Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

DEPARTMENT OF AGING

Choice, Independence and Dignity for Older Marylanders

Gloria Lawlah
Secretary

November 28, 2011

Ms. Dina Barclay, Chief
Charles County Aging and Community Centers
8190 Port Tobacco Road
Port Tobacco, MD 20677

Dear Dina:

The Department has completed its review of the Charles County Area Agency on Aging Full Area Plan FY 2012 - 2015. This letter constitutes a determination that the Area Plan for FY 2012 - 2015 is approved as having met the requirements of the Older Americans Act of 1965 as amended and applicable State law, regulations, and policy.

Any substantive changes to the Area Plan, including Updates, may not be made unless they have been requested in writing and approved by the Deputy Secretary of the Department.

Thank you for your continued support and cooperation.

Sincerely,

Ilene Rosenthal
Deputy Secretary

cc: Gloria Lawlah, Secretary
Lisa Williams, Deputy for Operations and Program Development
Area Plan Reviewers
Division Chiefs

301 West Preston Street • Suite 1007 • Baltimore, Maryland 21201-2374
Local: 410-767-1100 • Toll Free: 1-800-243-3425 • TTY users call via Maryland Relay
Fax: 410-333-7943 • www.mdoa.state.md.us

Charles County Department of Community Services
Area Agency on Aging

FY2012-2015
Area Plan

Submitted to the Maryland Department of Aging
August 2011 by
Dina M. Barclay
Chief, Aging and Senior Programs Division

Section A1

AAA Administration & Application Pages

Administration Form A

APPLICATION
AREA PLAN FY 2012

Name of AAA: **Charles County Department of Community Services**
Aging & Senior Programs Division
Address: **8190 Port Tobacco Rd, Port Tobacco, MD 20677**

Telephone #: **301-934-9305**
Fax #: **301-934-0126**
Website: **www.charlescounty.org**

Name of AAA Director: **Dina M. Barclay**
Title of AAA Director: **Chief, Aging & Senior Programs Division**
E-mail for AAA Director: **barclayd@charlescounty.org**

AAA Grant #: **AAA-3-24-008**
Planning and Service Area #: **06**
County(ies) within PSA: **Charles County**

The Period Covered by this Area Plan is from 10/1/11 to 9/30/12;

I certify that I am authorized to submit this Area Plan on behalf of the designated Area Agency on Aging. I understand that:

¥ All funds are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies, and procedures of the U. S. Administration on Aging and the State of Maryland;

¥ Any proposed changes in this Area Plan shall be submitted in writing by me and upon approval by the State, such changes shall become part of the Area Plan.

¥ Funds must be administered in compliance with the Older Americans Act; Title VI of the Civil Rights Act of 1964; and Title V of the Rehabilitation Act of 1973, Section 504, which forbid discrimination because of race, color sex, religion, national origin, age or physical handicap in providing individuals with services or other benefits;

¥ Funds awarded by the State agency may be terminated at any time for violation of any terms and requirements of this agreement, pursuant to the terms of the Notification of Grant Award; and

¥ The Maryland Department of Aging reserves the right to delete or add additional requirements to the Area Plan and Update format as U. S. Administration on Aging and State requirements change; and

APPLICATION
AREA PLAN - FY 2012

Page 2

AAA: **Charles County Department of Community Services, Aging & Senior Programs Division**

¥ My signature on this Area Plan indicates that the Area Agency on Aging, which I represent, meets the assurances of the Older Americans Act, other federal and State laws and regulations and Maryland Department of Aging policy.

Candice Quinn Kelly — 9/19/11

Ms. Candice Quinn Kelly, President
Charles County Commissioners — ***Date***

Eileen B. Minnick — 9/6/2011

Ms. Eileen B. Minnick, Director
Charles County Department of Community Services — ***Date***

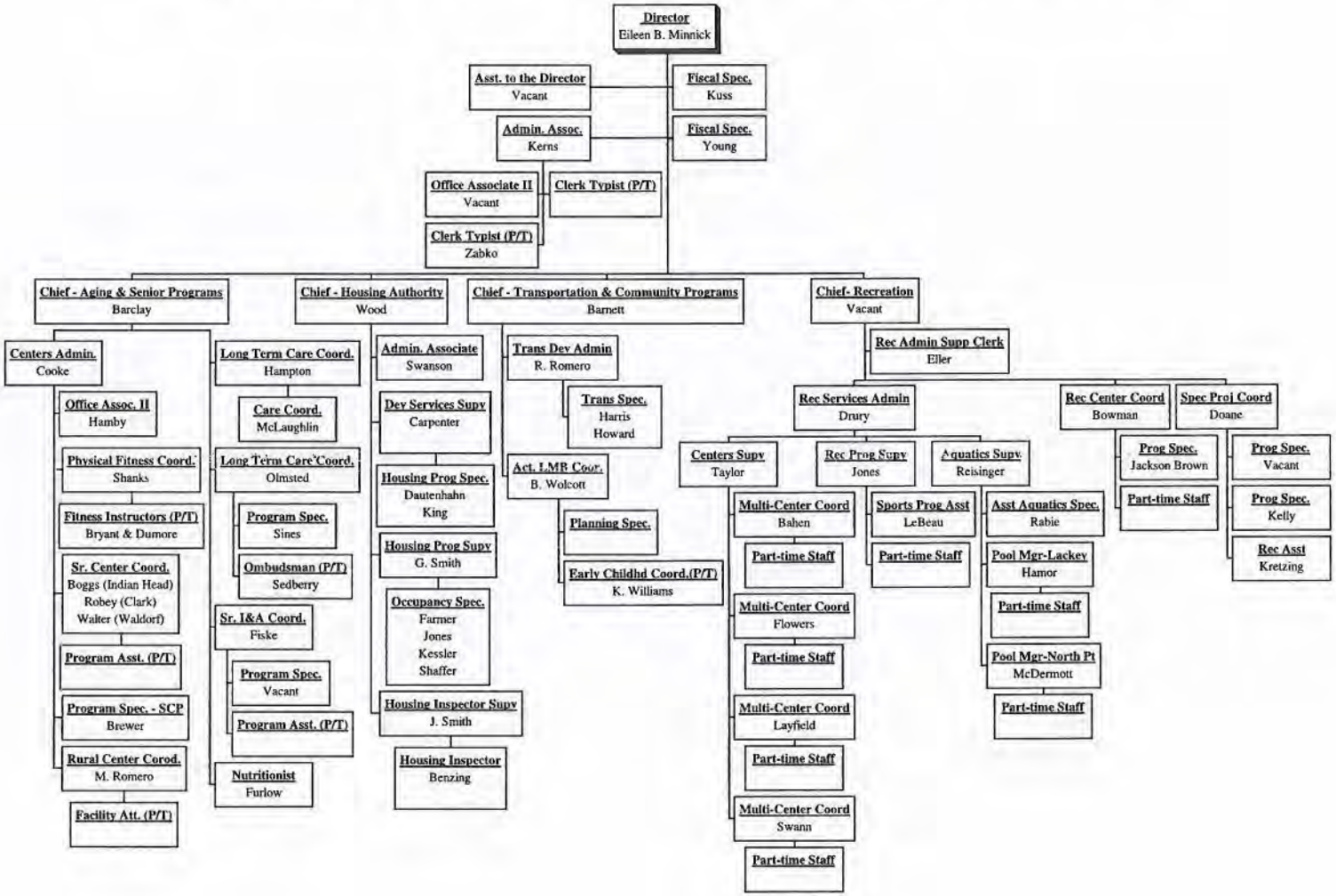
Dina M Barclay — 8/24/11

Ms. Dina M. Barclay, Chief
Aging & Senior Programs Division — ***Date***

10/6/11

Mr. Maurice Dipoli, Chairperson
Area Council on Aging — ***Date***

Department of Community Services Organizational Chart



Revised July 18, 2011

Administration Form B

PROPOSED STAFFING PLAN

FY 2012 **AAA: Charles County**

Title of Position	# of Hrs per Week	*Sources of Funds*	*Programs Covered* by Position	% of Time Per Program
Chief, Aging & Senior Programs	37.5	Local, IIIA	Administration LTC & Supportive Services	9% IIIB 5% OAW Fed
Centers Administrator	37.5	Local, IIIA	Administration, Senior Centers, Health Promotion	84% Admin 16% Ctrs, Hlth Pro
Senior I&A Coordinator	37.5	Local, I&A, SHIP, SMP, MIPPA	I&A, SHIP, SMP, MIPPA	75% I&A 25% all CMS progs
I&A Program Specialist **(vacant)**	37.5 **(vacant)**	Local, IIIB, I&A, SHIP, SMP, MIPPA	I&A, SHIP, SMP, MIPPA, IIIB	70% I&A 30% CMS, Outreach
I&A Program Assistant	20	Local, IIIB, MIPPA, SMP, SHIP	IIIB (Outreach), MIPPA, SMP, SHIP	90% I&A, Outreach 10% CMS Progs
I&A Program Assistant	20	Local, IIIB, MIPPA, SMP, SHIP	I&A, MIPPA, SMP, SHIP	90% I&A 10% CMS Progs
Long Term Care Coordinator	37.5	Local, Senior Care, OAW, IIIB, VII, IIIE	Sr Care, OAW, IIIB Case Mgmt, Eld Abuse Prev, Natl Family Caregivers	37% SrC, 5% OAW, 18% IIIB CM, 5% VII, 35% IIIE
Long Term Care Specialist	37.5	Local, Senior Care, Guardianship	Public Guardianship Senior Care Case Mgmt	10% Guardianship 85% Sr Care, 5% other LTC support
Resident Advocate/Ombudsman	24	Ombs, OAW, MFP, IIIB	Ombudsman OAW/MFP/IIIB LTC progs	75% Ombudsman 25% OAW/MFP/IIIB
Long Term Care Coordinator	37.5	SALGS, OAW, MFP	SALGS, OAW, MFP	5% SALGS, 90% OAW, 5% MFP
Long Term Care Coordinator	37.5	OAW, MFP	OAW, MFP	95% OAW, 5% MFP
Nutritionist	37.5	Local, IIIC1, IIIC2	Senior Nutrition Programs	100% Senior Nutrition Programs
Office Associate – Senior Centers	37.5	Local	Clerical, Admin support for Senior Centers	100% Admin
Senior Center Coordinator	37.5	Local	Senior Centers (RRCSC)	100% Senior Ctr
Senior Center Coordinator	35	Local	Senior Centers (WSC)	100% Senior Ctr
Senior Center Coordinator	30	Local	Senior Centers (IHSC)	100% Senior Ctr
Senior Ctr Facility Attendant	24	Local, IIIC1	Senior Centers (NSC) Nutrition	35% Nutrition 65% Senior Ctr
Program Specialist (SC+)	37.5	Local, Prog Fees	Senior Center Plus (SC+) Senior Centers Recreation	90% SC+ 10% Senior Ctr
Physical Fitness Coordinator	37.5	Local, Prog Fees	Physical Fitness, Health Promotion, EBP	100% Fitness
Physical Fitness Instructors (PT2)	6	IIID, Prog Fees	Physical Fitness, 1% IIID Health Promotion, EBP	100% Fitness
Program Assistant (PT1)	24	Local, IIIC1	Senior Centers (RRCSC) Recreation, Nutrition	35% Nutrition 65% Senior Ctr

Program Assistant (PT1)	21	Local Prog Fees	Senior Centers (RRCSC) Recreation	100% Senior Ctr
Program Assistant (PT1)	18	Local	Senior Centers (RRCSC)	100% Senior Ctr
Program Assistant (PT1)	24	Local, IIIC1	Senior Centers (WSC) Nutrition	35% Nutrition 65% Senior Ctr
Program Assistant (PT1)	18	Prog Fees	Senior Center Plus (WSC), Recreation, Nutrition	90% SC+ 10% Senior Ctr
Program Assistant (PT1)	23	Local, Prog Fees	Senior Center (IHSC) Nutrition, Recreation	100% Senior Ctr
Program Assistant (PT1) **vacant**	24 **vacant**	Local, Prog Fees	Senior Center (IHSC) Nutrition, Recreation	100% Senior Ctr

Total FTEs: 19.6

Administration Form C

EEO INFORMATION

FY 2012 **AAA: Charles County**

Complete this form for positions that are currently filled.

Type of Position	Gender		Age and Disability Status			Racial-Ethnic Composition				
	M	F	to 59	60+	with Disability	White	African-American	Hispanic	Asian-Pacific Is.	Native American
1) Agency Executive/Management Staff		1	1			1				
2) Other Paid Professional Staff										
A. Planning										
B. Development										
C. Administration		1	1			1				
D. Service Delivery		17	11	5		11	4	1		
E. Access/Care Coordination		6	6			6				
F. Other										
3) Clerical/Support Staff		1	1			1				
Total Staff		25	20	5		20	4	1		

Total personnel is not Full-time equivalency (FTE). FTE is 19.6, as on pg B.

Section A2

Grants, Contracts, and Agreements

Administration Form D1

CONTRACTS
Issued by the Area Agency on Aging
For FY 2012

FY 2012 **AAA: Charles County**

Name of Contractor(s)	*Non-Profit/ For-Profit*	*Beginning/ Ending dates of Contract*	*Monitor of Contract (Person, Position, Contact Information)*	*Source of funds Amount of funds*	*Related Budget Pages*	*Service Categories Covered by Contract (use categories on p.2)*	*Units of Service to be provided by Service Category*
Charles County Health Department	NP	Oct 2011-Sept 2012	Dina M. Barclay Chief, Aging & Senior Programs	IIID: $5,760 IIID: $2,340	7 8	Health Promotion Medication Mgmt	1250 275 (units do not include in-kind)
Legal Aid Bureau	NP	Oct 2011-Sept 2012	Dina M. Barclay Chief, Aging & Senior Programs	IIIB: $6,000	6	Legal Assistance Services	(see form H)
Charles County Public Schools	NP	Oct 2011-Sept 2012	Dina M. Barclay Chief, Aging & Senior Programs	IIIC1: $112,094 Prog Income: $13,000 NSIP: $2807 Local: $79,053 IIIC2: $56,367 Prog Income: $31,580 NSIP: $25,267 Local: $207	11 12	Congregate Meals Locally funded Meals Home Delivered Meals	8,000 10,605 36,000

PENDING CONTRACTS

Contractor and/or terms have not been finalized by the Area Agency on Aging
For FY 2012

FY 2012 **AAA: Charles County**

Name of Contractor (if known)	*Non-Profit/ For-Profit*	*Beginning/ Ending Dates of Contract*	*Monitor of Contract (Person/Position)*	*Source of funds Amount of funds (if known)*	*Related Budget Page (if known)*	*Service Categories Covered by Contract (use categories on p.2)*	*Units of Service to be provided by Service Category*
Charles County Cooperative Ministry on Aging	NP	Oct 2010-Sept 2011	Lisa Furlow, RD, LD Nutritonist	n/a		Volunteer organization delivers/transports Home Delivered meals; provides monthly client meal service reports to the AAA	29,000
Waldorf Meals on Wheels	NP	Oct 2009-Sept 2011	Lisa Furlow, RD, LD Nutritonist	n/a		Volunteer organization delivers/transports Home Delivered meals; provides monthly client meal service reports to the AAA	7,000
Various independent contractors (TBD, by consumer direction)	Both possible	Oct 2011-Sept 2012	Cindy Olmsted, LTC Coordinator	IIIB: $10,600 IIIE: $26,808	4, 8	Personal Care, in-home care services, family caregiver respite, etc.	IIIB- 2,350 IIIE- 2,450 (See service forms B&L)
TBD- stipend for intern	n/a	Oct 2011-Sept 2012	Beth Fiske, Senior I&A Coordinator	$1000	9	Stipend for college intern to assist with SMP outreach activities	TBD

Administration Form D3

GRANTS
Awarded by the Area Agency on Aging
For FY 2012

FY 2012 **AAA: Charles County**

Name of Grantee(s)	*Type of Agency*	*Beginning/Ending Dates of Grant*	*Monitor of Grant (Person/Position)*	*Source of funds Amount of funds*	*Services provided under the Grant (use categories p.2)*
None					

AGREEMENTS (INCLUDING MEMORANDA OF UNDERSTANDING)

Entered Into by the AAA for FY 2012

FY 2012 **AAA: Charles County**

Name(s) of Agency(ies), Organizations, etc. in Agreements	*Effective Date of Agreement*	*Monitor of Agreement (Person/Position)*	*Purpose of the Agreement or MOU (Describe briefly)*
Christmas Connection	Renewable	Beth Fiske, *Senior I&A Coordinator*	The AAA provides in-kind support for this multi-agency project that supports disadvantaged families and senior citizens with Holiday gifts and food baskets.
Fenwick Landing Adult Day Care	Renewable	Lisa Furlow, RD, LD, *Nutritionist*	Fee-for-service lunch meals for participants of the Adult Day program (non-subsidized)
Phillips Lifeline	Renewable	Cindy Olmsted, LTC Coordinator	Provision of personal emergency response systems (PERS) under the Senior Care program and IIIB/IIIE client service programs.

CONTRACTS OR AGREEMENTS

Senior Assisted Living Group Home Subsidy Program

FY 2012 **AAA: Charles County**

Name Of Senior Assisted Living Group Home	*Name Of Staff Person Monitoring The Home*	*Number Of Licensed Beds*	*Annual Survey (Check If Yes)*
Heart of Care	**Bonnie Hampton , LTC Coordinator**	**5**	
Compassionate Care	**Bonnie Hampton , LTC Coordinator**	**5**	
Golden Life I & Golden Life II	**Bonnie Hampton , LTC Coordinator**	**5 beds each**	
Mandeville House & Mandeville House I	**Bonnie Hampton , LTC Coordinator**	**5 beds each**	
Annette's Place	**Bonnie Hampton , LTC Coordinator**	**5**	
Fields of Favor	**Bonnie Hampton, LTC Coordinator**	**4**	
Starcare Partners, Inc	**Bonnie Hampton , LTC Coordinator**	**5**	

Section A3

Information Technology Plan

Administration Form E

INFORMATION TECHNOLOGY PLAN

FY: 2012 **AAA: Charles County**

Area Agency Contact Person for Information Technology (IT) Issues

Name: Dina M. Barclay Title: Chief, Aging & Senior Programs Division
Phone: 301-934-0129 Fax: 301-934-0126
Email Address: barclayd@charlescounty.org
Mailing Address (if different from AAA): *(same)*

Desktop Operating Systems

Check all that apply

☐ Windows 95 ☐ Windows NT X Windows XP
☐ Windows 98 ☐ Windows 2000 ☐ Other

Application Software

If the entire Suite is used, check "Entire Suite" and indicate the version. Otherwise, check those applications that are used and indicate the versions.

Microsoft Office	**WordPerfect Office**	**Lotus Smart Suite**
☐ Entire Suite ver.	☐ Entire Suite ver.	☐ Entire Suite ver.
X Word ver. 2010	☐ WordPerfect ver.	☐ Word Pro ver.
X Excel ver. 2010	☐ Quattro Pro ver.	☐ Lotus 123 ver.
☐ Access ver.	☐ Paradox ver.	☐ Approach ver.

IT Support

Does your agency have in-house IT support staff? X Yes ☐ No

If Yes (not within the AAA, but through Charles County Government)

What services are provided:
X User Support
X Network Management

Does the IT staff perform other duties, such as program management, in addition to IT support?
☐ Yes X No

Does your agency contract with outside agencies/vendors for additional IT support?
☐ Yes X No

If No

Does your agency contract with outside agencies/vendors for IT support?
☐ Yes ☐ No

Section B

Service Needs Forms A-M

Service Needs Form A

PROJECTED NUMBER OF CLIENTS TO BE SERVED UNDER TITLE III

FY 2012 **AAA: Charles County**

A. ELDERLY CLIENT COUNTS[1] By Type of Service	TOTAL
1. Unduplicated Count of Persons To Be Served for Registered Services Supported By OAA Title III[2]	1150
2. Estimated Unduplicated Count of Persons To Be Served for Unregistered Services Supported by OAA Title III[3]	3000
3. Total Estimated Unduplicated Count of Persons To Be Served Through Services Supported by OAA Title III **Note: This total is not necessarily the sum of 1 and 2. There may be duplicates between 1 and 2, which will need to be subtracted out.**	3200

B. TITLE III UNDUPLICATED CLIENT COUNTS By Racial Characteristic	Clients for Registered Services	Clients for All Services
1. Total Clients by Race or Ethnicity[4]	1150	3200
White (Alone) Non-Hispanic	708	1900
White (Alone) Hispanic	13	35
American Indian or Alaskan Native (Alone)	2	2
Asian (Alone)	11	28
Black or African American (Alone)	400	1216
Native Hawaiian or Other Pacific Islander (Alone)	4	5
Persons Reporting Some Other Race	2	3
Persons Reporting 2 or More Races	5	6
Race Missing	5	5
2. Rural Clients	1150	3200
3. Clients in Poverty	232	500
4. Clients in Poverty/Minority	150	415

[1]**Elderly Client Count:** Individual age 60 or older.
[2]**Registered Services include:** Personal Care, Homemaker, Chore, Home-Delivered Meals, Adult Day Care/Health, Case Management, Congregate Meals, Nutrition Counseling and Assisted Transportation.
[3]**See Instructions**, page 2 for a list of Non-Registered (Unregistered) Services
[4]**Race, Ethnicity, Rural, Poverty and Poverty/Minority Data:** Prior year data can be found in the NAPIS report Section I-B and I-C

Service Needs Form B

TITLE III PROJECTED SERVICE USE PROFILE
PLEASE COMPLETE ALL BLANK FIELDS

FY 2012 **AAA: Charles County**

Services	Number of Providers	Unduplicated Persons To Be Served	Projected Service Units
Cluster 1 Registered Services			
1) Personal Care	13	41	2350
2) Homemaker	0	0	0
3) Chore	0	0	0
4) Home-Delivered Meals	1	365	36,000
4a) NSIP Home-Delivered Meals*			33,000
5) Adult Day Care/Day Health	0	0	0
6) Case Management	1	169	260
Cluster 2 Registered Services			
7) Congregate Meals	1	730	18,605
7a) NSIP Congregate Meals*			8600
8) Nutrition Counseling	0	0	0
9) Assisted Transportation	0	0	0
Total Unduplicated Registered Clients		1150	
Cluster 3 Specified Non-Registered Services			
10) Transportation	0	NOT REQUIRED	0
11) Legal Assistance	1		320
12) Nutrition Education	0		0
13) Information and Assistance	1		19,000
14) Outreach	1		5,000
15) Health Promotion	1	1,400	
Total Unduplicated Count of **Providers**	15		

*NSIP projected meal counts (4a and 7a) are to be included in the Home-Delivered Meals (4) and Congregate Meals (7) figures. See NAPIS report Section II-A as well as Definitions Appendix within that document.

TITLE III PROJECTED SERVICE USE PROFILE

FY 2012 **AAA: Charles County**

Cluster 4 Other Non-Registered Services ***(see list and instructions, p. 2)***		
Service Name *	**Service Unit Name** (Hours, classes, contacts, etc)	**Projected Service Units**
Ombudsman Services (Title IIIB)	*(see Service Needs Form E)*	
Health Ed & Screening (Title IIID)	*(see Service Needs Form D)*	
Medication Management (Title IIID)	*(see Service Needs Form D)*	
National Family Caregivers Support Program (Title IIIE)	*(see Service Needs Form L)*	
Recreation (Title IIIB)	Senior Center classes	3,023

***Use the same name as the budget categories.**
NOTE: Only list those services that are paid for in whole or in part with Title III funds.

NUTRITION SERVICES

FY 2012 **AAA: Charles County**

Chart 1 – *Summary of Estimated Home Delivered Meals Services*

Program Data	FY 2011 (Estimated)	FY 2012 (Estimated)	FY 2013 (Estimated)
Number of Meals	35,017	36,000	36,000
Number of People Receiving Meals	298	300	300
Number of Volunteers	170	180	190
Number of nutrition education units provided	150	200	200
Number of eligible persons on Waiting List for services: n/a			

Chart 2 – *Home-Delivered Meals Summary of Services by Contractor, Meal Type and Menu*

Contractor[1]	Meal Type[2]	Estimated Number of Meals FY12	Average[3] Donation	Contract Price or Cost per Meal[4]	Menu	
					Cycle Type[5]	Submission dates[6]
Charles County Public Schools	**Lunch**	**36,000**	**$1.07**	**Variable (avg $5.50)**	**6 week cycle menu**	**Oct 15, Feb 15, June 15**

[1]**Contractor** is an organization or business that is contracted to provide meals which a provider organization or contractor delivers to participants An example of a contractor is a caterer.
[2]**Meal Type** includes: breakfast, lunch, deli/box lunch, ethnic meal, therapeutic meal, frozen, shelf stable, etc.
[3]**Average Donation per Meal** is the amount per meal anticipated to be collected as a voluntary donation from the participants. Estimates should be based upon prior years' experience.
[4]**Contract Price** is from the most current meal contract. If a price increase is anticipated for FY 2012, estimate the meal cost accordingly. The contract price from a caterer is a compilation of all cost elements required to deliver a program meal. If meals are self-prepared, then indicate the total food cost.
[5]**Menu, Cycle Type:** Describe how often the menu is created or revised: Monthly, Quarterly, 6-week cycle etc.
[6]**Submission Dates:** Anticipated dates in FY2012 this menu will be submitted, for example "January 15, April 15, July 15 & October 15. *NOTE: Per APD-06-04, menus must be submitted with proper documentation (signed RD Menu Approval Sheet) to the MDoA at least 2 weeks prior to use. Menus must be planned in advance for a minimum of one month. Repetition of entrees shall be kept to a minimum. If a cycle menu is utilized, there shall be at least three cycles per year.*

Chart 3 - *Home-Delivered Meal Provider Mandatory Monitoring and Screening*

Number of home-delivered meal providers[7] **One**	Planned AAA staff monitoring visits per home-delivered meal provider. **One**
Do all AAA home delivered meals providers have a process in place to perform nutritional screening using the DETERMINE checklist for each participant: and is that information included in AAA's NAPIS report?(circle) **(YES)** NO If no, please explain: _____	Planned number of assessments performed per home delivered participant annually: **One**

[7]a provider **is** an organization or person which provides services to clients under a formal contractual arrangement with an AAA or State Unit on Aging. **Many AAAs run their own home delivered meals programs, and therefore would indicate "1" provider.**

Service Needs Form C (Cont'd)

NUTRITION SERVICES: CONGREGATE MEALS

Chart 4 - *Summary of Congregate Meal Sites, Types and Cost of Service and Menu Cycle*

Congregate Meal Site[1]	Site Type[2]	Meal Type[3]	Average Donation	Projected Number of Meals FY12	Caterer	Contract Price or Cost per Meal[4]	Menu	
							Cycle Type[5]	Submission dates[6]
Richard R. Clark Senior Ctr 1210 E. Charles Street La Plata, MD 20646	SC	Lunch	$1.30	3,732	CCPS	Variable (avg $5.50)	6 week cycle	Oct 15, Feb 15, June 15
Indian Head Senior Ctr 100 Cornwallis Square Indian Head, MD 20640	SC	Lunch	$1.30	3,892	CCPS	Variable (avg $5.50)	6 week cycle	Oct 15, Feb 15, June 15
Waldorf Senior Ctr 3092 Crain Hwy Waldorf, MD 20601	SC	Lunch	$1.30	3,118	CCPS	Variable (avg $5.50)	6 week cycle	Oct 15, Feb 15, June 15
Nanjemoy Senior Ctr 4375 Port Tobacco Rd Nanjemoy, MD 20662	SC	Lunch	$1.30	1,600	CCPS	Variable (avg $5.50)	6 week cycle	Oct 15, Feb 15, June 15
Victoria Park Senior Apts 11060 Weymouth Ct Waldorf, MD 20603	HS	Lunch	$0.40	6,263	CCPS	Variable (avg $5.50)	6 week cycle	Oct 15, Feb 15, June 15
TOTAL			$1.12	*18,605				

*Total meals from all sources, see NAPIS Section IIA, line 8

[1]**Congregate Meal Site** – please list name and address of nutrition site

[2]**Site Type** (write abbreviation): 1-Senior Center (SC), 2-Stand alone site in community setting (SA) such as a church or recreation center 3-Congregate Housing Services Program site (CHSP), 4-Other Housing site (HS), 5-Other (list)

[3] **Meal Type**: breakfast, lunch, deli/box lunch, ethnic meal, therapeutic meal, etc.

[4]**Contract Price**: from the most current meal contract. If a price increase is anticipated for FY 2012, estimate the meal cost accordingly. The contract price from a caterer is a compilation of all cost elements required to deliver a program meal. If meals are self-prepared, then indicate the total food cost.

[5]**Menu, Cycle Type:** Monthly, Quarterly, 6-week cycle etc.

[6]**Submission Dates:** Anticipated dates in FY2012 this menu will be submitted, for example "January 15, April 15, July 15 & October 15. **NOTE:** Per APD-06-04, menus must be submitted with proper documentation (signed RD Menu Approval Sheet) to the MDoA at least 2 weeks prior to use. Menus must be planned in advance for a minimum of one month. Repetition of entrees shall be kept to a minimum. If a cycle menu is utilized, there shall be at least three cycles per year.

SUPPLEMENTAL FORM FOR ADDITIONAL MEAL SITES
(AAAs may copy this page for more meal sites, as appropriate)

Congregate Meal Type[1]	Site Type[2]	Meal Type[3]	Average Donation	Number of Meals FY2012	Caterer	Contract Price or Cost per Meal[4]	Meal	
							Cycle Type[5]	Submission Dates[6]
n/a								
TOTAL								

Chart 5 - *NUTRITION SERVICES, CONGREGATE MEALS*

Number of nutrition sites: **Five**	Planned AAA staff monitoring visits to each nutrition site: **Five**
Number of congregate meal providers[7]: **One**	Planned number of annual nutrition education programs for congregate participants: **4 per site**

Do all congregate meals providers have a process in place to perform nutritional screening using the DETERMINE checklist for each participant: and is that information included in AAA's NAPIS report?(circle)

(YES) NO

If no, please explain: **Note- Every C1 & C2 meal program participant is encouraged & has multiple opportunities to complete the DETERMINE checklist annually. However, the AAA does not deny meals to persons who refuse to complete the screening tool**.

[7]a provider is an organization with a contract or agreement with an AAA to provide this service. Many AAAs run their own home delivered meals programs, and therefore would indicate "1" provider.

Chart 6 - *Summary of Estimated Congregate Meals Services*

**Charles County does not budget Title IIIC funds for Nutrition Education, therefore, these figures will not match NAPIS Section IIA, line 12; however services will be provided as indicated below.*

Congregate Meals Program Data	FY 2011 (Estimated)	FY 2012 (Estimated)	FY 2013 (Estimated)
Number of Meals	17,500	18,605	18,750
Number of People Receiving Meals	570	585	900
Number of Volunteers	57	60	60
Number of nutrition education units provided *	18 sessions, 257 contacts	20 sessions, 300 contacts	20 sessions, 300 contacts
Number of eligible persons on Waiting List for services: **none**			

Service Needs Form D

HEALTH PROMOTION AND DISEASE PREVENTION

FY 2012 **AAA: Charles County**

Chart 1: Programs funded in whole or in part by Title IIID funds

Health Promotion Program Data	FY 2011 (Estimated)	FY 2012 (Estimated)	FY 2013 (Estimated)
Health Screening Sessions	500	500	500
Health Education Sessions	500	500	500
Physical Fitness & Exercise Sessions	*13,000	*13,500	*14,000
Health Services	*100	*100	*100
Medication Management	275	275	300
Number of Participants	1300	1350	1350

Not funded by Title IIID

Chart 2: Evidence Based Programs – all funding sources

Type of Services Planned	Unduplicated Persons	Units of Service	Title IIID funding, if any
Arthritis Foundation Exercise Program (AFEP)	150	1200	none
Arthritis Foundation Aquatics Program (AFAP)	100	500	none
Total	**200**	1700	**NONE**

Service Needs Form E

OMBUDSMAN PROGRAM DATA

AAA: Charles County

1. Visitation (non complaint related) for Nursing Homes and Assisted Living Facilities

Type of Facility	10/1/09-9/30/10 (Actual)	10/1/10 – 9/30/11 (Projected)	10/1/11 – 9/30/12 (Projected)
# of Nursing Homes	3	3	3
# of NHs visited quarterly	3	3	3
% of NHs visited quarterly	100%	100%	100%
# of ALFs	27	26	25
# of ALFs visited quarterly	27	26	25
% of ALFs visited quarterly	100%	100%	100%

**Note one licensed ALF closed during FY11, an additional ALF will close early FY12.*

2. Cases and Complaints Data

	10/1/009-9/30/10 (Actual)	10/1/10-9/30/11 (Projected)	10/1/11-9/30/12 (Projected)
# of Cases Closed	**5**	**16**	**16**
# of Complaints Closed	**6**	**20**	**20**

3. Response to Abuse Complaints

Indicate how the Ombudsman Program will respond to complaints of possible abuse in:

Nursing Homes	The Ombudsman will contact the resident and/or responsible party to investigate any allegations of abuse. In addition, the Ombudsman will coordinate referrals for investigation with local law enforcement, DHMH/OHCQ, APS & Medicaid Fraud unit as appropriate to the case details.
ALF – Licensed	

4. Ombudsman Program Activities

	10/1/09-9/30/10 (Actual)			10/1/10-9/30/11 (Projected)			10/1/11-9/30/12 (Projected)		
	NH	ALF	Total	NH	ALF	Total	NH	ALF	Total
a) # of Volunteers			0			0			1
b) # of Training Sessions for Facility Staff			7	1	25*	26	1	25	26
c) # of Consults to Facilities			33	30	10	40	30	10	40
d) # of Information and Consults to Individuals			21			25			25
e) # of Surveys Involved In	1		1	4**		4	3		3
f) # of Sessions with Resident Councils			2	3	1	4	3	1	4
g) # of Sessions with Family Councils			2	4	4	8	4	2	6
h) # of Community Education Sessions			2			4			4

May 2011- Elder Abuse Training at each ALF with handout & flier

***** surveys: 1 per facility (3 facilities) + 1 follow-up/repeat survey***

Service Needs Form F

ASSISTED LIVING FACILITIES DATA

FY 2012 **AAA: Charles County**

1. Number of assisted living facilities within your PSA licensed as of July 1,2011 (from OHCQ website): http://www.dhmh.state.md.us/ohcq/licensee_directory/web_alp.doc *

Facility Size

1-3 Beds	4-16 Beds	17+ Beds	Total
	24	1	25

2. How many new assisted living facilities are expected to open in your planning and service area by July 1, 2012? **No new facilities expected, and 2 facilities closed or in the process of closing in calendar year 2011**.

**Note: data on www.dhmh.state.md.us/ohcq/licensee_directory is incorrect for several ALF providers. AAA regularly advises OHCQ of updates needed.*

SALGHS

3. Which agency is responsible for monitoring 4-16 Bed Subsidized Assisted Living Facilities (AAA, OHCQ, local Health Dept)? **AAA monitors for subsidy program compliance at ALFs with residents who receive subsidy payments. All other facilities are surveyed by DHMH/OHCQ.**

4. How many assisted living residents are anticipated to be receiving a Group Senior Assisted Living Subsidy as of July 1, 2012? **4 total (3 subsidy, 1 WNCC)**

5. How many applicants are on the SALGHS waiting list for a subsidy? **3 clients on waitlist**

Service Needs Form G

MEDICAID WAIVER

FY2012 **AAA: Charles County**

1. Number of enrolled participants as of 6/30/10	70
2. Number of Long Term Care Medicaid nursing home residents who applied between 7/1/10 – 6/30/11	18
3. Number of Long Term Care Medicaid nursing home applicants enrolled between 7/1/10 – 6/30/11	6
4. Number of participants disenrolled between 7/1/10– 6/30/11	17
5. Number of enrolled participants as of 6/30/11	76
Please indicate the distribution of enrolled participants (line 5) by location of the primary service:	
Assisted Living	26
In-Home	50
Total (Number is to be the same as line 5.)	76

Service Needs Form H

LEGAL ASSISTANCE PROGRAM DATA

FY 2012 **AAA: Charles County**

Legal Services Activities

Projected Legal Services Activities	Number of Sessions (If applicable)	Number of Individuals (If applicable)
Community Legal Education Events a) Attended by seniors b) Attended by professional staff c) Provided by Legal Service Program d) Provided at Senior Centers	a) 8 b) 2 c) 14 d) 7	a) 200-300 b) 35-50 c) 200-300 d) 250-300
Referrals to the Sixty Plus Legal Programs (or other pro bono or reduced fee programs) for: Simple wills, powers of attorney, living wills, simple deed changes, or small estates ($30,000 or less).		70-80 referrals per year

**Note: some educational events provided in-kind by organ izations not under contract with the AAA to provide Legal Services under Title IIIB. These figures are a combination of the statistics reported by the Legal Aid Bureau under contract with the AAA for Title IIIB, and all additional in-kind services provided throughout the year.*

Service Needs Form I

GUARDIANSHIP PROGRAM DATA

FY 2012 **AAA: Charles County**

Guardianship Activities		
Type of Activity	**Number of Sessions (If applicable)**	**Number of Individuals (If applicable)**
Education/Training Events on such topics as: a) Alternatives to Guardianship b) Surrogate Decision-making c) Advanced Directives d) Powers of Attorney	**a) 4** **b) 4** **c) 9** **d) 9** Total **15** (unduplicated)	**a) 120** **b) 120** **c) 200** d) **200** Total **350** (unduplicated)
Face-to-face contacts with guardianship clients		Total **35**

Actual and Projected Guardianship Data for State Fiscal Years

Time Periods	Number of Guardianship Cases	Number of Guardianship Cases Closed	Number of Cases Avoided	Number of Medical or Psychiatric Consults
7/1/09 – 6/30/10 (Actual)	6	2	7	1
7/1/10 – 6/30/11 (Projected)	6	1	4	1
7/1/11 – 6/30/12 (Projected)	5	1	3	1

Service Needs Form J

SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

FY 2012 **AAA: Charles County**

SECTION 1 – Client Contacts Planned	
A. Individual Client Contacts (Total A.1 + A.2)	**300**
A.1 Contacts in Person	**140**
A.2 Contacts by Telephone	**150**
B. Attendees at Educational Events ***(Do not count Fairs or Expos)***	**545**
Total Individuals to be Served (Total A + B)	**845**
C. Total Number of Client Counseling Hours	**850**
SECTION 2 – Presentations and Outreach Planned	
A. Number of Public Educational Events	**25-35**
B. Number of Outreach Events ***(Include Fair and Expos.)***	**30-40**
SECTION 3 – Volunteer/Counselor Information	
A. Total Number of Counselors (Total A.1 + A.2)	2
A.1 Total Number of Staff (FTEs)*	2
A.2 Total Number of Volunteers	0
B. Total Number of Volunteer Training Sessions	0

*FTE - full-time equivalent

Explanation (if needed). See Instructions

As evident in Section 3, the AAA has not been fully staffed for several months; therefore, the units of service were somewhat less than the previous year. FY12 projections were adjusted to reflect real data in SHIPTalk. The AAA hopes to fill vacant positions, and recruit volunteers during FY12 and will increase services as increased staffing make it feasible to do so.

Service Needs Form K

SENIOR MEDICARE PATROL PROGRAM (SMP)

FY 2012 **AAA: Charles County**

Section 1 - Client Projections for FY 2012	
A. Number of Individual Client Contacts	**5**
B. Number of Attendees at Educational Events	**800**
Total Clients (A&B)	**805**
Section 2 - Activities Projected for FY 2012	
C. Number of Educational Events Planned for:	
Groups	**32**
Community Outreach	**8**
D. Number of Volunteer Training Hours Planned	**12**
Section 3 - Staffing Projections for FY 2012	
E. Number of Volunteers	**1**

Explanation (if needed). See Instructions

The AAA has not been fully staffed for several months; therefore, the units of service may be somewhat different than in previous reporting. The FY12 projections are based on real data in SMARTFACTS and planned activities for FY12. The AAA hopes to fill vacant positions, and will attempt to recruit a volunteer(s) during FY12, as well.

Service Needs Form L

NATIONAL FAMILY CAREGIVERS SUPPORT PROGRAM

FY 2012 **AAA: Charles County**

PROGRAM LOG FOR TITLE IIIE
Family Caregivers of the Elderly ONLY

Service Category	IIIE Funding	In Kind & Hold Harmless Funding	Projected Units of Service	Number of Caregivers Served (unduplicated)	Number of Providers (unduplicated)
Education/Training/ Support	$500.00		80	35	1
Respite Care	$21,308		2,100	12	0 *(reimbursement only, no providers on contract w/ the AAA)*
Supplemental Services	$5000.00		350	4	2
Access Assistance**	$11,560	$9,592	1,350	1,100	1
Information Services**			30**	600**	5**
TOTAL	$38,368	$9,592	3,910	1,751	8

*See Instructions regarding matching funds requirement ***(the AAA provides 25% matching funds to cover the fringe expense for IIIE personnel).***

*** The AAA provides Information Services & Access Assistance using the same personnel or guest presenters (i.e., speakers at support group or caregivers conferences are not compensated by the AAA); therefore, this is not a separate budget line item; budgeted under IIIE Access.***

Service Needs Form L (cont.)

NATIONAL FAMILY CAREGIVERS SUPPORT PROGRAM

FY 2012 **AAA: Charles County**

AAA PROGRAM LOG FOR TITLE IIIE
Grandparent Caregivers ONLY

Service Category	IIIE Funding	In Kind & Hold Harmless Funding	Projected Units of Service	Number of Caregivers Served (unduplicated)	Number of Providers (unduplicated)
Education/Training/ Support					
Respite Care					
Supplemental Services					
Access Assistance					
Information Services					
TOTAL					

***See Instructions regarding matching funds requirement.**

*THIS PAGE INTENTIONALLY LEFT BLANK—THERE ARE OTHER ORGANIZATIONS IN CHARLES COUNTY THAT SERVE THIS POPULATION; THEREFORE THE AAA DOES NOT PROVIDE DIRECT SERVICES TO GRANDPARENT CAREGIVERS.

Service Needs Form M

SENIOR INFORMATION AND ASSISTANCE PROGRAM DATA

FY 2012 **AAA: Charles County**

Chart 1 - Information and Assistance

Service Categories	Units of Service		Number of Unduplicated People Serviced	
	FY 2011	FY 2012	FY 2011	FY 2012
Information	18,000	19,000		
Assistance	2,800	3,000	1,250	1,300
Referrals	600	650		
Follow-up*	1,300	1,350		
Totals	22,700	24,000	1,250	1,300

*Follow-up – Units of service must be equal to or greater than the number of unduplicated people receiving assistance.

Chart 2 – Outreach

Type of Activity	Quantify	
	FY 2011	FY 2012
PSA		
Television	4	4
Radio	3	3
Other *(local newspaper, video presentations at Senior Ctrs)*	8	8
Newsletters	11	12
Brochures (I&A Brochure)	2000	2000
Posters	10	10
Speaking engagements	30	32
Other *(contacts & email sent to I&A staff via the AAA website)*	500-600 per month	500-600 per month

Chart 3 - Limited English Proficiency *(LEP population has not reached Title VI threshold at this time)*

Nationality/Ethnicity	Language Spoken	Number of People Served
Hispanic/Latino	Spanish	20-25
Asian & Pacific Islander	Korean, Tagalog, Vietnamese	10-15

Section C

Comprehensive Plan of Services

FY2012 COMPREHENSIVE PLAN OF SERVICE

1. OVERVIEW

Charles County was officially founded in 1658, making it one of the oldest counties in Maryland. Today, Charles County retains some of its agricultural, rural charm, while offering a variety of suburban housing, retail and business opportunities for residents. Located along the busy Baltimore-Washington-Richmond corridor, Charles County's proximity to the greater metropolitan area has been gradually transformed from a rural farming community to a bedroom community for many who work in the metropolitan region. The County's 643.2 square miles is comprised of approximately 72% land area and 28% water area. Despite rapid growth in the area, the County retains its natural charm in the form of scenic water trails, secluded parks, and unspoiled woodlands that provide perfect opportunities for bird-watching, hiking, kayaking, canoeing and fishing. An area rich in history, Charles County's beginnings are still visible in the working farms, historic structures, and historic markers that dot the landscape throughout the region.

The Charles County Area Agency on Aging (AAA) partners with local organizations to support a wide range of elder care programs and services, utilizing state, federal, and local funds, including:

Adult Day Care
Adult Evaluation and Review Services (AERS)
Benefits Outreach and Access Assistance
Community Education and Outreach Services
Congregate Meals/Lunches at Senior Centers
Emergency Assistance: Food, Fuel & Prescriptions
Energy Assistance Programs (MEAP/EUSP)
Family Caregiver Support Services (NFCSP)
Health Promotion & Disease Prevention Activities
Health Scope/Visit the Nurse
Home & Community Based Services Options
Information and Assistance
Income Tax Assistance, Consultation
In-Home Care Services
Legal Services
Loan Closet for DME & personal care supplies
Maryland Access Point (new for FY12)
Meals on Wheels/ Home Delivered Meals
Medicaid Waiver for Older Adults
Medicare Improvement for Patients & Providers Act (MIPPA, LIS, SPDAP, etc)
Money Follows the Person (MFP): Long Term Care Medical Assistance Rebalancing Initiatives
Nutrition Services: Education, Evaluation & Consultation
Ombudsman Services/Resident Advocacy
Personal Emergency Response Units
Recreational and Leisure Activities
Referral Services and Options Counseling
Senior Care Program & Care Planning
Senior Centers & Recreational Activities
Senior Center Plus/Social Adult Day Program
Senior Citizen Clubs
Senior Health Insurance Program (SHIP)
Senior Housing & Assisted Living Subsidy Program
Senior Medicare Patrol: Health Care Fraud Prevention, Awareness & Reporting
Short-term Case Management
Special Activities and Events
Telephone Reassurance and Friendly Visiting
Transportation Assistance
Veterans Benefits Access
Volunteer Opportunities

Population Profile:

Charles County continues to experience dramatic population growth, now ranking second in the state for total population growth since the previous census. Figures from the 2010 Census reveal a total population of 146,551 persons, a 21.6% increase since the 2000 decennial census. The Area Agency on Aging has noticed that a significant portion of the total growth in Charles County has been

among its older adult population: those aged 60 or better. The 2010 census confirms this anectodal experience, indicating that senior citizens (age 60+) now account for 14.3% of all County residents, or 20,983 older individuals. At this rate, the senior citizen population is rapidly catching up to the total number of school-age children in the jurisdiction. This growth among older adults in Charles County represents an increase of approximately 55% more seniors in the ten years that have elapsed since the 2000 census. The senior population boom is a combination of long-time residents who have aged in place, as well as a steady in-migration of older adults from neighboring jurisdictions who have re-located to Charles County within the previous ten years.

In addition to overall population growth, Charles County has also become more racially diverse; a demographic trend that began in the 1990s and has steadily increased over the past two decades. Data for 2010 described the County's racial makeup as approximately 48.38% Caucasian/ White non-Hispanic; 40.96% African-American/Black; 4.27% Hispanic; 3.20% Non-Hispanic reporting more than one race; 2.98% Asian, 0.17% Non-Hispanic reporting some other race; 0.07% Pacific Islander, and 0.65% Native American. Poverty statistics for the planning and service area represent an interesting contrast within the community. Although Charles County boasts higher than average per capita earnings overall, there are still pockets of extreme poverty within the region. Substandard homes, some with dirt floors and no indoor plumbing are still issues that plague the County and remain difficult to solve. Local government initiatives funded by federal earmarks to make indoor plumbing and housing improvements accessible to needy homeowners have been met with resistance to change or reluctance to engage with mainstream government among some needy households. Older adults are not immune to such poor living conditions. According to the most recent poverty statistics, approximately 8.6% of persons over the age of 65 currently live at or below the federal poverty level in Charles County.

Trends Impacting the Delivery of Services:

In an era of diminished resources and increasing needs, the Area Agency on Aging remains committed to serving the older adults of Charles County with the highest quality of services and with a focus on client-centered, consumer-directed care options. This objective has become far more difficult to meet in recent years as the larger number of older adults has far out-paced the available funding for programs to serve them. In addition to net increases in senior population, the recession has had a devastating effect on lower-income families and seniors who reside within the planning and service area. Charles County also has one of the highest home foreclosure rates in Maryland; a fact that creates a multitude of community problems that are not directly related to aging services, but clearly have an impact on the welfare of older adults and our community at large. Seniors residing in older neighborhoods with a high percentage of vacant homes are more susceptible to opportunistic crimes, as well as a loss of informal support or reliable social networks that can provide care and safety for seniors who live alone.

Persons who would have previously not sought assistance from the AAA in more abundant economic times are now facing personal and financial crises that are difficult for both individuals and the agencies that serve them to resolve. The inability of family members to provide support, as a result of their own economic challenges is one reason for the influx of new consumers to the AAA. Rising costs for daily necessities such as adequate housing, utilities, food, fuel as well as higher unemployment also create hardships for lower income seniors and their families who reside in the area. Private not-for-profit and faith based organizations within the community have always been reliable partners for the AAA in finding creative ways to address such challenges. Although these community

partners are still committed to serve and partner with the AAA, most have seen a dramatic decline in their own resources and revenues during the recession. As a result, partner agencies may not be in a position to assist seniors and families in crisis to the extent that they did in past years.

Continuous "belt tightening" in local government budgets over the past four years has left all county-funded agencies operating at staffing levels that are below baseline operations, and without the financial resources to conduct sufficient outreach to new clients, or to fund new programs or services. Even before the recession began, it was common for most rural AAAs to have lean staffing profiles with individuals who were responsible for managing multiple programs. At personnel levels below baseline operations, there is greater reliance upon part-time contractual personnel and volunteers, simply to prevent a loss of services. All AAA staff are required to perform multiple jobs and manage multiple programs, as some positions have been permanently eliminated or have remained vacant for extended periods of time due to a hiring freeze that lasted for three years. These organizational factors create a scenario where the AAA operates in a sort of "triage" mode, focusing on the need to meet only the most pressing and critical needs, rather than planning for and implementing new initiatives that could address unmet and future needs in the jurisdiction.

As a result of the disparity between population and funding, wait lists for nearly all funded services have increased exponentially over the past several years. This is most evident in home and community based services such as Senior Care and supportive services funded by Title IIIB and IIIE. Despite the AAA's small size, it has the third-highest waitlist for Senior Care in the entire state according to the recent Senior Care survey that was conducted statewide. This disparity will be worsened in FY12-13 with the anticipation of an 8% reduction in Senior Care funds according to the recommended formula distribution. Persons who do not yet qualify medically or financially for Medicaid Waivers, or are not willing to enter skilled nursing facilities in order to access those Medicaid services will remain on wait lists that are now years long. Seniors and family caregivers in this "gray zone" who struggle to meet their financial obligations but do not qualify for public benefits like Medicaid are at high risk for falling through the cracks in the human services network. Reductions at partner agencies such as the Department of Social Services, Adult Protective Services create fears that the safety net for persons at high risk may not be there when these individuals do fall through the cracks.

The AAA remains firmly committed to the principles of consumer choice, aging with dignity and preventing premature institutionalization. However, the lack of infrastructure to adequately provide for the needs of persons in the community, coupled with a reduction in the number of professional medical specialists and providers in the PSA who accept Medicare assignment or Medicaid is a real and significant barrier in achieving this principle, especially for persons with significant medical issues. As the AAA begins the process of developing the Maryland Access Point/ADRC service model in FY12, it will be specifically looking for new and innovative ways to provide consumer choice among the limited infrastructure. Recruitment of new partners and providers, as well as education, outreach and advocacy may mitigate this barrier in the future. Despite the many challenges that lie ahead, the AAA remains optimistic and dedicated to serving current and future residents of Charles County with the highest level of customer service and professionalism possible.

2. FY 2011 Update

Efforts to Serve Priority Populations

In an effort to serve priority populations within the planning and service area (PSA), the AAA has enhanced outreach and access services to regions of the County with the greatest socioeconomic needs,

as well as within areas of the PSA known to have a high concentration of minority residents. Senior I&A personnel conduct onsite benefits outreach, application assistance, and educational presentations on a regularly scheduled basis within locations that are geographically isolated, yet accessible by public transportation. Efforts to identify service sites that are natural gathering places for persons from diverse backgrounds who do not regularly attend Senior Centers have enabled the AAA to serve new clients in new ways without compromising efficiency. To the extent practicable, the AAA is committed to serving persons where they are, as a way to increase access and coordination of benefits and services to those most in need. Partnerships with other public and private organizations in the PSA, such as the Alzheimer's Association, United Way, Catholic Charities, the Core Service Agency (mental health) and agencies that provide services to homeless individuals enable the AAA to maximize resources to help meet the most difficult human service needs in the community.

As a reflection of the region's diversity, the AAA also plans and implements a wide array of programs and activities that increase cultural awareness and pride among persons from diverse ethnic or minority groups. For example, celebrations of African American History, Native American celebrations, and Asian festival days at Senior Centers raise cultural awareness and celebrate the diversity within our community in interesting and positive ways. Charles County hosts an annual "Unity in the Community" event to discuss both the beauty and challenges that exist in our community among different racial and ethnic groups of all ages. This interagency effort brings both leaders and lay persons together for the opportunity to share and discuss experiences of minority and ethnic persons in the community, and to work in concert to promote racial harmony. The County also created a "Blue Ribbon Commission" through the office of the County Commissioners to serve as an advisory board to elected leadership in the County regarding issues of race, ethnicity and culture.

The number of persons who are of Limited English Proficiency (LEP) remains below the threshold of Title VI requirements. However, the AAA does have a contract with CTS Language Link, a regional interpreting and translation service provider, should the need arise for professional language services. The AAA maintains a supply of select brochures for state and federally funded services, as well as frequently used documents such as the *"Medicare and You"* handbook in alternate languages, to assure that these items will be available to persons of LEP, as requested. Senior Centers periodically invite leaders from various cultural and ethnic groups to host special events at the Center to share traditions, history, and appreciation in ways that are culturally sensitive and enjoyable for residents. For example, the Waldorf Senior Center hosted a Cherry Blossom Festival in Spring 2011, including a traditional Japanese Tea Ceremony, language, music, food, and information about Japan & its people. Opportunities such as this not only create cultural sensitivity among English speaking participants, but foster an environment that is more welcoming and inviting to persons of other cultures who may not be primarily English speakers.

The AAA co-sponsors an annual Dementia Care Conference, with the local Alzheimers Association serving as the lead agency. This annual day of learning and sharing has become a source of pride among the aging network in the Southern Maryland region and draws hundreds of lay and professional caregivers to Charles County each year. Experts in the field of dementia care are brought to the area for the day, in order to provide family caregivers and members of the health service workforce information about the disease process, cutting edge research and treatment protocols, as well as access to local resources and supportive services for those caring for persons with the spectrum of dementia disorders. The Southern Maryland Caregivers Conference is another annual event that provides opportunities for sharing the latest information and expertise, resources, and support for those who are devoted to caring for persons with issues related to care of older adults. Personnel from the AAA are actively involved with all aspects of planning and hosting the annual Caregivers Conference.

In FY11, the AAA helped to plan and host the first-ever "Inspiring Caregiver Awards" gala,

sponsored by its lead agency, the Alzheimer's Association. This event recognized professional and family caregivers who were nominated by members of the community for the exceptional level of care and compassion that they provide to others in their role as caregivers. Nominations were collected and scored by a panel of judges, and nominees were recognized and celebrated at the evening gala along with their families and the persons who nominated them. Winners were selected in separate categories for professional caregivers and family caregivers. Essays written about the winning nominees were read to those in attendance before each winner was announced. The event was highly successful and plans are already underway to make this an annual special event in Charles County.

3. FY2012-2015 Plans for Targeting Priority Populations

Individuals with Greatest Need

The Charles County AAA will continue its efforts to assist in meeting needs of older residents with the greatest social and economic need, with special emphasis placed on services to low income minority individuals. The AAA ranks all persons who are assessed and referred for state and federally funded services according to their functional ability as well as economic status and access to other forms of support. Although no new funds are anticipated for direct client services in FY12, the AAA will strive to maintain services for existing clients in Senior Care, IIIB and IIIE support services. In anticipation of a grant reduction in Senior Care, the AAA has already imposed a moratorium on serving new clients for FY12. As attrition occurs among existing gapfilling clients, the AAA hopes to absorb the grant reduction without having to terminate existing services for current clientele. The AAA will continue to request reassessment of persons who are on the wait list for services in order to keep current ranking of the wait list and give priority to persons of greatest need. Persons are ranked according to their level of need, rather than the date of application to assure preference for priority populations.

In regard to services not described above, the AAA will continue to perform scheduled outreach and benefits coordination services to socioeconomically distressed communities and rural areas of the PSA that are geographically isolated. Communities within the PSA that are known to have a high concentration of low-income and low-income minority individuals will continue to be served by the Senior I&A staff of the AAA on a regularly scheduled basis. Identification of additional services and benefit screening are routinely conducted by all personnel within the AAA and offered to persons who are determined needy, either because of functional deficits or low-income status. When possible, the AAA utilizes data from the Social Security Administration and state Division of Eligibility Services to identify persons who are on SSI, SSDI and Medicaid to provided targeted outreach as appropriate by program (i.e, LIS/Extra Help for low-income Medicare beneficiaries). The AAA will continue to assure access to services for persons of Limited English Proficiency and Native American individuals, as described in Section 2 above.

4. Coordination with Other Agencies

The Charles County AAA works closely with a number of agencies, organizations and service providers whose mission it is to serve older persons, in order to continually ensure access, quality service, and effective planning to address gaps in services throughout Charles County. Inter-agency referrals between the AAA and several faith based organizations continue to grow and flourish as public and private organizations collaborate to complement the array of services available to persons in the community. Several private non-profit organizations (including but not limited to: United Way, Cooperative Ministry on Aging, Waldorf Meals on Wheels, Senior Services, Inc, the Lions Clubs, Lifestyles, Inc., and the Greater Waldorf Jaycees) also work on an ongoing basis with the AAA to help meet specific gaps in services within the county.

There are several new inter-agency initiatives on the horizon in Charles County in which the AAA is proud to take a leading role. The efforts over the past few years to rebalance Long Term Care

in Maryland, with a focus on diverting persons from costly skilled nursing facility care (SNF) and providing greater choice and options for home and community based services (HCBS) have been areas of focus in Charles County for several years. However, with the opportunity to develop an Aging & Disability Resource Center (ADRC) in Charles County (aka Maryland Access Point, or MAP); the AAA hopes to significantly enhance its ability to reach out to a broader consumer base and expand the resources and services available to persons in the planning and service area beginning in FY12. Even as the AAA awaits the notification of grant funds to develop the MAP, work has already begun to assess agency readiness, build new community partnerships and restructure agency staffing profiles to assure success of the eventual MAP in Charles County. MAP development will facilitate a more seamless continuum of service and a "no wrong door" approach to serving both the older adult population that has always been a priority group for the AAA, as well as a growing number of disabled adults who reside in Charles County now and in the future. The AAA will work with the Maryland Department of Aging and partner provider agencies to develop the initial MAP service model in FY12, with ongoing enhancements and expansions in FY12-15 as funding permits

IAC- As part of the MAP development process, the AAA will re-evaluate the structure of its IAC in FY12 to assure that all groups who should be a part of this initiative are invited and encouraged to participate in activities that will re-shape the human services delivery system in Charles County. Members of the IAC may be folded into what may become the MAP Advisory Committee, in order to assure sound communication & efficiencies throughout the MAP implementation process. The AAA will explore the need to formalize some of its interagency partnerships by executing MOUs or MOAs with key partners in the development of MAP. Some MOUs and MOAs already exist between the AAA and the IAC organizations. The Charles County Interagency Committee on Aging Services (IAC) is primarily comprised of three member organizations: The Charles County Department of Social Services (DSS), Charles County Health Department (CCHD), and the Charles County Department of Community Services/Aging and Senior Programs Division (the AAA).

Additional organizations represented on the IAC may include: Cooperative Ministry on Aging (CMA); Waldorf Meals on Wheels; Springdell, Inc (disabilities provider); United Way of Charles County; Greater Waldorf Jaycees; the Core Service Agency/Mental Health Advisory Board, Alzheimer's Association (local chapter), Charles County Nursing & Rehabilitation Center; Catholic Charities and other faith-based organizations; Charles County Sheriff's Office, local Housing Authority, Transportation & Community Programs Division (includes the Local Management Board & County Transportation), Charles County Public Schools (CCPS), Lifestyles of Maryland, Inc., the College of Southern Maryland, the Department of Emergency Services, Southern Maryland Center for Independent Living, the Charles County Provider Council, Civista Medical Center, and the Partnership for a Healthier Charles County. The three primary agencies (AAA, DSS, CCHD) meet on a weekly basis to continue efforts toward streamlining services and reducing wait lists for senior services throughout the county. Other IAC members may meet at other times, as necessary to address special initiatives. For example, the AAA hosts meetings with the provider council members six times per year. Partnership for Healthier Charles County members meet quarterly. The AAA hosts a joint meeting between CMA, Waldorf MOW, Springdell and CCPS on a quarterly basis. The AAA meets with the CSA and Mental Health Advisory Board members monthly. Examples of special initiatives accomplished through interagency partnerships in the previous fiscal year include:

- Obtaining several mini-grants in partnership with various private not-for-profit organizations to provide short term case management and one-time-only emergency services for seniors in crisis (emergency food, utilities, shelter, dental services, Rx, etc).
- Planning and hosting a National Night Out event: Aug 2010
- Planning and staff support for the annual Dementia Care Conference: Nov 2010
- Planning and hosting the annual County-wide Senior Citizens Christmas Party: Dec 2010
- Planning and staff support for the Southern Maryland Caregivers Conference: April 2011
- Planning and staff support for the first annual Inspiring Caregiver Awards : April 2011

- Continuing the Project Lifesaver program in partnership with the Sheriff's Department
- Providing a location for community-wide food distribution with Lifestyles of MD
- Providing information and support for the semi-annual Homeless Resource Day
- Planning and hosting the annual County-wide Senior Citizens Picnic: June 2011

The primary focus for FY12 will be the development of the Charles County MAP and to continue efforts for rebalancing long term care services in Charles County through the provision of home and community based service from the Older Adult Waiver and the Money Follows the Person initiatives.

Home and Community-Based Long Term Care-

The AAA provides information to older adults and their caregivers regarding the spectrum of long term care options that are available to older adults. Many callers are unaware of alternatives to institutional placement and the myriad of choices that are available to them based on their level of care and financial status. The AAA supports the individuals' choice to age in place and select options that are minimally restrictive and safe throughout the aging process. Charles County currently has three skilled nursing facilities with a combined total of 429 beds. Of benefit to persons requiring either custodial or skilled care is a choice of several quality Assisted Living Facilities in the area, as well as the availability of the Older Adult Waiver and Money Follows the Person programs, which provide home and community based care to persons who would otherwise face institutional placement.

To facilitate individual choice and aging in place, the AAA operates a number of state and federally funded in-home care programs for persons who need a light level of support in order to remain in their own homes or with family caregivers. A list of independent care providers who perform homemaker, personal care and chore services is also available upon request from the AAA. This list is maintained and updated frequently as a community resource to assist persons who can pay privately for in-home services, but need assistance with locating a provider in their area. Seminars on long term care alternatives and encouraging persons to consider long term care insurance are two other ways that the AAA performs outreach to this at risk population. Utilization of the MAP resource database has enabled the AAA to more efficiently share the myriad of resources and provider choices that are available to all consumers who are interested in exploring home and community based care options. AAA staff have assisted with the expansion of the MAP resource database by entering new provider information into the resource listings, as well as helping to assure that existing provider information is accurate and current for the PSA.

Details regarding the coordination of agencies for the provision of Senior Care are described within the FY12 Senior Care Agreement *(see section D of this plan)*.

Case Management-

The AAA provides comprehensive and transitional case management services for specified programs, as required (i.e., Medicaid Waiver, Money Follows the Person, and Adult Public Guardianship). The AAA is also the primary source of Case Management for the state-funded Senior Care program. The exception in Senior Care is for clients who are receiving another state-funded service from the Department of Social Services (DSS), such as In Home Aid Service or Adult Protective Services, which requires case management functions be performed by DSS. Similarly, seniors who receive services from the Health Department's DDA or MAPC programs have case management coordinated through that agency, rather than the AAA. If client service plans change, there are procedures in place to coordinate and transfer cases between the AAA, Health Dept, or DSS in order to prevent the duplication of case management services by any public agency or private provider organization.

Case management services funded through Title III of the Older Americans Act are provided primarily on a short-term basis, or to meet various administrative and care coordination needs, rather than as an ongoing comprehensive service. For example, the AAA may provide short-term intensive care coordination and assistance in order to establish an in-home care provider for a client who receives Personal Care services through Title IIIB. Once the services are in place and there is stability within

the care arrangement, the AAA provides less intensive case management, performing a more administrative form of case management. Administrative case management may include assuring that services are utilized properly and within program budgets, arranging for minor adjustments to the care arrangement. Generally, this form of case management would not conduct regular home visits or maintain continuous contact with the customer, unless there are changes in the customer's needs. This approach is similar for Title IIIE beneficiaries. Short-term case management under Title III services is generally sufficient, since other forms of informal support are in place for the customer (e.g., supportive family members who assure that routine needs are met, maintain appropriate contact with the AAA regarding quality of services, etc). The AAA will also refer persons to private businesses who offer case management services, as requested.

Mental Health Services-

The AAA does not expend funds under Title IIIB for direct Mental Health Services. However, the AAA will help coordinate the delivery of adult mental health services with other local providers in the PSA for seniors who need such services. The AAA participates in monthly meetings with the Core Service Agency, who is primarily responsible for the delivery of all publicly funded mental health services to adults within the PSA. The CSA employs an adult services specialist for the purpose of coordinating public mental health services in the region. The AAA has also collaborated with CSA personnel to explore service options and care coordination for specific cases, as the need arises, sharing resources and care options to meet the specific needs of the older individual. The Local Management Board, which coordinates mental health services for youth, is co-located within the Department of Community Services, facilitating seamless referral services, when needed. The AAA also has a strong working relationship with Freedom Landing, Inc., a non-profit provider of mental health services for adults living in community based settings. Some consumers of Freedom Landing services are served by the Representative Payee Program, which is administered by the AAA and overseen by an Advisory Board chaired by the Executive Director of Freedom Landing, Inc. Although not a direct provider of mental health services, the AAA is knowledgeable about the resources and providers within the PSA who deliver these services and will make referrals, as needed.

Emergency Preparedness-

As an agency within the local government, the AAA's emergency preparedness plan is dictated by the County Government Emergency Operations Plan (EOP). The AAA's role in carrying out the plan is guided by the Director for the Department of Emergency Services and the will of the County Commissioners. A copy of the County's EOP can be found on the County's internet site at: www.charlescounty.org/es/2002_EOP_Plan.pdf In Charles County, the AAA plays a supporting, not a lead role in the emergency management process, and may be tasked to perform whatever functions are deemed necessary at the time, depending on the type, size, and duration of the crisis. The AAA also has a Continuity of Operations Plan (COOP) in effect, which designates how specific operations will be maintained in the event of an emergency. The Department of Community Services, of which the AAA is one Division, also has an approved COOP plan in effect. The COOP plans have been reviewed and approved by the Dept of Emergency Services as well as the local Health Department. There are inter-agency agreements that assure COOP strategies work across key agencies and organizations.

Senior Education: Senior Centers, senior housing complexes, assisted living and SNFs are all expected to carry out educational programming regarding emergency preparedness. Educational presentations from local first responders and other professionals in the field of public safety and emergency preparedness are scheduled at all Centers. Plans for FY2012 include conducting preparedness seminars on winter storm safety at each Senior Center in the fall and winter months. Significant snowfall in the PSA over the past two winters have highlighted the need to educate seniors about ways to plan ahead, in order to be prepared and stay safe during severe winter weather events. The County publishes a Citizens Emergency Preparedness Guide which is made available to all residents, and includes valuable information about what to do in the event of a community emergency

situation (all types), as well as what to expect from Emergency Management agencies.

Outreach Initiative: The AAA continues to encourage and assist persons with subscribing to the Citizen Notification System (CNS) which sends out immediate alerts regarding all varieties of emergency situations. Subscription to CNS is free, and provides residents with either email or mobile text notification of such things as: severe weather alerts from the National Weather Service, local road closures due to accidents or road work, hazardous events, or other community health and safety alerts. The County also operates a reverse 911 system to alert persons of immediate threats and/or crime safety awareness. Finally, the AAA serves as a point of intake and referral for the Department of Emergency Services' Special Needs Registry. The Special Needs Registry is available for all persons with disabilities or special needs that may prevent them from safely sheltering in place or evacuating the area in the event of an emergency. The Special Needs Registry is tied into the CAD system used by the 911 operations center, and is accessible by 911 dispatch 365 days of the year, 24/7. The AAA provides outreach for all of these emergency planning operations to assure seniors are aware of the options and need for emergency planning, and to facilitate participation of seniors in these initiatives.

Facility Notification: If an emergency situation arises during operating hours for any AAA facility, the Department of Emergency Services will coordinate immediate notification and advise of any actions that may be necessary to protect the occupants of the facility. The identification of all facilities that may be used in the event of an emergency is addressed in the Charles County EOP, as noted above. None of the AAA's facilities are primary emergency shelters; however, if designated emergency shelters should become unavailable for any reason, the County EOP indicates the hierarchy for selecting and opening alternate sites. Staffing and supplying the facilities as emergency shelters is not handled by the AAA.

Personnel Resources and Training: Staff within the AAA are designated to perform certain tasks within the Department of Community Services Emergency Plan, the County Government EOP, as well as the AAA's COOP. The AAA maintains an emergency telephone tree which is updated and used/tested on a regular basis. Staff within the AAA are encouraged to maintain certification for First Aid, CPR and other safety training relative to their work and assignments. Some AAA personnel have also participated in CERT training for volunteer emergency response and light search & rescue.

5. Nutrition and Supportive Services

Nutrition Trends- The AAA currently provides catered Congregate and Home Delivered Meals through a contract with the Charles County Public Schools Food Service Division (CCPSFS). The current contract is valid through June 30, 2013. The AAA employs a full time Nutritionist who is a Licensed, Registered Dietician. The Nutritionist plans and writes all menus and monitors for both compliance and quality of the catering contract. Menus are analyzed to assure compliance with USDA standards and DRI requirements for older adults. All meals are prepared with no added salt and no concentrated sugar. Freshly prepared and in-season produce are used as frequently as possible. Menus typically follow a six week cycle pattern with three rotations to accommodate changes in seasonal preferences. However, the Nutritionist can request special or premium meals at any time to coordinate meal programs with special events or theme programs at the Senior Centers. Pricing for the meals is not a flat rate per meal, but reflects an actual cost for both raw foods and catering operations in support of the AAA's Nutrition Programs for the Elderly throughout the PSA. Meals are provided through a combination of state, federal, and local funds, as well as voluntary contributions from meal program participants. The AAA continues to see a steady increase in the number of Home Delivered Meals, and anticipates approximately 36,000 HDMs will be served in FY2012. The AAA addresses the growth in the HDM program by transferring funds from Title IIIC1 and Title IIIB into the HDM budget.

In FY2011, the AAA was pleased to open its first new Congregate Nutrition site in about two decades. Although the overall number of Congregate Meals provided in Senior Centers has not increased, there was an obvious need to provide nutritional support to a large number of older adults residing in a particular senior apartment complex. This need was realized when the AAA saw an ever-

increasing number of HDMs being sent to the same apartment complex. Discussions were held with property managers and residents of the apartment complex, and it was determined that a Congregate Nutrition site at this location would be feasible and well-utilized, and would not detract from the participation at other Senior Centers in the region. Providing meals in a congregate style would also create greater financial efficiencies than sending individual HDMs, which are more costly and operationally more costly to deliver. The new site opened in mid FY2011 and is flourishing today as one of the busiest Congregate meal sites in the PSA.

Home Delivered Meals are delivered through a cooperative effort between the AAA and local volunteer Meals On Wheels providers. The AAA's Nutritionist maintains and oversees the catering contract, and assures that meal carriers and other supplies are available for the delivery operation. Letters of Agreement are written and signed with each volunteer organization, and define the policies and procedures which are understood to exist between the AAA and its two volunteer Home Delivered Meals Providers: Waldorf Meals On Wheels and the Cooperative Ministry On Aging (CMA. The meals are prepared by CCPSFS in a central kitchen owned and operated by the Charles County Public Schools, and then delivered to designated locations throughout the County according to an approved delivery schedule. The two volunteer organizations train and schedule approximately 165 volunteer drivers who meet the catering vehicle at the designated sites, which are strategically located along ten different HDM delivery routes in the county. From these designated locations, meals are then delivered by the volunteers to the individual client homes and service data is recorded on forms provided by the AAA. Volunteer route coordinators within each of the volunteer organizations submit to the AAA a monthly check for the amount of client donations collected, along with the required data for administering the Home Delivered Meals Program.

Referrals for Home Delivered Meals come to the AAA through a variety of sources, including the local Health Department, Department of Social Services, private agencies, hospitals, churches, and private citizens residing in and out of the service area. Additional outreach is available through local resources and notification of local churches and organizations. Efforts are made to target low income minority seniors by focusing outreach efforts in those regions with a high percentage of low income minority seniors. In addition, when a waiting list exists, priority is given to low income minority elderly and other high risk or vulnerable elderly within the service area.

Congregate Meals are provided at all four of the AAA's Senior Centers, as well as the Nutrition site at Victoria Park Senior Apartments. Congregate Meals are provided during the lunch hour on days that senior centers operate. Clients make their reservations at least one day prior to the luncheon, and make an anonymous, voluntary contribution at the time the meal is consumed. Congregate Meals are vended through the same catering contract and overseen by the Nutritionist on staff with the AAA. Whenever possible, the AAA contracts with the Senior Employment program to provide staff support the Congregate Meal program. This win-win situation provides opportunities and training for low-income elders, while reducing labor costs for the AAA. Senior volunteers and other existing staff within the Centers provide support for the operation of the Congregate meal programs by serving, cleaning, ordering, and monitoring the daily operations of the programs. These cost savings permit the AAA to utilize a greater portion of its Title IIIC1 grant funds to support the cost of meals that directly benefit older adults in the jurisdiction. In addition to subsidized Title IIIC1 meals, the AAA also offers "fee-for-service" meals for certain special events or occasions. These non-subsidized, "fee-for-service" days allowed the AAA to conserve its Title IIIC and State Nutrition grant funds for subsidizing the daily Congregate and Home Delivered Meals which were enjoyed by persons of greatest economic and social need, while continuing to provide high quality meals at special events. Although Title IIIC1 funds are not utilized for these designated special event meals, the AAA can offer financial assistance from local funds or from funds donated from Senior Citizen groups to assure that low-income persons are able to participate in all of the special event programs, if they choose to do so. Persons are also welcome to bring their own meal to the special event, if they do not wish to partake in the unsubsidized meals.

Nutrition Screening- The AAA provides voluntary nutrition screening to program participants at least annually. The form used for nutrition screening is the "*Determine Your Risk*" checklist. The Nutritionist periodically visits each Senior Center, and offers complimentary, confidential screening to all participants. Nutrition Screening forms are often provided as a prelude or at the conclusion of a Nutrition Education session, to take advantage of a captive audience looking to improve their nutritional health. This method allows for persons to ask questions either during the screening or upon completion which are relevant to the nutrition education session they just heard. In this way, the Nutritionist is able to provide immediate follow-up to persons who score within the high risk range, or to schedule an opportunity to meet with at risk individuals at a more mutually convenient time or place. More in-depth follow-up is also available for persons who wish to schedule an appointment with the Nutritionist to discuss their particular concerns or questions. There is no cost to participants for this follow-up nutrition consultation.

Screening for persons in the Home Delivered Meals program is also provided annually by a scheduled home visit to the client by the Nutritionist or a qualified paid colleague or intern. This home visit also serves as a mechanism for determining whether the client is still eligible for Home Delivered Meals and whether additional in-home services may be needed as a result of an observed increase in frailty or from specific requests of the client for additional services and assistance. In addition to the *Determine Your Risk* form, the Nutritionist also completes a checklist for the client's ability to complete Activities of Daily Living. Following the screening, the Nutritionist will refer the client for additional services as needed and follow-up on specific concerns or issues noted for that client.

Nutrition Counseling is available by appointment with the AAA's Nutritionist, and can be done on-site at one of the centers, or in the client's home if the client is unable to travel to an on-site location. Referrals for dietary consultations are usually received as a follow-up to a client assessment where a client has been determined to be at nutritional risk, or if there are special dietary restrictions which require nutritional teaching for the client or caregiver. Referrals are most often received from AERS nurses, hospitals, home health agencies, physicians, care managers, and less frequently at the request of clients and caregivers.

Nutrition Education- The AAA provides numerous opportunities for Nutrition Education, but does not directly budget Title IIIC funds for the provision of this service. The AAA's Nutritionist coordinates all of the AAA sponsored Nutrition Education activities for older adults within the planning and service area. Because of her expertise, she is capable of presenting a wide array of information herself, but also facilitates presentations by guest speakers and may review the presentation materials of invited speakers that are scheduled by program staff at senior centers. This review function serves to assure the quality and accuracy of the information being presented. The Dietitian and program staff at Centers strive to present information that is of interest to seniors as well as education about trends in health and wellness as relates to nutrition, diet, exercise, weight management, diabetes management, etc. Seniors are also encouraged to suggest topics of interest to them so that new ideas can be incorporated into the overall Nutrition Education programming. Nutrition education to homebound elders is provided during scheduled home visits to Meals on Wheels recipients, or on a more frequent basis as special needs arise. The AAA also provides information and training about safe food handling procedures for nutrition volunteers and staff at Senior Centers on a regular basis.

5(b) Supportive Services

Federal Programs: Title IIIB- The AAA provides in-home and supportive services funded with Title IIIB of the Older Americans Act, to frail and disabled persons within the planning and service area. The AAA also provides other in-home and supportive services through state grants, increasing the amount of services that are available to frail and homebound persons within the PSA. In FY11, the AAA had to use a portion of its Title IIIB funds to support the Ombudsman program after an unanticipated reduction in state funds created a deficit in the Ombudsman salary. The hours for the Ombudsman were also decreased at that time to keep the program operating within budget. Title IIIB

services are coordinated and delivered as follows:

In-home services such as **Personal Care, Respite, Homemaker and Chore** services are available through the AAA to persons who are at least 60 years of age, and determined to be moderately to severely disabled. In order to determine eligibility for services, potential clients receive an evaluation (AERS) from a Registered Nurse at the Charles County Health Department's Community Health and Prevention Division. These nurses specialize in adult/geriatric services and are also knowledgeable about community services offered by the AAA and other human service agencies within the PSA. Following the evaluation, referrals are coordinated on behalf of the client for all recommended services. Clients and their family caregivers may either accept or refuse services, thus having the final approval of any care plan that is developed. The AAA maintains partnerships with the local Health Department and other service providers to facilitate easy access to and coordination of services. The AAA embraces a "no wrong door" philosophy, accepting and making referrals for services that it provides directly as well as those offered by other public and private organizations in the service area. The AAA makes every effort to coordinate benefits and services across agencies to ensure that there is no duplication of effort, and to make the best use of limited funds.

Typically, the AAA does not budget specific amounts of Title IIIB funds for each type of in-home service (personal care, respite, homemaker or chore), but rather designates a budgeted amount for "contractual services" which can be utilized in any one of the four categories on a case-by-case basis, according to client need. This flexibility in funding permits the AAA to serve clients in the method that is most needed without sacrificing consumer choice. Because the AAA does not contract with specific in-home service agencies, consumers enjoy greater choice regarding the method of service delivery. Provider options include independent contractors from the AAA's Respite Care Registry, home health agency staff, or even friends or family that have been approved as care providers by the AAA. Using "informal" care providers is often less expensive than using professional agency staff, allowing the AAA to stretch the amount of services that can be provided with Title IIIB funds, while following a more consumer directed model of care. The majority of in-home care services are now offered as reimbursement payments to the families, which allows for greater flexibility and consumer direction, while alleviating some of the administrative burden of the AAA to distribute the care funds.

Access Services such as **Transportation, Assisted Transportation, Information & Assistance, and Outreach** may be supported by Title IIIB funds. The AAA does not operate its own transportation system; however, the county-wide transportation system, VanGO, is co-located in the same building as the AAA. Staff from the AAA and the transportation program work together on a frequent basis to facilitate transportation for seniors to medical appointments, shopping, or recreational activities. The VanGO contract has a provision for a 50% senior discount, enabling seniors to ride for as little as 50 cents per trip, or $1 for an all-day pass. Because the general transportation is so affordable, the AAA rarely receives requests for financial assistance; however, needy clients may receive transportation vouchers from the AAA to help defer the cost of transportation.

Persons who require **Assisted Transportation** due to physical disability or cognitive impairment may choose between VanGO's ADA paratransit system or the Demand-Response system (D-R), and caregivers are permitted to accompany the rider for free. The Transportation Division maintains a Medicaid Transit contract, as well, allowing MA cardholders to show their MA card in lieu of transit fees for eligible trips. All VanGO busses are wheelchair accessible. Prices for Assisted Transportation through VanGO range from $2 for an all-day pass (ADA), or $1.50 per one-way trip (D-R). Standing appointments on D-R are currently priced at $3 per trip, regardless of distance traveled. Those persons who require Assisted Transportation out of the PSA (i.e., to medical appointments outside of the county limits) receive assistance from AAA staff with arranging for private transportation, and may also receive financial assistance to pay for these services if there is a financial hardship. Because the AAA is located in a rural region, the number of private transportation companies

(taxi cabs and wheel chair equipped vans) is very limited, and costs can be excessive. Title IIIB funds may be utilized to assist with the cost of these essential services, but none are specifically budgeted for this purpose. Funds will be provided on an as needed basis, only after other options have been exhausted. In order to conserve limited funds, AAA staff also work with community volunteer organizations (Veterans groups, faith-based groups, etc) to secure free or low-cost transportation whenever possible.

Information and Assistance (I&A) services are funded by a combination of Title IIIB, State I&A grants, and local funds allowing a higher level of service than would possible with a single funding source. Services are provided by AAA staff at two main locations within the PSA: the Richard R. Clark Senior Center, and the administrative offices of the AAA. In addition, the Senior I&A staff travel to every Senior Center on a scheduled basis to offer on-site services to persons in all areas of the PSA. When requested, or in an effort to meet specific program objectives, the I&A staff travel to places in the community where seniors naturally congregate, such as senior apartment complexes, or housing developments with a high concentration of low income and minority elders. This approach facilitates bringing services to people, rather than requiring people to come to services, and has proven very effective in assisting a greater number of seniors while alleviating typical barriers such as lack of transportation or lack of familiarity. The I&A program maintains a well publicized telephone number for service intake, which includes a 24-hour voice mail system. This voice mail system can be checked remotely, when staff are not in the office. This remote access feature proved extremely beneficial during the inclement weather, when senior centers may be closed to participants. I & A staff are trained to provide a complete spectrum of services including general information to seniors and their families, referral to services within the AAA and the surrounding community, as well as funded assistance for seniors who require short term or long term services.

Outreach activities are provided both by AAA staff and trained volunteers. Outreach in the form of one-on-one appointments at community locations or via visits to client homes are offered to assist seniors with applying for benefits and services, developing community-based plans of care, and completing income tax returns for persons who are otherwise unable to access I&A services. Outreach services focus primarily on trying to bring information and services to isolated, rural sectors of the county, and to facilitating access to services in locations where seniors naturally congregate; such as senior apartments, assisted living facilities, and senior club/organization meetings. I&A staff participate in an annual outreach event, the Christmas Connection, which brings holiday baskets full of food and gifts to low income, needy seniors who might not otherwise have a pleasant holiday season. By serving on the multi-agency board of the Christmas Connection, I&A staff can help coordinate the outreach effort, targeting the most needy individuals, and ensuring that services are not duplicated by other community groups. The largest outreach effort is the income tax assistance program, which assists over 500 senior households annually with the preparation and electronic filing of their state and federal tax returns. I&A staff are continuously working to identify and address specific outreach needs within the PSA.

Legal Assistance Services are provided through an annual contract between the AAA and the local Legal Aid Bureau. The AAA utilizes $6,000 in Title IIIB funds to offset the cost of services provided through the agreement with the Legal Aid Bureau (LAB). The LAB schedules outreach days at each of the AAA's senior centers on a monthly basis. Seniors can make appointments to speak to an attorney from the LAB during one of these outreach days, or they can contact the LAB office directly to schedule an appointment at the Southern Maryland Offices of the LAB in Hughesville, MD. Quarterly, the LAB provides aggregate data to the AAA regarding the number of appointments and unduplicated clients who are served in the PSA. Client confidentiality is of supreme importance to both the LAB and AAA staff. In addition to the one-on-one legal appointments, the AAA also organizes educational seminars on law topics of interest to elderly persons. Presentations are free of

charge and are provided by local attorneys in private practice, members of the Maryland Legal Aide Network (MLAN) and Maryland Bar Association, and specialists in the field of elder law and estate planning.

Federal Programs: Title IIID- The AAA believes that **Health Promotion and Disease Prevention Programs** are a key element in responsible programming to the elder population. Encouraging healthy habits and educating persons regarding health issues is one of the most important tasks that the AAA can undertake in the promotion of positive, successful aging. Regularly scheduled health promotion events include: a wide array of health screening opportunities, consultation with health professionals through the "Visit the Nurse" program, a multitude of health education presentations, health fairs, medication management sessions, and direct health services. Making the educational topics interesting and current to seniors helps to ensure attendance and participation in these programs. Many of the AAA's Health Promotion activities are provided in-kind from its many community partners, including both public and private organizations. **Medication Management** services are included in the AAA's Memorandum of Understanding with the Charles County Health Department for IIID services, and may also be provided on an in-kind basis by local pharmacists and other health professionals.

Physical fitness continues to be a major growth area within the Health Promotion and Disease Prevention service category. Now and in the future, physical fitness courses will be a programming focus within all of the AAA's senior centers. The AAA is dedicated to providing cutting edge classes and equipment that both encourages and enables older persons to view fitness as a priority in their daily lives. Keeping the classes fresh, fun, and interesting is one way to encourage participation. Another way is by assuring that no matter what the level of ability or disability, there is something available for every level and preference. Charles County senior centers continue to target low-income minority elderly by planning a variety of Health Promotion and Disease Prevention programs that include cultural and ethnic presentations, entertainment, food and tasting, etc. Health screenings for blood pressure, blood sugar, vision, and depression are always included in program planning. With the near epidemic of obesity and diabetes in the U.S., programs aimed at preventing the onset of disease and managing weight are two popular tracks within the physical fitness and overall health promotion programming.

Federal Programs: Title IIIE - Charles County AAA is pleased to offer services which provide support to family caregivers under Title IIIE, the **National Family Caregivers Support Program**. The AAA's approach in the NFCSP is to provide an ongoing, light level of support for those persons who have already committed themselves to providing care to an elderly family member. The program is not intended to be a substitute for long term care services, but merely to help fill the gaps or alleviate a portion of the emotional and financial burden associated with informal caregiving of loved ones. Those who need a higher level of support are encouraged to work with the Aging Division to discuss additional options for comprehensive care services.

Specific Programs offered under the Family Caregivers Support Program Include:

- **Information and Outreach** to caregivers about available services. Such services may be offered individually, or in group settings and presentations made in community settings.
- **Access Assistance** to caregivers in gaining access to services and working one-on-one with caregivers to coordinate a plan of consumer-directed, community-based care, respite, and support.
- **Caregiver Education/Training/Support** to assist caregivers with obtaining the latest information and skills for providing good care to older adults, including mechanisms for maintaining self-care and knowing when to seek outside assistance from professionals or specialists in the field of caregiving in order to solve problems relating to caregiver roles and needs. Workshops, a lending library of caregiver resources, and scholarships to

caregiver conferences are some ways in which caregivers receive education and training from the AAA.

  - **Caregiver Support Groups:** The AAA currently operates a caregiver support group, which meet monthly at the Richard R. Clark Senior Center in La Plata. The AAA also maintains a list of other support groups, which may be disease-specific such as the Pink Ladies Breast Cancer support group and Alzheimer's Association support group, as well as groups offered through hospitals and private and non-profit organizations.
- **Respite Care** to enable caregivers to receive temporary relief from their caregiving responsibilities. In many cases, respite care services are authorized up to a maximum number of hours or funds per month, due to budgetary constraints. Persons needing long-term services or additional hours of respite are encouraged to apply for other programs and services offered by the Aging Division and other county organizations.
- **Supplemental Services** to complement the care provided by caregivers and fill gaps which may develop while waiting for long-term benefits or services. These services will be limited to persons who need one-time-only or short-term benefits in the form of supplies, durable medical equipment, prescription assistance, or similar services. Efforts will be made to secure alternative sources for services if long term needs exist.

The AAA directly administers all five of the service categories described above. A designated NFCSP program coordinator is responsible for providing Information and Access services to potential participants in the program, as well as to other professionals throughout the human services network. She maintains the client referral and service intake process and coordinates the delivery of additional services, as needed. In compliance with the OAA guidelines, support from the NFCSP is available to all caregivers, regardless of income, and means testing is not conducted.

Since the program's inception, the NFCSP has been seamlessly integrated into the AAA's existing programs and services. The NFCSP coordinator is part of a team of professionals within the AAAs Long Term Care unit, that works together with family caregivers to assist with the development of a plan of consumer-directed, community-based care which may include the provision of many other programs and services that are available from the AAA or other organizations within the PSA. Typically, the coordination process begins with a comprehensive assessment of the older adult performed by a nurse from the AERS program. The subsequent recommendations for care are provided to the AAA's NFCSP coordinator, who then makes any additional referrals within or outside of the agency for those services that that family or older adult has accepted. In the event of a wait list, the coordinator will rank the client according to his/her level of need and place the client on a wait list for services. Every effort is made to initiate services as soon as possible or provide other options for services during the wait time.

In addition to the routine operations of the NFCSP, the AAA co-hosts a large caregivers conference annually. The event is a collaboration of three Southern Maryland AAAs, as well as professionals from the University of Maryland Geriatrics and Gerontology Education and Research program, and professionals from Maryland's aging network. The event is always well attended, offering approximately 15 unique training and educational seminars, as well as access to a vendor exhibition area. In 2012, the conference will celebrate its 20th consecutive year of bringing information, training, resources, and support to caregivers throughout Southern Maryland. At least 250 attendees are expected for this day of sharing and enrichment.

The AAA is very interested in serving persons who are grandparent heads of households,

and has performed a limited amount of outreach toward this end. However, with the existence of other funding streams and grandparent support programs offered by other human service agencies (i.e., DSS, the Local Management Board, and Children's Aide Society), the AAA has not received many referrals for this type of assistance. The AAA assures that there is no duplication of effort by working in concert with those human service agencies who serve as leaders in the grandparent support systems, prior to allocating any Title IIIE funds for this service category.

Federal Programs - Title VII - The AAA allocates 100% of its Title VII funds to the Ombudsman program for the purpose of providing Elder Abuse Prevention activities.

Other Federal Programs:

Senior Health Insurance Programs (SHIP) are managed by the AAA's Senior Information and Assistance staff. The AAA does not currently have any active SHIP volunteers, but plans to recruit and train persons in FY12 to revitalize its volunteer program activities. The Senior I&A Coordinator will take the lead in this volunteer recruitment and training effort and will oversee the activities of the paid and volunteer SHIP personnel. The SHIP personnel work collaboratively to provide frequent, high quality presentations and outreach services to all sectors of the PSA. Guest presenters are also utilized on occasion in an effort to expose seniors to additional resources and expert information. The I&A Coordinator is responsible for completing the SHIP data collection and reporting, which is being provided electronically to the federal government, using the "SHIPTalk" software from CMS. The AAA's SHIP staff have been very successful in assisting numerous Medicare Beneficiaries with the annual Open Enrollment activities, and continue to provide enrollment assistance to new Medicare beneficiaries or beneficiaries who need to make changes to their current prescription drug plans during allowable time periods.

As a small agency, the Charles County AAA does not have separate staff to handle the various initiatives involved in national health care reform. Senior I&A staff are also expected to fully administer the SHIP program, all other programs that are assigned to them. Added to their duties since the previous Area Plan are: Medicare Improvements for Patients with Providers Act (MIPPA) programs, and the Senior Medicare Patrol (SMP) program to prevent fraud, waste and abuse in Medicare and Medicaid. Assisting persons with enrollment in complimentary programs such as Maryland's Senior Prescription Drug Assistance Program (SPDAP) and the Extra Help Low Income Subsidy (LIS) program are all in a days work for this hard-working staff. These CMS activities will be a primary focus for the beginning of FY12, as open enrollment begins in October. As clients are seen and screened for any other service provided by the AAA, the Senior I&A staff review the beneficiary's health coverage and inquire about any concerns so that solutions can be sought quickly and effectively. Any suspicion of fraud, waste or abuse is promptly investigated and reported as required. Sometimes suspected fraud is identified when a client requests assistance with paying for a medical bill, or simply asks for help in interpreting the bill. Senior Medicare Patrol (SMP) activities will be expanded in FY12 pending receipt of additional grant funds to build program capacity. The Charles County AAA proposes to utilize SMP capacity building grant funds for the following activities:

- **Volunteer Recruitment** – The AAA proposes to conduct SMP-specific volunteer recruitment in a variety of settings. Some suggestions include: Partnering with private not for profit organizations to explore volunteer opportunities; Collaborating with the College of Southern Maryland to provide internship opportunities for students in the health-related degree programs; Recruitment events at the mall and other local venues where persons naturally congregate; and

advertising for volunteers via local media contacts and press releases. Providing refreshments and promotional materials related to the SMP initiative will assure better attendance and engagement at these volunteer recruitment opportunities.

- **Fraud Prevention Expansion –** The AAA will continue and expand upon its community outreach and awareness campaign to caregivers of Medicare & Medicaid beneficiaries regarding SMP, SHIP, QMB/SLMB, LIS, MIPPA. Reaching a broader audience that can become engaged in the fraud prevention & awareness effort may include hosting informational forums and seminars in venues that are not specifically focused on serving older adults: Recreational and Community Centers; Apartment Complexes; Churches; Civic Organizations & Clubs (Elks, VFW, Moose Lodge, Rotary, Chamber of Commerce, etc); Libraries, and Centers for Independent Living.
- **Creating New Media Outlets –** To both recruit volunteers as well as to provide education & awareness of the SMP initiatives for beneficiaries will also be a focus for the year ahead. The AAA has developed a 30-second professional informational commercial that will aire on a rotating schedule on 12 major cable television networks (Discovery Health, Lifetime, Food Network, History Channel, FX, ESPN2, AMC, Hallmark, etc). The cable provider has indicated a minimum of 1,640 commercial spots for the duration of the SMP commercial contract period. The same "info-mercial" would be placed as a web ad on the Comcast Xfinity homepage, where every local Comcast internet customer must go to check his/her email, etc. The guaranteed number of impression on the website is 76,924. Comcast will provide the AAA with a monthly report showing performance measures and viewership statistics. The AAA also has the abilty to post announcements or video clips on Facebook, Youtube, and other social media through the County's Public Information Office. Development of new print media materials such as an SMP Resource Guide/Fact Sheet and or updated program brochures will enable the sharing of SMP information with physician's offices, pharmacies, health fairs, etc.

Other State Programs:

Senior Information and Assistance program *(please see narrative under Title IIIB).*

Public Guardianship - The Chief of Aging and Senior Programs, Dina M. Barclay, currently serves as the court appointed guardian for five elderly wards under the Public Guardianship Program. Case management duties for the Public Guardianship program are assigned primarily to the AAA's Long Term Care Program Specialist, with additional staff support or substitution by other members of the Aging Services staff, as specified in a delegation of duties order on file at the Courthouse. These designees are authorized by the Court to act on behalf of the Guardian on an as needed basis to ensure provision of services to wards on a 24-hour, 365 day basis. The AAA works with the Department of Social Services' APS staff and the County Attorney's office to ensure that all other avenues have been explored prior to recommending a potential client for Public Guardianship. The AAA also provides information regarding Alternatives to Guardianship and encourages older adults to prepare Advance Directives.

Ombudsman Program - The AAA employs one part-time Ombudsman/Resident Advocate to provide elder abuse prevention and complaint resolution services throughout the PSA. As evidenced on the Ombudsman program form *(see service form)*, this staff person provides the full array of services necessary to ensure the rights and quality of care for residents in long term care facilities. The Ombudsman supports the establishment of Resident and Family Councils at each of the County's three skilled nursing facilities. She also makes quarterly visits to both small and large Assisted Living homes, as required. Visits to ALF may be conducted more frequently in response to specified complaints, or as a proactive measure to assure residents rights and standards of care are upheld. Opportunities to

participate in education and awareness activities pertaining to all aspects of the long term care industry continue to be a focal point for this program. In cooperation with other members of the AAAs long term care staff, the Ombudsman will assist with the provision of free or reduced-cost training programs aimed at helping small, family owned assisted living providers and independent care contractors to become more knowledgeable and skilled care providers in community based long term care settings.

Senior Center Plus- The AAA is licensed to operate four (4) Senior Center Plus sites: one in each of its Senior Centers. However, the program is currently not active at one location, due to a lack of enrollment. The daily fee for the program is a nominal $30 per day and includes the provision of lunch, program supplies, activities and snacks. The AAA is able to keep the cost of this program low by utilizing existing AAA staff and space within its senior centers. Since the AAA directly operates and staffs these sites, they are an integral part of the comprehensive plan of services. Referrals for the Senior Center Plus Program come primarily from the AERS staff at the Charles County Health Department and are often a component of a client's community-based plan of care. Because of its affordability, the Senior Center Plus Program is an excellent respite care option for persons who need socialization, assistance and supervision with activities, but do not yet require the skilled care services of a medical adult day care program. Medicaid Waiver clients are also welcome and encouraged to participate in the Senior Center Plus program.

Senior Assisted Living Group Home Subsidy Program - *(see Service Form F and Administrative Form D5 for additional information about this program).* The AAA's Long Term Care Coordinator is responsible for administering the Senior Assisted Living Group Home Subsidy Program. Current funding permits this position to dedicate 5% of time toward the administration of this program, which includes conducting quarterly home visits to SALGHS recipients as well as all fiscal and reporting requirements for the program. As of June 30, 2011, the AAA provides four older adults with subsidies and maintains a small wait list. Due to statewide budgetary restrictions, the AAA will be unable to provide subsidies to new clients or offer services to persons on the wait list for subsidies in FY2012 unless specifically authorized by the Maryland Department of Aging.

Medicaid Waiver for Older Adults - *(See Service Needs Form G)* The number of Older Adult Medicaid Waiver (OAW) clients enrolled on June 30, 2011 was 76. There are no specific enrollment goals for FY2012, because the AAA cannot predict the number of persons transitioning from SNF to Waivers or the movement of persons who are currently on the OAW registry. The difficulty that the AAA faces is that it already has an extremely high case management ratio, and lacks the funding necessary to purchase additional case management support or hire an additional case manager to help reduce the case load for its existing position. The cost of providing program administration and comprehensive care management for the OAW program has exceeded the available OAW administrative funding for several consecutive years. However, the AAA is dedicated to fully serving current clients with the highest quality of services, and is hopeful that new resources such as Money Follows the Person will provide the funds necessary to effectively carry out the goals of MFP and OAW for home and community based services in the community. The AAA provides all case management services for the OAW. Contracting for case management with other public agencies is not an option in this region.

The AAA has established an efficient protocol for working within the county's public and private sector **infrastructure**. Due to local recruitment efforts and networking, the number of approved OAW providers has increased steadily since the inception of the program. However, there are still obvious gaps that require more statewide intervention. For example, the number of Doctors and other medical specialists in Charles County who accept Medicare or Medicaid is problematic and getting worse due to reductions in reimbursement rates. Similarly, there are few local resources for persons with persistent mental illness. These are not issues that the AAA can effectively resolve at its level. Personnel with

responsibilities for OAW administration in Charles County include:

Name, *Position Title*	Waiver Responsibility
Dina Barclay, *Chief of Aging & Senior Programs*	Administration & Supervision
Bonnie Hampton, *LTC Coordinator*	Administration, Program Ed, Application Assist., Case Mmgt
Rhonda McLaughlin, RN, *LTC Coordinator*	Case Management
Cynthia Olmsted, *LTC Coordinator*	Admin, Program Education, Case Mgmt Support
Lisa Furlow, RD, LD, *Nutritionist*	Admin, Program Education, Clerical Support
Beth Fiske, *Senior I&A Coordinator*	Program Education, Case Mgmt Support
Terry Sedberry, RN, *Ombudsman*	Case Mgmt Support, Program Education, Clerical Support
Kimberly Sines, LGSW, LTC Program Specialist	Case Mgmt Support, Program Educ, Application Assistance
Tammie Kuss, *Fiscal Specialist*	Fiscal

Focal Points: Senior Centers

Senior Centers provide numerous opportunities for older adults to develop their skills and use their talents in a sharing, caring atmosphere. Charles County operates four Senior Centers that provide service to persons age 60 and older. Centers are strategically located in different regions of the PSA in an effort to increase accessibility for older adults. Centers provide opportunities for benefits access, meals, special events, socialization, health and wellness activities, recreational programs, support groups, educational and adult learning programs, and volunteerism. The Nanjemoy Community Center and Waldorf Senior Center each operate four days per week. The Indian Head Community Center and the Richard R. Clark Senior Center each offer programs five days per week. The flagship Richard R. Clark Senior Center, located in the County seat of La Plata, is the county's only dedicated senior center. In FY11, the Center underwent a large renovation, adding an additional 5,000 sqft of space for classrooms, enhanced fitness rooms, new Senior I&A client service areas and office spaces. Seniors are delighted with the new accommodations and amenities that resulted from this expansion.

The Aging and Senior Programs Division makes a concerted effort to reach out to the older population in a variety of ways and partnerships that include a monthly newsletter, presentations to organizations promoting Aging Services; outreach to faith-based organizations, articles and calendars of events pertaining to senior citizens are published weekly in the local newspaper, the *Maryland Independent*. The AAA has greatly increased its use of non-print media over the past few years, with a wealth of information available on its website and an outreach video that can be used to promote Senior Centers. In FY11, the AAA began using the County's Facebook page as a way to expand outreach.

Establishment, Maintenance, or Construction of Multi-Purpose Senior Centers:
There are no immediate plans for new Senior Center construction. However, the County is interested in exploring opportunities to build or designate a dedicated Senior Center facility in Waldorf at some time within the FY12-15 time period, as funds become available. The Waldorf community is the most densely populated area within the PSA, and has a large, active senior population. Currently, seniors in Waldorf have a shared facility that is owned by the Greater Waldorf Jaycees and used as a Senior Center during designated hours. This partnership has many benefits, but there are limitations because seniors do not have use of the entire facility during Center operational hours. Therefore, over the years, many seniors have expressed the desire for their own dedicated facility and all of the amenities that go with that. Waldorf is the County's prime development district and would be a good location for a dedicated senior center. The AAA will look for funding opportunities, as directed by the County Commissioners.

Volunteerism- The AAA provides opportunities for several hundred volunteers every year in Charles County. They provide assistance in numerous ways to help the elderly, at senior centers, over the

telephone, in leadership roles, delivering meals to HDM clients, and much more. Partnerships between the AAA and programs that support volunteerism for persons with disabilities are also quite successful and benefit both the volunteers and the locations in which they serve. Without the help of so many volunteers, the agency simply could not provide the level of services that are currently offered. At senior centers, volunteers act as receptionists, instructors, fitness room monitors, luncheon hosts/hostesses, luncheon servers, committee members for special events, entertainers, good will ambassadors in the community, Senior Center Plus assistants, income tax preparers, friendly visitors, and clerical assistants. The thousands of service hours provided by dedicated volunteers each year is celebrated with an annual Volunteer Appreciation Luncheon, held at the Greater Waldorf Jaycees center in Waldorf each April during Volunteer Appreciation Week. On this special day, volunteers are recognized and praised for their service, and treated to a day of festive food, fun, and quality entertainment.

Section D

Senior Care Systems Annual Report

MARYLAND DEPARTMENT OF AGING

SENIOR CARE SYSTEM ANNUAL PLAN
REVIEW AND APPROVAL
SIGN-OFF - FISCAL YEAR 2012
(7/1/11-6/30/12)

The Interagency Committee on Aging (IAC) for **Charles County** has reviewed and approves the submission of the Charles County SENIOR CARE FY 2012 Annual Plan as written.

Dina M Barclay
Ms. Dina M. Barclay
Chief, Aging and Senior Programs
Charles County Department of Community Services

7/27/11
Date

Eileen B Minnick
Ms. Eileen B. Minnick
Director
Charles County Department of Community Services

7/27/2011
Date

Faye Reed for
Dr. Chinnadurai Devadason
Health Officer
Charles County Health Department

8/29/11
Date

Karen Butler
Ms. Karen Butler
Director
Charles County Department of Social Services

8/16/11
Date

MARYLAND DEPARTMENT OF AGING

SENIOR CARE SYSTEM
FY 2012 ANNUAL PLAN UPDATE INSTRUCTIONS
(7/1/11-6/30/12)

Jurisdiction: Charles County

Section I Administration

The Area Agency on Aging will act as the lead agency in administering the Senior Care system in its Planning and Service Area. The Area Agency on Aging contact person for the Senior Care system in Fiscal Year 2012 will be Cynthia W. Olmsted, Long Term Care Coordinator.

Section II Structure of the SENIOR CARE System

1. Screening, Assessment and Reevaluation, and Case Management:

Intake screening is initiated by one of the three partner agencies involved in the Senior Care Program: Charles County Department of Community Services/Aging and Senior Programs Division (AAA), Charles County Health Department (HD) and Charles County Department of Social Services (DSS). The Senior Care Coordinator assigns each unduplicated client a case number, creates a file and initiates tracking. A face-to-face comprehensive interview and clinical assessment is conducted by a community health nurse covering the physiological, psychological and social health of the client. This service is provided by the Adult Evaluation and Review Services (AERS) unit of the Charles County Health Department. The AERS staff uses the Statewide Evaluation and Planning Services (STEPS) instrument to record their findings. The plan of care portion of the STEPS is addressed at the joint care plan meeting (see 2).

There is currently a lengthy wait list for Senior Care case management. Case management is provided by a case worker at the AAA as well as in-kind case workers at DSS. As Senior Care clients are selected from the wait list and opened for case management, the case worker makes a personal contact with the client, and follow-up contact is made at least once every three months. There is also a waiting period to have the AERS assessment performed, ranging anywhere from about two weeks to about five weeks depending on the backlog.

2. Development of Individual Care Plans:

After the AERS assessment is completed, a client's plan of care is developed. Meetings are held on a weekly basis to discuss the plan of care. The plan of care is designed to link the person with all suitable/available services and resources. Each client signs a consent and release form for the program at the time the AERS assessment is performed. Additionally, the client's signature is required on the DSS service plan and fraud statement when case management is provided by DSS. The client's case manager and Adult Services Supervisor also sign off on the service plan.

3. Provision of All Senior Care Services and Authorizing Gapfilling Funds:

All Senior Care services listed in the policy manual are available to every Senior Care client. However, some of these services such as "Heavy Chore" occur so infrequently and their need is so unpredictable that it is not easy to include them in the projected budget. The AAA coordinates with available churches and charitable community organizations (i.e., Christmas in April, Tri-County Community Action, etc.) to perform Heavy Chore services, etc. on a voluntary basis as an alternative to using Senior Care funds. Personal Care and Chore services are available but are not combined on the budget as one service. Senior Care clients generally receive home delivered meals funded by the Older Americans Act, Title IIIC-2, or the State Nutrition Grant, so while meals are available to clients in Senior Care, they are not specified in the Senior Care budget. Gapfilling funds are allocated based upon recommendations from the AERS assessment and requests from the client's case manager. The Senior Care Coordinator sends letters to the client and vendor/provider bi-annually, authorizing the service for six months at a time. Clients with a continuing need automatically receive a new letter before the end of each allocation period, but periodic review provides an opportunity to modify the allocation if necessary.

4. Cost Sharing or Fee Schedules:

Any client wishing to receive additional services beyond the gapfilling allocation has the option to purchase those services privately. The AAA does not have a formal client cost sharing program in place. No caps on individual services are in place, however, currently no client in Charles County's system exceeds $360.00 worth of monthly assistance, in fact the average monthly allocation is $170.00.

5. Waiting List:

There are lengthy waiting lists for case management as well as gapfilling services in Charles County. This is primarily a result of level or reduced funding during a period of rapid growth in the community's senior population, as well as from inflationary factors within the service delivery system. The AAA allocates gapfilling funds to clients who are most disabled and financially needy, as reflected on the AERS evaluation (STEPS), and a ranking system is used to prioritize Senior Care clients.

6. Grievance Procedures:

Clients are notified of case closure by the AAA's Senior Care coordinator or their case manager at the Charles County Department of Social Services, and have 15 days to appeal the decision before the case is officially closed. No grievances pertaining to Senior Care have occurred during the past year.

Name of Jurisdiction: **Charles County**

Section III SENIOR CARE Program Operations

A. *Client Service Projections:*

Complete this chart to provide information on the number of SENIOR CARE clients to be served in the jurisdiction for FY 2012.

1) Projected Number of Clients Receiving Gapfilling Services carried over from June 30, 2011	60
2) Projected Number of New Clients Receiving Gapfilling Services (including those moving from waiting lists) July 1, 2011-June 30, 2012	30
3) Subtotal Gapfilling: Projected Number of Clients Receiving Gapfilling Services for FY 2012 **(Add lines 1 and 2).**	90
4) Projected Number of Case Management Only (CMO) Clients carried over from June 30, 2011 ***(not included in lines 1, 2 or 3).***	23
5) Projected Number of New Case Management Only Clients ***(not included in lines 1, 2, 3 or 4).***	15
6) Subtotal CMO: Projected Number of Clients Receiving Case Management Only for FY 2012 **(Add lines 4 and 5).**	38
7)Total: Projected Number of Senior Care Clients for FY 2011. (Lines 3 + 6)	128

B. *Average Length of Time for Receipt of Services:* **DO NOT INCLUDE A RANGE OF MONTHS**

Average length of time a SENIOR CARE **Gapfilling** client receives services from the SENIOR CARE system: 38 months

Average length of time a SENIOR CARE **case management only** client receives **case management only** services: 17 months

3. Waiting List Information:
Projected number of clients on the waiting list to be carried over from June 30, 2011:

Assessment		CMO		Gapfilling Only		Both Gapfilling and Case Management		Total Projected Waiting List
20	+	134	+	0	+	128	=	282

Average length of time that an individual stays on the **waiting list** while waiting for Gapfilling services: 24 months

Name of Jurisdiction: **Charles County**

D. *Direct Services to be Purchased with Gapfilling Funds:*

Using the format below list the following:

1) Services to be purchase with Gapfilling funds;
2) An estimate of the amount of Gapfilling funds expected to be spent for each service listed; and
3) The percentage of the Gapfilling direct services budget used.

Services	**FY 2012 Estimated Gapfilling Expenditures**	**% of GAPFILLING Budget**
Personal Care	$2,288.44	2%
Chore	$1,144.22	1%
Personal Care/Chore	See above	See above
Heavy Chore	$0.00	0%
Home Delivered Meals	$0.00	0%
Respite	$0.00	0%
Adult Day Care/Senior Center Plus	$22,884.40	20%
Medications	$1,144.22	1%
Transportation	$572.11	.5%
Medical Supplies	$34,326.60	30%
Emergency Response Systems	$6,293.21	5.5%
Grants to Families	$45,768.80	40%
Other (specify)	$0.00	0%
Total	$114,422.00	100%

E. *Average Gapfilling Cost Per Client Per Month*

Provide figures for the average amount of Gapfilling funds spent per client per month in the jurisdiction for FY 2011 and for FY 2012.

Fiscal Year 2011 Estimated $ 170.00
Fiscal Year 2012 Estimated $ 160.00

Senior Care Budget Page Instructions

Columns:

Administration:
Funding for administrative costs may not exceed 10% of the total Senior Care budget.

Subtotal Gapfilling:
Add the columns for Direct Services and Case Management on each line and place the sums in this column.

Total (Gapfilling and Administration):
Total Administration and Subtotal Gapfilling columns and place the sum in this column.

Local funds:
If your jurisdiction allocates funds for Senior Care, show the total funding in the appropriate columns/spaces on the budget page.

Line Items:

Line 13, Other Costs:
If this amount exceeds $2,000, you must provide an explanation of how the funds will be used.

Line 14, Total Costs:
Total the costs in each column. Include state funding, and local funding if applicable.

Line 16, Net Costs:
Total the entire Senior Care costs on line 16

Line 17, State Funds:
Show the State's share, i.e., your Senior Care allocation.

Line 18, Local Funds:
Show the amount of local funds that are going to be used, if applicable.

Before you submit this budget, make sure that each column and each row adds up correctly. In addition, the total Gapfilling amount on the direct service chart on page 4 should equal the amount on the budget page under the Direct Services column.

SENIOR CARE BUDGET FY 2012

Jurisdiction: **Charles County**

Budget Category	**Administration** (no more than 10% of the total budget)	**Gapfilling Funds**			**TOTAL (GAPFILLING AND ADMINISTRATION)**
		Direct Service	Case Management	Subtotal Gapfilling	
1) Salaries	$15,825		$28,000		$43,825
2) Fringe	$4,747		$8,400		$13,147
3) Travel					
4) Building Space					
5) Printing & Supplies					
6) Equipment					
7) Equipment Maintenance and Repairs					
8) Communications					
9) Utilities					
10) Vehicle Costs					
11) Training					
12) Contractual Services		$114,422		$114,422	$114,422
13) Other Costs					
14) Total Costs (sum 1:13)	$20,572	$114,422	$36,400		$171,394
15) Project Income					
16) Net Cost (14-15)	$20,572	$114,422	$36,400		$171,394
17) State Funds	$15,825	$114,422	$28,000		$158,247
18) Local Funds	$4,747		$8,400		$13,147

Name of Jurisdiction: **Charles County**

SENIOR CARE FY 2012 BUDGET (Cont.)

IN-KIND STAFF SUPPORT

Use the charts below to provide information on the number of staff positions to be donated in-kind.

Administration			
Agency	Title of Position	Duties	% of Time Spent on Senior Care
Charles County Department of Community Services	Chief, Aging & Senior Programs	Provides Direct Administration	5%
Charles County Department of Community Services	Senior I&A Coordinator	Provides Screening and Intake	5%

Assessment			
Agency	Title of Position	Number of Cases Assessed Per Month - Initial Assessments and Reevaluations	% of Time Spent on Senior Care
Charles County Health Department	Community Health Nurse II (L.B.)	18	100%
Charles County Health Department	Community Health Nurse II (S.W.)	7	40%
Charles County Health Department	Community Health Nurse II (L.V.)	18	100%
Charles County Health Department	Community Health Nurse II (L.K.)	7	58%
Charles County Health Department	Social Worker Associate IV (P.M.)	22	35%

Case Management			
Agency	Title of Position	Number of Cases Case Managed Per Month	% of Time Spent on Senior Care
Charles County Department of Social Services	Human Service Worker (F/T - Adult Services)	21	50%

Name of Jurisdiction: **Charles County**

SENIOR CARE FY 2012 BUDGET (Cont.)

SENIOR CARE FUNDED CASE MANAGEMENT

Use the chart below to provide information on the number of staff positions for case management that are paid for with Senior Care funds.

Senior Care Funded Case Management			
Agency (AAA, DSS, Health Department, etc.)	Title of Position	Number of Cases Case Managed Per Month	% of Time Spent on Senior Care
Charles County Department of Community Services	Long Term Care Program Specialist (F/T)	60	75% (20% Public Guardianship) (5% III-B/III-E Case Mgt.)

CHANGES OVER LAST YEAR'S SUPPORT

No change in the amount of support.

VENDOR/INDIVIDUAL PROVIDER RATES:

Please provide the rates or range of rates for each service listed below.

Vendor Name	Personal Care Cost per hour	Chore Cost per hour	Respite Cost per hour	Adult Day Care Cost per Day	Transportation Cost per Trip	Emergency Response System Cost per month
Philips Lifeline						$18.00/per unit
Charles County Adult Day Care				$75		
Fenwick Landing				$75		
Charles County Senior Center Plus				$30		
VanGo					$2 - $3	
Individual Providers	$10	$10	$10			

Section E

Public Input and Consumer Rights

Public Input and Consumer Rights

1. Public Hearings/Views of Recipients

In preparation for the FY12-15 Area Plan, members of the Area Council on Aging hosted public input sessions at the following locations and dates:

- **Richard R. Clark Senior Center in La Plata on June 23, 2011**
- **Nanjemoy Senior Center on Aug 2, 2011**
- **Indian Head Senior Center on Aug 3, 2011**
- **Waldorf Senior Center on August 9, 2011**

These sessions were well attended and yielded the following summary comments and suggestions from senior citizens and others in attendance:

- Most seniors want to live out their golden years with dignity, at home. Do not cut services that help seniors age in place and remain independent and active for as long as possible.
- Concerns about safe, affordable housing and having enough money for essentials such as food and medicine. Some are concerned about out-living their financial resources.
- The staffing at the AAA seems insufficient for the size of the County. If there were more staff, they could do more home visits or give more help to seniors who are frail that want to come to Centers.
- Use more informal ways to communicate with the residents, especially in the more rural areas where they don't have internet access. Send information with Meals on Wheels drivers, schools, ministers and churches where people can pass the information on to each other. Could send information inside utility bills to let seniors know about upcoming events or important deadlines for benefit enrollment.
- Those who are no longer able to drive independently would like more options for transportation to places that are traveled frequently such as Senior Centers, grocery stores and other shopping centers, Doctors' offices, church services, and traveling to visit with family and friends. Some areas of the County are still not well served by transportation programs, leaving seniors isolated and dependent upon others for transportation. Look for alternatives (volunteer drivers, etc.) to meet the needs.
- Some public transit riders were concerned about personal safety from other passengers or while walking from home to the bus stop. Also the distance from home to bus stops can be difficult for persons who can't walk easily or tolerate extreme weather, but do not qualify for special transportation. Long travel times within the public transit routes and limited days/times of service for essential trips such as Dr appointments make our public transit service difficult for seniors.
- Seniors who can afford to pay for private transportation (taxi cab service) report that there are too few taxi companies in this area, and some areas have no taxi service at all. If taxis were available, then this would provide more options and free up seats on limited public transit days for those who can't afford the private taxi. Taxi vouchers or senior discounts for taxi service would be a good idea.
- Seniors expressed concern over high cable television prices, with no competition to keep prices affordable. Seniors would like a "senior discount" on cable service, since it is impossible to get even basic reception without cable or satellite. Even basic cable packages are too expensive for some low

income seniors. The County should be able to negotiate a better cable price or a senior discount since there is only one provider, no competition.

- A service that could assist with personal finances such as writing checks, help with bill paying, etc., and consumer protection from pushy or unscrupulous sales persons. Perhaps there are professional financial planners or finance specialists who could volunteer some services on a scheduled basis to help seniors with personal finances.
- Programs such as SHIP that help seniors to understand their Medicare benefits, find the right Rx plans are very good and helpful; as are programs like SMP that help prevent Medicare fraud and help seniors to understand complex medical bills, what they are being charged for.
- Seniors would like to see a portion of the Maryland Lottery proceeds benefit Seniors and Aging related programs, since seniors now account for over a million Marylanders and their numbers are growing faster than many other demographics in our state. Lottery profits could help assure that services will be there for this large number of Marylanders as they age. This is done in other states (PA), but none of the Maryland lottery money helps seniors.
- Many seniors, especially those with high incomes, leave Maryland when they retire because it is too expensive to live here. Fewer tax breaks for seniors and higher cost of living than nearby states. When rich retirees leave Maryland, their money goes to other states. Why not make Maryland more senior friendly so they can stay in Maryland?
- Medicare co-payments and Rx co-payments are still too high for some seniors who are financially over-scaled for public benefit programs, but only by a few dollars. Those whose incomes are too low to afford their necessities, but do not qualify for any public benefits are still paying too much out of pocket for co-payments. Some seniors on Medicare were on a plan that was good for them, but then their Rx changed or they had a new health condition and the plan does not cover their current meds or meet their needs. They are stuck in the plan until the annual open enrollment. Medicare plans should allow persons to change into a new plan at other times during the year, if they have a significant change in their health status.
- More help with understanding Medicare, Medicaid, Tricare, and other forms of health insurance. The policies are very complicated and it's hard to understand their benefits.
- Seniors do not necessarily feel like they are a priority in Charles County, and wonder how they are viewed as members of the community. Are they seen and respected by decision makers? Is the County prepared for the large number of seniors who already live in the area and those yet to come?
- Many foreclosed homes in our County that become an eyesore and attract crime. Could someone develop affordable senior housing from these abandoned and bank-owned homes? Also, abandoned apartment complexes (i.e., Radio Station Road, former Federal apartments in La Plata) could be rehabilitated and used for low-income senior housing or transitional housing that is desperately needed in Charles County.
- In the Nanjemoy community, seniors expressed that it is not very senior friendly because there are no stores, gas stations, or laundromat and transportation is very limited. There are no businesses in the area and a lack of decent affordable housing. Insufficient funds to provide for people's needs and it is difficult to get providers to come out to this remote area of the County, even if you pay.

- More access to the 60+ Legal program and other reduced cost/pro bono legal services to prepare simple wills, power of attorney documents, advance directives/living wills, etc.
- For seniors who are the primary caregiver of their spouses, especially those with Alzheimer's Disease, there is a lot of stress and worry about who will take care of the spouse if the caregiver gets sick or something happens to the caregiver such that he/she can no longer take care of their spouse. More respite services are also needed for caregivers. Charles County has great programs to help caregivers, but there are very long wait lists for these programs.
- Developers need to start planning accessible communities that are easy for seniors and those with disabilities to visit and enjoy. Some Counties have done a better job of making sure that housing developments include homes with wheelchair access and access to common areas.
- Senior Centers are a positive in Charles County. Many different programs, something for everyone, and provide natural opportunities for friendship and support systems.
- A dedicated senior center is needed in Waldorf. This is the most densely populated part of our County, but has to share space inside a building, which makes it difficult to plan programs, because programs can get bumped to a smaller room with little notice.
- Supermarkets in Charles County (e.g., Safeway, Giant) need to do more home delivery. This is standard business for supermarkets in other counties, but the same stores in Charles County do not provide this service.
- Seniors are concerned about the lack of medical professionals in Charles County, especially specialists. Also, several physicians in Charles County have stopped taking Medicare or will not accept any new patients if they have Medicare, because the reimbursement rates are too low. Seniors are worried that they will not get the medical care they need if this doesn't change.
- Traffic, congestion and rapid growth in Charles County are getting out of hand. It takes twice as long to get anywhere compared to just a few years ago and the traffic is terrible.
- Long term care programs in Charles County are very good. The nursing homes are better than in many other places, and the new dialysis center at CCNRC is a good thing.
- Seniors appreciated the property tax credit that was passed in Charles County last year. It has helped some to afford their property taxes.
- Even though Charles County is growing fast, it is still a friendly place where people care about each other and try to help each other. Employees are very helpful and friendly.

In addition to the above comments and suggestions, several members of the Area Council on Aging participated in the NAPA Listening Session held at the College of Southern Maryland on August 16, 2011. This event provided a unique opportunity to hear from both professionals and lay caregivers in the community about aging issues in general, as well as issues specific to dementia and Alzheimer's Disease. Many attendees offered positive comments regarding their experiences with the Charles County AAA, especially interactions with the Long Term Care Coordinators who assist families with accessing home and community based services for those with Alzheimer's and other age-related conditions. Strong themes emerged from the listening session regarding the need to provide additional funds that allow persons to age in place with support and respite for caregivers, as well as access to information and resources that make caregiving a real possibility for those who would otherwise be in

costly institutional care facilities. It was evident from the comments shared at the NAPA session that the Charles County AAA is doing its best to address the needs of family caregivers and to embrace the vision of home and community based care for persons with chronic illnesses and special needs. However, it was also evident that there are still many unmet needs and genuine frustration among those who are waiting for services as a result of the widening gap between funded resource programs (NFCSP, IIIB respite, Senior Care, OAW, etc) and the growing number of persons who need services in the PSA.

2. Advocacy

Charles County is pleased to have an effective Area Council on Aging, a County Commissioner appointed board that serves as the primary advocacy group for senior issues in Charles County. In addition to the appointed ACA members, one County Commissioner is designated to work with the ACA and attend the meetings on a regular basis. The Chief of Aging and Senior Programs provides technical assistance and guidance to the ACA as needed. In addition to the ACA, the Senior I&A unit hosts a Provider Council that meets six times per year. This council serves a variety of functions for the benefit of seniors in Charles County, from inter-agency coordination and networking, to advocacy and resource sharing/exchange. Aging advocates have the opportunity to monitor evaluate and comment on services and policies that affect seniors by attending public hearings, writing letters and any other actions that are of interest to the elderly.

Senior Services of Charles County, Inc. is a 501c3 private non-profit organization that raises funds that directly support seniors and senior centers in Charles County. Senior Services, Inc. is also a United Way agency, which allows persons who contribute to United Way to designate their contributions to benefit Seniors in Charles County. Funds have been utilized to aid in purchasing program supplies, fitness equipment, provide emergency one-time assistance to persons who are experiencing a short-term crisis, or who need immediate assistance while waiting for approval of public benefits, and to offer scholarships for frail seniors and others who might not otherwise be able to participate in special events, classes or senior center trips.

Senior Center Participant Councils are an important part of the advocacy efforts in Charles County. Each Senior Center has an active participant council that serves as a mechanism for seniors to provide feedback and input regarding the quality of services available to older adults at centers, as well as any form of unmet need that is brought to the attention of a council member. Council members meet monthly at each center, sharing information about the concerns and requests of participants and seniors in the community at large and advocating to resolve issues and concerns. In addition, each council has a representative who attends the Senior Services, Inc., meetings on a quarterly basis to share the latest initiatives and activities of their respective Councils, as well as to bring to the attention of Senior Services Inc any issues that were not resolved at the council level. Individual seniors are nominated and elected to the Participant Council by their peers, and by definition, must be frequent participants at the Center that they represent. This consumer input is an invaluable advocacy tool for seniors and assures that the AAA is meeting the needs of its target population to the highest extent practicable.

3. Grievance Procedure

CHARLES COUNTY AREA AGENCY ON AGING (AAA)

PARTICIPANT GRIEVANCE POLICY AND PROCEDURES

PURPOSE: The purpose of this Policy/Procedure document is to describe the basic steps to be followed to assure that individuals entitled to support under the Older Americans Act are appropriately served, and to provide a means by which any concerns, which have not been resolved informally, are formally addressed. The information/ processes/time lines herein address: 1) the right of an older individual, (or designated representative), to submit a complaint in writing; 2) formal acknowledgment of the receipt of a written complaint; 3) complaint review; 4) the written response; 5) opportunity for meetings, if requested; and 6) issuance of a final decision.

DEFINITION: A grievance is a formal written complaint submitted by a program participant, potential participant, or related party/designee, regarding services or activities rendered by the Area Agency on Aging (AAA). The grievance may arise from the AAA's determination that the individual in question is not eligible to participate and/or receive services through the AAA, or from dissatisfaction with services rendered. Written complaints should be submitted only after efforts have failed to resolve concerns informally.

POLICY

The AAA will provide written notification to any participant, potential participant, or related party/designee at the time of any action affecting the provision of services, and will inform same to his/her right to an appeal of such action.

Any older individual who is dissatisfied with services/activities provided, or with the decision of the AAA, to deny services due to ineligibility for a particular program, has the right to file a formal written complaint in accordance with procedures contained herein.

Formal written complaints may be filed only after efforts to informally resolve concerns with program staff have been unsuccessful, and must be filed in accordance with the described procedures.

The complaint resolution process is intended to be fair, prompt, mutually satisfactory, accomplished at the lowest possible level, in an environment of impartiality and mutual respect.

There shall be no reprisal against complainants using this grievance process.

GRIEVANCE PROCEDURE

(1) As soon as possible after noting a concern, the participant, potential participant, or designated representative(s) should discuss concerns with program staff and program supervisors, to try to reach a resolution informally.

(2) If the problem cannot be resolved informally, the complainant or his/her designee may submit a written complaint to the AAA Administrator within twenty (20) calendar days from the time the complainant was aware of concerns. The written complaint should include: a) a description of the specific unresolved concern(s) and pertinent facts in support of the complainant's position, b) the date when concern was noted, c) contact information including the phone numbers and address(es) of complainant(s) and designated representative(s), if applicable. Address/phone is as follows:

Centers Administrator (re: Senior Center Activities/Services)
Charles County Department of Community Services
8190 Port Tobacco Road
Port Tobacco, Maryland 20677
301-934-0117

Chief of Aging & Senior Programs (re: All Services Other than Senior Centers)
Charles County Department of Community Services
8190 Port Tobacco Road
Port Tobacco, Maryland 20677
301-934-0129

(3) The Administrator will mail a written response acknowledging receipt of the complaint or appeal, and begin an agency review of the action which is the basis for the appeal, within ten (10) calendar days of receipt of the written complaint.

(4) After conducting an agency review, the Administrator will notify the complainant(s), in writing, within 30 days, of the results of the review. The review may support, modify, reverse, or let stand the original decision. The written response is intended to explain to the satisfaction of the complainant(s) the outcome/resolution of the complaint (e.g. why the individual in question is, or is not eligible for services, and/or steps which have been taken by the AAA to remedy concerns).

(5) Once the Administrator's written response has been received by the complainant, if the result is not satisfactory to the complainant, a subsequent written appeal and request for a meeting may be submitted to the Chief of Aging and Community Centers within twenty (20) calendar days of receiving the written response. Address/phone is as follows:

Director, Charles County Department of Community Services
8190 Port Tobacco Road
Port Tobacco, Maryland 20677
(301-934-0109)

(6) Once the written appeal has been received, the Director will arrange to contact or meet with the complainant(s), designated representative(s) (if applicable), and appropriate staff, to try to resolve the grievance, within fifteen (15) days of receipt of the written appeal. The Director will inform the complainant(s), designated representative(s) and appropriate staff, in writing, of the date, time, and location of the meeting.

(7) The Director will issue a written final decision within ten (10) calendar days following the meeting.

NOTE:

If the requested appeal/resolution is granted at any point in this procedure, the complainant is not entitled to have the grievance considered at any other level.

Technical assistance with any and all steps of this process are available through the Charles County Area Agency on Aging (AAA).

Section F

Budget

		SUMMARY BUDGET	FY 2012		
Budget Page 1				AAA:	**Charles County**
Funding Allocation	**Older Americans Act Funds**	**Non-Older Americans Act Funds**	**NSIP Reimbursement**	**Program Income**	**Total Budget**
Administration	$0	$195,000			$195,000
Community Services IIIB	$91,433	$827,522		$0	$918,955
Congregate Meals IIIC1	$102,094	$83,938	$2,807	$13,000	$201,839
Home Delivered Meals IIIC2	$66,367	$207	$25,267	$31,580	$123,421
IIID	$9,000				$9,000
IIIE	$38,368				$38,368
Ombudsman /Elder Abuse Funds	$6,161	$26,319			$32,480
Total	$313,423	$1,132,986	$28,074	$44,580	$1,519,063

MINIMUM PERCENTAGE REQUIREMENT *

	Minimum % Requirement	IIIB Funds Budgeted by AAA in FY 2011	% of IIIB in FY 2011	IIIB Funds Budgeted by AAA in FY 2012	% of IIIB in FY 2012
Access Services	15%	32,600	36%	26,000	28%
In-Home Services	10%	10,600	12%	10,600	12%
Legal Assistance	5%	6,000	7%	6,000	7%

***PROVIDE DETAIL ON BUDGET PAGE 1A**

Federal Funds Transfers (see Instructions)

FROM Title	TO Title	Amount
CI	CII	10,000

PRIORITY SERVICES FY 2012

Budget Page 1A

AAA: **Charles County**

Total IIIB Allocation (Use the amount from the allocation schedule for FY 2012)	Names of Access Services	IIIB Funds Budgeted for Each Access Service	Names of In-Home Services	IIIB Funds Budgeted for Each In-Home Service	Legal Assistance	IIIB Funds Budgeted for Legal Assistance
91,433	Outreach	10,600	Personal Care	10,600	6,000	6,000
	Case Management	10,000				
	Senior I & A	12,000				

ADMINISTRATION BUDGET FY 2012

Budget Page 2 AAA:

Budget Category	Source of Title III Allocation				Total	Matching	Totals
	III B	III C-1	III C-2	IIIE	Title III	Funds	(This Page)
1) Salaries					$0	$150,000	$150,000
2) Fringe					$0	$45,000	$45,000
3) Travel					$0		$0
4) Building Space					$0		$0
5) Printing & Supplies					$0		$0
6) Equipment					$0		$0
7) Equip. Maintenance & Repairs					$0		$0
8) Communications					$0		$0
9) Utilities					$0		$0
10) Vehicle Costs					$0		$0
11) Training					$0		$0
12) Contractual Services					$0		$0
13) Other Costs					$0		$0
14)					$0		$0
15)					$0		$0
16)					$0		$0
Totals	$0	$0	$0	$0	$0	$195,000	$195,000

Only 10 percent of the Area Agency Title III Allocation can be used for Administration. The minimum matching funds requirement is 25 percent of the total Administration budget.

COMMUNITY SERVICES BUDGET SUMMARY **FY 2012**

Budget Page 3 **AAA: Charles Cour**

Budget Category	Title III Services	State and Special Grants Budgets	Community Services Budget Total	
1) Salaries	$391,859	$104,468	$496,327	
2) Fringe	$112,056	$24,059	$136,115	
3) Travel	$0	$0	$0	
4) Building Space	$0	$0	$0	
5) Printing & Supplies	$16,800	$8,500	$25,300	
6) Equipment	$0	$0	$0	
7) Equip. Maintenance & Repairs	$5,000	$0	$5,000	
8) Communications	$0	$0	$0	
9) Utilities	$60,000	$0	$60,000	
10) Vehicle Costs	$0	$500	$500	
11) Training	$3,500	$0	$3,500	
12) Contractual Services	$57,108	$137,134	$194,242	
13) Other Costs	$1,500	$0	$1,500	
14)	$50,000	$0	$50,000	
15) Total Costs (sum 1-14)	$697,823	$274,661	$972,484	
16) Project Income	$0	$0	$0	
17) Net Costs (15-16)	$697,823	$274,661	$972,484	
18) State Funds		$228,286	$228,286	
19) Other Resources *	$552,861	$22,818	$575,679	
20) Total OAA Funds = (17-18-19) or (sum 21-24)	$144,962		$144,962	
21) Title III B Funds	$91,433		$91,433	
22) Title III D Funds	$9,000		$9,000	
23) Title III E Funds	$38,368		$38,368	**check number:this page**
24) Ombudsman/ Elder Abuse Funds	$6,161		$6,161	**$0**
25) SMP		$10,000	$10,000	
26) SHIP		$13,557	$13,557	
27) Other Grants			0	

***Breakdown of Other Resources (Line 19)**

Source	Amount of Cash Contributions	Amount of In-Kind Contribution	If In-Kind, Identify Type of Contribution	Total Other Resources
				$0.00
Local	$549,700.00			$549,700.00
Local	$22,818.00			$22,818.00
				$0.00
				$0.00
				$0.00
Totals	$572,518.00	$0.00		$572,518.00

Community Services Budget Detail	FY 2012					
Budget Page 4		Cluster 1 Registered Services			AAA:	Charles County
Budget Category	Personal Care	Homemaker	Chore	Adult Day Care	Case Mgmt.	Total (this page)
1) Salaries					$10,000	$10,000
2) Fringe					$3,000	$3,000
3) Travel						$0
4) Building Space						$0
5) Printing & Supplies						$0
6) Equipment						$0
7) Equip. Maintenance & Repairs						$0
8) Communications						$0
9) Utilities						$0
10) Vehicle Costs						$0
11) Training						$0
12) Contractual Services	$10,600					$10,600
13) Other Costs						$0
14)						$0
15) Total Costs (sum 1-14)	$10,600	$0	$0	$0	$13,000	$23,600
16) Project Income						$0
17) Net Costs (15-16)	$10,600	$0	$0	$0	$13,000	$23,600
18) State Funds (Hold Harmless)						$0
19) Other Funds					$3,000	$3,000
20) Total OAA Funds = (17-18-19) or (sum 21-24)	$10,600	$0	$0	$0	$10,000	$20,600
21) Title III B Funds	$10,600				$10,000	$20,600
22) Title III D Funds						$0
23) Title III E Funds						
24) Ombudsman/Elder Abuse Funds						$0

Community Services Budget Detail	FY 2012			
Budget Page 5	Cluster 2 Registered Services		AAA:	Charles County
Budget Category	Nutrition Counseling	Assisted Transportation	Total (this page)	
1) Salaries			$0	
2) Fringe			$0	
3) Travel			$0	
4) Building Space			$0	
5) Printing & Supplies			$0	
6) Equipment			$0	
7) Equip. Maintenance & Repairs			$0	
8) Communications			$0	
9) Utilities			$0	
10) Vehicle Costs			$0	
11) Training			$0	
12) Contractual Services			$0	
13) Other Costs			$0	
14)			$0	
15) Total Costs (sum 1-14)	$0	$0	$0	
16) Project Income			$0	
17) Net Costs (15-16)	$0	$0	$0	
18) State Funds (Hold Harmless)			$0	
19) Other Funds			$0	
20) Total OAA Funds = (17-18-19) or (sum 21-24)	$0	$0	$0	
21) Title III B Funds			$0	
22) Title III D Funds			$0	check number:this page
23) Title III E Funds			$0	
24) Ombudsman/Elder Abuse Funds			$0	$0

Community Services Budget Detail	FY 2012				AAA:	Charles County
Budget Page 6		Cluster 3	Non- Registered Services			
Budget Category	Transportation	Legal Assistance	Nutriton Education	Senior I&A	Outreach	Total (this page)
1) Salaries				$96,385	$10,600	$106,985
2) Fringe				$28,916	$3,180	$32,096
3) Travel						$0
4) Building Space						$0
5) Printing & Supplies						$0
6) Equipment						$0
7) Equip. Maintenance & Repairs						$0
8) Communications						$0
9) Utilities						$0
10) Vehicle Costs						$0
11) Training						$0
12) Contractual Services		$6,000				$6,000
13) Other Costs						$0
14)						$0
15) Total Costs (sum 1-14)	$0	$6,000	$0	$125,301	$13,780	$145,081
16) Project Income						$0
17) Net Costs (15-16)	$0	$6,000	$0	$125,301	$13,780	$145,081
18) State Funds (Hold Harmless)						$0
19) Other Funds				$113,301	$3,180	$116,481
20) Total OAA Funds = (17-18-19) or (sum 21-24)	$0	$6,000	$0	$12,000	$10,600	$28,600
21) Title III B Funds		$6,000		$12,000	$10,600	$28,600
22) Title III D Funds						$0
23) Title III E Funds						
24) Ombudsman /Elder Abuse Funds						$0
						$0

Community Services Budget Detail	FY 2012				AAA:	Charles County	
Budget Page 7		Other Services Funded by Title III					
Budget Category	Ombudsman	Elder Abuse Prevention	Health Ed & Screening	Physical Fitness	Recreation	Total (this page)	
1) Salaries	$18,161		$900	$55,600	$188,653	$263,314	
2) Fringe	$3,161			$16,680	$47,527	$67,368	
3) Travel						$0	
4) Building Space						$0	
5) Printing & Supplies					$16,800	$16,800	
6) Equipment						$0	
7) Equip. Maintenance & Repairs					$5,000	$5,000	
8) Communications						$0	
9) Utilities					$60,000	$60,000	
10) Vehicle Costs						$0	
11) Training					$3,500	$3,500	
12) Contractual Services			$5,760		$5,600	$11,360	
13) Other Costs (dues & subscriptions)					$1,500	$1,500	
14) Meals					$50,000	$50,000	
15) Total Costs (sum 1-14)	$21,322	$0	$6,660	$72,280	$378,580	$478,842	
16) Project Income						$0	
17) Net Costs (15-16)	$21,322	$0	$6,660	$72,280	$378,580	$478,842	
18) State Funds (Hold Harmless)						$0	
19) Other Funds	$3,161			$72,280	$348,347	$423,788	
20) Total OAA Funds = (17-18-19) or (sum 21-24)	$18,161	$0	$6,660	$0	$30,233	$55,054	
21) Title III B Funds	$12,000				$30,233	$42,233	
22) Title III D Funds			$6,660			$6,660	
23) Title III E Funds						$0	
24) Ombudsman /Elder Abuse Funds	$6,161					$6,161	$0
							$0

Community Services Budget Detail	FY 2012					AAA:	Charles County		
Budget Page 8			Other Services Funded by Title III						
Budget Category	Medication Management	NFCSP					Total (this page)	Total O.A.A. Act	
1) Salaries		$11,560					$11,560	$391,859	
2) Fringe		$9,592					$9,592	$112,056	
3) Travel							$0	$0	
4) Building Space							$0	$0	
5) Printing & Supplies							$0	$16,800	
6) Equipment							$0	$0	
7) Equip. Maintenance & Repairs							$0	$5,000	
8) Communications							$0	$0	
9) Utilities							$0	$60,000	
10) Vehicle Costs							$0	$0	
11) Training							$0	$3,500	
12) Contractual Services	$2,340	$26,808					$29,148	$57,108	
13) Other Costs							$0	$1,500	
14)							$0	$50,000	
15) Total Costs (sum 1-14)	$2,340	$47,960	$0	$0	$0	$0	$50,300	$697,823	
16) Project Income							$0	$0	
17) Net Costs (15-16)	$2,340	$47,960	$0	$0	$0	$0	$50,300	$697,823	
18) State Funds (Hold Harmless)							$0	$0	
19) Other Funds		$9,592					$9,592	$552,861	
20) Total OAA Funds =(17-18-19) or (sum 21-24)	$2,340	$38,368	$0	$0	$0	$0	$40,708	$144,962	
21) Title III B Funds							$0	$91,433	
22) Title III D Funds	$2,340						$2,340	$9,000	
23) Title III E Funds		$38,368					$38,368	$38,368	
24) Ombudsman/ Elder Abuse Funds							$0	$6,161	check number:t
								$0	$0

Community Services Budget Detail **FY 2012**

Services Funded with State General Funds

AAA: Charles County

Budget Page 9

No Title III Funds Included

Budget Category	SHIP	SMP	Senior Care	Guardian-ship	Subsidized Assisted Housing	Senior I & A	IT Grant	VEPI	State Ombuds.	Total this page
1) Salaries	$13,557		$43,825	$10,000	$2,413	$10,991		$7,803	$15,879	$104,468
2) Fringe	$4,067		$13,148	$3,000	$724	$1,099		$780	$1,241	$24,059
3) Travel										$0
4) Building Space										$0
5) Printing & Supplies		$8,500								$8,500
6) Equipment										$0
7) Equip. Maintenance & Repairs										$0
8) Communications										$0
9) Utilities										$0
10) Vehicle Costs		$500								$500
11) Training										$0
12) Contractual Services		$1,000	$114,422		$21,712					$137,134
13) Other Costs										$0
14)										$0
15) Total Costs (sum 1-14)	$17,624	$10,000	$171,395	$13,000	$24,849	$12,090	$0	$8,583	$17,120	$274,661
16) Project Income										$0
17) Net Costs (15-16)	$17,624	$10,000	$171,395	$13,000	$24,849	$12,090	$0	$8,583	$17,120	$274,661
18) State Funds			$158,247	$10,000	$24,125	$10,991		$7,803	$17,120	$228,286
19) Other NonFed Resources	$4,067	$0	$13,148	$3,000	$724	$1,099		$780	$0	$22,818
20) SHIP Funds	$13,557									$13,557
21) SMP Funds		$10,000								$10,000
22) Other Federal Grant										

check number:this page $0

Community Services State VEPI Funds		FY 2012					
Services Funded with State VEPI Funds				AAA:	Charles County		
Budget Page 9A							
Budget Category	VEPI SHIP	VEPI Ombuds	VEPI Guard				Total (this page)
1) Salaries		$7,803					$7,803
2) Fringe		$780					$780
3) Travel							$0
4) Building Space							$0
5) Printing & Supplies							$0
6) Equipment							$0
7) Equip.Maint.& Repair							$0
8) Communications							$0
9) Utilities							$0
10) Vehicle Costs							$0
11) Training							$0
12) Contractual Services							$0
13) Other Costs							$0
14)							$0
15) Total Costs (sum 1-14)	$0	$8,583	$0	$0	$0	$0	$8,583
16) Project Income							$0
17) Net Costs (15-16)	$0	$8,583	$0	$0	$0	$0	$8,583

Community Services Detail Budget	**FY 2012**	**OPTIONAL**					
Other Funding Received by Area Agency on Aging					**AAA:**		
Budget Page 10							
Funding Source							**Total**
Total Budget							**$0**
Project Income or Fees							**$0**
State Funds							**$0**
Federal Funds							**$0**
Local Funds							**$0**
Other Funds							

Congregate Meals Budget		FY 2012		
Budget Page 11			AAA: Charles County	
Budget Category	Meal Costs	Supporting Services	Program Management	Total Budget
				$0
1) Salaries			$107,346	$107,346
2) Fringe			$26,334	$26,334
3) Travel				$0
4) Building Space				$0
5) Printing & Office Supplies				$0
6) Nutrition Site Supplies				$0
7) Equipment				$0
8) Communications				$0
9) Utilities			$7,000	$7,000
10) Vehicle Costs				$0
11) Food Costs	$61,159			$61,159
12) Other Costs				$0
13) Non-Meal Contracts				$0
14)				$0
15)				$0
16) Total Costs (sum 1:15)	$61,159	$0	$140,680	$201,839
			17) Program Income	$13,000
Calculate the Unit Cost for Congregate Meals as follows: Total Costs/No. of Meals = Unit Costs (place below)			18) NSIP	$2,807
$201,839/18,605= $10.85			19) Net Costs = (16-17-18)	$186,032
			20) State Funds	$4,885
			21) Other Resources*	$79,053
			22) Title III C Funds = (19-20-21)	$102,094

***Breakdown of Other Resources (Line 21)**

Source	Amount of local Cash contribution	Amount of local In-Kind contribution	If In-Kind, identify type of contribution	Total Other Resources
Local	$79,053.00			$79,053.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
Totals	$79,053.00	$0.00		$79,053.00

Do not include clients' contributions under Other Resources. TOTAL should equal Line 21

Home Delivered Meals Budget		FY 2012		
Budget Page 12		AAA:	Charles County	
Budget Category	Meal Costs	Supporting Services	Program Management	Total Budget
				$0
1) Salaries			$10,000	$10,000
2) Fringe			3,000	$3,000
3) Travel				$0
4) Building Space				$0
5) Printing & Office Supplies				$0
6) Nutrition Site Supplies				$0
7) Equipment				$0
8) Communications				$0
9) Utilities				$0
10) Vehicle Costs				$0
11) Food Costs	$110,421			$110,421
12) Other Costs				$0
13)				$0
14)				$0
15)				$0
16) Total Costs (sum 1:15)	110,421	0	13,000	$123,421
			17) Program Income	31,580
Calculate the Unit Cost for Congregate Meals as follows: Total Costs/No. of Meals = Unit Costs (place below)			18) NSIP	25,267
123,421/36,000= $3.43			19) Net Costs = (16-17-18)	$66,574
			20) State Funds	
			21) Other Resources *	$207
			22) Title III C Funds = (19-20-21)	$66,367

***Breakdown of Other Resources (Line 21)**

Source	Amount of local Cash contribution	Amount of local In-Kind contribution	If In-Kind, identify type of contribution	Total Other Resources
Local	$207.00			$207.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
Totals	$207.00	$0.00		$207.00

Do not include clients' contributions under Other Resources. TOTAL should equal Line 21

Ombudsman Program	FY 2012									
Budget Page 13		AAA:	Charles County							
(Program funding from all sources should be shown)										
Revenue Source	Title VII	Title III	St. Omb	VEPI	County	Other*	Other*	Total		
Budget Category										Total (this page)
1) Salaries	$6,161	$12,000	$15,879	$7,803				$41,843		
2) Fringe		$0	$1,241	$0	$1,396			$2,637		
3) Travel		$0	$0	$0				$0		
4) Building Space		$0	$0	$0				$0		
5) Printing & Supplies		$0	$0	$0				$0		
6) Equipment		$0	$0	$0				$0		
7) Equip.Maint.& Repair		$0	$0	$0				$0		
8) Communications		$0	$0	$0				$0		
9) Utilities		$0	$0	$0				$0		
10) Vehicle Costs		$0	$0	$0				$0		
11) Training		$0	$0	$0				$0		
12) Contractual Services		$0	$0	$0				$0		
13) Other Costs		$0	$0	$0				$0		
14)		$0	$0	$0				$0		
15) Total Cost by Revenue Source	$6,161	$12,000	$17,120	$7,803	$1,396	$0	$0	$44,480		
* Other includes grants, CMP monies, etc.										

Medicaid Waiver For Older Adults
Local Administration and Case Management
FY 2012 AAA: Charles County

Cost Categories	State Funding					Other Non-Federal Funding			I Total Non-Federal Funding (sum A:H)	J Projected Federal Financial Participation	K Total Budget (I+J)
	A) Waiver Admin & Case Management Grant	Other State Grants (Specify in Columns Below)				Local or NonProfit Funding (Specify Funding Source in Columns Below)					
		B)	C)	D)	E)	F)	G)	H)			
Salaries/Wages	42,508					7480			49,988	81,869	131,857
Fringe Benefits						14,625			14,625	24,375	39,000
Communications									0		0
Travel/Conferences and Meetings									0		0
Training Costs									0		0
Vehicle Costs									0		0
Contractual Services									0		0
Printing and Supplies									0		0
Equipment									0		0
Other(Specify)									0		0
									0		0
									0		0
Total	42508	0	0	0	0	22105	0	0	64613	106244	170857

Section G

Assurances

G. ASSURANCES

A. Administration

1. Organization

The AAA assures that it will comply with the Americans with Disabilities Act of 1990 and applicable regulations. All services and programs will be accessible to qualified persons with disabilities. The AAA bears sole responsibility for assuring that it is in compliance with the law.

The AAA assures that it will establish an advisory council consisting of older individuals (including minority individuals) 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 AAA on all matters relating to the development of the Area Plan, the administration of the Plan and operations conducted under the Plan. **Sec. 306(a)(6)(D)**

The AAA assures that it will retain records for 3 years after the date that the AAA submits its final expenditure report or the date on which resolution of audit exceptions, litigations, etc. occurs (whichever date is later). **45 CFR 92**

2. Contracts

The AAA assures that it will

1) Maintain the integrity and public purpose of services provided, and service providers, under this Title in all contractual and commercial relations. **Sec. 306(a)(13)(A);**
2) Disclose to the Commissioner and the Department
    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. **Sec. 306(a)(13)(B);**
3) 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. **Sec 306(a)(13)(C)**
4) 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. **Sec. 306(a)(13)(D)**; and
5) On the request of the Commissioner 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. **Sec. 306(a)(130(E)**;

The AAA assures that funds received under this Title will be used

1) To provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (a)(4)(A)(i); and
2) In compliance with the assurances specified in paragraph (13) and the limitations specified in section 212. **Sec. 306(a)(15)**

The AAA assures that it will not prevent the recipient of a grant or contract from entering into an agreement with a profit-making organization to carry out the provision of the OAA and the Department's State Plan.

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1) If funds provided under the OAA to such recipient are initially used by the recipient to pay part or all of a cost incurred by the recipient in developing and carryout out such agreement; such agreement guarantees that the cost is reimbursed to the recipient;
2) If such agreement provides for the provision of 1 or more services, of the type provided under the OAA by or on behalf of such recipient, to an individual or entity seeking to receive such services-
   a) The individuals and entities may only purchase such services at their fair market rate;
   b) All costs incurred by the recipient in providing such services (and not otherwise reimbursed under paragraph (1), are reimbursed to such recipient; and
   c) The recipient reports the rates for providing such services under such agreement in accordance with subsection (c) and the rates are consistent with the prevailing market rate for provision of such services in the relevant geographic area as determined by the area agency on aging; and
3) Any amount of payment to the recipient under the agreement that exceeds reimbursement under this subsection of the recipient's costs is used to provide, or support the provision of, services under the OAA.

Any agreement described above may not-

1) Be made without the prior approval of the Department (or, in the case of a grantee under Title VI, without the prior recommendation of the Director of the Office for American Indian, Alaska Native, and Native Hawaiian Aging and the prior approval of the Assistant Secretary), after timely submission of all relevant documents related to the agreement including information on all costs incurred;
2) Directly or indirectly provide for, or have the effect of, paying, reimbursing, subsidizing, or otherwise compensating an individual or entity in an amount that exceeds the fair market value of the services subject to such agreement;
3) Result in the displacement of services otherwise available to an older individual with greatest social need, and older individual with greatest economic need, or an older individual who is at risk for institutional placement; or
4) In any other way compromise, undermine, or be inconsistent with the objective of service the needs of older individuals, as determined by the Assistant Secretary. **Sec. 212**.

The AAA assures that it will specify, in grants, contracts and agreements implementing the Plan, the identity of each focal point requested in **Sec. 306(a)(3)(B).**

B. Comprehensive Plan of Services

1. Coordination with Community Action Agencies and other Community Agencies

The AAA assures that it will:

1) 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
2) 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
   a) 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

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year 1981 and did not lose the designation as a result of failure to comply with such Act; or

b) 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 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3).

c) Make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such service and, if possible, work in coordination with organizations that have experience in providing training, placement and stipends for volunteers or participants (such as organizations carrying out federal service programs administered by the Corporation for National and Community Service), in community service settings. **Sec. 306(a)(6)(C)**

The AAA assures that it will establish effective and efficient procedures for coordination of:

1) Entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
2) Entities conducting other federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in Sec. 203(b) of the Older Americans Act, within the area. **Sec. 306(a)(6)(E)**

The AAA assures that it will coordinate planning, identification, assessment of needs and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities. **Sec. 306(a)(5).**

2. Services

The AAA assures that it will set specific objectives for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

1) including 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
2) include proposed methods of carrying out the preference in the area plan. **Sec. 306(a)(4)(A)(i)**

The AAA assures that it will include in each agreement made with a provider of any service under this Title, a requirement that such provider will:

(1) Specify how the provider intends to satisfy the service needs of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(2) To the maximum extent feasible, provide services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(3) Meet specific objectives established by the area agency on aging, for providing services to low-income minority older individuals, older individuals with limited

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English proficiency, and older individuals residing in rural areas within the planning and service area. **Sec. 306(a)(4)(A)(ii)**

The AAA assures that no supportive services, nutrition services or in-home services will be directly provided by the State agency or an area agency on aging in the State unless, in the judgment of the State agency

(1) Provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(2) Such services are directly related to such State agency's or the area agency on aging's administrative functions; or
(3) Such services can be provided more economically, and with comparable quality, by such State agency or the area agency on aging.

Regarding case management services, if the State agency or the area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services. **Sec. 307(a)(8)(A) and (B)**

The AAA assures that it will provide, to the extent feasible, for the furnishing of services under the OAA, consistent with self-directed care. **Sec. 307(a)(27)**

3. Nutrition

The AAA assures that a nutrition project shall

1) Solicit the advice of a dietitian in the planning of nutritional services; and
2) Provide meals that
   a) Comply with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture,
   b) Provide to each participating older individual
      (1) A minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the national Academy of Sciences, if the project provides 1 meal per day,
      (2) A minimum of 66 2/3 percent of the allowances if the project provides 2 meals per day; and
      (3) 100 percent of the allowances if the project provides 3 meals per day, and
   c) To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
3) Designs meals that are appealing to program participants
4) Enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
5) Where feasible, promote intergenerational meal programs.
6) Provide meals, other than in-home meals, in setting in as close proximity to the majority of eligible older individuals' residences as feasible.
7) Comply with applicable provision of state or local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service and delivery of meals to an older individual.
8) Carry out the project with the advice of dietitians, meal participants and other individuals knowledgeable with regard to the needs of older individuals.

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9) Establish procedures that allow nutrition administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours and to individuals with disabilities who reside at home with and accompany older eligible individuals.
10) Nutrition services will be available to older individuals and their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and
11) Provide nutrition screening, nutrition education and where appropriate, nutrition counseling. **Sec. 339**
12) Monitor independent meal providers for compliance with the following:
    a) Program performance, including safe food handling practices, client assessment and record-keeping;
    b) Certification by a licensed dietitian or nutritionist that the menus meet the Maryland Senior Nutrition Program Menu Standards;
    c) Reporting of meals served to only eligible clients;
    d) Contribution collection so that no eligible person is being required to contribute and no eligible person is denied a meal for the inability to pay;
    e) Cash received is used to purchase foods of U.S. origin to prepare meals for persons eligible to participate in a Title IIIC nutrition program;
    f) NSIP funds are not used to supplant funds previously earmarked for services for older persons;
    g) Client information is collected to comply with the National Aging Services Information System (NAPIS) State Performance Report; and
    h) Books, records and other documents relevant to the Program are retained for no less than 3 years. **Nutrition Services Evaluation Form (MDoA)**

4. Outreach

The AAA assures that it will use outreach effort that will

1) Identify individuals eligible for assistance under this Act, with special emphasis on
    a) Older individuals residing in rural areas;
    b) Older individuals with greatest economic need (with particular attention to low-income minority older individuals) and older individuals residing in rural areas;
    c) Older individuals with greatest social need (with particular attention to low-income minority older individuals) and older individuals residing in rural areas;
    d) Older individuals with severe disabilities
    e) Older individuals with limited English-speaking proficiency; and
    f) Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    g) Older individuals at risk for institutional placement; and
2) Inform the older individuals referred to in sub clauses (I) through (VI) of clause (i) and the caretakers of such individuals, of the availability of such assistance. Sec. **306(a)(4)(B)**

5. Special Populations

The AAA assures that it will ensure that each activity untaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority

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older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. **Sec. 306(a)(4)(C)**

The AAA assures that it will, to the maximum extent practicable, provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), including

1) Information concerning whether there is a significant population of older Native Americans in the 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 benefit provided under this Title.
2) Coordinate the services the agency provides under this Title with services provided under Title VI. **Sec. 306(a)(11)(A)(B)**

The AAA assures that it 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. **Sec. 306(a)(11)(C)**

6. Treatment for Abuse/Neglect

The AAA assures that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(12), it 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. **Sec. 306(a)(9)**

7. Legal Assistance

The AAA assures that it will:

1) Enter into contracts with providers of legal assistance that can demonstrate the experience or capacity to deliver legal assistance
2) Include in any such contract provisions to assure that any recipient of funds will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under this Act and governing membership of local governing boards) as determined appropriate by the Commissioner; and
3) Attempt to involve the private bar in legal assistance activities authorized under Title III of the OAA, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. **Sec. 307(a)(11)(A)**

The AAA assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social and economic need and has agreed, if the grantee is not a Legal Assistance Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under Title III on individuals with the greatest need and the AAA makes a finding, after assessment, pursuant to standards for service promulgated by the Commissioner, that any grantee selected is the entity best able to provide the particular services. **Sec. 307(a)(11)(B)**

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The AAA assures that it will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination. **Sec. 307(a)(11)(E)**

The AAA assures that in carrying out services for the prevention of abuse of older individuals, it will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

1) Public education to identify and prevent abuse of older individuals;
2) Receipt of reports of abuse of older individuals;
3) Active participation of older individuals participating in programs under the OAA through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
4) Referral of complaints to law enforcement or public protective service agencies where appropriate. **Sec. 307(a)(12)(A)**

The AAA assures that it will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers or their households. **Sec. 307(a)(12)(A)**

The AAA assures that all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency. **Sec. 307(a)(12)(C)**

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