogs, Facebook posts, videos including a recent Webinar with Paul Greenwood talking about dating scams and exploitation. We continue to contract with Utah Legal Services to assist individuals who may have legal issues related to elder abuse and financial exploitation. This past year with worked with DHS/DAAS we started an Elder Justice Multidisciplinary Team in Southern Utah in January via virtual meetings. We have held 3 meetings and had 2 special case staffing since starting the MDT.

ACCOMPLISHMENTS FOR THE PAST YEAR

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

Senior Center’s, Nutrition & Supportive Services:

a. Beaver County: The County Council on Aging Coordinator and her staff do a great job with limited staffing and resources. This past year has been a challenge as it has for all the centers. Currently, they are short staffed and need to hire two additional staff before they can be ready to re-open the centers for in-person services. In addition, they are working to find additional volunteer drivers to assist in transportation in effort to increase out of town trips for medical appointments, shopping, and essential services. Beaver County COA traditionally sponsors two large annual events: The Beaver County Senior Citizen Health Fair and Senior Day at the County Fair which they have had great attendance. The events introduce seniors to resources and services available to support their independence and maintain health and safety. We do have a couple of Tai Chi for Arthritis leaders in Beaver County who have been teaching some classes virtually since the pandemic. This past year the Beaver City Senior Center was renovated which was a huge accomplishment and they were finally able to move back into the building at the end of December. In addition, the Milford City center also went under some renovations displacing staff for a while as well. Both Centers staff did an amazing job adapting to their temporary kitchens in preparing the meals. With the COVID Pandemic, the centers had to go to strictly meals on wheels delivery. Over this time, they had a significant rise in the number of meals being prepared at one time. The drivers also had the challenge of delivering more meals while doing this in a timely manner. The Coordinator commended her staff for stepping up and doing a great job. Two the three Meals on Wheels trucks in Garfield County do not have four-wheel drive and occasionally get stuck or slide during the winter months. They have been working on options to replace these vehicles but had some delays due to issue with funding and delay in getting applications submitted. However, they are working with Five County to see about other funding sources or options to replace the two older vehicles with four-wheel drive. The County has some funding to put towards the match. Other barrier they have are affordable transportation options for those without transportation. They would also like to at options for a meal delivery service coordinated with local restaurants in the County to deliver meals to homebound clients when Meals on Wheels is not available. Plan for Re-opening of Centers: At this time, the center plans to purchase some equipment to sanitize the eating areas before and after meals and activities. They will also limit the number of people for congregate meals and activities until it is determined to be safe to increase the numbers. They do not plan to discontinue or start any new services but plan to offer virtual programming in addition to regular center activities. The coordinator is concerned about seniors who were put on MOW due to the pandemic not wanting to come back to the center for congregate meals after the centers re-open. She has already had some prior congregate meal participants say they do not want to go back to congregate meals. She commended the AAA, State Unit on Aging and ACL for the outstanding job of helping the Counties.

b. Garfield County: Garfield County continues to be very busy serving seniors in their community. They have also seen increase in number of seniors receiving meals since he pandemic. Like other Counties, they have started providing additional services due to the pandemic, specifically, additional check ins and reassurance calls with clients and assisting with shopping, delivery and pick up of essential items, such as groceries, mail, Rx’s. Garfield County has always had good participation in preventative health programs with active volunteers teaching these classes, including CDSMP, DSMP, CPSMP, AFEP, Stepping on & Tai Chi. Due to the pandemic, they have not been able to offer as many classes; however, while the

weather was good, they were able to offer Tai Chi and AFEP outdoors with proper social distancing. In addition, individuals could participate in virtual classes offered by Five County. Prior to the pandemic, Garfield County provided regular transportation to Cedar and St. George at least monthly and local trips on weekly basis as needed to help Senior access needed services and for some recreation activities. They hope to get back to doing more of this as they are able to re-open the centers. All the centers in Garfield County do a great job providing nutrition services, their cooks are known for their amazing food, which is prepared almost entirely from scratch. They did end up having to completely close one of their centers and meal prep/delivery for a couple weeks last summer due to some positive cases of COVID-19 among their staff; however, the emergency meal packs had been sent out to the seniors and the center reached out to all of those receiving meals to make sure they were okay and did not need any additional meals/food in addition to the emergency meals. Five County was also ready to provide a frozen meal option through contracted vendor if needed. The new Escalante Community Center which houses the Senior Center and Food Pantry had just opened a few weeks prior to the pandemic so I know they are looking forward to being able to re-open the centers. They had also been looking at options for a new center for the Bryce Valley area as the current Henrieville Center, which is housed in the old schoolhouse, has areas that are not handicap accessible, and a very small kitchen. As their meals have increased in the area, they need a larger commercial kitchen to prepare the meals, and which meets health regulations with a larger dining room to accommodate their senior population. Re-opening plans: They have been offering exercise programs for the last month two days a week at the Center with anywhere from 4-10 clients, they have implemented safety procedures including sanitizing and social distancing. They plan to re-open the Escalante and Panguitch Centers on May 4th with safety procedures in place including mask, hand sanitizing stations, encouraging vaccinations. They plan to open congregate meals and transportation along with limited activities. The Henrieville center, due to staffing and limited space will continue to do home delivered meals at this time. The senior care looking forward to in-person services.

c. Kane County: Kane County continues to prepare their meals for both Centers at the Long Valley Center which keeps their overhead costs down and eliminates food waste. The meals are then delivered to MOW recipients throughout the County and to the Kanab Center for their congregate meal (pre-covid). They have gone through some staffing changes over the past year with both the former County Coordinator and Center Director retiring this past year. They recently hired a new Coordinator/Director, Jerica Bauer, who was already working at the Kanab Center. She is already doing a great job and eager to learn all she can and excited to look at new and innovative ways to expand services and support for older adults in Kane County. They have begun working with the Kane County Coalition to bring community efforts into the Senior Centers in Kane County. With the pandemic and having some vacant positions at the center they have not been able to be as active on the coalition, but they understand their participation will only enrich the centers collaboration with key member in the community in the future. They have two certified instructors for evidence-based programs: AFEP, Tai Chi and Fall Prevention. They have attempted a couple of different options to implement these programs with the COVID limitations but have only had minimal success. They are looking forward to opening up the center to have in-person classes both inside and outdoors. When the numbers had started to decrease in the fall- there was short time when they were able to gather for a Walk with Ease class but that was shut down quickly when the numbers increased again. However, they have had success with building a virtual walking team for the Walk with Ease Challenge sponsored by Five County RSVP in January. They also have exercise equipment in both of their centers to utilize when they are open again. Like the Escalante Center, the new Kanab Center had just opened when the pandemic hit, and they had to close down. So, one challenge they will have as the center re-opens is getting things established and organized in their new center to meet the needs of the seniors participating in activities and services. They hope to create a place where seniors want to come and mingle with other seniors; where they feel needed and wanted, a place for them to strengthen, share and learn skills that help them continue to have meaningful, independent, and quality of life, providing a safe space for vulnerable populations, and place community can come and support seniors. As with all

the counties, MOW has been very busy during COVID and has helped many seniors to ensure they had good nutrition and personal contact with the driver for their mental well-being. They have also helped with shopping, transportation, pick up and delivery of essential items. They assisted with signing seniors up for vaccinations and assisted with transportation to the health department when needed. They have offered telephone reassurance to isolated seniors. When the center opens, they are hoping to start more classes and host more community-based programs that encourage senior independence and health. They are increasing their ability to utilize technology in the centers to host classes and offer virtual services and improve access for seniors. Their future plans are to work on getting the COA Board full of active members and running smoothly working with local government officials and the AAA. They are also hoping to better utilize the many volunteers that want to help seniors in their community. They were recently able to recruit two new volunteers for the Five County Senior Companion Program which will benefit seniors in Kane County. As with Beaver County, they feel COVID has made the senior population rely more on MOW. They hope they will be able to get as much support when they re-open their congregate meals. They continue to provide outreach and education distributing flyers and information to the seniors through MOW, newsletters, and their Facebook page <https://www.facebook.com/KanabSeniorCenter/> They are currently in process of getting a new MOW vehicle. Re-opening plans: Phase 1: open up for activities and exercise based on reservation in advance so number of participants can be limited for safety following health department recommendations. Offer coffee, tea and individually wrapped food, snacks. Phase 2: Following health department recommendations open up for congregate meals and start using buses for shopping and trips in and out of town.

d. Iron County: Prior to the pandemic, The Cedar City center was becoming a mecca of activity for older adults with the center full of activities throughout the day and sometimes into the evening. They had added more than 5 new classes/activities, seven of which were health related. They continued to work with Five County to expand evidence-based health prevention programs as well as offering other exercise/fitness classes and educational events at their centers. They offered AFEP, CDSMP, DSMP, CPSMP, Stepping on and Tai Chi; along with Fit and Fab, Kick Stick and 2 Yoga exercise classes. They had started offering a monthly Dance Night with a 6-member live band with average of 100 people attending. They also had a new Pool table and Shuffleboard donated. Even though the centers had to shut down for activities during the pandemic, they continue to publish their 12-page monthly newsletter with 1,000 newsletters printed each month and distributed to seniors and health facilities such as pharmacies, doctor offices with 1-2 pages dedicated to health-related issues and Five County provides Medicare messages to include in the newsletters. Several times a year they would have special presentations by medical social services to provide seniors information about where and how they can receive the services they need. The Senior Centers continues to participate in a local county group, "Senior Support" where local businesses and organizations help and support seniors. Iron County has always played an active role with the annual senior's conference preparing the meals for the conference; however last years and this year's conferences are virtual due to pandemic. Plans for the future include offering presentations during lunch time and special events promoting health, including volunteers' staff from Zion's Way providing health information and free health screenings from Horizon Home Health. Being closed this past year has resulted in more online and virtual meetings and programming. They plan to work closely with Five County to be able to offer exercise classes, evidence-based programs, health education, activities, and other special events virtually. They plan to work closely with cities, towns, and the County to find ways to promote assistance for seniors with special needs. With the centers being closed, it has given them the opportunity to prepare the centers with much needed, deep cleaning, sanitation, and renovations. They were able to completely re-paint all the rooms in the Cedar City Center. All closets and storage areas were cleaned and de-cluttered. They were able to have landscaping done at the centers with help of the local LDS Missionaries. (see attachment 1)The biggest accomplishment was undergoing a 5,000 sq.ft. addition to the Cedar Center, doubling the previous size of the building (see attachment 2). This opens up opportunities for increase size of existing exercise and other activities as

well as allowing for more exercise, recreation, education, activities, and general meetings. This new addition should help resolve their biggest challenge prior to the pandemic, which was growth and having enough space to accommodate the needs and request for events/activities. Re-opening: Iron County reopened their centers the first of April with a partial re-opening which included limiting activities and having safety procedures in place. They have not started congregate meal service yet, which is planned for their phase two which will be the first week in May. Their plans will be to make sure as the centers are open and as they increase and expand services and activities that they adhere to pandemic protocols as outlined by the health department as well as internal protocols to keep senior's safe.

e. Washington County: Washington County, in particular, the St. George Center has always been bustling with activities from which seniors could participate throughout the day. The significant growth in seniors 60+ retiring to the area, along with an estimated 20% more temporary resident (snowbirds) with second homes that do not count in the official population; seniors from every age group, 55 – 105, and from every level of ability and interest have participated in a variety of activities and services offered at the Senior Centers. The impact of the pandemic put most of these services and activities at a standstill. Like the other centers in the region, MOW and curbside meals increased significantly and the centers spent a lot of their time focused on meals, helping coordinate essential services, providing telephone call check ins with clients and trying to fill gaps where possible. Washington County was able to accommodate all requests for seniors wanting to be added to the meals on wheels program during the pandemic. And frozen, curbside meals were provided to help fill a need for those who were able to get out of their homes to pick up the meal. Some challenges faced this year were the increased requests from seniors needing a hot meal delivered to their home. Transporting seniors safely to medical appointments, grocery, and other essential services. Helping seniors not feel alone and isolated during quarantine periods. Marketing the services available to seniors, especially during early spring of 2020 when store hours were limited, and other senior programs decreased availability to accommodate for social distancing. The pandemic also impacted fundraising both with their thrift stores and with the Wellness Expo which brings around \$10,000 annually to the Center along with providing outreach, education, and resources to the seniors in Washington County. Their biggest accomplishment for the past year was the partnership with the Southwest Utah Health Department. The St. George Senior Center had approximately 47,000 vaccines administered to the public through the center. Senior Center staff and volunteers assisted with calling seniors (primarily those over 85) to help with the online registration. The St. George senior center also assisted with transporting seniors to and from the center for their vaccine. (refer to attachment 3). Priority for the upcoming year will be marketing services that will become available or that have changed as things open back up. Re-opening plans: Washington County plans to re-open Hurricane Center May 3rd, St. George, and Enterprise May 4th. At that time, they plan to fully open centers with congregate meals being served. Tables will be placed to maintain a safe social distance. PPE's will be available for anyone needing them. Hand sanitation stations will be spread throughout the centers with signage to encourage seniors to sanitize often. Signage will be placed to remind seniors not to enter the building if they are experiencing flu/covid like symptoms. High traffic surfaces will be cleaned multiple times a day to help stop spread. Class sizes will be restricted to the maximum amount the classroom space can allow for safe social distance. They also have plans to continue to offer virtual classes; including having classes like Tai Chi broadcast virtually from St. George Center to enterprise and possibly Hurricane centers via zoom or another platform in effort to expand participation with limited amount instructors.

2. Advisory Councils: The Five County Aging Advisory Council and the Caregiver Support Advisory Council continue to meet quarterly but via virtual platform. The Senior Corp programs have two Advisory Councils, one for the Senior Companion and Foster Grandparent and one for RSVP. We continued to hold COA coordinator meetings but the scheduled varied due to impact of the Pandemic. We ended up holding some special meetings to discuss the pandemic, emergency declaration, changes in service delivery, changes in regulations and new flexibilities along with keeping county coordinators apprised of program

changes, updates, policies, and procedures, reporting and provide training and technical support. I am sure the coordinators were tired of receiving e-mails and correspondence from me, especially at the beginning of the pandemic when things were in a continual state of flux. (please refer to Attachment 4 & 5)

3. **Community Outreach:** As the designated AAA for Southern Utah, we play a key role in the development and delivery of services and supports to the 55+ population and their caregivers, particularly the most vulnerable due to socio-economic conditions. Representatives from Five County continue to be actively involved in the community as it relates to aging services and supporting caregivers. Five County staff serve on a variety of local and state committees and coalitions; including: Utah Association of Area Agency on Aging, Utah State Falls Coalition, State Alzheimer's & Related Dementias Coordinating Council, Eldercare Networks in Iron & Washington County, Southern Utah Cognitive Task Force, Age Well Advisory Council and Community Financial Services Advisory Council for IHC. Our call volume has increased dramatically over the past few years but especially this last year during the pandemic resulting in difficulty keeping up with increased demands and call volumes. As a result, we have been working to make improvements; including hiring a full-time Long Term Care Options Counselor to help improve overall I&R, screening, intake, and referral processes. As part of this we are working with a company called Mon Ami to improve workflow and how data is collected and shared as staff from different programs work with consumers and as we refer to senior centers and other agencies. The long-term plan is to develop technology and a data system that allows for improved workflow, better sharing of data, and decrease duplication of efforts, workload, and ease of access for older adults. The impact of COVID-19, on traditional in-person services, not only changed our immediate response in how we approached the delivery of services to older adults but also changed our overall perspective and focus as an agency; expanding our capacity and reach well beyond what we would have ever envisioned prior to COVID-19 and will have long lasting impact on how we deliver services well into the future. We have made significant strides in expanding virtual services which will be detailed below. We developed a Media Team comprised of key staff members who meet on a monthly basis to discuss, plan, set goals and schedule outreach activities for the coming months to include upcoming classes, events, website, blog posts, social media posts, videos, webinars, training/conferences mass media and other outreach. Our primary focus has been on new virtual service delivery models and how these can be assimilated across the entire agency and all of our programs in providing a holistic approach. We made additional improvements to our website including events and weekly blogs. We now have daily Facebook posts focused on specific issues, based on monthly or weekly themes and specific events happening on a local, state, and national level that impact seniors. We also have a closed Facebook page for caregivers with regular posts and opportunities for caregivers to connect. We continue to have a Pinterest page and added a Utube Channel and LinkedIn page to connect with other agencies and professionals. We also started a Webinar Series with the first one in February with Paul Greenwood, Elder Justice Attorney, speaking on dating fraud, here is the link: <https://www.youtube.com/watch?v=oJ4gx3beLEI>. We now have a new website and Facebook page which are more user-friendly, webpage: <https://www.areaagencyonagingfivecounty.org/> and Facebook page: <https://www.facebook.com/AgingFiveCountyUtah/>. Our efforts with the media team and expanding our virtual services has had huge impact, just in the past quarter, we had 86 Facebook posts (not counting Caregiver page) with total reach of 12,098, 1,773 individuals reached through our website, 21 posts to Utube with reach of 296, newsletters with reach of 21,000 and 15,450 through press release in St. George News. In addition to this work, with funding from the ADRC COVID-19, we have been able to use some staff time to develop training and provide technical support to the senior centers in providing technical training to their staff and volunteers to expand their ability to offer virtual services. In addition, the curriculum includes a "train the trainer" component so staff and volunteers can turn around and provide training/technical support to older adults. In addition, with these funds as well as funding through ACL, we were able to purchase additional technology, including laptops, smart TVs, webcams, hotspots with data, translation devices and other technology to support the Senior Centers and our Aging staff in providing services virtually, including

telehealth. In addition, as centers open up and in-person services are able to be safely started up again, this technology we be available and accessible to clients who may lack access at home but can come into the center or the AAA. We will also be able to provide more remote services given time and distance limitations for AAA Staff to travel to a senior center in an outlying area who can now video conference into a senior center and meet with a client virtually. In addition, we can expand our reach with evidence-based programs where we lack adequate leaders. Existing leaders can now teach a class remotely via video conferencing into the center using the smart TV and other technology while the seniors are participating in-person at the center. Finally, as part of the virtual programming, we are working closely with U4A and staff from other AAA's, along with Rob Ence with Utah Commission on Aging and Jen Morgan with USU and UATC in development of improved access through a Statewide Virtual Senior Center to include a website, calendar of events and improved access to technology for seniors. If I can say one positive thing that has come out of this pandemic, I would repeat what I said at the opening plenary of the NCOA virtual conference last year, when asked "What could a future filled with hope look like for older adults?" "I see so many positive things that we have learned, new collaborations, new community partners, new methods of service delivery and continue to build open that. It may have taken a pandemic for many of us, including our older population, to step out of their comfort zone and see all that the virtual world has to offer us. We have just opened up the Field of Aging to a whole new world. We can never replace the intimacy of the human touch and that in person contact; but we have learned that we can still connect no matter how far away we are, and in many ways we our ability to connect has now become endless and no longer bound by distance.

4. **Preventative Health Programs** For detailed information about our Preventative health Programs; including updates and successes for the past year please refer to the Goals and Objectives section which outlines the evidence based and evidence informed programs we offer. Key components of the success of these programs are related to use of lay/volunteer leaders, collaboration with community partners, pooling of resources with funding from: Utah Department of Health, Title III-D, RSVP Grant, IHC Foundation, and in-kind support. We currently have 13 CDSMP, DSMP and CPSMP, 6 AFEP, 13 Tai Chi, 5 Stepping On and 7 WWE certified instructors, as well as master trainers: 2 CDSMP/DSMP/CPSMP (1 pending) and 2 Stepping On.
5. **Home & Community Based Programs & Case Management Team:** We continue to have a qualified team of social workers, nurses and support staff working with our Home & Community Based Programs. We have 2 nationally certified Dementia Care Practitioners, 7 staff trained in Dementia Dialogues, 5 staff trained in RCI Reach, 4 Staff trained in RCI Dealing with Dementia, 9 staff trained in Caregiver Academy and 4 staff trained in Music and Memory. We have one staff member who is a Therapeutic Recreation Technician who is able to use these skills to develop dementia activity toolkits, training and in conducting support groups for caregivers. We have one Veteran Service Officer actively working for our AAA. Overall, we continue to receive positive feedback from clients, their families and the community regarding the services provided by our staff and the support they provide in helping these individuals remain at home and in the community. Monitoring visits this year have been delayed due to COVID-19 for Caregiver and Alternatives Program, but we have been in compliance and state staff continue to be pleased with the level of support and commitment from our staff. We are waiting on the final results for our AW Audit, but we are aware of a couple of issues that we are working to remedy. It has definitely been a difficult year for case management with the impact of COVID-19 on service delivery and limitation on in person visits. It is challenging to provide the same level and quality of case management through limitations of telehealth, especially with older populations who lack skills or technology for video conferencing. This has been especially difficult for a lot of our clients who rely heavily on their case managers not only for the support they provide but as someone they look forward to seeing each month. We have also been short staffed since last October and have struggled with finding an eligible applicant with required licensure. We were

finally able to hire a part time case manager the first of April but shortly after that we were hit with the devastating news that one of our full time, long-term, case managers were diagnosed with terminal cancer. Needless to say, this has been a very difficult year for our agency and our case management team who have had an unusually high level of stress with increased job demands. I am honored to work with such an amazing team that even in the most difficult times has stepped up to face challenges with integrity, determination, and support for each other.

6. **Caregiver Support Program:** We continue to put a strong emphasis and priority on providing access, information, education, and training to caregivers to provide the tools they need to manage the different challenges that may arise as a caregiver. Respite continues to play a vital role in the services we provide; however, it also serves as a “band aid” due to its funding and time limits. By providing education and training to caregivers we better prepare them for the demands of caregiving and improve their overall ability to manage and adapt to changes and stressors than if they solely received respite services. The following is a list of some of the services/programs we are providing for caregivers:
 - a. **Rosalyn Carter Institute (RCI) Reach & Dealing with Dementia:** We only served a few clients on RCI Reach this past year which is set up for one-on-one in person session it was difficult to do virtually. In addition, RCI is currently in the process of making significant changes and updates to the program so as of January 1st no new clients were to be added to the program and it was placed on hold. We also offer the RCI evidence informed program, Dealing with Dementia, which includes a four-hour workshop in a classroom setting for family or professional caregivers of people living with dementia. Topics includes insight into caregiving experience, easily understandable explanation of dementia, best practices in caregiving, problem solving around dementia behaviors, and tips for caregivers to find selfcare and stress management. Like so many things, our ability to offer these classes was impacted by the pandemic as we could no longer do in person classes and needed time to receive approval to offer and to set up virtual classes. We will be starting a virtual Dealing with Dementia Class in June.
 - b. **Dementia Dialogues:** a 5-session training course designed to educate individuals who care for persons who exhibit signs and symptoms associated with Alzheimer’s or related dementias. We have developed a partnership with DSU to offer this class through their community and continuing education program. As with other classes, the pandemic limited our ability to teach these classes and we have finally received approval from the developers to start teaching these classes virtually with the first one starting in May.
 - c. We continue to have requests from physician offices for the “**Making the Link**” packets. In addition to physician offices, we had planned to prepare and distribute packets at the Early State Memory Loss Education Series sponsored by Memory Matters and supported by Five County; but these classes were placed on hold due to pandemic. We recently conducted a virtual training for around 20 IHC Ambulator Care Managers providing both e-version and hard copies of the Making the Link Packets.
 - d. **Caregiver Academy:** Caregiver Academy a series of six workshops, developed by SL County Aging, to help caregivers better manage a care environment and learn the skills to find time to re-energize and add quality back into their daily lives. The Caregiver Academy Guide is used in conjunction with the Managing Care Guide, also developed by Salt Lake County. We offered the first virtual Caregiver Academy in February but have not been able to do any in person classes this past year due to pandemic.
 - e. **I’m a Caregiver, Now What?** Is a guided training on what to expect when becoming a caregiver. Whether becoming a caregiver is a sudden or expected event it can be overwhelming and lead caregivers into looking for a place to turn for help. This training can provide support and insight into next steps in caregiving. Developed by one of our case managers based on her years of experience and training both as a social worker and a therapeutic recreation technician. The first virtual class started in April.
 - f. **Music & Memories:** We continue to be licensed as a Music and Memory site and have provided I-pod shuffles, headsets, and a playlist to individuals with dementia and their caregivers. This journey in supporting individuals with dementia and their Caregivers through music is such an amazing experience for all those involved. We are also part of the Utah Coalition for Music and Memory.

g. **Other Caregiver Services:** Our monthly in-person caregiver classes/support groups were placed on hold this past year due to the pandemic. We added an online support group "Teatime with Sheri using virtual platform with a couple of caregivers participating on a regular basis. We continue to have great success with our AAA Five County Newsletter which includes information on caregiving as well as upcoming events and classes. We continue to offer a paper version, but most are being accessed virtually through an e-version which includes posting on our website and social media as well as being sent out to our listserv with an estimated total reach of around 7,000 monthly. This significant increase from last year is due to changes we made in our outreach and establishment of a media team and our ability to reach more individuals through mass media, website, and social media platforms. We also have a closed Caregiver Facebook page with regular posts related to caregiver and opportunities for caregivers to connect with each other, it is a slow process, but we are getting more caregivers participating on the page. We have also continued our collaboration with Memory Matters in several areas: including contracting for services and staff co-leading their Early-Stage Memory Loss Class and with telephone reassurance as part of our RSVP Program.

7. **Veteran's Services, LTC Options Counseling & Benefit Enrollment Center:** We continue to serve as an Aging & Disability Site providing I&R and LTC options counseling within the confines of current funding limitations. After funding was cut in 2017 from the VHA, Office of Rural Health for the COVER to COVER (Connecting Older Veteran's, especially Rural, to Community or Veteran Eligible Resources, aka C2C), we were able to identify funding through a grant from National Council on Aging for a Benefit Enrollment Center with emphasis on serving Veterans. We were also able to procure funding from the Utah Department of Veteran's and Military Affairs to fund a portion of the cost for our Veteran Service Officer. And just recently, with support of Jen Morgan with USU and founder of C2C, we procured funding from the Department of Health as part of a Rural Veteran Health Access Program (RVHAP) we received some additional 1x funding this year to support Veteran outreach in rural communities. Given the significant impact C2C and the VSO has on the lives of Veteran's and their families; we will continue to do all we can to identify funding options to help support these services. In addition to the emphasis on serving Veterans, a key component of our Benefit Enrollment Center (BEC) is to screen and assist Medicare Beneficiaries in applying for a variety of public benefits with focus on 5 core benefits. During the prior 15-month project period, our VSO has been able to assist 228 Veterans spouses and/or their caregivers with applying for Veteran's Benefits as well as other public benefits; and during the first six months of the current project year, even with impact of pandemic, she has assisted 74 Veterans. Under our BEC grant, including veterans, during the prior 15-month grant cycle we served 839 individuals in accessing a variety of public benefits including 1,397 core benefits, 324 Veteran benefits and 649 other public benefits, exceeding the grant goals. So far in the first 6 months of this year, even with impact of the pandemic on outreach and in-person service delivery, we have served 287 individuals with 1,037 public benefits including 110 Veteran benefits. We continue to strengthen our partnerships with senior centers, RRCI, Paiute Tribe, SHIP/SMP, HEAT and Weatherization in referrals and assisting with screening beneficiaries. Because of our success, we continue to be an example to other BEC and have been asked by NCOA to participate in presentations and technical assistance to other BEC's. We also had staff present at the NCOA Virtual conference last year both on Veteran's Benefits and our BEC, and the AAA Director was invited to speak at opening plenary on the impact of COVID-19. We will also have three staff presenting at different sessions at this year's Virtual NCOA Virtual Conference in June. We continue to provide case management for the Veteran's Directed Home & Community Based Program. We have served 36 clients this past year and currently have 21 clients on services with 4 pending enrollments.
8. **Senior Corp Volunteer Programs:** Our program coordinator for Senior Companion (SCP) and Foster Grandparent (FGP) continues to do a great job in the management of the programs; including recruitment, retention, and recognition of volunteers. COVID-19 had a significant impact on all three of our Senior Corp

Programs which by nature are intended to be delivered in-person; however, not only where our Senior Corp volunteers older and in a higher risk category for COVID-19 but so were the majority of the consumers they served. As a result, at the beginning of the pandemic, all Senior Corp volunteers and services were put on hold as options for alternative and/or safe service delivery were identified and implemented. For Senior Companion and Foster Grandparents who are low-income and receive a tax-exempt stipend for their service we were concerned about the impact of not receiving their stipend while services were on hold. However, AmeriCorps Seniors, the federal funders, obtained approval for an allowance to enable them to receive the stipend while services were on hold. In addition, for the SCP, the coordinator had to follow up with the clients to make sure they had alternative options to support the gap left by the temporary hold in their companion services. We were eventually able to get the senior companions back to service by September 2020 with safety procedures and some limitations in service activities. And we have even been able to recruit some new volunteers, including two in Kane County. For the Foster grandparents it has been more challenging as many of the schools are still not allowing any volunteers back into the schools. We were able to identify a few charter schools that were willing and able to accept some of our volunteers into their schools to provide tutoring with safety precautions in place. However, at this time, we are still waiting for approval from the Washington County School District to allow volunteers back into the schools which we are hoping will happen in the fall. In the meantime, this has impacted service delivery as well as recruitment of new volunteers. Our RSVP program was up for re-competition this past year and we did have some concerns given some struggles we had during the initial grant cycle in meeting our performance measures due to staffing and then the impact of the pandemic. However, we were successful, and our grant application was approved for another 3 years which started April 1, 2021. Of course, like so many of our other programs the pandemic had significant impacts on our service delivery. As noted, with the exception of the telephone reassurance volunteers, all other volunteers were placed on hold and the sites where volunteers served, primarily senior centers were closed for any in-person services. Telephone Reassurance Volunteers, who for the most part, worked from home and did not have in-person contact with clients, were able to continue to provide support which was even more important after the pandemic, in providing socialization and companionship to socially isolated older adults and vulnerable populations. For the Evidence-based health prevention programs provided by RSVP Volunteers, we quickly started looking for options that would allow the volunteers to continue providing these important services. We were able to get approval to conduct some of these classes virtually; however, the next steps were getting ourselves and in particular, the older volunteers comfortable with using Zoom to teach these classes virtually and to find ways to reach older populations to participate who were connected "virtually". With a more long-term goal of identify ways to reach older adults who may not be connected through technology to assist them with access and training. We were one of the first agencies to offer a virtual evidence-based class which was a virtual Walk with Ease offered in May of 2020, shortly after the start of the pandemic. We had great success with over 70 individuals participating in this first virtual class from not only within the Five County Area but from other areas of the State. This was one factor which helped lead to the idea of a Statewide Virtual Senior Center in Utah leading to the current workgroup as mentioned previously. We were also able to record our volunteers teaching the different walk with ease sessions which were placed on a new Utube Page we had developed as part of our Media Team and expansion efforts. Now individuals who cannot or do not want to participate in a live or in-person session (once we start back up) can participate in a "self-directed" model by watching the videos and walking independently. Shortly after our first virtual Walk with Ease, we were able to offer a Chronic Disease Self-management class virtually and have been able to offer other evidence-based programs, including Tai Chi, Chronic Pain, and Diabetes over the past year. We have also been able to teach some of the classes in-person, outside (weather permitting) with social distancing and safety precautions, primarily Tai Chi classes. Our RSVP Director has also looked at creative way to engage during the pandemic and has implemented Walk with Ease Challenges where teams are formed and compete for the highest number of miles walked over a 6-week period and individuals are asked to watch the Walk with

Ease Videos on our Utube Page during the 6-week period. Overall, it has been a slow process and we are not at the capacity we were prior to the pandemic, getting the RSVP Volunteers comfortable with using technology and doing these classes virtually, and we still have work to do in expanding virtual service delivery but feel overall our staff has done an amazing job and we have been successful in this area. And we have even been able to recruit some new volunteers to teach classes both virtually and in-person. We still had 97 volunteers enrolled under RSVP this past year, exceeding the 83 required. However, many of them were on hold during the year due to COVID-19. Our overall performance measures were down but we still served 125 telephone reassurance clients, 27 individuals participated in CDSMP/DSMP, 88 participated in AFEP or Tai Chi, 135 participated in Walk with Ease and 7 with CPSMP. With vaccinations and in-person services are starting to slowly open up more; including re-opening of Senior Centers over the next few months; we are hopeful to start providing more in-person classes as well as continue our virtual classes and get up to full capacity within the next few months. As noted we will continue expanding our virtual options both locally and working with statewide efforts including identifying ways to increase access to technology for older adults from both needed equipment or internet to training and gaining skills needed to feel comfortable in using the technology. As part of this, with some one-time augmentation funds from AmeriCorps Seniors to help address barriers due to the pandemic, we were able to purchase 25 tablets with two-year data plans to be used by our Senior Corp volunteers to assist not only with providing services virtually but in helping consumer in accessing services and support. In addition, for the SCP and FGP program, we were able to hire a temporary part time position through June 30, 2021, to provide one-on-one and small group training to the volunteers and some of their clients in how to use these devices or other technology; including how to set up e-mail, use internet, use Zoom or other platforms. We are hoping with some additional one-time funding we can keep this position on for at least another 6 months to a year and also expand her reach to our RSVP volunteers and potentially other volunteers and consumers we serve. Finally, even with not being able to meet in person until recently, the program directors were still able to find way to recognize their volunteers through "drive-thru" recognition events, through social media and other fun ways (refer to attachment 6).

9. **Senior Health Insurance Information Program & Senior Medicare Patrol:** The past year has been a challenge for the SHIP and SMP programs. In general, our numbers were 50-60% lower in just about every area during the last year. The SHIP program had 1071 beneficiary contacts and reached 2259 people through group outreach. Due to gathering limitations, most of our group outreach had to be done virtually. We also had 75 Part D or Medicare Advantage Plan enrollments this last year, providing a savings of \$88,323. There were two areas where we did have significant improvement though. The first was in assistance applications. During the last year, we saw a 500% increase in applications with ESL individuals and a 250% increase in applications for people under age 65. Overall, our number of applications for assistance programs increased by 200%. The second area we saw significant improvement was in our Media Outreach. In 2019, we did just 12 media events. In 2020, that increased to 91 events. As we move forward, we will try to balance in-person and virtual events with media outreach for a more balanced approach to working with beneficiaries.
10. **In-Home Services:** We have continued to actively add new clients to in-home services, this has been somewhat challenging with limitation on in-person case management and using telehealth. In addition, there was some delay at the beginning of COVID-19 and some programs placed hold on adding new clients until procedures and adjustment could be made due to the pandemic.
 - a. So far this year we have served 65 Alternative clients. We provided 22,298 units of homemaking, 5,881 units of personal attendant and aide, 12,718 companion units, 2,321 units of transportation and a variety of other services including medical equipment & supplies, assistive devices/technology, med. management, respite care, emergency response systems, etc. Our waiting list is currently at 80 people,

almost double the amount from last year. Overall, we have served less clients to date this year compared to last year. This is primarily due to an increase in provider rates which increased the overall cost per client reducing the number of clients we were able to serve with stagnant funding. We had not increase provider rates for several years and our existing rates had been well below comparable rates for other areas and programs. In addition, we have had clients coming on the program with higher risk scores and higher acuity of care due to large waiting list which less turn around.

b. As of February, we have served 70 Aging Waiver clients with 4 pending. Our current caseload is at 60, up 21 from the same time last year. We currently have 57 clients from our area on the statewide waiting list, which like Alternatives has increased by around 30% since last year. To date we have provided 4,286 units of case management, 16,751 units of Aide and PAS, 14,035 units of Homemaking, 13,046 units of companion services along with a variety of other services and supports. We currently provide case management services to 111 New Choices Waiver Clients with 3 pending.

c. As of February, we provided 2,288 units of respite support to 40 caregivers with 6 pending clients. In addition, we provided 1,601 units of access/assistance, 128 units of counseling/support groups & training and 576 units of Information Services to estimated audience size of 601,679. Support Group, and Training units are down significantly due to pandemic and inability to provide in-person trainings. As mentioned, we had done a lot to provide these groups and classes virtually and are making progress in getting caregivers to participate in virtual service delivery, but it will take time. We are hopeful to be able to offer in-person classes again in the near future; but will continue to expand our virtual service learning and reach. For Information services our numbers have increased dramatically due to our focus on expanding reach through website, social media posts, webinars, Utube videos, and other virtual services as mentioned previously.

d. This past year we received some funding from the State to help support high risk populations impacted by COVID-19. We served 5 clients who were not eligible for other programs with these funds which including 8 units of homemaking, 300 units of companion, 726 units of transportation and supplemental meals valued at \$1,633.59. We also assisted 3 clients from the DSPD waiting, providing 154 home delivered meals through the Senior Center between September- December 2020.

11. Other accomplishments/challenges in Five County Programming:

a. We continue to contract with Utah Legal Services who has already provided 141 hours of legal advice/services to 65 individuals for the first half of this fiscal year, which is already higher than what they served for the entire prior year.

b. Our Annual Senior's Conference and Resource Fair had to be cancelled last year due to the pandemic. We were able to offer a smaller virtual conference in July of last year which was successful with over 100 people participating either in the live event or viewing on our u-tube page after the event. We are planning another Virtual Conference on May 7th and already have almost 100 signed up with couple weeks more to go. We are also planning an in-person outreach event October 15th in Cedar City where we will be highlighting all of our programs and services as well as recognizing outstanding staff, volunteers, and caregivers.

c. This past Holiday Season, Horrocks Engineering donated funding for a Senior Sub-for-Santa. We were able to provide a little holiday cheer to 17 low-income seniors providing much needed joy and presents, along with a friendly, socially distanced, visit. For many of these seniors it was the only visit and

presents they received over the holidays. I can't tell you how much this was appreciated, especially this year with the pandemic and so many lonely and isolated. And, it truly brought joy to our staff who were able to take a little time from their regular work to help shop, wrap and deliver presents. (Refer to Attachment 7)

d. We are starting a new project in our area called Companion Pets. This has been successfully implemented in other parts of the nation with amazing results and impact. Companion Pets are robotic dogs and cats that are placed in the homes of isolated adults and/or individuals with Alzheimer's or other dementias. It has been effective in helping decrease stress and agitation in someone with Alzheimer's or other dementias. It has also been shown to combat social isolation and depression among older adults. More than 10 research projects have been conducted on effectiveness of these companion pets with results including: reduced feelings of depression, isolation, and loneliness, mitigating AD/DRD decline and associated behavioral issues, engaging experience that calms individuals without use of medication, reducing burden of care for care partners, improved cognitive activity and capability, providing sense of purpose. With support from ADRC COVID-19 funds and National Caregiver Support Program funding, we have purchased 30 pets that we will place in homes of consumers as screened and identified by Aging Staff. As part of the project, we are working with Jen Morgan and Alex Schiwal with UTAC at USU to complete pre and post assessment on those receiving the pets to assess impact of the consumers we serve. In addition, Jen Morgan was able to use some funding to provide 3 pets to each of the other AAAs in the State as part of a pilot project looking at best practices through the evaluation process. We were also able to reach out to our local independent living center, RRCL, who is purchasing pets through funding they have for individuals they serve with a disability and will be participating in the evaluation process.

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

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

Section 305(c): Administrative Capacity

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

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

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

Section 306(a)(2): Adequate Proportions

(a) Each area agency on aging...Each such plan shall--

(2) Provide assurances that an adequate proportion, as required under section 307(a) (2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information, and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services).

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) Legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

(i) The area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) Include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I).

(ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and

service area; and

(iii) With respect to the fiscal year proceeding the fiscal year for which such plan is prepared –

Identify the number of low-income minority older individuals in the planning and service area.

- (I) describe the methods used to satisfy the service needs of such minority older individuals; and
- (II) Provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(i) Identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas.
- (II) Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas).
- (III) Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).
- (IV) Older individuals with severe disabilities.
- (V) Older individuals with limited English proficiency.
- (VI) Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) Older individuals at risk for institutional placement; and
 - (i) Inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

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

Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan:

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

Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals.

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

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and
- (ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
 - I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs.

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

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

Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs

assisted under this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

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

Establish effective and efficient procedures for coordination of:

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

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

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

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

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

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

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

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

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

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

- (i) not duplicate case management services provided through other Federal and State programs.
- (ii) be coordinated with services described in subparagraph (A); and,
- (iii) be provided by a public agency or a nonprofit private agency that:

- (1) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging.
- (2) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement.
- (3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
- (4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

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

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

Section 306(a)(10): Grievance Procedure

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

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

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title.
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

Provide assurances that the area agency on aging will:

(A) Maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) Disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) The nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship.

(D) Demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship.

(E) On the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

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

Section 306(a)(15): No Preference

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

TITLE VII: ELDER RIGHTS PROTECTION

Chapter 1: General Provisions

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

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

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

Chapter 2: Ombudsman Program

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

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

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

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

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

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

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

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

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

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

Section 712(c): Reporting System

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

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

Section 712(h): Administration

The State agency shall require the Office to:

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

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

Section 712(f): Conflict of Interest

The State agency shall:

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

Section 712(a) (3) (E): Representation before Governmental Agencies

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

Section 712(j): Noninterference

The State must:

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

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

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

Section 721(a): Establishment

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

Section 721(b) (1-2)

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

V. AREA PLAN PROGRAM OBJECTIVES

Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Case Management (1 case): Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up, and re-assessment, as required.	N/A	N/A	N/A	N/A
Personal Care (1 hour): Provide personal assistance, stand-by assistance, supervision, or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.	N/A	N/A	N/A	N/A
Homemaker (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.	144	0	1,328	1,500
Chore (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.	711	0	39,991	3,500
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for	N/A	N/A	N/A	N/A

<p align="center">Title III B Program Objective</p> <p>dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, and counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.</p>	116	0	2,064	300
<p>Transportation (1 one-way trip): Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity. Legal Assistance (1 hour): Provision of legal advises counseling and representation by an attorney or other person acting under the supervision of an attorney. Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>		0	13,397 108 3,722	2,000

- Persons assessed and determined eligible for services.

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p>Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p>Outreach (1 contact): Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.</p>			<p>59,275</p> <p>7,224</p>	

* Persons assessed and determined eligible for services.

TITLE III C-1

<p align="center">Title III C-1 Program Objective</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:</p> <ul style="list-style-type: none"> a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture. b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. 	<p align="center">1,783</p>	<p align="center">0</p>	<p align="center">33,025</p>	<p align="center">1,850</p>
<p>Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or</p>	<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
Nutrition Education (1 session): A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			3,722	

* Persons assessed and determined eligible for services.

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

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assessment/Screening (1 Hour): Administering standard examinations, procedures, or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.			2,252	
Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <ul style="list-style-type: none"> a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture). b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding. 	2,252	0	117,736	2,200

<p align="center">Title III C-2 Program Objective</p> <p>Home-Delivered Meals (cont'd): The percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p>	<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>

* Persons assessed and determined eligible for services.

**TITLE III D
Preventive Health**

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Health promotion: AFEP, CDSMP, DSMP, CPSMP, Stepping On, Tai Chi, WWE, Kick Stick, Wii Fi, Health Screenings, other exercise classes			14,615	

* Persons assessed and determined eligible for services.

TITLE III E
National Family Caregiver Support Program (NFCSP)

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
Information: Estimate the number of individuals who will receive information, education, and outreach activities in order to recruit caregivers into your program.	27,070**		312
Assistance: Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	638		2,056
Counseling/Support Groups/ Training: Estimate the number of individuals who will receive counseling/support groups/training.	242		881
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	41	52	2,054
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	8	10	22

* Persons assessed and determined eligible for services.

**This number includes the estimated number of unduplicated individuals reached through Information Services- (this number is increasing as we expand our reach through virtual services, Website, social media (Facebook, Pinterest, Utube), Mass media, webinars, etc.

OTHER OLDER AMERICANS ACT

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

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Friendly visiting, Telephone Reassurance volunteer services, recreation, and training			145,571	

* Persons assessed and determined eligible for services.

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

Mission/Purpose Codes:

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

STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	Home and Community-based Alternatives Program: ** Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	75	80	450
RVP	Volunteer: Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	1,500	170	350

* Persons assessed and determined eligible for services

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

MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
Purpose: A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	55	27	166

* Persons assessed and determined eligible for services.

VI. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

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

1. PRIORITY OF SERVICES

Five Counties is requesting a waiver in regard to the specific assessment tool to be used in assessing individuals for the Title III-B, In-home services as required by State Rule.

Five County contracts with each of the counties in our jurisdiction to provide specific In-home service through the local Senior Centers, which includes chore services, friendly visiting, and telephone reassurance. In addition, this year due to the pandemic we the centers have been providing shopping, errands, pick-up and delivery of groceries, Rx's, mail, and other essential services under category of Homemaking. As such, the local senior center intake worker/staff completes the assessment with the client rather than a case manager at the AAA level. Therefore, in order to reduce the significant time and cost associated with completing a second assessment tool; we are requesting a waiver to allow us to use the DAAS approved Nutrition Screening and Assessment tool rather than the HCB Alternatives Assessment. Since the Senior Centers already use the Nutrition Screening & Assessment Tool for individuals, they serve who receive Cluster 1 Registered Services it will not require additional work and costs on the side of the AAA or the County to complete another assessment. Please note according to OAA the following services are Cluster I services: Personal Care, Homemaker, Chore, Home Delivered Meals, Adult Day Care/Health, and Case Management. Friendly Visiting and Telephone Reassurance are not cluster 1 registered services but are considered in-home services under the OAA and reported as such.

2. SERVICE PROVIDERS

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

AGREEMENT	PROVIDER NAME	GOODS/SERVICE(S)	TYPE
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3. DIRECT SERVICE WAIVERS

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

Is your agency applying for any Direct Service Waivers?

Yes [X] No []

Five County AOG/AAA does not directly provide home delivered meals or meals at any congregate meal sites. We sub-contract the meal function to the County Councils on Aging in each of the Five Counties in our Jurisdiction. However, we are involved in the following program functions for the Nutrition programs:

- Collective Ordering of food, kitchen supplies from retailers, coordination of menu planning between meal sites and dietician, sanitation and other compliance monitoring, and collection of nutrition reporting data.
- Local meal sites and County Councils on Aging do not have resources available to hire staff and carry out the before-mentioned functions on a county-by-county basis. With the overall support we provide to all five counties, it is not necessary for each of the individual meal programs to hire additional staff to complete these tasks, leaving more dollars available to put towards the actual cost of providing the meals for the elderly and enabling them to serve more individuals.
- By utilizing AOG/AAA staff for these program functions, we are able to reduce overall costs by 1) making group food/supply purchases, 2) working with one district dietician to oversee menu planning, and 3) reduce multiple site personnel costs.

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

4. PRIORITY SERVICE WAIVER

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

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services. **Attach appropriate documentation** to support the waiver request as follows:

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

SERVICE CATEGORY**DESCRIPTION OF REASON FOR THE WAIVER**

Access: N/A

In-Home: N/A

Legal Assistance: N/A

5. ADVISORY COUNCIL

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

Council Composition	Number of Members
60+ Individuals	<u>24</u>
60+ Minority Individuals	<u> </u>
60+ Residing in Rural Areas	<u>27</u>
Representatives of Older Individuals	<u>30</u>
Local Elected Officials	<u> </u>
Representatives of Providers of Health Care (Including Veterans Health Care if applicable)	<u>1</u>
Representatives of Supportive Services Provider Organizations	<u>5</u>
Persons with Leadership Experience in the Voluntary and Private Sectors	<u>10</u>
General Public	<u> </u>
Total Number of Members (May not equal sum of numbers For each category)	<u>30</u>

Name and address of chairperson: Sharon Ott

Does the Area Agency Advisory Council have written by-laws by which it operates?

Yes No

Area Agency Advisory Council meetings schedule: July 27, 2021
October 26, 2021
January 25, 2022
April 26, 2020

VII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	64,792	33,019**	Over 6,200
Age 65+	50,595	25,755**	Over 4,400
Minority Age 65+	2,868	228	Over 600

*Population data from the Governor's Office of Planning and Budget are provided for each county on the attached sheet.

**This number includes the estimated number of individuals (including) caregivers reached through Public Information and Information Services- (this number is increasing as we expand our reach through virtual services, Website, social media (Facebook, Pinterest, Utube), Mass media, webinars, etc.

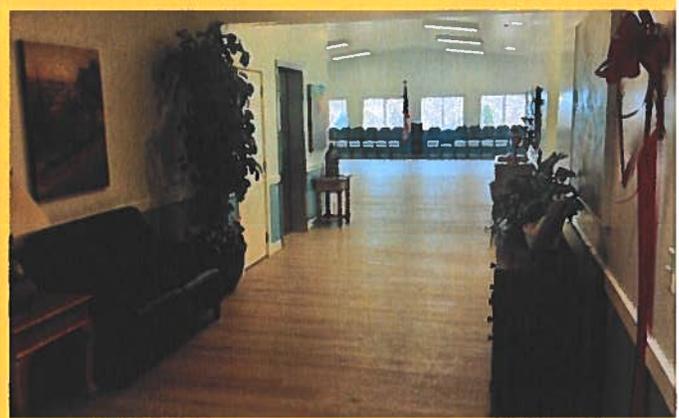
VIII. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

DAAS has not provided any specific question for this year's plan.

L.D.S. Missionaries help to clean and landscape outside of the senior centers.

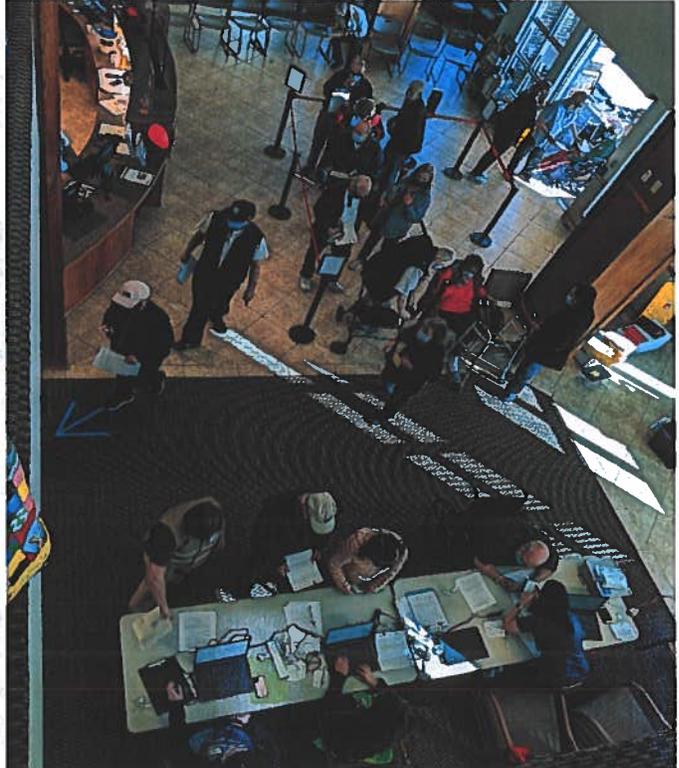


CEDAR CITY CENTER RENOVATIONS & GRAND OPENING

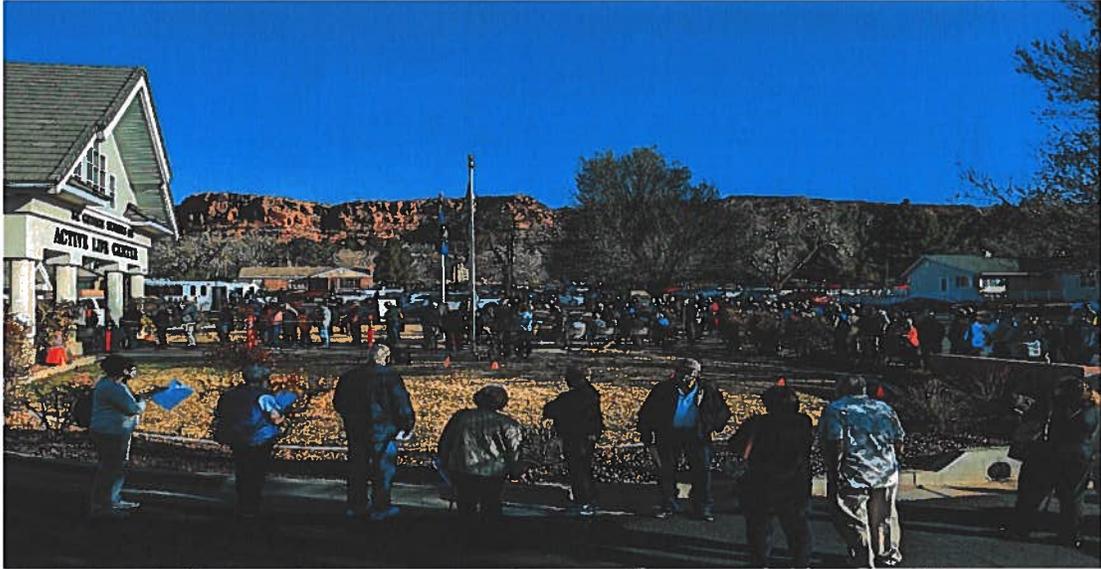


The Cedar Senior Center enjoyed a successful Grand Opening for a new north wing addition. Over 200 people attended with Commissioner Cozzens speaking at the cutting ceremony. The new 5000 sq.ft. addition doubled the size of the existing building which includes two large rooms for exercise, meetings and events.

COVID-19 VACCINATIONS AT ST. GEORGE SENIOR CENTER



Attachment 3
5Co AAA Annual Plan 3rd year 2021-2022



AGING & NUTRITION SERVICE ADVISORY COUNCIL

Beaver County Advisory Council

Sharon Griffiths
Carma Sly
Pam McMullin
Vacancy

Garfield County Advisory Council ***

Art Cooper
Clem Griffin
Joyce Griffin
Pauline Prince -Co-Chair
Judy Henrie
Lael Chynoweth
Wynona Henderson
Ramona Sorenson- At-large Representative

Kane County Advisory Council

Wallace Gibson
Nancy Ford
Connie Ball
Carol Sullivan
Marsha Topper

Iron County Advisory Council

Arlen Grimshaw
Doug Maxwell
Robert Rasmussen
Lois Bulloch
Earl Paddock

Washington County Advisory Council

Sharon Bowman- Chair
Sondra Akins
Ronald Lehm
Vicki Peters
Karr Farnsworth

COUNTY COORDINATORS: (non-voting/alternates)

Sheila Shotwell	Beaver County
Donna Chynoweth	Garfield County
Curtis Crawford	Iron County
Fayann Christensen	Kane County
Christine Holliday	Washington County

***Garfield County Alternates assigned to that attend regularly

**FIVE COUNTY
 NATIONAL CAREGIVER SUPPORT PROGRAM
 ADVISORY COUNCIL**

MEMBER

REPRESENTING

Brenda McKee – Co-Chair	RRCI- Independent Living Center
Jacob Browning	Washington County COA
Cindy Clark	Adult Protective Services
Curtis Crawford	Iron County COA
Donna Chynoweth	Garfield County COA
Jerica Bauer	Kane County COA
Heather Cox	CSP Case Manager
LouAnn Lundquist/Janet Labrum	Memory Matters of Utah
Vacant	Alzheimer’s Association
Rosie Fletcher - Chair	Caregiver Iron County & NAMI
Sheila Shotwell	Beaver County COA
Katie Perkins	Pride Center
Nikko Litras	Caregiver Washington County

FIVE COUNTY AAA SUPPORT STAFF

TITLE

Tracy Heavyrunner	HCBS Director
Carrie Schonlaw	AAA Director
Linda Sawchenko	Accounting Tech/Secretary

Oh, the Places You Go!

You have brains in your head,
You have feet in your shoes.
And serving your friends
is the thing you choose!

With a willing heart,
And the things that you know,
Oh, the people you help!
Oh, the Places You Go!

You go to the post office,
The bank and the store.
You go into homes
and you do a light chore.

Out to lunch, to the dentist,
The hairdresser and doc,
At times you sit down
and just have a nice talk!

The Dollar Tree too!
It's a popular spot.
Then the doctor again
'cause you go there a lot!

You go to St. George,
To Enoch and Hurricane,
To Cedar and Parowan,
Summit and Laverkin.

Yes, a Senior Companion
goes many a place,
But Foster Grandparents
can match their pace!



Although their cars may not
require as much fuel,
To help the kids learn
they must go to their school.

They go to LaVerkin, Hurricane,
Gateway and Three Falls,
They read with the kids
as they sit in the halls.

They go out to Iron Springs,
Coral Cliffs, Fiddlers and North.
They might help in first grade
or maybe in fourth!

To some of these places,
They quickly arrive.
But Escalante and Milford
are quite a long drive!

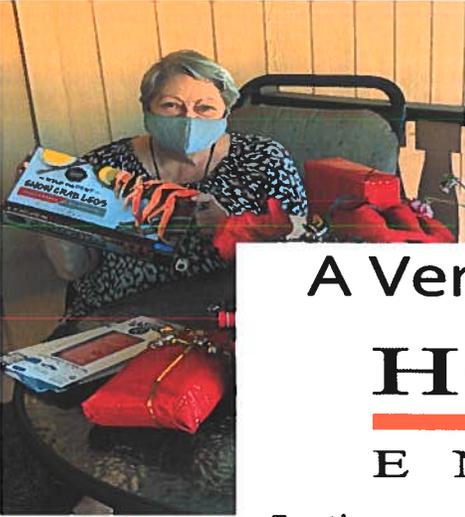
Washington, Heritage,
East, Paradise.
They go and some of
their time sacrifice.

They go to the classroom,
The break room and playground.
In the lunchroom and library
they also are found.

And do they succeed?!
Yes, they each do indeed!
All of our volunteers do guaranteed!
And with each place that they go,
The more that they know...

Moving mountains can start with a simple "Hello"!

Written by Shelly Williams (Joni's Daughter)



A Very Special Thank You

HORROCKS



ENGINEERS

For the generous donation to help provide a Happy Holiday during an especially difficult year for older adults dealing with isolation and loneliness intensified by the pandemic.



"THANKS TO YOU,
I'LL HAVE PRESENTS
TO UNWRAP FOR
CHRISTMAS."



I AM WRITING THIS TO
LET YOU KNOW, THANK-
YOU FOR ALL THE
PRESENTS, IT WAS A BIG
SURPRISE.
SO THANK-YOU.



IT TAKES PEOPLE LIKE YOU
(LOVING, CARING, HARD
WORKING) TO MAKE AN
ORGANIZATION WORK, AND TO
HELP ALL OF US TO BE HAPPY
DURING TIMES LIKE WE ARE
HAVING NOW, MY DEEPEST LOVE
AND THANKS.



