
New Jersey Department of Health and Senior Services
Division of Aging and Community Services



Mercer County

2011

Area Plan Contract Update

(January 1, 2011 - December 31, 2011)

Mercer County

2011 AREA PLAN CONTRACT UPDATE

COVER PAGE

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ADMINISTRATIVE REQUIREMENTS OF AREA AGENCIES ON AGING

The State of New Jersey designated the Division of Aging and Community Services of the New Jersey Department of Health and Senior Services as the State Agency on Aging ("State Unit on Aging") in accordance with the Older Americans Act of 1965, as amended, ("OAA") (42 U.S.C.A. §§ 3001 et seq., as amended), specifically Section 305 of the Older Americans Act (42 U.S.C.A. § 3025). The mission of the State Unit on Aging, pursuant to 45 C.F.R. § 1321.7, is to lead the comprehensive planning and coordination of programs and services for older persons in New Jersey. In order to accomplish its mission, the State Unit on Aging is required to designate an Area Agency on Aging ("AAA") for each distinct planning and service area. (OAA § 305 (42 U.S.C.A. § 3025) and N.J.A.C. 8:88A)

Currently, New Jersey has 21 designated Area Agencies on Aging ("AAAs"), which are the County Offices on Aging in each county. The AAAs have the complete authority and responsibility to plan and develop policy on programs for older persons within their respective county. (N.J.S.A. §§ 40:23-6.39 to -6.40) The AAAs are responsible for assisting the State Unit on Aging and overseeing the planning of comprehensive and coordinated service delivery systems; promoting the effective and efficient use of resources; and addressing any duplication which could diminish the full and positive social impact of programs and services intended by legislation. Further, the AAAs are charged with the responsibility to develop and exercise methods of administration necessary for the effective and efficient operation of their offices, including planning and coordinating with federal, State and local agencies with resources to benefit older persons.

The responsibilities and functions under the Area Plan Contract shall include, but are not limited to, the following:

1. Every AAA shall comply with the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq.), 45 C.F.R. Part 1321, and other applicable federal, State, and local laws, regulations, rules and policies.
2. Every AAA shall develop and implement an area plan that must be submitted and approved by the State Unit on Aging.
3. Every AAA shall administer an area plan, including the planning and development of all policy on programs for older persons in its county. The AAA shall provide and maintain current information on all existing public and private programs serving older persons, caregivers and adults with disabilities
4. Every AAA shall be the visible focal point for advocacy, coordination, monitoring, and evaluation of programs for older persons in the county including but not limited to: community services, economics, employment, income and retirement, health care, mental health, institutional and non-institutional housing, recreational activities, transportation, homemaker services, long term care, case management, congregate and home delivered meals, adult day care and legal services.

5. Identify, when feasible, a focal point for comprehensive service delivery. OAA §§ 306(a)(3)(A)-(B); 42 U.S.C.A. §§ 3026 (a)(3)(A)-(B).
6. Every AAA shall provide information and referral services to older adults, their families or caregivers, and the general public regarding accessing programs and services for the older population.
7. Every AAA shall increase the public's awareness and understanding of the aging process and the effects of this natural process on the individual by circulating information related to aging issues to practitioners in the field, older individuals, and the public at large.
8. The Executive Director of each AAA shall appoint, with the approval of the Board of Chosen Freeholders, an advisory council to assure broad representation with all segments of the general populace and to gain advice and assistance on program objectives, development and support.
9. Every AAA shall act as the central place in each county planning and service area responsible for the implementation of all policies and procedures issued by the State Unit on Aging to achieve, at the local level, goals, which the State Unit on Aging is addressing in its statewide efforts. An AAA shall be:
 - o A single-purpose agency that administers programs for older persons, or
 - o A multi-purpose agency with a single organizational unit responsible for administering programs for older persons.
10. Every AAA shall have written policies and procedures on sexual harassment in the workplace. The basis of such policy must be that all employees (female and male) shall be permitted to work in an environment free from all forms of unlawful discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment. (See, 29 C.F.R. § 1604.11, which addresses sexual harassment; see also, The Civil Right Act of 1964 (42 U.S.C.A. §§ 2000e et seq.)).
11. Every AAA shall identify the public and private nonprofit entities involved in the prevention, identification and treatment of the abuse, neglect, and exploitation of older individuals, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
12. Every AAA shall enter into voluntary arrangements with nonprofit entities (including public and private housing authorities and organizations) that provide housing (such as housing described under Section 202 of the Housing Act of 1959, as amended (specifically, 12 U.S.C.A. § 1701q - "Supportive housing for the elderly")) to older individuals, to provide (1) leadership and coordination in the development, provision, and expansion of adequate housing, supportive services, referrals, and living arrangements for older individuals; and (2) advance notification and non-financial assistance to older individuals who are subject to eviction from such housing.

13. Every AAA shall have nutrition projects that reasonably accommodate eligible individuals with particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds.

Enforcement

If the State Unit on Aging determines an Area Agency on Aging failed to:

1. Comply with the stipulations, standards, and conditions of its Area Plan Contract, or
2. Comply with applicable federal or State regulations, rules or policies, or Ensure proper and adequate administration to meet project goals, the State Unit on Aging will provide written notification outlining each deficiency and plan of correction.

In the event an Area Agency on Aging does not remedy each identified deficiency following notification, the State Unit on Aging may proceed to suspend or terminate the Area Plan Contract. Further, failure to comply with the Area Plan Contract could jeopardize an AAA's designation as an Area Agency on Aging.

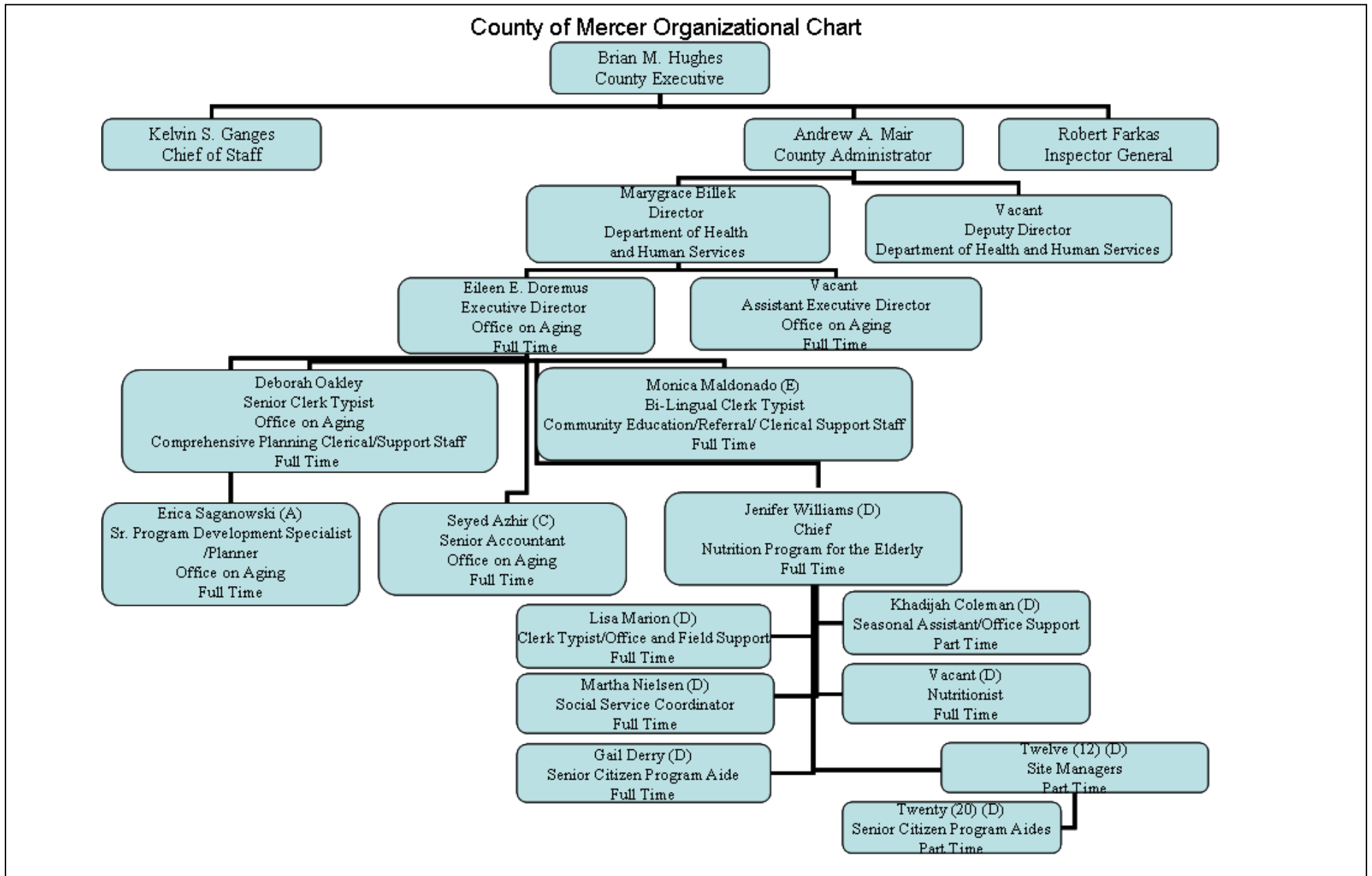
Suspension and Termination

Suspension. The State Unit on Aging may suspend an AAA's Area Plan Contract when the AAA fails to comply with the Area Plan Contract, and the deficiencies warrant suspension. In the event an Area Plan Contract is suspended, all payments will be withheld, and additional obligation of project funds prohibited, until all deficiencies are corrected.

Termination. The State Unit on Aging may terminate an AAA's Area Plan Contract when the AAA fails to comply with the Area Plan Contract, and the deficiencies warrant termination. In the event an Area Plan Contract is terminated, all payments will be withheld, new obligations for funds shall not be incurred after the effective date of the termination, and all outstanding obligations shall be canceled.

All or part of any cost deemed by the State Unit on Aging to be associated with an AAA's non-compliance with its Area Plan Contract may be disallowed. The State Unit on Aging may also take other legal remedies when required.

AAA ORGANIZATIONAL CHART (10/2010)



AAA ADVISORY COUNCIL

Include 2010 Advisory Council Membership Chart if identical to 2010 APC. If not, complete chart below with current council members. ✓
all applicable categories for each person.

Name	Affiliation: Veteran, Volunteer, Elected Official, Person with Disability, Other Agency, etc.	Gender	Race	Age 60+ = X	General Public	Family Caregiver	Service Provider	Represents Business Community
Claire W. Cannon	Speech/Language Pathologist & Audiologist	Female	White	X				X
Barbara Clancey	New Jersey Association of Community Providers	Female	White				X	X
Margaret Hairston	Congregate Nutrition Consumer & Active Volunteer	Female	African American	X	X			
Doris E.P. Hodges	Volunteer	Female	African American	X	X	X		
Jacques Lebel	Volunteer	Male	White	X	X			
Larry Mansier	Disabilities Services Consumer & Volunteer	Male	White	X	X			
*Burt Sutker	Business Owner Focusing on Disabilities Services	Male	White	X	X			X
*Sarita Wilson	Mercer County Board of Social Services	Female	African American				X	

2010 AAA / ADVISORY COUNCIL – ADVOCACY

In 2010, the AAA and/or Advisory Council (AC) were involved in the following advocacy activities on behalf of older adults:

AAA:

- The Advisory Council (AC), aptly called The Mercer County Council on Aging, is one of the most active in Mercer County government. The Council meets 9 times a year, taking a two-month hiatus during the summer months and not meeting during the month of November. 2010 offered two occasions to hold Executive Committee meetings to further Council activities. Most activities undertaken by the Council on Aging are coordinated through the Office on Aging (referred to as the Area Agency on Aging or AAA) as the Council serves as an advisory body to the Office. See below for activity.

AC:

- **Council on Aging Annual Report** – In order to capture the activity of the Council on Aging, a biennial report is created and published. This document is used for promotion of Council activity and to attract additional membership. This report gives Council members a communication tool that expressed their activity and accomplishments.
- **Grandparent’s Day** – A Council initiated activity that urges countywide recognition of the first Sunday after Labor Day as Grandparent’s Day. In 2010, Council members issued two fact sheets about the event. The flyers were disseminated to all Senior Centers, Office on Aging grantees, Mercer County Community College staff and other aging network providers. Council members were pleased with the reports on their outreach.
- **Commission on Aging** - In collaboration with Mercer County Community College, Council member Jacques Lebel serves as chairperson of the Commission. The Office on Aging Executive Director serves as an Ex-officio member. Council is invited to comment and participate in Commission activities.

AAA/AC:

- **Development of Area Plan** - At Council meetings, members receive reports from the Office on Aging concerning Office activity. Members represent municipalities of the County and bring their concerns to meetings for discussion or further exploration. Participation continues in programmatic and fiscal monitoring visits to grantee sites. Members serve as reviewers of Requests for Proposals for services funded through the Office on Aging.
- **Public Hearing** - Council members participate in Public Hearings and assist in the assessment of needs in Mercer County.
- **Reauthorization of Older Americans Act** – Council members receive frequent updates as to the activity surrounding Reauthorization of the Older Americans Act. Council Chairperson has taken a very active role in this process and plans on maintaining this advocacy role.

- **Access to Information/Communication of Information** – Council membership regards access to information about aging and associated programs and services and increased awareness of such information as a priority activity of theirs. Members have identified points of contact in state, county and local levels to assist in this increased awareness effort. Special relationship building includes the New Jersey Network, County communications department, Mercer County Community College and local senior centers, including the City of Trenton and local municipalities.

MISSION STATEMENT OF THE AAA

The AAA's mission Statement as identified by the Executive Director

The Mercer County Office on Aging dedicates its energies to responding to the varied and changing needs of Mercer County's older adult population. Through collaborative efforts with government, public and private groups, the Office on Aging serves as the premiere source of information and support concerning issues associated with aging. Through ongoing assessment of needs, monitoring and evaluation of programs and services, contractual awarding of federal, state and county funding, advocacy on behalf of issues associated with aging and the support of increased choice in planning for one's future, the Mercer County Office on Aging embraces the characteristics and challenges of the existing and burgeoning older adult population, their caregivers and baby-boomer population.

AAA EXECUTIVE SUMMARY

For 2011, use this section for reporting condition changes as per instructions.

Overview

In 1965 President Lyndon B. Johnson enacted the ***Older Americans Act*** (OAA) establishing the ***Administration on Aging*** (AOA) at the federal level of government. The federal government sought the expertise of the States in the development and implementation of statewide aging programs. The ***State Unit on Aging*** is responsible for the designation and administration of the ***Area Agencies on Aging*** (AAA). In New Jersey, the ***State Division of Aging and Community Services*** (DACS) assists in the administration of aging services through the Area Agencies on Aging, part of county-based government. The ***Mercer County Office on Aging*** (the AAA in Mercer County) serves as the connecting link between the State Division and the local communities in Mercer County. Additional amendments to the OAA in 2000 broadened the scope of the State Units on Aging and the Area Agencies on Aging to include services addressing the concerns of caregivers. ***The National Family Caregiver Support Program (NFCSP)*** came into existence and recognized the crucial supportive services of caregivers. The Older Americans Act further delineates a specific set of services to be funded for older Americans and funding for these programs is referred to as ***Title III funding***. Title III grants fund home and community based support services, nutrition programs for the elderly, disease prevention and health promotion, and the National Family Caregiver Support Program. As we approach 2011, it will be with the knowledge that the Administration on Aging and the ***Centers for Medicare and Medicaid*** (CMS) have extended their support in enhancing aging and disability services by formalizing the ***Aging and Disability Resource Connection*** (ADRC) a one-stop shop point of information and awareness, assistance and access to services needed by older Americans and persons with disabilities.

The enactment of the ***Affordable Care Act*** in March of 2010 has given additional hope to Americans with new rights and benefits. Immediately available to seniors include the receipt of \$250 for those who have reached the "donut hole" of Medicare benefits for prescriptions. Additionally there is already an increased availability of preventative and wellness programs to assist older Americans. With auspicious goals of strengthening Medicare, reducing health disparities and including coverage for those previously under-or-uninsured, the Affordable Care Act will assist in shaping the health care benefits of a burgeoning aging population that includes caregivers of all ages.

Purpose of Area Plan

The Area Plan offers a blueprint of Mercer County's demographics and population and includes an analysis of the needs and existing services within the county and a comprehensive plan for the delivery of services to older people. Although written in black and white, there are many aspects that are ever-changing that require astute observation and involvement of Mercer County leadership and specifically the Office on Aging.

PROGRAMS AND PROJECTS

Aging and Disability Connection (ADRC)

Each of the 21 counties in New Jersey is participating in the statewide effort to rebalance the long-term care system. Increased planning continues for the official rollout of Mercer County's single point of entry and access to information, assessment and service delivery. Several members of the Office on Aging and Nutrition staff are fully immersed in capturing data and reporting through the required Social Assistance Management Software package, (SAMS ~ see below). County staff continues to engage senior center personnel and those at other focal points in the County in the organization of the ADRC. Our goal remains to be the successful integration of the existing and emerging systems to best serve Mercer County's older adults and those living with disabilities.

Social Assistance Management Software (SAMS)

SAMS is the future of data collection for the Aging Network in Mercer County. All those who receive funding through the Area Plan will utilize the SAMS database to enter data and to streamline reporting for local and state authorities. The Office on Aging's senior development specialist/planner heads the County as the SAMS administrator and works closely with those who hold SAMS licenses. Intense trainings currently occur as Mercer County is poised to go "live" with ADRC by the end of 2010.

Program of All Inclusive Care for the Elderly (PACE)

The Mercer County Office on Aging continues its relationship with the Trenton-based PACE program, LIFE ~ Living Independently for Elders - is an innovative Medicare program that provides frail individuals age 55 and older comprehensive medical and social services coordinated and provided by an interdisciplinary team of professionals in a community-based center and in their homes, helping program participants delay or avoid long-term nursing home care. The Mercer County Office on Aging will continue to support and collaborate on the offering of education programs in association with PACE.

Global Options

The ability for people to have choice in the services that allow them to stay in their homes remains a priority to so many. The consolidation of the previously confusing and criteria-laden Medicaid programs is made easier via the Global Options program. Giving participants increased choice in the services they need has allowed a smarter use of the dollars that previously were spent on more expensive institutional care. Mercer County's older adults have options available to be able to stay home and receive services that enhance person-centered choice.

Elder Economic Security Index (EESI)

The Elder Index measures the income that New Jersey's older adults need to maintain independence and meet basic living expenses. It varies based on household size, geographic area, housing arrangement and health status. The Elder Index uses an income measure that reflects the actual expenses for basic needs of older adults, in contrast to the outdated and outmoded federal poverty level, which is a measure of abject poverty and deprivation. (*EESI Fact Sheet for Mercer County, 2009*).

The current implications on Mercer County economic security took center stage as the State of New Jersey realized that potential funding cuts for 2011 for the older population became a certain reality.

Governor Chris Christie initially targeted programs that have traditionally helped seniors maintain economic security. The State Rental Assistance Program, the Senior Property Tax Freeze Program, Pharmaceutical Assistance for the Aged and Disabled and Home-Health Aide services were targeted for significant cutbacks. While ultimately not realizing deep cuts, funding remained at a level experienced in 2010. Many of Mercer County's older population live on a fixed income and any increases affect their economic security.

A Local Look

County Workforce Reduction of 2010

The full implication of a forthcoming workforce reduction has yet to be realized. With the impending privatization of the Mercer County Geriatric Center, the Human Services department, which includes the Office on Aging, will experience staff changes. As of this writing, all Human Services staff received a letter from County Administration advising of such action.

Mercer County continues to offer an array of programs continue to offer services that include: meals at home, including weekend meals; social and recreational activities; care management; telephone reassurance; a senior well-being education and health service; friendly visiting; respite; adult protective services; nutrition sites; legal assistance and education; home health care services; and transportation. Unique to Mercer County is a partnership with the United Way, Princeton Senior Resource Center and Catholic Charities to secure 187 air conditioning units for the Summer Cooling project. This on-going collaboration with community organizations and agencies will continue to develop as we head into 2011. The Nutrition Program for the Elderly in Mercer County offers daily food for the body and soul. With thematic meal presentation, educational programming and the daily provision of a hot meal, the staff at the nutrition sites, produce an atmosphere conducive to social and nutritional well-being by its participants. Transportation to and from the nutrition sites assist those who otherwise would be isolated from others. The Farmer's Market Voucher Program offers vouchers for eligible seniors to purchase Jersey Fresh fruits and vegetables. This program helps to ensure seniors are offered nutritional choices that can be purchased for local farmers who generously support this program. The Nutrition Project successfully dispersed approximately 3,407 vouchers in 2010 and will support the program again in 2011.

Planning, implementation and evaluation of programmatic offerings in the county is on-going, thorough and responsive to the needs of professionals serving Mercer's seniors. Assisting in a variety of ways from support of and direction throughout the grantee process, the Planning and Fiscal Management serve to successfully attract potential grant recipients who are on the front lines in the provision of senior services. Through their monitoring of nutrition sites, programming and fiscal operations of grantee programs professionals and seniors are assured of a proactive response to their expressed needs.

Many of Mercer County's seniors connect with the programs offered through our Information and Assistance telephone helpline. Further communication with the seniors occurs with the publication of The Link, the quarterly newsletter of the Mercer County Office on Aging. After a new survey that was developed, distributed and collected by Mercer County Office on Aging staff, it was crystal clear that information and assistance in understanding the mechanics of the service delivery are the number one services that seniors need.

Statistics and Target Populations

The Mercer County Office on Aging continues to use the 2008 20 Questions reassessment tool to assist in helping to forecast changing needs and services of our older population. With this tool, we were able to reach a diversity of seniors throughout Mercer County that included but was not limited to older adults in senior housing, older adults attending senior nutrition sites, volunteers, other participants in a social and recreational centers and other audiences who requested the 20 Questions tool.

There is a clear consensus among the 400 respondents to the 2010 20 Questions Assessment that access to information about which benefits are available to individuals remains the number one priority. While transportation still ranks high in priorities, knowing what programs and services can support one's ability to stay safely and securely at home supports the national trend towards increased home and community based services.

A more detailed description of the Mercer County population will be found within the body of the Area Plan.

In Summation

The Mercer County Office on Aging will continue to advocate for services for its most vulnerable populations but also recognize the immediacy of being in a position to offer a menu of services for those less vulnerable, who have a capacity to use private resources to secure service delivery. We recognize that access to service provision and the delivery of services will allow us to assist all seniors, those living with disabilities, and their caregivers in Mercer County. As the ADRC initiative develops, we look forward to expanding our resources to assist in streamlining access, service delivery and payment of services to ensure consumer-directed quality care.

TARGET POPULATION – TARGETING GOALS

Complete Chart

TARGET POPULATION		A	B	C
		Estimate, based on average historical level of service		
		Estimated # County Population 60+ AAA will serve in 2010	Estimated % County Population 60+ AAA will serve in 2010	Estimated % County Population 60+ AAA will serve in 2011
N A P I S	ETHNICITY			
	Hispanic or Latino	485	.18%	17%
	Non-Hispanic or Latino	18,075	.31%	34%
	RACE OR ETHNICITY			
	White (Alone) Non-Hispanic	11,381	.25%	31%
	MINORITIES			
	White (Alone) - Hispanic	447	.16%	16%
	American Indian or Alaskan Native (Alone)	14	.15%	14%
	Asian (Alone)	403	.13%	16%
	Black (Alone) or African-American (Alone)	6,305	69%	62%
	Native Hawaiian or Other Pacific Islander	9	900%	100%
	Persons: 2 or more races	82	21%	12%
	Other Ethnic Group(s) (Specify)	159	270%	175%
STATE	FUNCTIONAL ABILITY			
	Frail	8,573	14%	16%
	Vulnerable	8,470	14%	15%
TOTAL COUNTY POPULATION 60+		61,491	33%	36%

2010 PUBLIC HEARING

		# Attendees							Survey of Needs			Outreach to Target Population					
Date	Time	Location	Total #	Public	AAA Staff	Service Providers	Special Guest, i.e. Freeholder	Advisory Council	Attendees were provided with the following (Circle all that apply)			All announcement methods i.e., mail, service providers, senior centers, etc. Sample flyers may be attached	Public Hearing was conducted in these languages	Bilingual Services were available		Transportation was Available upon request	
									a	S	S			Y	N	Y	No
									g	u	u			S	O	S	
									n	d	v			S	N	S	
									a	Needs Assessment	e			S	O	S	
7/11/10	10:30 a.m.	Lawrence Senior Center	78	75	1	1	1	0	X	X		On Location	English	X		X	
7/26/10	12:00 p.m.	Covenant Presbyterian Church	31	25	1	1	0	4	X	X	X	Trenton Times and Website	English	X		X	

** Indicate if public hearing was a joint department event

PUBLIC HEARING (*Continued*)

A copy of the actual public newspaper ad that was placed in the newspaper and, if needed, a readable copy announcing the public hearing is attached.

PUBLIC NOTICES PUBLIC NOTICES PUBLIC NOTICES

NOTICE OF PUBLIC HEARING

Please be advised, the Mercer County Office on Aging will be conducting a public hearing in order to solicit testimony from the public on the current needs and issues of Mercer County's senior citizen community. The findings of the hearing will be utilized in the Mercer County Office on Aging 2011 Area Plan Contract Update. The Mercer County Office on Aging invites anyone wishing to express his or her views on the aforementioned subject matter to attend a public hearing on the following date:

DATE AND TIME	LOCATION
July 26, 2010 12:00 p.m. - 1:00 p.m.	Covenant Presbyterian Church 471 Parkway Avenue Trenton, New Jersey 08618

Individuals wishing to provide testimony may pre-register by calling the Mercer County Office on Aging at (609) 989-6662. Pre-registration is not required to testify; however it is recommended in order to insure that your comments and concerns are heard.

Copies of the 2010 - 2012 Area Plan Abstract are available for review at the Mercer County Office on Aging and the Mercer County Connection and may be viewed on the Mercer County website at <http://nj.gov/counties/mercerc/department/hs/aging.html>

Signed,
Eileen E. Doremus, Executive Director
Mercer County Office on Aging

Brian M. Hughes
County Executive
Fee: \$88.74

Marygrace Billek, Director
Department of Human Services
7/16, 7/17, 7/18 2010

NEEDS

2. If unchanged, copy and paste the list of Target Population's needs from 2010 APC.
 - Create up to date list of needs, if appropriate to current circumstance.

Needs of target population in order of priority (#1 is the highest priority):

Priority	Needs
#1	Physical Health and Wellness
#2	Newsletter
#3	Transportation
#4	Personal Emergency Response System
#5	Benefits Screening

Services required to meet the needs identified above include:

Priority	Services
#1 Physical Health & Wellness	<ol style="list-style-type: none"> 1. Support evidence based physical health and wellness programs and medication monitoring with Title IIIID funding. 2. Increase awareness of the benefits of exercise and nutrition and its effects on medical conditions like heart disease, diabetes, cholesterol and certain types of cancers. 3. Promote the use of preventative health benefits provided under Medicare like cardiovascular screening, diabetes screening, cancer screenings, medical nutrition therapy, smoking cessation and mammograms for example.
#2 Newsletter	<ol style="list-style-type: none"> 1. Update the distribution list to include the names and addresses received on the 20-question needs assessment and by other requests. 2. Include content that is relevant and interesting to Mercer County seniors and caregivers. Public comments determined topics like legal services, public benefits, respite care, utility assistance and other community support and assistance services. 3. Ensure all areas of the senior, caregiver, and disabled communities are included on the distribution list.

#3 Transportation	<ol style="list-style-type: none"> 1. Affordable, reliable, and coordinated weekday social and medical transportation services. 2. Volunteer assisted transportation services. 3. Increased community awareness of services via the NJ Find a Ride website www.njfindaride.org. Consumers without access to a computer may contact the Office on Aging or 211 for assistance.
#4 PERS	<ol style="list-style-type: none"> 1. Provide Older Americans Act funding to subsidize monthly service fees for low-income seniors at risk due to living alone or those spending a significant amount of time alone. 2. Provide information and referral to PERS services for private pay individuals like those offered through the American Red Cross. 3. Provide information to caregivers regarding the benefits of installing a PERS system in their frail/elderly loved ones home.
#5 Benefits Screening	<ol style="list-style-type: none"> 1. Through contracted service providers, trained AAA or CAS site staff, identify and screen seniors for community program eligibility. 2. Assist in the completion of public benefits program applications. 3. Use standardized intake, assessment, and screening tools to ensure uniformity across the county.

A. Resources within the capacity of the AAA are available to meet the service needs of the target population: (add rows if necessary)

Yes No, Explain

While the Office on Aging does provide funding for each of the noted services, the growing senior population of Mercer County coupled with diminishing client incomes and growing daily expenses, a greater number of seniors and caregivers are seeking community and financial assistance. Transportation services provided by the County are nearing capacity levels and the need to refer individuals to other transportation services is imperative. The Office on Aging and its current contracting agencies support the concept of evidence based programming and have made health and wellness a focus for 2010 and beyond.

B. The primary languages/dialects spoken by seniors with limited English proficiency known to live in the community include:

Spanish, Indo-European languages, and Asian and Pacific Island Languages are identified in 2000 Census Data. Office on Aging service providers also confirm foreign languages frequently encountered are Spanish, Haitian, Creole, Polish, Russian, Chinese, Japanese Vietnamese and Korean dialects, Asian Indian dialects, Hungarian, and recently Grebo, and African dialect.

- C. Gaps in available services, barriers or specific circumstances impacting the provision of services, other than information and assistance and outreach, in the planning and service area:

The most notable gaps in service throughout Mercer County exist within the current transportation systems. Service hours are limited to weekday service and municipal restrictions limit the service routes. Weekend and evening services are minimal and the high cost of private transportation service makes it impossible for low-income seniors to access. Service requests for medical and specialist appointments in Philadelphia and New York have been increasing however are often unfulfilled.

Non-Medicaid eligible seniors find private-pay care management services unaffordable while caregivers often report Medicare funded home health aide services often do not provide sufficient hours of service and caregivers struggle to find appropriate and affordable in-home support services.

Utility assistance requests continue to increase as do the payment amounts required to defer termination of services. Each year, funding for utility assistance is quickly depleted and recently seniors have been approaching the Office on Aging for thousands of dollars of assistance for back payments and shut off notices. All cases have been turned over to the Mercer County Board of Social Services and APS as the board is the only available resource.

2010 TITLE III B SERVICES EXPENDITURES ASSURANCES

1. The Area Agency's **2010 TOTAL Title III B Allocation from the 2010 APC Advanced Planning Document**, prior to transfers. *(Do not include Administrative Expenditures)*

= \$ 407,398.

Column 2. A. = **Estimated 2010 year end Title III B funds** the AAA will spend **from January 1, 2010 thru December 31, 2010** on the **delivery of priority services** (Access, In-Home and Legal services)

Column 2. B. = Estimated **% of 2010 Title III B** dollars the AAA will spend by December 31, 2010 on the delivery of Priority Services: Access, In-Home and Legal services.

Service Category	2. A. Estimated actual 2010 Year-End Total Title III B Expenditures	2. B. Estimated % of actual 2010 Year-End Total Title III B Expenditures
Access	\$ 149,813.00	37% of Total Title III B funds
In-Home	\$ 77,461.00	19% of Total Title III B funds
Legal	\$ 140,000.00	34% of Total Title III B funds

- If % required for any service category was not fulfilled thus far, the, explain how the AAA will meet their obligation by the conclusion of 2010.

2010-2012 AREA PLAN CONTRACT STRATEGIC PLAN

PROGRESS SUMMARY, ACCOMPLISHMENTS, & 2011 REVISED PRIORITIES

This section is the AAA's update on the progress made from the 2010-2012 APC. Each of the OAA/SUA are addressed as instructed.

Goal 1

Improve access to an integrated array of health, social supports, and long-term care options.

Objective 1.1

Begin implementation of Aging and Disability Resource Connection services in Mercer County with the intention of becoming the long-term care service delivery system for older adults and people with disabilities.

Progress Update 2010

In 2006, Mercer County was selected, along with five other counties, to begin implementation of the ADRC model. The intention of adding the new ADRC counties that year was to establish a fully functioning ADRC in each of New Jersey's 21 counties by the end of 2010. Mercer County has embraced the concept of the ADRC, however full implementation has been hindered by multiple factors, including staffing issues resulting from county workforce reduction in 2009 and 2010.

Although not yet active, Mercer County looks forward to ADRC implementation. Mercer County houses the second largest Office for the Disabled in the State and has an established relationship with the Center for Independent Living and two local collaborations functioning similarly to that of the ADRC. Services partnerships will continue to expand over the course of this 2010-2012 Area Plan Contract and will include shared services with municipal partners, contracting with care management agencies, and requiring contracted service providers to use the SAMS system for client tracking and NAPIS data. Providers will be invited to attend SAMS user trainings.

The end result of a coordinated network of information and service delivery will be a visible, trusted and accessible system for older adults, caregivers and people with disabilities; most likely to begin in 2011.

Strategies 1.1

- a) Expand upon current organizational capacities and community resources like senior centers, established community access sites and care management programs.
- b) Enter into formal agreements with local municipalities via shared service agreements to allow for greater collaboration and joint support of service delivery.
- c) Include financial assistance through competitive contracts and shared service agreements.
- d) Attend State trainings and provide technical assistance to ADRC partners.
- e) Continue closer working relationship with the Mercer County Office for the Disabled.

Performance Measures 1.1

- a) Ensure that consistent and comprehensive information is provided by each of the ADRC community partners.

- b) The Office on Aging will initiate a public relations/outreach campaign based on the ADRC model once fully capable of meeting all requirements.
- c) Community Access Site location staff will submit standardized reports based on ADRC responsibilities and increase the number of calls received by consumers of varied ages, ethnicities and income levels.
- d) ADRC clients will receive a standardized satisfaction survey.

Objective 1.2

Enhance cultural and linguistic competency, including health literacy, in the Office on Aging and throughout the aging network.

Progress Update 2010

The New Jersey EASE telephone number has been assigned to the Mercer County Office on Aging Spanish/English bilingual clerk typist who is dually responsible for information and referral and community assistance. Spanish speaking consumers have contacted the Office on Aging requesting a Spanish speaking individual, and often by name. To date, the assistance of the Language Line has not been required by the Office on Aging, and contracted providers have reported minimal use. Recently, the Legal Services Project for the Elderly required assistance with translation services in Grebo, a West African language. The Legal Services Project first contacted local colleges and universities cultural education departments as well as the Language Line without success. After notifying the Office on Aging of this language barrier issue, Interfaith Caregivers Trenton was contacted as they coordinate services with multiple faith based organizations. By the days end, a volunteer fluent in Grebo was located and agreed to provide translation services. The Legal Services for the Elderly program has reportedly contacted Interfaith Caregivers for additional hard to acquire bilingual services.

In addition to language barriers, the Office on Aging addressed communication issues regarding those deaf and hard of hearing. A representative of the State Division of the Deaf and Hard of Hearing provided an informative presentation of the programs and services offered by the division. Accordingly, the Office on Aging now has a thorough understanding of deaf and heard of hearing communication access services, specialty equipment, information and referral and outreach services available. Publications are also available for reference and distribution as needed.

The Office on Aging has actively engaged the disabled population and provider agencies in 2010 for needs based planning purposes by attending and presenting at community trainings and informational forums. On June 15, 2010 a county-based family forum for people with developmental disabilities and their families was held at Project Freedom in Hamilton. Given the unfavorable state of the New Jersey's economy and the aging of its population, planning is a critical tool for families of children with developmental disabilities. Aging caregivers are understandably concerned about the future well-being of their adult children. The NJ Division of Developmental Disabilities (DDD), recognizing these uncertainties and fears, hosted these forums with local county support to catalyze partnerships on behalf of the families. Eileen Doremus, Executive Director, Office on Aging gave a short presentation on Office on Aging services and encouraged caregivers to reach out to the office for further support and information. Additionally, Tom Shaw, Director Office for the Disabled, offered a similar presentation about programs and services rendered through his office.

Recent requests were made to the Mercer County Office on Aging regarding the potential interest in the use of home delivered or congregate meals specifically targeted to the cultural norms of the Russian population. Outreach was conducted to the most populated areas in the county, specifically Princeton. The Princeton Senior Resource Center hosts a "Let's Talk in English" group where the question was posed to the group. The consensus was the service would be minimally utilized, as this is a generally independent group. Home delivered meals providers were also contacted to ascertain the level of interest in their Russian clients; however, the closest representatives were that of the Polish community.

Ideally, future cultural diversity outreach and trainings will be held in conjunction with the County Division of Culture and Heritage to increase awareness of and access to the culturally diverse populations in Mercer County including: Hispanic and Latino, Asian, Italian, Irish, German and Polish communities.

Access to health, social services and long-term options will be unsuccessful if the consumer does not understand the content of materials that serve to inform and educate. The Office on Aging and the Nutrition Program are purposely looking to make sure communications to older residents of Mercer County offer information in clear, understandable terms. Health literacy is defined as a consumer's ability to obtain, process and understand basic health information and services needed to make appropriate decisions. (American Medical Association) The Executive Director of the Office on Aging is a member of the Horizon Blue Cross/Blue Shield's Health Care Advisory Committee. This committee has embraced Health Literacy as its key initiative. Health literacy will remain an ongoing goal for all communications coming from the Mercer County Office on Aging/Nutrition Program.

Mercer County is fortunate to contract with Interfaith Caregivers and their 25 member congregations. Scattered throughout the county, multiple faiths are represented in areas like Trenton, West Trenton, Lawrenceville, Ewing, Hamilton, Pennington, and Yardville and across the Burlington County boarder into Bordentown. Outreach has been conducted to three new potential churches/congregations and the Christ Episcopal Church in Trenton has invited Interfaith Caregivers to begin recruiting volunteers in September 2010 and a close working relationship has been established with the Hispanic population from St. Stanislaus, located in Trenton. The addition of a Spanish/English bilingual Coordinator of Volunteers has fostered the relationship with the Hispanic population. In addition, the Office on Aging, via county funding, contracts with ECHO Inc., a consortium of churches serving as a social and recreational organization for older adults. The three participating churches are located in Ewing and Trenton and include two additional congregations not affiliated with Interfaith Caregivers.

Strategies 1.2

- a)** Utilizing a bi-lingual (Spanish/English) Office on Aging staff member as the NJ EASE telephone number first line of contact.
- b)** Accessing the Language Line for translation services as necessary.
- c)** Attend cultural diversity trainings when available, including those focused on the needs of the disabled population.
- d)** Linking with the religious community and faith based organizations to gain contact into minority and hard to reach culturally and linguistically isolated Mercer County residents.

Performance Measures 1.2

- a) Track the volume of non-English calls to the Office on Aging and the number of non-English speaking consumers served by grantees and community providers.
- b) Documentation of the number of cultural competency trainings attended.
- c) Reporting of additional congregations joining volunteer based service initiatives.

Objective 1.3

Enhance access to information, assistance, long-term care benefits, and senior services for older adults, persons with disabilities, and caregivers through better management and coordination of information systems.

Progress Update 2010

Ongoing contact is made with the Community Access Sites (CAS). CAS members from Princeton, Ewing, Lawrence, Hopewell/Pennington, West Windsor, and Trenton senior centers and Jewish Family and Children's Services convened on August 24, 2010 for an information sharing meeting. Information and assistance/referral reports are submitted to the Executive Director, although on a minimal scale, and will be an increased responsibility once a full ADRC structure is enacted through service agreements of memorandums of understanding.

Network Connection meetings have been scheduled for October 1, 2010 and December 3, 2010 at the Dempster Fire Training Academy. Office on Aging funded providers meetings are also held quarterly in March, June, September and December. Updates on the structure of the Office on Aging and pertinent, timely information is also provided. CAS location staff will be updated as to ADRC responsibilities as applicable throughout 2010 and informed of the potential service agreements in the upcoming 2011 fiscal year.

Due to the sale of the Mercer County Geriatric Center, further discussion of the future coordination of information, assistance and access locations is projected to extend at minimum an additional six months, pending human services staffing retention as a result of an additional workforce reduction in October 2010.

Coordination of information sharing is not limited to our aging services network partners. On Thursday, July 8, 2010, the Trenton/Mercer Continuum of Care conducted a one-day event called Project Homeless Connect. A hot picnic lunch, access to services and personal care items were provided to homeless Mercer County residents of varying ages. This event is designed to provide housing referrals and support services in a convenient one-stop format for people experiencing homelessness. Past events have served between 300 – 600 individuals and 2010 is the first year the Mercer County Office on Aging has been invited to attend this event. Project Homeless Connect brought a new and unique opportunity and experience to interact first-hand with a population little known to the Office on Aging. Staff assisted with the activities, shared materials, and disseminated farmer's market vouchers and showed our support to the community by conveying that we are an accessible and trusted point of contact and vital resources.

Information and assistance service have been retained at the Mercer County Office on Aging and beginning August 2010, the SAMS "new call" feature has been slowly implemented to begin tracking I&A telephone calls. Once all I&A providers have been designated, SAMS will be utilized from the beginning of the service agreement period.

A significant number of the I&A calls received are in reference to applying for and accessing existing Medicare and Medicaid benefits. The LIFE St. Francis program is described as an option for all inclusive care management via Medicaid/Medicare and callers are directed to the Mercer County Board of Social Services for Medicaid applications, and SHIP for in depth Medicare questions and benefits screening.

Recent updates in State and Federal legislation have been examined and information has been shared to the aging community and services providers. Updated food stamp regulations have increased access and eligibility based on income and assets and the Office on Aging has disseminated information to the community in English and Spanish. As of August 2010, however the Office on Aging was made aware of a system malfunction that is erroneously denying applications for eligible recipients. In an effort to assist inappropriately denied seniors, the Office on Aging has established a plan to maintain a list of individuals contact information and will periodically contact the Board of Social Services on their behalf.

Proposed funding cuts in the 2011 State Budget and their effects on seniors were also closely monitored by the Office on Aging. Programs like the State Rental Assistance Program, the Senior Property Tax Freeze and changes in PAAD were most concerning. It was most fortunate to learn that as a result of drug manufactures rebates, higher utilization of generic drugs, expanded eligibility of Medicare Part D low income subsidy and discounts relating to the prescription "donut hole", PAAD and Senior Gold funding levels were restored resulting in lower generic co-pay and restored brand name co-pay levels. Immediate and long-term changes to Medicare as related to the new health care law are also followed and updates are provided accordingly.

Strategies 1.3

- a) Coordinate services and maintain partnerships with AAA service providers and the informal network of area services providers to increase the effectiveness of the information, assistance, referral, and service delivery system.
- b) Advocate for and support cost effective long term care options and support services promoting the dignity and independence of Mercer County older adults.
- c) Keeping abreast of legislation that will impact Mercer County older adults, including health care reform and its effects on Medicare, Social Security, ADRC implementation, and ongoing concerns with state budget issues and its impact on programs like PAAD and Senior Gold.
- d) While remaining the hub of Information and Assistance, the Office on Aging will collaborate with the 11 Community Access Sites that provide accessible services at the senior centers and community agencies. Relationships with municipal senior centers and Community Access Site locations are being revamped and formalized to conform to ADRC compliance.

Performance Measures 1.3

- a) Convene quarterly Information and Assistance networking and in-service/support meetings for providers and Community Access Sites (CAS) to provide updates on ADRC, NJ EASE and additional relevant information. CAS location staff will also be informed of ADRC responsibilities.

- b) To support alternative holistic care management, social, medical, and support services through New Jersey's first PACE program located in Mercer County, the Office on Aging will act in a referral capacity to help support the success of this program.

Objective 1.4

Empower individuals, including middle-age adults, to plan for immediate and future long term care needs.

Progress Update 2010

Self directed care remains a priority of the Office on Aging, although care management services have not yet been contracted to an outside agency. In preparation for such services the Office on Aging continues to act as a conduit of care coordination for OCCO approved JACC cases.

Additional Older Americans Act funded care management services will include benefits screening and extended assessment. Recently an additional Mercer County provider has received Medicaid care management approval thereby increasing the availability of local care management sites. The prospect of implementing the NJ EASE or ADRC care management services by the end of 2010 is assumed unattainable; however the planning process is ongoing to ensure an expedited process when able.

The Office on Aging focused on health and wellness in 2010 and provided financial support to enhance the delivery of preventative care and support services in the fields of nutrition, physical exercise and health screenings, senior and caregiver mental health services, and related Alzheimer's and dementia education and prevention. The Office on Aging has been working with DACS and Thomas Jefferson University to continue the implementation of the Skills2Care program (formerly known as Environmental Skill-building Program). This program will provide in home occupational therapy to assist caregivers in managing daily challenges commonly associated with caring for someone with dementia.

The Office on Aging while complying with federal poverty level standards also has a great interest in economic security and long term financial planning. Documented resources are referenced for expertise. The NJ Foundation for Aging Elder Economic Security Index has been referenced and shared with the grantee provides as well as the community at large. The Elder Index measures the income that New Jersey's older adults need to maintain independence and meet basic living expenses and offers a county-by-county description of the economic vulnerability of older adults. The Elder Index provides a solid foundation for retirement planning purposes for seniors of all ages, especially the new "Baby Boom" generation of seniors.

Additional National Council on Aging data entitled Current Economic Status of Older Adults in the United States examines factors affecting economic security like poverty level, income, and the Elder Economic Security Index to determine vulnerability of older adults. Data show those living below 200% of the federal poverty level face challenges in maintaining housing, medical and dental care and dietary support needs. As these are overarching concerns of the AAA, the Office on Aging is discussing the possibility of collaborating with the NCOA's Economic Security Initiative Project in an effort to increase financial planning education and support services. The NCOA Economic Security

Service Centers offer comprehensive, person centered economic casework and service coordination as well as linkages with other services for public benefits, health and legal services, employment, housing, finances, and aging network providers. The Office on Aging will provide updated information pending the participation with the services.

The Mercer County Office on Aging will also participate in the NJ Foundation for Aging group forum on October 14, 2010 to discuss New Jersey's priorities for the re-authorization of the Older American's Act.

A recent issue brief "Aging in Place: Do Older Americans Act Title III Services reach those most likely to enter nursing homes?" examined several factors leading to increased risk of nursing facility placement. Lower incomes, health conditions like cognitive impairments, cancer, high blood pressure, diabetes, stroke, history of falls, those living alone and a lack of caregiver support for example lead to increased vulnerability. All of the notable factors are congruent with Older Americans Act target populations, and as such support services in 2010 were implemented with funding through the Office on Aging. Senior mental health support groups included topics like: Feeling Emotionally Healthy in the Golden Years, Mind over Matter – Dealing with Chronic Health and Stress Problems, and SPICES/Staying Independent in the Golden Years. Workshops focused on topics like Personal Safety for seniors and A Matter of Balance – a fall prevention evidence based program. Workshops addressed the fears associated with being alone.

2010 Caregiver mental health support groups included such topics as; Spouses Caring for Spouses, Adult Children Concerned about Aging Parents, Family Caregivers, Caregivers of People with Alzheimer's Disease, Coping with Memory Loss, and Caregiver Isolation and Depression. Attendance at educational workshops has markedly increased and topics focused on: Aging in Place with In-Home Care, Caregiver Stress and Preventing Burnout, and When Your Family Member Resists Care.

Physical health screenings held in 2010 included diabetes testing, blood pressure checks, cholesterol tests and dental and vision exams. Under insured or uninsured seniors are referred to free or reduced cost services, like those provided by Henry J. Austin Health Center.

Nutritional support services are provided in congregate settings and in home for those unable to attend a congregate meal setting and/or for those requiring a therapeutic diet. The essential role of the meals at home and weekend home delivered meals programs has been greatly represented in the first two quarters of 2010. The American Red Cross reported the importance of providing home delivered meals services to seniors attempting to age in place was most evident during the harsh winter months. Blizzard Bags and shelf stable canned/dry food were delivered twice during this time and additional bags were provided to those deemed high risk and without resources. An increasing number of program participants reported dependence on these meals for their daily sustenance and waiting lists were reported even with the additional support of ARRA funding.

Mobile Meals of Trenton and Ewing Inc. also packed and delivered an additional 213 cases of nonperishable food in the first two quarters of 2010. Daily meals were also provided to 119

unduplicated clients. Reported statistical data include 89% and 60% of clients remained on the program for 3 months during the first and second quarters respectively indicating a positive progression towards attainment of the projected 6 months of consecutive services. In addition, a reported 10% of the clients entered a nursing facility or adult day program in the first and second quarters of 2010, compared to 14% reported in the fourth quarter of 2009, showing that increased nutritional support assists in reducing incidences of institutional placement.

I&A and referral data as of the second quarter of 2010 indicate 842 contacts were made to the Office on Aging by or on behalf of Mercer County seniors. Of those telephone or office contacts, 176 individuals were provided with direct I&A services. The majority of seniors were provided in office or telephone assistance with the completion of PAAD and/or SLMB applications. Specific Medicare benefit questions or application assistance requests are referred to the SHIP program for their expertise.

Strategies 1.4

- a) Self directed care will continue to be a priority of AAA grantee care management providers.
- b) The Office on Aging especially through the ADRC will stress the importance of preventative health care, nutritional support, physical exercise and activity, mental health services including Alzheimer's and dementia education and prevention, as well as long term financial planning.
- c) Directing resources to support benefits screenings, extended assessments, and care management services performed and contracted by trained professionals.
- d) Provide updates on legislation that will impact Mercer County older adults, including Medicare, Social Security, federal health insurance legislation, and the re-authorization of the Older Americans Act.
- e) Assist in the completion of pharmaceutical assistance program applications and refer to municipal CAS locations that can assist as well.
- f) Refer consumers to the SHIP program for assistance and to receive long-term care information packages.

Performance Measures 1.4

- a) Track the number of referrals to SHIP counselors/municipal CAS sites.
- b) Level of service and NAPIS reports for care managed clients will be submitted to the Office on Aging via the SAMS system. Contract compliance and demographic information can be ascertained by the AAA.
- c) Programs assist in facilitating the main goal of the Mercer County Office on Aging; to reduce or eliminate premature institutionalization by reducing isolation and allowing for a comprehensive delivery of social and support services.
- d) County residents will find their specific needs met by a service provider conveniently located within or close to their municipal residence.

Objective 1.5

Continue to utilize AAA funding to better coordinate existing countywide transportation and assisted transportation services and to assist in improving access to and coordination of transportation services by older adults.

Progress Update 2010

The summer of 2010 marked a transition from preliminary surveying of local community transportation resources in Mercer County to a fully functioning online transportation database website, NJ Find a Ride. Through the efforts of the Mercer County Coalition for Coordinated Transportation the Mercer County Office on Aging has been promoting the use of the NJ Find a Ride website throughout the aging community and aging service network. Flyers prepared by the Cross County Connection have been disseminated to Office on Aging grantees, congregate nutrition sites and senior centers and CAS site locations.

The New Freedom grant was applied for by the Arc Mercer and the Greater Mercer TMA with full support from the United We Ride Transportation Committee. Priorities address the need for aging and disabled transportation coordination as well as budgeting for mobility management and an accompanying staff position. The submitted proposals have been approved by NJ Transit for two years of funding, and the receipt of signed contracts is pending. The Greater Mercer TMA also received a travel training grant from the New Jersey Foundation for Aging. The Office on Aging assisted in identifying training locations and 3 travel training sessions were completed during the summer months with great success. Residents from Lawrence Plaza Apartments, Hamilton Senior Center and Park Place benefited from the grant. Residents learned how to read a bus/train schedule, actually boarded a bus and took a ride to the local mall, and lastly, went on individual excursions within Mercer County to put what they learned into practice. It is anticipated an additional training session will begin sometime in the fall and an online senior travel guide will be utilized.

Office on Aging staff as part of the Transportation Steering Committee was invited to attend the Mercer County Long-Range Strategic Bus Plan - DVRPC meeting on April 12, 2010. Issues addressed included highlighting unmet service areas and brainstorming ideas to expand current service routes to un-served areas of the county. The goal was addressed with the intention that new traditional mass transit routes will allow for additional feeder lines and Access Link services.

TRADE Transportation has seen ridership increase by 46% over the past 6 years. In Mercer County, TRADE has documented specific requests for service made by individuals for transportation to dialysis, therapy and other on-going appointments. These individuals are on a waiting list, because TRADE is at service capacity and is unable to accommodate the requests. These recent requests equate to over 20,000 annual one-way trips. Additionally, TRADE must deny trips on a daily basis for customers requesting trips on a one-time basis, equating to approximately 2,500 one-way trips.

Recognizing the ongoing need for transportation services, the Office on Aging provided Title III and SSBG funding to the Mercer County TRADE transportation service provider. Reported data as of July 31, 2010 show SSBG medical rides and subscription trips resulted in 3,087 units/one way trips for 23 unduplicated clients. Title III funded rides are specifically provided to participants of the congregate nutrition program resulting in 7,490 units and 66 unduplicated clients.

Additional Title IIIB funding was provided to Interfaith Caregivers Trenton to provide volunteer assisted transportation services in 2010. The intended target populations are those aging and disabled Mercer County residents who can not access traditional transportation services due to limited mobility or limited access to appropriate services. Reported service data as of July 31, 2010 show 2,355 units/one way rides were provided to 233 unduplicated clients or 94% and 179% of the

total contracted levels of service respectively. Volunteers meeting the RSVP program requirements are referred for the additional insurance coverage benefits and mileage reimbursement; however Interfaith Caregivers umbrella insurance covers the volunteer drives and the mileage tax deductions are often more attractive to the volunteers than the benefits through RSVP.

Strategies 1.5

- a) Participate in the United We Ride Coalition for Coordinated Transportation - Steering Committee to assist in the ongoing updates of the federally mandated countywide transportation coordination plan.
- b) Through the Transportation Coalition Steering Committee, help create a coordinated and accessible transportation system for seniors, the disabled and low income county residents, including reaming updated on the progress of the New Freedom Grant application.
- c) Promote the availability of safe and affordable transportation service as viable alternatives to Office on Aging and County funded transportation programs.
- d) The Transportation Coalition surveyed community transportation resources in Mercer County, resulting in the fully functioning NJ Find a Ride website.
- e) The Office on Aging will support transportation services in areas of Mercer County traditionally lacking services and continue to supplement funding to Mercer County TRADE when available.

Performance Measures 1.5

- a) Ongoing monitoring of service routes and waiting lists as they occur.
- b) To utilize SSBG and Title III funding to provide nutrition site, recreation and medical transportation services to Mercer County seniors.
- c) Provide funding to support volunteer assisted transportation services to Mercer County frail/disabled clients.
- d) In an effort to increase volunteer transportation participation, volunteers age 55 and over are referred to RSVP for volunteer benefits like mileage reimbursement.
- e) Attend United We Ride transportation coordination meetings and update information, like unmet service needs as necessary.

Goal 2

To provide and advocate for home and community based support services for older adults and caregivers.

Objective 2.1

Through collaborations with community agencies the Office on Aging will help support individuals to direct their own long-term care planning.

Progress Update 2010

The Mercer County Office on Aging and the Mercer County Department of Human Services remain in the preliminary planning phases of ADRC implementation. NJ EASE care management services have not been contracted to an outside service provider, however through the Office on Aging, information, assistance and referral continued in 2010. Information and referrals were also made to non-Medicaid eligible consumers and their caregivers seeking home and community based support services. It is the goal of the Mercer County Office on Aging to continue ADRC preparations through the end of 2010 and into the following fiscal year and will ensure quality assurance standards via the

utilization of the SAMS program, satisfaction surveys and appropriate NJ EASE training as required for all contracted service providers.

The Mercer County Office on Aging Executive Director continues to work collectively with the Mercer County Office for the Disabled and its advisory council and actively attends council meetings. Joint forums and community presentations have also been ongoing efforts in 2010 and the Office on Aging has recruited an individual with disabilities to the Mercer County Council on Aging as well. Each of the advisory councils will be relied upon in the planning of the ADRC structure, services and programming goals.

Strategies 2.1

- a) Integrate the ADRC model to screen, assess, and educate non-Medicaid consumers on home and community based services.
- b) Contracted care management staff will provide NJ EASE care management, benefits screening and extended assessment services.
- c) Integrate quality assurance strategies into Older American's Act programs.
- d) Enhance the working/collaborative relationship between the Office on Aging and the Office for the Disabled.

Performance Measures 2.1

- a) Ensure that contracted care management agency is utilizing the Comprehensive Assessment Tool (CAT) or other appropriate SAMS compatible screening tool to develop client care plans.
- b) Ensure that all necessary training and education regarding the care management services and responsibilities is received.
- c) Receive input from the Office for the Disabled and its advisory council that will enable the Office on Aging to identify the projected successes and limitations of the ADRC.
- d) Track the number of consumers who were screened, assessed, received options counseling and were referred to or enrolled in appropriate services.
- e) Sample consumer satisfaction through formal surveys.

Objective 2.2

To advocate for the provision of home and community based options for older adults and the budgetary rebalancing of New Jersey's long-term care funding structure.

Progress Update 2010

Keeping abreast of the State budget allocations during the turbulent 2010 fiscal year was a top priority for the Mercer County Office on Aging. The Office on Aging reviewed multiple policy briefings including those issued by the New Jersey Foundation for Aging and those provided by the Division of Aging and Community Services as prepared by NASUA and other sources. The Executive Director ensures active participation in NJ4A meetings and conference calls and provides insight into its advocacy efforts as the collective voice of New Jersey AAA's. Ongoing updates of the State PAAD reductions and eventual restoration of funding were disseminated throughout the Department of Human Services, to the aging services community at large and consumers alike. All 2010 DACS policy and procedure memorandums were reviewed by Office on Aging executive, programmatic and fiscal staff and retained as required.

Office on Aging Executive Director and staff attended all scheduled AAA director's meetings and received all ADRC updated information as applicable. In addition, Mercer County has attended a SAMS technical assistance day on May 6, 2010, participated in online fiscal and programmatic SAMS trainings and collaborated with the State training academy in preparation for one on one SAMS user training in September 2010. The Mercer County SAMS administrator offered on site user training for the Congregate Nutrition Program users and City of Trenton Office on Aging care management and socialization and recreation staff and is working to support their efforts to submit electronic QPRB quarterly reports and NAPIS data. Ongoing technical support is provided on a daily basis for some SAMS users.

Strategies 2.2

- a) Continue advocacy efforts in support of access and home support services targeting the Older American's Act and ADRC target populations.
- b) Prepare for the impending implementation of the ADRC and remain informed about the Independence Dignity and Choice in Long Term Care Act.
- c) The Mercer County Office on Aging and Council on Aging will continue to increase their awareness of the changes in budgetary processes like money follows the person and cash and counseling approaches to service.
- d) Increase use of the Social Assistance Management System (SAMS) client tracking system throughout contract providers and ADRC partners when appropriate.

Performance Measures 2.2

- a) Review policies and procedures related to long-term care budget allocations and rebalancing of State funds.
- b) Attend State meetings and receive technical support related to ADRC.
- c) Train providers on the use of SAMS and track user progress and data collection.

Objective 2.3

Provide and advocate for innovative programs that benefit seniors, caregivers, and people with physical disabilities.

Progress Update 2010

The professional in-home education and support program served eight new caregivers with 19 service hours of client specific in-home support services. In 2010 services include providing caregivers with the tools necessary to continue caring for their loved ones in the community. Congruent with the current economic downturn, the program provided support for a spouse caring for her physically disabled husband not only to assist with the normal stress of being a long term caregiver, but by providing emotional support to address issues of home foreclosure and the struggle to find alternate affordable housing which meets their needs. Other caregivers received assistance in understanding the progression of dementia and accessing other community resources.

An additional 78 new caregivers were served in the first and second quarter of 2010 by Greater Trenton Behavioral Health Care caregiver in 33 total support groups, including "Caregivers of people with Alzheimer's Disease" provided at four different meeting locations. A reported 80% of the caregiver support group participants are those caring for a loved one with Alzheimer's or dementia.

Volunteer based housekeeping services were funding in 2010 and 179 units of housekeeping services were provided to 85 unduplicated clients, far surpassing the 25 contracted clients. Home repairs requiring professional services for seniors at risk due to unsafe environmental conditions have been served by the Board of Social Service via Safe Housing and Transportation funding. As of July 31, 2010 188 units of safe housing services have been provided to 16 unduplicated clients. Major home repairs like roof replacements and HVAC repairs were reported.

Certified home health aid services continue to be a vital tool in supporting the needs of caregivers and care recipients alike. Title IIIB and SSBG funds have been allocated to two home health aid programs in 2010. The Mercer County Board of Social Services program provided 3,896 units of home health aide services to 37 unduplicated clients and the Mercer Street Friends home health aid program served 99 unduplicated clients with 6,843 units of service. Additional volunteer support services were provided to homebound older adults. A total of 237 unduplicated clients have received 1,293 friendly visits and 96 unduplicated clients have received 13,182 daily reassurance telephone calls through July 31, 2010. In-home support services were also provided by volunteer respite providers. As of July 31, 2010, 451 units of volunteer respite care have been provided to 101 stressed and over-burdened caregivers.

Satisfaction surveys distributed in the second quarter are pending responses and tabulation and additional annual surveys have not yet been distributed, however the ongoing daily requests for service and the need for some programs to maintain a waiting list for services is testament to the programs success and growing need.

Strategies 2.3

- a) Provide a viable professional in-home education and support service project targeting unpaid caregivers of adult and disabled individuals.
- b) Advocate for appropriate and affordable housing options including assisted living and by supporting services that providing housing and residential maintenance services.
- c) Advocate for the services provided by the Program of All Inclusive Care for the Elderly (PACE) operating as LIFE St. Francis (Living Independently for Elders) in Mercer County.
- d) Advocate for and support cost effective long-term care options and support services, including volunteer based programs that promote the dignity and independence of Mercer County older adults.
- e) The Office on Aging will advocate for and promote the availability of utility and energy assistance programs and the property tax freeze programs.

Performance Measures 2.3

- a) Provide Professional In-home Education and Support services to primary caregivers also receiving respite services. Services like physical therapy skills, nutrition and diet education, and skilled nursing services are included.
- b) As a result of the in home visits, several caregivers of Alzheimer's patients previously unknown to the system shall be identified.
- c) Issue client satisfaction surveys to gauge the quality of professional education and support services provided in conjunction with respite care services.
- d) Provide residential maintenance services in the form of Safe Housing and Transportation to low income older adults with the greatest social and economic need and older individuals at risk of institutional placement.

- e) Provide trained volunteer based housekeeping services.
- f) The Mercer County Office on Aging will act in an information and referral capacity to increase community knowledge the LIFE St. Francis program.
- g) Provide funding to support certified home health aide services to frail/disabled older adults and/or at risk clients.
- h) Provide volunteer friendly visiting and telephone reassurance services to frail/disabled, homebound older adults.
- i) Program success is based upon full expenditure of the grant funds and client feedback via surveys and formal client/caregiver satisfaction surveys. Outcome measures recorded should indicate an increased sense of well being in those homebound individuals receiving services and a decrease in stress and worry in caregivers receiving support services.

Objective 2.4

Provide in home and community support and advocacy for the service needs of all caregivers, including senior caregivers, adult children as primary caregivers, grandparents raising grandchildren and caregivers of adult disabled children.

Progress Update 2010

Caregiver support services include the use of in-home or short term community based respite care services. Title IIIIE funding supported 38 unduplicated caregivers by providing 4,399 units of various respite care services. Community based "Grandparents Caring for Grandchildren" mental health support groups continue to grow throughout the county and word of mouth referral and recommendations fuel program interest and growth.

Caregivers contacting the Office on Aging are referred to online resources via the county website or provided information through email. In February, a desperate plea for caregiver support services was made to BACKTALK in the Trentonian. This particular caregiver was providing 24 hour support for their mother who suffered a massive stroke and was struggling with daily tasks and caregiver fatigue. This individual provided an email address and the Office on Aging Executive Director promptly responded to the request for caregiver support information.

In addition, the Executive Director has provided several community education events and has additional presentations scheduled throughout 2010. Community education in 2010 included the following topics: *Financial Issues in 2010 – Protecting What You Have*, Sunday February 21, 2010 at Har Sinai Temple; *Grand Family Center Meeting*, February 23, 2010; *Enhancing Memory Strategies*, February 24, 2010, May 6, 2010 and October 13, 2010; *Caregiver Support Programs* at RWJ Health and Wellness Center May 13, 2010, *Learning to Speak Alzheimer's*, May 20, 2010 at Janssen Pharmaceutical; *Office on Aging Services Presentation* at Hopewell Senior Center; *Farmers Market Event with Trinity Cathedral*, May 27, 2010; *Weatherization Program at Mt. Zion Church*, June 3, 2010; *Mental Health Issues in our Aging Population*, June 4, 2010 at The United Way; *Aging and Family Caregiving* at Mercer County Community College, June 12, 2010; *Resources for the Older Adult*, July 7, 2010 at the Lawrence Senior Center; *Health Care Options for Seniors*, July 21, 2010 at Mercer County Connection; *Fall Prevention Awareness Day* at RWJ Health and Wellness Center September 20, 2010; *Workshop on Older Adults and Substance Abuse*, September 29, 2010.

The Office on Aging along with the Mercer County Council on Aging and the Mercer County Community College Commission on Aging has developed two Grandparents Day flyers announcing the occasion. The Office on Aging disseminated the flyers via email distribution lists in an effort to gain additional exposure of the occasion.

Strategies 2.4

- a) Focus on identifying and addressing the needs of caregivers and grandparents raising grandchildren.
- b) Support the choice of seniors and their caregivers to live independently by providing in-home services and community based education designed to prevent premature institutionalization.
- c) Assist in easing caregiver stress and burden like inaccessible services, out of pocket costs, and worker shortages.
- d) Provide in home supportive services that allow caregivers freedom to leave the home and carry out personal daily tasks.
- e) Provide community education services on caregiver related topics.

Performance Measures 2.4

- a) The growing body of evidence as to the increasing number of older adults who are caregivers, grandparents caring for grandchildren and caregivers of adult children living with disabilities necessitates a response and commitment to reach out to educate the community. In collaboration with our Aging Network Service Providers, we will present monthly programming to educate, inform, and encourage ease of access to relevant information to assist caregivers in their situation.
- b) By use of electronic transmission, advertising and increased public presentations at locations like The County Connection and RWJ Health and Wellness Center, the Office on Aging will outreach to caregivers. The Office will strategically utilize email distribution lists, and newsletters to disburse information.
- c) Provide in home education and respite care support services to stressed caregivers.
- d) Increased caregiver support services will be reported as families are choosing the option of in home care for their loved ones rather than institutional placements.
- e) Program success is based upon full expenditure of the grant funds and client feedback via surveys and formal client/caregiver satisfaction surveys. Outcome measures recorded indicate an increased sense of well being in those homebound individuals receiving services, and a decrease in stress and worry in caregivers receiving support services.

Goal 3

To foster the well being of Mercer County older adults and their caregivers by empowering older people to stay active and healthy through the provision of comprehensive Older American's Act services aimed at disease prevention, health promotion, medication management, mental health and nutrition services.

Objective 3.1

Collaborate with the network of health providers to expand the availability of community centered, evidenced based wellness and health promotion services in Mercer County.

Progress Update 2010

In compliance with PM 2009–5, III–4, Title IIID disease prevention and health promotion funds have been directed to evidence based physical health education and promotion services. The 2010 approved Health EASE education programs provided by Henry J. Austin Health Center – Senior Health Promotion program include: *Bone Up on Your Health – Fall Prevention and Osteoporosis Management; Keeping Up the Beat – Self Management Techniques for Cardiovascular Disease; and Serving Up Good Nutrition*. Additional US Department of Health and Human Services – National Institute on Aging programs include; *Aging Well Living Well – Exercise Program and Diabetes in Older People – A Disease You Can Manage*.

The Greater Trenton Behavioral Health Care – Senior Mental Health Program Coordinator has also received *A Matter of Balance* training and has partnered with the Senior Health Promotion program to conduct the educational program. The collaboration of the physical and mental health services addressed the psychological aspects associated with the fear of falling as they relate to the consequences of physical injuries.

Data collected by the programs will be reported to the Mercer County Office on Aging by the end of the 2010 contract year. Program highlights as well as any dislikes and concerns will be shared as appropriate with the state and the county. Henry J. Austin’s Nurse Educator has also expressed an interest in receiving training in Chronic Disease Self Management and Project Healthy Bones.

Strategies 3.1

- a) Implement DACS supported evidence-based disease prevention programs like the Chronic Disease Self-Management Program, A Matter of Balance, Project Healthy Bones, and Health EASE Health Education by providing Title III funding to local health providers.
- b) Ensure providers follow uniform data collection processes and protocols for evidence-based programs.
- c) Collect reported data and provide highlighted program achievements to state and local partners.

Performance Measures 3.1

- a) Increased number of Mercer County/Title III funded programs providing state supported evidence-based disease prevention programs
- b) Implementation of quality assurance protocols across evidence-based disease prevention programs.
- c) Uniform data collection processes, including consumer satisfaction surveys.

Objective 3.2

To foster the well-being of Mercer County older adults through the provision of funding to expand and support comprehensive evidence-based physical health and mental health disease prevention and health promotion services.

Progress Update 2010

In addition to Health EASE and National Institute on Aging health education programs, coordinated screenings were provided in 2010. Cholesterol testing, dental assessments, diabetes and blood glucose testing, hypertension and blood pressure testing and vision and eye care assessments were

provided. As of July 31, 2010 3,299 units of health education and screenings were provided to 3,299 unduplicated clients. An additional 35 units of medication management services have been provided to 35 unduplicated clients.

Of the 3,299 seniors served, 64 were Hispanic; 1,467 were Black/African American; 849 were minority poverty; 770 other poverty; 2,582 were frail disabled and 2,725 were reported as vulnerable.

Service collaborations included the effects of physical health as relate to mental health and wellness, with the assistance of Greater Trenton Behavioral Health, and Central Jersey Legal Services Project for the Elderly focusing on Medical Legal Privacy Issues. Arthritis and Pain Management and Aging Well - Living Well Exercise programs have also been provided. Satisfaction survey results will be tabulated by the end of 2010; however the ongoing requests for programs and initial responses indicate a favorable reaction.

Senior mental health education provided 805 Mercer County seniors with 200 units of mental health education services. Education support groups have included: *Staying Emotionally Healthy in the Golden Years; Grief and Loss; A Matter of Balance; Coping with Stress; SPICES of LIFE workshops* and others as requested. Of those served, 458 seniors were frail and disabled and 400 were reportedly vulnerable.

As of July 31, 2010, 244 units of senior mental health counseling support groups were provided to 197 clients. Of those, 188 were frail/disabled and vulnerable. Weekly and monthly support groups discussed topics like living alone, health concerns, grief, and laughter therapy.

Caregiver education provided 251 units of education to 114 unduplicated Mercer County caregivers. A total of 67 caregiver learning series topics have been established and delineated into topics as they relate to adult children caregivers and spousal caregivers. New in 2010, Greater Trenton Behavioral Health Care provided a conference on retirement and good mental health.

An additional 81 units of short term individual and family/caregiver counseling sessions were provided to 182 unduplicated clients. A caregiver stress assessment is located in the program brochure in an effort to increase caregiver awareness of the effects typical of caregiving. A standardized geriatric depression scale is used by both senior and caregiver programs upon intake. Caregiver services are provided throughout the county at convenient locations like the Robert Wood Johnson Health and Wellness Center, Mercer County Connection, Clairbridge Estates, LIFE St. Francis, senior centers and established groups at Covenant Presbyterian Church. Program times are staggered throughout the day at 10:30 a.m., 1:00 p.m., 5:30 p.m., and 6:00 p.m. to accommodate caregiver's busy schedules. Telephone contacts are also available if necessary.

Annual satisfaction surveys disseminated by Greater Trenton Behavioral Health Care will begin in November 2010.

Strategies 3.2

- a) To support a viable disease prevention/health promotion and education project sensitive to the needs of low income, minority and medically under served individuals.

- b) Continue the medication management component of the disease prevention and education project and provide services to low-income and medically under-served individuals.
- c) The disease prevention and advocacy project will minimally include workshops on vision, dental and hearing screenings. Funding provided by the Office on Aging will enable the health services provider to conduct workshops and health screenings throughout the community, including; Cholesterol and Hypertension; Heart Disease and Diabetes; Vision health; Dental Workshop; Medical and Legal Privacy Issues; Pain Management: Arthritis; Flu Clinic and Hand Washing; Osteoporosis Management: Exercise and Nutrition, "Healthy Choices"; Exercise Workshops "Aging Well – Living Well"; and Fall Prevention.
- d) Mental health education and prevention services shall be provided in community settings to frail, disabled and vulnerable older adults in Mercer County.
- e) Mental health assessments, education, and prevention services provided to senior caregivers in community settings throughout Mercer County.

Performance Measures 3.2

- a) Inclusion of professional services like that of a registered dietitian to expand upon the previous Health EASE funding collaboration to increase the understanding of linkages between exercise, emotional well being and nutrition.
- b) Program success is measured via a program satisfaction survey issued to participants following each workshop. Participants will express satisfaction with the disease prevention education and assessments received and increased requests for presentations indicate the effectiveness of these programs.
- c) Continuation of the exercise program model developed by the National Institute in Aging, selected based upon its range of motion exercises and the ability for those to participate while sitting.
- d) Seniors reporting greater flexibility and freedom of movement due to the range of motion exercises.
- e) Reported demographic data will indicate the population of seniors served includes minorities, low-income, and the medically underserved.
- f) Community support and mental health education consumers report satisfaction with program content, feelings of encouraged independence, an increased knowledge of mental illness and area mental health resources.
- g) Caregivers report a decrease in the normal frustration, anger, stress, and depression associated with caregiving abilities. Client satisfaction is also based on the development of caregiver sessions designed specifically to meet the needs of "sandwich generation" caregivers and senior caregivers.
- h) Mental health providers will use a standardized depression scale.
- i) Track collaborative disease prevention and health promotion programs to expand education and training efforts. Joint presentations will incorporate issues like nutrition, exercise, and mental health services.

Objective 3.3

Strengthen local partnerships to support healthy aging and collaborative services.

Progress Update 2010

Socialization and recreation at City senior centers provides an opportunity for friendship and a sense of community and helps to reduce feelings of loneliness and isolation. Recognizing this, the Mercer County Office on Aging provides SSBG funding through an inter-local service agreement to provide

socialization and recreation programming at four City of Trenton senior centers in 2010. The City's new administration has also cited a commitment to Trenton's seniors and has begun discussions to re-open the South Ward senior center. The Office on Aging supports this decision and will also evaluate the cost effectiveness and ability to re-establish a congregate nutrition site at this location. It is unknown if this will occur by the end of 2010.

Current reported data as of July 31, 2010 show 5,838 units of socialization and recreation programming have been provided to 505 unduplicated City seniors. Of the reported clients 58 were frail/disabled and 178 were minority poverty. Other recent economic deficiencies resulted in the closure of City library branches. Many seniors reported utilizing the libraries on a daily and are now displaced. As such, senior center directors have outreached to these seniors and offered a new location for them to attend.

County funded socialization and recreation through ECHO Inc. and its member congregations have provided 708 units of socialization and recreation services to between 54 and 605 seniors at eight specific programs. ECHO has also held a successful health fair and coordinated with Interfaith Caregivers and the Office on Aging to hold a senior and caregiver conference, Enhancing Memory Strategies.

Project Connect and Partners in Caring collaboration updates are gained via service providers and the Office on Aging Executive Director's attendance at the United Way review board meetings of the collaborations. Their successes and best practices are evaluated as they relate to the implementation of the ADRC.

The Office on Aging also participates in an advisory capacity for the following committees; Coalition on Disabilities and Addictions to re-organize and address addiction issues in seniors, Community Health Advisory Committee, PAAD Advisory Council conference calls, Commission on Aging Health Promotion Committee, Mercer County Human Services Advisory Council, and the Mercer County Community College Commission on Aging.

Strategies 3.3

- a) To continue directing resources to support socialization and recreation services and target services to the County's most vulnerable older adults, including low-income minority individuals.
- b) Enhance socialization and recreation services throughout Mercer County by providing county funding to supplement additional local socialization and recreation programs.
- c) Encourage the collaborative efforts of service providers.
- d) Raise awareness of local collaborations like that of the Project Connect and Partners in Caring.

Performance Measures 3.3

- a) Obtaining signed shared service agreements with the City of Trenton – Office on Aging to provide socialization and recreation services at 4 city senior centers.
- b) Executing a competitive contract for county based socialization and recreation services.
- c) Promote the services of and provide leadership to the Project Connect and Partners in Caring collaborations.

Objective 3.4

Promote the use of prevention benefits under Medicare.

Progress Update 2010

Preventative health care services available through Medicare compliment the existing screenings and preventative education provided with Older American's Act funding. The Medicare and You handbook is a vital resource in identifying and describing the services available, like: abdominal aortic aneurysm screening, bone mass measurement, cardiovascular screening, annual physicals, colon cancer screening, pneumonia and flu vaccine, diabetes screening and self management training, EKG screening, glaucoma tests, medical nutrition therapy, Hepatitis B shots, HIV screening, prostate, breast and cervical cancer screenings, and smoking cessation.

Mercer County has recently unveiled the Wellness Discount Program in August 2010 for those uninsured or underinsured. The program is free to all Mercer County residents regardless of age or income and provides discounts on prescription drugs, hearing exams and hearing aids, vision exams, eyeglasses, contact lenses and Lasik eye surgery, dental care, diabetic supplies, and ProSmile tooth whitening. A press release announced the availability of the program and the first release of the discount cards were distributed at each of the County Congregate Nutrition sites.

The Guide to Community Based Long Term Care has been distributed to each of the Office on Aging providers, CAS site participants and the Mercer County Office for the Disabled for reference and referral purposes. The Mercer County Directory of Services continues to be highly requested and the remaining printed copies have been disseminated throughout the aging community. The directory is currently being updated for accuracy and the format revised for ease of use. An electronic version is available on the Mercer County website.

Information, assistance and referral data as of the second quarter of 2010 indicate 934 units of service were provided to 842 clients. Of those callers the 176 were provided with the following contact information, pamphlets, booklets and reference guides: Mercer County Directory of Services for Older Adults, GO Fact Sheets and applications, Statewide Benefits for Older Adults, affordable and low income housing resources, Guide to Community Based Long Term Care, Food Stamp Fact Sheets, application and hotline, food pantry list of locations, New Jersey Vital Statistics, Medicare for nursing authorizations, LIFE St. Francis, Are You a Caregiver brochure, Are You are Senior Citizen, PAAD, SLMB applications, Public Guardians Office, Adult Protective Services, VNA and the Board of Social Services.

Additional referrals were made to SHIP for Medicare expertise and websites including State websites for Assisted Living and Nursing Facilities, the Division of Health and Senior Services, State website for nursing homes and assisted living report cards, the Mercer County website to access the Directory of Services for Older Adults and links to DHS and other aging service agencies.

Strategies 3.4

- a) Utilize information tools and resources provided by CMS and DACS like "A Guide to Community-Based Long Term Care in New Jersey" and "Medicare and You" handbook to promote awareness of Medicare's prevention benefits and to encourage mid-age adults and caregivers to begin planning for long term care needs

- b) Provide copies of Medicare benefit tools as well as distributing the Mercer County Directory of Services for Older Adults and Caregivers, State and Federal Programs for Older Persons resource directories to community members and information and assistance partners.
- c) Individuals will be referred to the Division of Aging and Community Services website and the Office on Aging Website for resource directories.
- d) Referrals will be made to State Health Insurance Program (SHIP) experts for assistance on long term care issues.

Performance Measures 3.4

- a) The Office on Aging will track the number of referrals made to the SHIP program, referrals made to the DACS and Office on Aging website, and number of pamphlets, booklets, and reference guides provided.
- b) Track the provision of information and reference guides by information and assistance providers in the AAA and participating community agencies.

Objective 3.5

To provide Mercer County older adults with comprehensive nutrition services as set forth in the Minimum Standards for the Provision of Nutrition Services for the Elderly to promote good health and well-being.

Progress Update 2010

The Mercer County Congregate Meals Program has undergone several changes in 2010. The Nutrition Program Chief retired effective December 1, 2009 and the program continued with direct oversight of the Office on Aging Executive Director. Daily tasks were completed by a reduced staff resulting from a long-term illness absence and the loss of a staff member as an effect of layoff bumping rights. In addition, the full time nutritionist position remains vacant and will most likely remain so until the end of 2010. The lack of a nutritionist resulted in the absence of nutrition counseling services and one unit of nutrition education was delivered to 267 unduplicated clients.

A new Chief of Nutrition was hired May 17, 2010; however through all of the transitional phases, the nutrition program continued to thrive. SAMS data show 86,220 Title IIIC1 funded meals were served to 1,483 unduplicated nutrition clients, while an additional 8,793 daily congregate meals and shelf stable meals were delivered to 1,548 clients. The ARRA funded blizzard boxes as they are commonly called were distributed for consumption in preparation for weather related site closures, holiday site closures and for extreme heat emergency days. Blizzard boxes were ordered for distribution on seven (7) separate occasions in February, April, May, July, October, November and December 2010. In addition, ARRA funds allowed for an additional day of service at an existing nutrition site traditionally closed on Tuesday. The "5th Tuesday" meal service was held three (3) times during 2010. Five Tuesdays were present in March, June, and August 2010.

Farmers Market Vouchers were distributed in 2010 as well. Community distribution events were held at Trinity Cathedral Church and with the assistance of Mercer County Office on Aging staff a total of 100 sets of checks were also distributed at an event held on August 27, 201 at the Extension Services building located next to the Trenton Farmers Market. Senior centers, senior housing facilities and care management services assisted in client screening and check dissemination as well to ensure

the utmost participation in the program. As of September 3, 2010 a total of 3,407 sets of \$20 farmers market checks have been distributed.

Home delivered meals continue to provide the necessary in home nutritional support to help sustain vulnerable homebound seniors in their desire to live safely at home and reduce inappropriate or premature institutionalization. Weekday home delivered meals provided by Mobile Meals of Trenton and Ewing has provided 12,761 Title IIIC2 funded home delivered meals to 124 unduplicated clients. ARRA funding provided for an additional 210 home delivered meals to 9 unduplicated clients as of August 31, 2010.

Weekday and weekend home delivered meals are also provided by the American Red Cross Meals at Home Program. By July 31, 2010 Title IIIC2 funding has provided 4,051 cold meals to 58 unduplicated clients and 8,428 hot home delivered meals to 100 unduplicated clients. An additional 2,370 weekend home delivered meals were provided to 64 unduplicated clients. Fiscal year 2010 began with a waiting list of approximately 20 individuals that grew to 30 individuals as the year progressed. ARRA funds were utilized to alleviate the waiting list and referrals to other appropriate Mercer County home delivered meals providers were made as necessary. As a result, ARRA funds provided an additional 1,656 home delivered meals to 20 new clients. As of the second quarter 2010 six (6) nutrition education units were provided to 87 unduplicated clients and 80 units of nutrition counseling were provided to 77 unduplicated frail, disabled and vulnerable clients. A satisfaction survey was completed at the end of the second quarter and results are pending from the national organization.

Congregate and home delivered ARRA funding allocated to Mercer County will be expended by September 2010. All funding has been utilized for the purchase of meals.

Strategies 3.5

- a) Through a direct service waiver, provide congregate meals at 12 nutrition sites throughout the county.
- b) Enhance the congregate meals services with nutrition education and coordination of the Farmer's Market Voucher Program.
- c) When able to hire a full time nutritionist, individual nutrition counseling services will be added to the congregate nutrition program.
- d) To provide home delivered meals to Mercer County frail/disabled and homebound older adults.
- e) Meal services include cold meals and weekend home delivered meal services.
- f) Allocate American Recovery and Reinvestment Act dollars (ARRA) to the home delivered meals programs and congregate meals program.
- g) ARRA dollars will increase service areas, days of service, number of meals provided, and allow for the hiring of direct service staff.
- h) Track service data including number of people served, meals served, and jobs created as a result of ARRA funds.

Performance Measures 3.5

- a) Annual client satisfaction surveys regarding meal quality and provision of service are required of each program and will be issued before the end of the contracted service year.

- b) Track the actions of and assist in the coordination of the Home Delivered Meals Coalition by attending regularly scheduled meetings.
- c) Continue the nutrition program staff participation in Mission Nutrition meetings.
- d) Through increased collaboration and review of service areas and waiting lists, the home delivered meals providers will reduce/eliminated waiting lists and duplication of services while increasing services to the target populations.
- e) Increased participation in meal services overall in congregate and home delivered meals programs.
- f) Reporting fully expended ARRA allocations.

Goal 4

Ensure the rights of older adults and prevent their abuse, neglect, and exploitation.

Objective 4.1

Increase reporting of neglect and abuse and promote the safety of Mercer County's older adults and those residing in institutional placement.

Progress Update 2010

The Mercer County Board of Social Services Adult Protective Service unit has reported an increase in APS reporting and allocated funding has been expended or promised by the beginning of the third quarter of 2010. Reported data as of July 31, 2010 show 4,678 units of APS services have been provided to 90 unduplicated clients. Accompanying support services included 104 units of emergency response support to 15 unduplicated clients, 3,896 units of home health aide service to 37 unduplicated clients, and 595 units of respite care for 5 unduplicated caregivers. Safe housing and transportation funding has also been allocated to provide 188 units of residential repairs to 16 unduplicated clients.

The 20 Question Needs Assessment included a question to determine if respondents self reported abuse, neglect, or exploitation. Of the 400 total respondents, ten (10) individuals indicated feeling they have been or are being physically or mentally mistreated. An additional 46 respondents answered they have feelings of being depressed, lonely, and sad. A side note was placed on the needs assessment indicating those feeling abused or neglected should call the Mercer County Office on Aging for help.

The Office on Aging has made referrals to APS, Ombudsman's Office, Public Advocates Office and the Mercer County Division of Consumer Affairs. Referrals included cases of self neglect, PSE&G shut off notices and bills ranging upwards of \$3,000 and a reported door to door senior scam involving personal identity theft.

Growing interest in the services of APS and the reporting responsibilities of aging service providers has been expressed. Accordingly, on October 1, 2010 the Mercer County Office on Aging and the United Way of Greater Mercer County have combined and invited aging network providers and the staff of Project Connect and Partners in Caring to a special training on "Confronting Elder Abuse".

Strategies 4.1

- a) Provide funding to Adult Protective Services (APS) to provide various support and advocacy services to frail and vulnerable seniors at risk of abuse, neglect, or exploitation.
- b) Distribute the 20 Questions Needs Assessment to the community and continue to include the question referencing abuse and neglect. Individuals are instructed to contact the Office on Aging for assistance in reporting abuse.
- c) Provide information to families, older adults and the community about the importance of reporting incidents of abuse and neglect and provide APS and Office of the Ombudsman for the Institutionalized Elderly contact information.

Performance Measures 4.1

- a) Track the number of Mercer County seniors receiving APS services under Title III funding.
- b) Track and follow up on the 20 Questions respondents reporting feelings of abuse, neglect, and exploitation.
- c) Record the number of referrals made to the Ombudsman for the Institutionalized Elderly, APS, and Public Advocate's Office.

Objective 4.2

To support and strengthen the legal assistance and education project's capacity to provide Mercer County older adults with preventative legal education, legal representation and advocacy as set forth in the New Jersey Standards for the Provision of Legal Assistance to Older Adults.

Progress Update 2010

The legal service provider, Central Jersey Legal Services has faced a tough economic year in 2010. As a result in the decline in the lawyer's trust fund, the legal services project has endured two rounds of staffing layoff and the assistant program attorney position was eliminated. As of July 31, 2010 the Legal Services Project for the Elderly has provided 1,044 units of legal assistance to 205 clients. Clients may visit the legal services office as well as established off-site locations like Reading Senior Center, Ewing Hollowbrook Senior Center, Hamilton Senior Center and the County Connection.

Fifteen (15) units of legal education have been provided to 477 clients. Group education locations include 12 congregate nutrition sites, tenant's organizations, clubs, and the Mercer County Connection. Education topics for 2010 included wills, identity theft, advance directives, and a thorough explanation of the complexities and importance of Medigap Supplemental Insurance Policies.

Of the clients served, 124 were low income, 144 were frail and/or disabled and 248 were reportedly vulnerable.

Strategies 4.2

- a) To provide legal assistance to low-income, vulnerable, and frail/disabled older adults. Services will be provided in the attorney's office and in easily accessible community locations.
- b) To provide preventative legal education presentations to older adults.

Performance Measures 4.2

- a) Client satisfaction surveys will indicate the program's success in reaching its intended audience and meeting their service needs.

- b) Client data and reported levels of service will be tracked to ensure contract compliance.

Objective 4.3

Increase consumer knowledge and self-direction in long term care choices and management while providing understanding of guardianship alternatives through the promotion of advance planning documents.

Progress Update 2010

Community presentations were conducted at the Mercer County Connection and the Robert Wood Johnson Health and Wellness Center. The Public Guardians Office, the Mercer County Office of Consumer Affairs and the Mercer County Legal Service Project for the Elderly provide ongoing community education events. The legal services project schedules quarterly programs at the County Connection focusing on wills and durable power of attorney and a volunteer attorney is placed at the location for scheduled appointments. The Office on Aging utilizes both convenient locations to conduct Enhancing Memory Strategies workshops and other community education events as does the Greater Trenton Behavioral Health senior and caregiver mental health programs.

The LINK newsletter was published in the spring of 2010 to a distribution list of approximately 6,600 individuals. Topics included recognizing Older Americans Month, a website review of Partnership for Prescription Assistance, a consumer alert grandparent targeting scam, a legal document review written by the Office on Aging legal assistance provider, and an ongoing column that focuses on news about brain health.

Strategies 4.3

- a) Support and arrange for training of older adults, families, caregivers, service providers, and the community at large at locations like senior centers, nutrition sites and the County Connection.
- b) Promote and arrange speaking engagements by the County Surrogate and the Legal Services Project for the Elderly as they relate to long-term care issues like the benefits and limitations of a Durable Power of Attorney, wills, and guardianship.
- c) Request the legal services provider periodically provide articles in the LINK newsletter.

Performance Measures 4.3

- a) Track the number of nutrition site/senior center visits and other community education programs at various locations. Number of attendees and type of attendee (i.e. senior, caregiver, professional, etc.) receiving education and materials will be reported. Newsletter dissemination will be reported as well.
- b) Provide recommendations to senior center directors and Nutrition Program social services coordinator to incorporate the education services of said agencies.

Goal 5

Maintain effective and responsive management.

Objective 5.1

Ensure internal compliance with state and federal funding regulations, policies and procedures.

Progress Update 2010

2010 DACS policy memorandums have been referenced as they relate to the administration of the Office on Aging, including: GO Medicaid waiver service definitions and special considerations, client tracking forms, first amendment to 2010 Area Plan Contract, 2010 JACC funding, midyear allocation of Area Plan Contract funds for 2010, budget revision for fiscal year 2010, state aid reimbursement, certification of Title III maintenance of effort for 2009. The Office on Aging is also in receipt of recent updates to NAPIS reporting changes and will implement service taxonomy changes between 2011 and 2013.

Area Plan 2011 update administrative requirements were reviewed and determined to be unchanged from the previous year. Supplemental provisions include an updated monitoring policy memorandum with which the Office on Aging is in compliance. In an effort to enhance accountability, the Office on Aging will look the appropriate review process of the AAA accounting of congregate nutrition services directly provided through a service waive. The Office on Aging has monitored the APS provider and its Older Americans Act funded services and is awaiting a DACS APS monitoring report, which typically arrives in December. The Office on Aging will follow up on any noted compliance issues or deficiencies.

Service provider meetings were held March 10, June 9, September 22 and the final meeting scheduled for December 8, 2010. Formal on-site monitoring visits began in August and are scheduled through September, October and November.

Full compliance with being a "live" SAMS county is in progress. Language regarding SAMS usage has been included in all provider contracts and user specific trainings have been scheduled for the end of September 2010. It is the hope of the Office on Aging that newly developed trainings will provide insight into how APS aggregate data will be inputted into SAMS.

Quarterly fiscal and programmatic reports have been submitted on time with one approved two day extension in the second quarter. The first quarter verification reports reflected only one program error regarding two reported expenditure.

Advisory council meetings are held monthly with the exception of July, August, and November. Minutes are recorded and approved by the Council on Aging members. Two public hearings were held and included a formal agenda, PowerPoint presentation, and the 20 Question Needs Assessment.

Strategies 5.1

- a) Reference the most recently updated State AAA Policy Memorandums when implementing programmatic and fiscal policy.
- b) Implement changes in administrative requirements and supplemental provisions and update contract language as necessary.
- c) Ensure fiscal accountability by submitting timely and accurate quarterly reports to DACS as well as an annual certification of Maintenance of Effort for Title III funded programs, and by following annual close out procedures.
- d) Hold regularly scheduled meetings and conduct at least one public hearing.

Performance Measures 5.1

- a) Replace the listing of state policy memorandums when updated list is received.
- b) Review all requirements and provisions as they are disseminated in each of the 3-year Area Plan contact period.
- c) Review APC reporting system quarterly verification reports and provide revisions/corrections as necessary.
- d) Conduct, at a minimum four advisory council meetings and record meeting minutes.
- e) Conduct at least one public hearing annually in preparation for the Area Plan Contract and utilized the 20 Questions Needs Assessment.

Objective 5.2

Ensure accountability of programs receiving Older Americans Act funding through comprehensive annual assessment procedures.

Progress Update 2010

Fifteen (15) on site fiscal and programmatic monitoring visits were scheduled between August and November 2010. Of the total, six (6) have been conducted in August. The remaining site visits are scheduled from September 14, 15, 21 and 28; October 19, 20, and 21; and a Congregate Nutrition on site programmatic monitoring on November 15, 2010. Formal self assessments are sent approximately six weeks ahead of the scheduled visit and additional questions or concerns are reviewed at the visit. Programs are rated based on a satisfactory, satisfactory with contingencies, or unsatisfactory scale. Areas addressed include: administrative structure, planning and service delivery, customer access and satisfaction, fiscal accountability, and open ended program descriptions. Final assessment reports are prepared and forwarded to the program director. Programs receiving a rating other than satisfactory are required to prepare a corrective action plan and submit for approval and re-evaluation by Office on Aging fiscal and programmatic staff.

Eleven (11) congregate nutrition sites have received and on site monitoring visit in July. One remaining visit has been scheduled in November. A formal site evaluation checklist is used at each visit and results are documented and provided to the Congregate Nutrition Program Chief. Non-compliance issues are documented and a corrective action plan is required.

The first quarterly meeting was held on March 10, 2010 and included guest speaker Melissa Chalker, NJ Foundation for Aging, to discuss the Elder Economic Security Index. A second quarter service provider meeting was held on June 9, 2010 and included a guest speaker from Visiting Angels to discuss the services and benefits provided to veterans and veteran's spouses. The third quarter meeting is scheduled for September 22, 2010 and fourth quarter December 8, 2010.

Strategies 5.2

- a) Comply with PM 86-8. III-5 *Minimum Standards for Programmatic Monitoring of Title III B Service Providers* as well as annual program updates like PM 2008-17, III-2 *2009 Monitoring of AAA Programs, Public Hearings, Services Providers and Advisory Council Meetings*.

Performance Measures 5.2

- a) Conduct and document one on-site programmatic and one fiscal monitoring visit for each program funded in the Area Plan Contract.

- b) Conduct a minimum of two monitoring visits (per contract year) for nutrition providers funded under the Area Plan contract. One visit will address the Congregate Nutrition Program – along with a site visit to each congregate location, and the other focusing on the performance of the Home Delivered Nutrition Program.
- c) AAA staff also conducts the annual on-site fiscal monitoring visit of the APS program.
- d) Annually, conduct and record meeting minutes of four quarterly AAA Service Provider Meetings.

Objective 5.3

Provide superior service delivery and guidance to Area Plan Contract Service Providers.

Progress Update 2010

SAMS technical assistance is ongoing. Telephone contacts and email are often sufficient methods of rectifying service issues and technical difficulties, however when the SAMS county administrator can not provide a solution, a SAMS support ticket is issued.

The county SAMS administrator reviews the Mercer County user spreadsheet for accuracy and provides updates as necessary. Potential duplicate consumer reports are run monthly to ensure accurate consumer records and reduce duplication. An additional report identifying missing record data was provided to the congregate nutrition program in an effort to capture the missing data resulting most likely from the previous data conversion.

One-on-one trainings have been provided by the SAMS county administrator and formal user training sessions have been arranged by the DACS Training Academy. On September 22, 23, 29, and 30 SAMS users will receive training in the areas of service delivery, nutrition, intake and reports.

New program directors were welcomed in 2010. Mobile Meals of Trenton and Ewing Inc. and Contact Reassurance hired new directors and Office on Aging fiscal and programmatic staff provided orientation on administrative and contract requirements and reporting procedures. Both directors will also attend SAMS training in September.

Strategies 5.3

- a) Provide ongoing technical assistance on programmatic, NAPIS, and fiscal reporting processes and requirements.
- b) Provide orientation to new program directors, fiscal and programmatic staff.
- c) Provide brief overview SAMS training and work one on one to problem solve data and reporting issues.
- d) Ensure SAMS data is accurate and includes pertinent client demographic data and service delivery units.

Performance Measures 5.3

- a) Information sharing via group and individual email correspondence, telephone contacts and quarterly project directors meetings where fiscal staff is also invited to attend.
- b) AAA SAMS administrator provides ongoing one on one and group training and arranges for SAMS users to attend State and Harmony provided user training.
- c) AAA SAMS administrator periodically runs client and service reports including potential duplicate consumers and contacts the inputting agencies to verify client information.

- d) Improved unduplicated client count and reduction in reported "missing" data.

Objective 5.4

Assist in ensuring emergency plans throughout the county consider the special needs of frail elderly when establishing and implementing disaster response plans.

Progress Update 2010

The Office on Aging participated in emergency planning meetings and provided emergency preparedness educational opportunities for funded service providers as well.

On May 12, 2010 a letter was sent to the Home Delivered Meals Coalition members from the Mercer County Division of Public Health Officer requesting their participation in a public health preparedness initiative. The "Mercer County Fixed Facility Program" is part of the county's public health plan for emergency and large scale events like disease outbreaks and bioterrorism; events requiring mass distribution of life saving medication. Participation benefits include receiving medication for staff, their family members and for their homebound clients.

Also on May 12, 2010, it was recommended that Office on Aging providers attend a live FEMA Webinar "Introducing Emergency Community Stakeholders to the Meals on Wheels Role in Emergency Planning". The Office on Aging participated in this Webinar as well.

On August 3, 2010 the Office on Aging and some of its community partners attend the Examine, Test, Improve, Emergency Response (E.T.I.R) workshop. A disaster scenario was presented and participants worked in groups to determine the tools necessary to provide for staff and clients during an emergency. Best practices were presented and included the recommendation for program directors to attend online FEMA courses like Introduction to Incident Command System – ICS 100 and National Incident Management System (NIMS) online courses. Additional resources may be obtained on Ready.gov and a suggestion was made for program directors to search online resources for sample business sustainability and continuity plans.

Office on Aging service providers will also benefit from becoming a Community Health Alert Information Network (CHAIN) member. The Local Information Network and Communication System (LINCS) create the CHAIN announcements; an early warning system using broadcast, fax, and email messages. CHAIN members receive public health information, alerts, advisories, updates and press releases as they happen. Timely information helps ensure the health and safety of providers and clients alike. CHAIN membership registration information was provided to all program directors.

Extreme weather conditions require emergency response plans, especially for those providing in-home services. Severe cold and heat advisories and County press releases were issued in 2010 and the Office on Aging ensured all information was disseminated into the community. Home delivered meals providers are required to maintain established written plans for weather emergencies and are discussed annually during the on site monitoring visit.

Seasonal flu poses a greater risk for seniors and those with compromised immune systems and client vaccinations are encouraged and often provided free of charge to seniors, however front line service providers are also encouraged to receive annual vaccinations as well. H1N1 presented an additional

public health crisis and in an effort to help reduce infection and exposure, service providers like Mercer Street Friend Home Health Care offered vaccinations to in-home services staff, like home health aides.

The Office on Aging also distributed brochures "Disaster Preparedness for People with Disabilities" to the funded service providers to help assist with their client planning processes.

By the end of 2010, provider's emergency preparedness plans will be reviewed for the inclusion any of the provided information, updates, and training programs offered throughout the year.

The Special Needs Registry is designed to help emergency responders locate individuals who find it difficult to help themselves in an emergency situation. Outreach for the Special Needs Registry continues to be provided throughout the community; targeting vulnerable seniors and people with disabilities. Traditional outreach methods like attending community meetings and health fairs are utilized, and once all assigned Office on Aging service providers are active SAMS users, mailing lists will be easily accessible for outreach purposes.

Additionally, individuals may register at www.registerready.nj.gov or by contacting 211 or the Mercer County Office for the Disabled for assistance.

Special Needs Registry communication is facilitated electronically through a listserv of 208 community agencies and through the coordination of 22 special needs coordinators located throughout Mercer County in: Ewing, Hamilton, Lawrence, Pennington/Hopewell Township and Borough, Princeton Township and Borough, Trenton, East Windsor, West Windsor, and Robbinsville. Files of Life and Disabilities Preparedness brochures are also available in Spanish and English and additional print materials distributed include Ready Together in NJ and handouts *Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*.

Additional support services to assist in a medical or evacuation emergency were special needs priorities in 2009-2010. Picto-graph communication boards were purchased and distributed police, EMTS, fire departments, public health departments and hospital emergency rooms to assist in identifying symptoms and situations without the need for spoken language. MedicTags were purchased as well. The MedicTag, USB drive, an electronic "file of life" incorporates pertinent medical information and advance health care directives easily used in emergency rooms. The target populations for the MedicTag are meals on wheels participants, homeless, and people with disabilities living in congregate settings.

Mercer County government officials implemented a Continuity of Operations Plan initiative. The plan required Division Directors and staff to determine a plan of action in the event of emergency that would affect the daily operations of the Office on Aging and Nutrition Programs. The Mercer County Office on Aging completed an initial plan and will participate in two instructional meetings in October 2010 to further develop their plan to synchronize with the overall County Emergency plans.

Strategies 5.4

- a) Service providers, especially those providing vital services to the homebound elderly are required to develop emergency plans specific to their program.

- b) Provide outreach as to the importance of the Special Needs Registry.
- c) Special Needs Registry will provide information pertaining to the individual to police, fire, and emergency medical services.
- d) Utilize the SAMS program to identify individuals appropriate for the Special Needs Registry.

Performance Measures 5.4

- a) Verification of the emergency planning process.
- b) The Office on Aging has provided information and education to contracted service providers via quarterly directors meetings as well as by disseminating information via mass email distribution lists.
- c) The Mercer County Office for the Disabled continue to outreach to 20,000 individuals identified within special needs population, which includes seniors, in an effort to enter them into a Special Needs Registry.
- d) In an emergency situation requiring an evacuation, through the Special Needs Registry, local emergency personnel will know the client's disability and can plan accordingly. Fire trucks, ambulances, and interpreters for example can be deployed.
- e) As the system begins to build, the Office on Aging, with the assistance of SAMS can identify and outreach to frail elderly in Mercer County.

2011 APC OPERATIONAL PLAN NOTIFICATION OF FUND AVAILABILITY

1. A. **X** Multiple-year contracts - **did not carry out RFP/BID process** subsequent to submittal of 2010-2012 APC.
(No need to complete chart or questions 2-4 that follow)

- B. AAA implanted an RFP/BID process subsequent to submittal of 2010-2012 APC. The completed chart below summarizes AAA's efforts to inform potential service providers that 2011 Older Americans Act & other APC funds were available:

Newspaper	Dates		# Providers & How RFP Package Obtained			Technical Assistance Information Meeting					Proposal Submissions							
	Notice Published	Proposal Deadline	Total	Mail	In-Person AAA or County Office	Provider Attendees												
						Date & Time	Location	Total #	# New Providers	# Minority: if known	New Minority: If known	Total #	# New Providers	# Minority: if known	New Minority: if known	# Information Meeting Attendees		

2. Attach: a copy of the **actual public newspaper notice**, and, if needed, a readable copy announcing the availability of funds.

Public Notices Online
2010/09/30
www.njpublicnotices.com

REQUEST FOR PROPOSALS

NOTICE IS HEREBY GIVEN that sealed proposals will be received by the Executive Director for the Office on Aging, County of Mercer, State of New Jersey, on Tuesday, September 29, 2009 at 12:00 p.m. prevailing time, at which time proposals will be opened and read in public at the Mercer County Office on Aging, 640 South Broad Street, Room 226 for:

2010 - 2011 Older American's Act, Social Service Block Grant, State of New Jersey Peer Grouping and County Direct Funding in the amount of \$843,750 - \$953,120 per year

Services funded under this RFP are targeted specifically to Mercer County senior citizens age 60 and older. Priorities of this office will ensure that services assist older individuals with greatest social and economic needs, as well as minorities, frail, vulnerable and impoverished seniors.

Programs and services include the following:

Legal assistance and Education; Senior and Caregiver Mental Health Education and Counseling; Disease Prevention and Health Promotion; Medication Monitoring; Socialization and Recreation Services; Summer Cooling Program; Volunteer Assisted Transportation; Volunteer Friendly Visiting; volunteer Housekeeping; Volunteer Respite Services; Certified Home Health Aide; Home Health Care; Professional In-Home Education and Support; Respite Care; Telephone Reassurance; Weekday and Weekend Home Delivered Meals; Nutrition Counseling and Education; Home Delivered Nutrition; Kosher Nutrition.

Specifications and other proposal information may be obtained at the Office on Aging during regular business hours (M - F, 8:30 a.m. - 4:30 p.m.) by calling 989-6662 or available for download at www.mercercounty.org/human_services/index.htm.

Proposals shall be made on the forms provided as part of the Request for Proposals (RFP) packet and required by the specifications, enclosed in a sealed envelope and addressed to:

Eileen E. Doremus
Executive Director - Office on Aging
County of Mercer
640 South Broad Street
P.O. Box 8068
Trenton, New Jersey 08650-0068

They must be clearly marked on the outside "**RFP-Office on Aging-Room 226**". This designation also must appear on the outside of Express Envelopes/Packages if sent by express mail.

Proposals will be rejected if not submitted within time, date and place designated, and if not accompanied by any of the required documents.

Applicants are required to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17-27 et seq.

County of Mercer, NJ
Fee: \$104.64
8/31, 9/1, 9/2/09 The Times

3. Add specific information about the public buildings and publications announcing availability of funds.

Public Building (S)	Date Notice Posted In Building	Notice Was Translated Into The Following Languages	Notice Was Posted In The Following Public Publication(S)
N/A MULTIPLE YEAR CONTRACT 2010 - 2011			

4. Describe additional efforts to engage new providers, particularly minority agencies.

- **N/A – Multiple Year Contract January 1, 2010 – December 31, 2011**

TITLE III D FUNDING INFORMATION FORM
FOR
EVIDENCE-BASED DISEASE PREVENTION/HEALTH PROMOTION PROGRAM
(EXCLUDING FUNDS DEDICATED TO MEDICATION MANAGEMENT)

- 2010 Approved Program Name, Taxonomy Service, and Taxonomy Code.

Approved Health Ease – Health Education Program Names:

- Bone Up on Your Health – Fall Prevention and Osteoporosis Management
- Keeping Up the Beat – Self Management Techniques for Cardiovascular Disease
- Serving Up Good Nutrition

Taxonomy Service and Code:

Physical Health - 326

Approved US Department of Health and Human Services – National Institute on Aging Program Names:

- Aging Well – Living Well – Exercise Program
- Diabetes in Older People – A Disease You Can Manage

Taxonomy Service and Code:

Physical Health - 326

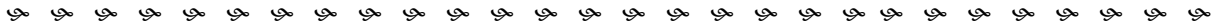
Coordinated Screenings:

- Cholesterol
- Dental Assessments
- Diabetes and blood glucose testing
- Hypertension/Blood Pressure
- Vision Assessments

TITLE III D FUNDING INFORMATION FORM
FOR
EVIDENCE-BASED DISEASE PREVENTION/HEALTH PROMOTION PROGRAM
(EXCLUDING FUNDS DEDICATED TO MEDICATION MANAGEMENT)

*****Programs approved for Title III D funding in 2010 are in effect until 2012 (and should be listed on prior page), except programs with provisional approval approved only for implementation in 2010.**

Complete Title III D funding request forms only for new and/or revised Evidence-Based Disease Prevention/Health Promotion Programs



Select the category (1, 2, 3, or 4 explained below) and provide responses for that category documenting how this program meets the criteria that Title III D funds be directed to evidence-based programs (see PM 2009-5, III-4). Submit completed information forms, not to exceed a total of four (4) pages, within the 2010-2012 Area Plan Contract inserted before the New Providers Chart.

Grantee Name and Address: **N/A - Current until 2012** _____

Service Taxonomy Code: _____

Number of Clients to Be Served: _____

Allocation: _____

Target Population: _____

1. _____ The program is identified by a leading national authority on healthy aging (such as AoA, NCOA, CDC or AHRQ) or the New Jersey Department of Health and Senior Services as an evidence-based health promotion program.
 - a. Program: _____
 - b. Authority: _____
2. _____ The intervention is based upon rigorously conducted research (such as a randomized controlled trial) with results published in a peer-reviewed journal. Participants in the trial must represent the target population (age 60 and older).
 - A. Brief description of local program to be funded and target population:

B. List the name of researcher(s) and study(s) upon which the program's key elements are based: _____

C. Brief description of research study intervention and demonstrated outcomes:

D. List the core program elements included in the research study and replicated in the local program: _____

3. _____ The intervention was developed and scientifically evaluated for older adults and proven to have positive health outcomes, as judged by a consensus of informed experts.

a. Name of Developer/Evaluator: _____

b. Brief description of core program components and evaluation outcomes.

c. Identify experts (individuals and/or organizations) that endorse intervention.

4. _____ The program is based on a clinically-evaluated intervention for older adults and community-based implementation can be substantiated.

A. Identify The Clinically Evaluated Intervention Upon Which The Service Is Based, Describing The Intervention And The Documented Outcomes.

b. Identify the core components of the clinical intervention provided through the funded service.

2011 APC OPERATIONAL PLAN

Service Delivery System – AAA Funded Programs

This section, **organized by service provider**, includes **All** programs and services funded in total or in part under the Area Plan Contract between January 1, 2011 and December 31, 2011, and all providers identified as focal points include applicable initials. This information will be completed directly from the Integrated Program Summary (IPS) forms contained in the linked budget and service delivery system program.

**Mercer County Office on Aging
Service Delivery System
AAA Funded Programs**

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
Comprehensive Planning		Mercer County Office on Aging 640 South Broad Street Trenton, New Jersey 08650 Director: Eileen E. Doremus Phone: (609) 989-6662 Fax: (609) 393-2143	FP	002	\$40,000	Title III-Admin
					\$0	State
					\$0	State COLA
					\$213,828	Local Public
					\$0	Local Private
					\$0	Participant
					\$0	Other
					\$0	USDA
				Total:	\$253,828	Total
Administration	099				253,828	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0			Total:	253,828	

AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
Information, Assistance and Outreach		Mercer County Office on Aging 640 South Broad Street Trenton, New Jersey 08650 Director: Eileen E. Doremus Phone: (609) 989-6661 Fax: (609) 393-2143	FP-GO	006	\$7,302	Title III-B
					\$5,233	State
					\$0	State COLA
					\$69,818	Local Public
					\$0	Local Private
					\$100	Participant
					\$0	Other
					\$0	USDA
				Total:	\$82,453	Total
Information & Assistance	101				69,603	
Outreach	104				12,850	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0			Total:	82,453	

Site Locations

SOC/REC SITE

MONSIGNOR LIPINSKI SENIOR
CITIZEN CENTER
HEIL & INDIANA AVENUES
TRENTON, NEW JERSEY 08638

FP

JENNYE W. STUBBLEFIELD CENTER
301 PROSPECT STREET
TRENTON, NEW JERSEY 08618

FP

NORTH 25/READING TERMINAL
15 RINGOLD STREET
TRENTON, NEW JERSEY 08608

FP

SAM NAPLES SENIOR CENTER
611 CHESTNUT AVENUE
TRENTON, NEW JERSEY 08610

FP

AAA Funded Programs							
TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS	
MC Nutrition Project for Elderly		County of Mercer 640 South Broad Street Trenton, New Jersey	0	016	\$532,101	Title III-C1	
					\$0	State	
					\$0	State COLA	
	08650				\$615,584	Local Public	
		Director: Jenifer Williams			\$0	Local Private	
		Phone: (609) 989-6650			\$117,000	Participant	
		Fax: (609) 989-6651			\$0	Other	
					\$120,798	USDA	
					Total: \$1,385,483	Total	
CONGREGATE NUTRITION	435				1,346,136		
NUTRITION EDUCATION	438				19,674		
NUTRITION COUNSELING	439				19,674		
	0				0		
	0				0		
	0				0		
	0				0		
	0				0		
	0				0		
	0				0		
	0				0		
					Total: 1,385,483		

NUTRITION SITES:

HAMILTON SENIOR CENTER FP
409 CYPRESS LANE
HAMILTON TWP, NEW JERSEY 08619

SITE MANAGER: PAULETTE COSTA (609) 586-7272

EAST WINDSOR SENIOR CENTER FP
40 LANNING BOULEVARD
EAST WINDSOR, NEW JERSEY 08520

SITE MANAGER: ANNE YOUNG (609) 443-3949

EWING COMMUNITY CENTER FP
323 HOLLOWBROOK DR.
EWING TWP., NEW JERSEY 08638

SITE MANAGER: LINDA LIBBY (609) 883-4150

HOPEWELL VALLEY SENIOR CENTER
395 READING AVENUE
PENNINGTON, NEW JERSEY 08534

SITE MANAGER: JANET BRIDGEWATER (609) 737-3855

JENNYE W. STUBBLEFIELD SENIOR CENTER FP
301 PROSPECT STREET
TRENTON, NEW JERSEY 08618

Site Manager : Catherine Woods (609) 394-2656

NUTRITION SITES:

JOHN O. WILSON NEIGHBORHOOD SERVICE CENTER FP
169 WILFRED AVENUE
HAMILTON TWP, NEW JERSEY 08610
SITE MANAGER: HANNAH BERRY (609) 394-1617

LAWRENCE TWP. SENIOR CENTER FP
30 DARRAH LANE EAST
LAWRENCEVILLE, NEW JERSEY 08648
SITE MANAGER: ESTHER GREEN (609) 883-8085

MONSIGNOR LIPINSKI SENIOR CITIZEN CENTER
19 HEIL & INDIANA AVENUES
TRENTON, NEW JERSEY 08638
SITE MANAGER: BARRY KIRBY (609) 393-8766

MT. PISGAH AME CHURCH
170 WITHERSPOON STREET
PRINCETON, NEW JERSEY 08540
SITE MANAGER: MINNIE RHODES (609) 921-1104

NUTRITION SITES:

READING SENIOR CITIZEN CENTER FP
15 RINGOLD STREET
TRENTON, NEW JERSEY 08618
SITE MANAGER: ROSE KELLEY (609) 394-9201

SAM NAPLES SENIOR CENTER FP
611 CHESTNUT AVENUE
TRENTON, NEW JERSEY 08611
SITE MANAGER: ROSE AGABITI (609) 394-7880

ROBBINSVILLE SENIOR CENTER FP
1117 ROUTE 130
ALLENTOWN ROBBINSVILLE ROAD
ROBBINSVILLE, NEW JERSEY 08691

AAA Funded Programs							
TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS	
Mental Health - Senior Well Being		Greater Trenton Behavioral Health Care 1001 Spruce Street, Suite 205 Trenton, New Jersey 08638	0	021	\$45,000	Title III-B	
		Director: Barbara Stender			\$0	State	
		Phone: (609) 396-6785 Ext 241			\$0	State COLA	
		Fax: (609) 393-4647			\$0	Local Public	
					\$10,280	Local Private	
					\$100	Participant	
					\$0	Other	
					\$0	USDA	
				Total:	\$55,380	Total	
Mental Health	328				30,769		
Education	331				24,611		
0	0				0		
0	0				0		
0	0				0		
0	0				0		
0	0				0		
0	0				0		
0	0				0		
0	0				0		
				Total:	55,380		

AAA Funded Programs							
TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS	
Adult Protective Services		Mercer County Board of Social Services 200 Woolverton Street Trenton, New Jersey 08650-2099 Director: Christopher Santoro Phone: (609) 989-4346 Fax: (609) 989-3276	FP-GO	049	\$160,170	APS \$0 State \$9,830 State COLA \$36,000 Local Public \$0 Local Private \$0 Participant \$0 Other \$0 USDA	
				Total:	\$206,000	Total	
Adult Protective Services	324				206,000		
	0	0			0		
	0	0			0		
	0	0			0		
	0	0			0		
	0	0			0		
	0	0			0		
	0	0			0		
	0	0			0		
				Total:	206,000		

AAA Funded Programs

TAXONOMY SERVICE(S) PROVIDED	TAXONOMY SERVICE CODE	PROVIDER NAME/ADDRESS AND SITE LOCATIONS	FOCAL POINT	PROVIDERS PROJECT CODE	AMOUNT OF FUNDING	SOURCE OF FUNDS
Home Health Aide		Mercer County Board of Social Services 200 Woolverton Street Trenton, New Jersey 08650-2099 Director: Christina Harcar Phone: (609) 989-4570 Fax: (609) 989-3276	FP-GO	027	\$51,000	Title III-B \$0 State \$12,500 State COLA \$26,500 Local Public \$0 Local Private \$100 Participant \$0 Other \$0 USDA
				Total:	\$90,100	Total
Certified Home Health Aide	213				90,100	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0				0	
	0			Total:	90,100	

Area Agency on Aging Planning Budget

The budget sections are included in the Area Plan Contract as follows:

1. Older Americans Act Funds (Budget Page 1)
2. State and Other Funds (Budget Page 2)
3. Service Code Summary
4. Area Plan Contract Checks (✓)

Area Agency Budget Plan 2011

Budget Page 1

Area Agency Budget Plan
Older Americans Act Funds

County: **Mercer**

Funding Sources	OAA ADMIN	TITLE III B	TITLE III C1	TITLE III C2	TITLE D	Title III D Med Mgnt	TITLE E	FUND TOTALS
New Funds		\$407,302	\$433,412	\$246,722	\$17,152	\$6,087	\$167,727	\$1,278,402
Administrative	\$40,000	\$0		\$24,000			\$16,000	\$0
Allocation Transfer			\$98,688	\$98,688				\$0
New Allocation	\$40,000	\$407,302	\$532,100	\$124,034	\$17,152	\$6,087	\$151,727	\$1,278,402
2010 Carry Over		\$0	\$0	\$0	\$0	\$0	\$0	\$0
State Match		\$20,233	\$0	\$6,345	\$31,900	\$322	\$50,318	\$109,118
State Match C/O								\$0
Local Public	\$213,828	\$214,723	\$615,585	\$20,000	\$0	\$0	\$11,035	\$1,075,171
Local Private	\$0	\$143,818	\$0	\$29,870	\$34,292	\$0	\$11,840	\$219,820
Income Client		\$13,750	\$117,000	\$68,100	\$100	\$100	\$400	\$199,450
Income Other		\$0	\$0	\$5,925	\$0	\$0	\$0	\$5,925
State COLA		\$22,500	\$0	\$1,299	\$18,471	\$0	\$70,210	\$112,480
NSIP (USDA)			\$120,798	\$28,275			\$0	\$149,073
Allocation Total	\$253,828	\$822,326	\$1,385,483	\$283,848	\$101,915	\$6,509	\$295,530	\$3,149,439

Area Agency Budget Plan 2011

Budget Page 2

County: **Mercer**

Funding Sources	SHTP ADMIN	SHTP PROGRAM	SSBG ADMIN	SSBG PROGRAM	SWHDM PROGRAM	ADRC	Care Coord CMQA	APS PROGRAM	State HDM RFP	ADDG	Medicade Match	Health EASE	Title VII	FUND TOTALS	CONTRACT TOTALS
New Funds		\$45,881		\$573,727	\$38,709		\$23,810	\$160,170	\$0	\$0	\$17,613	\$0		\$859,910	\$2,138,312
Administrative	\$0	\$0	\$0	\$0										\$0	\$0
New Allocation	\$0	\$45,881	\$0	\$573,727	\$38,709	\$0	\$23,810	\$160,170	\$0	\$0	\$17,613	\$0	\$0	\$859,910	\$2,138,312
2010 Carryover						\$0							\$0	\$0	\$0
														\$0	\$109,118
														\$0	\$0
Local Public	\$0	\$4,589	\$0	\$194,679	\$0	\$0	\$0	\$36,000	\$0	\$0	\$0	\$0	\$0	\$235,268	\$1,310,438
Local Private	\$0	\$0	\$0	\$15,928	\$11,560	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,488	\$247,308
Income Client		\$100		\$300	\$2,940	\$0	\$0			\$0	\$0	\$0		\$3,340	\$202,790
Income Other		\$0		\$0	\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000	\$8,925
State COLA		\$8,940		\$75,132	\$5,591	\$0	\$0	\$9,830	\$0	\$0	\$0	\$0	\$0	\$99,493	\$211,973
USDA				\$0	\$2,695	\$0				\$0	\$0	\$0		\$2,695	\$151,768
Allocation Total	\$0	\$59,510	\$0	\$859,766	\$64,495	\$0	\$23,810	\$206,000	\$0	\$0	\$17,613	\$0	\$0	\$1,231,194	\$4,380,632

Total Funds From State: \$2,611,171
Med Mgt: \$6,087
APD: \$2,605,084

Funds from Other Sources: \$1,769,461
Total Funds Needed: \$4,380,632

SERVICE CODE SUMMARY

Service Code	Taxonomy Service Name	Units
099	Administration	0
101	Information & Assistance	1300
102	Benefits Screening	150
103	Extended Assessment	150
104	Outreach	240
105	Care Management	7850
106	Transportation	25341
107	Assisted Transportation	2500
209	Friendly Visiting	1500
210	Telephone Reassurance	38000
211	Residential Maintenance	400
212	Housekeeping	500
213	Certified Home Health Aide	15900
215	Respite Care	0
325	Legal Assistance	1800
326	Physical Health	2050
328	Mental Health	100
331	Education	930
333	Socialization/Recreation	10000
435	Congregate Meals	160000
436	Home Delivered Meals	45000
437	State Weekend HDM	4900
438	Nutrition Education	62
439	Nutrition Counseling	120
705	Care Management	0
715	Respite Care	10450
726	Physical Health	150
731	Education	9000
740	Caregiver Mental Health Counseling	7500
741	Prof In-Home Edu. & Support	60

OPERATIONAL PLAN
NEW SERVICE PROVIDERS/NEW SERVICES

1. Complete the table provided to indicate a **New Service Provider, a New Minority Service Provider, and/or a New Service** that was not included in the 2010-2012 Area Plan Contract.
2. Write "N/A" if it is not applicable.

Service Provider	Check if Appropriate		Taxonomy Service & Taxonomy Service Code	Check if New Taxonomy Service	Budgeted Funds	
	New Provider	Minority Provider			Budgeted Funds Title III B, C, D, E Only	Total ALL Budgeted Funds (Including Title III)
N/A						

Minority Provider:

A not for profit organization whose controlling board is comprised of at least 50% minority individuals, or a business concern that is at least 51 percent owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority, or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals and having its management and daily business controlled by one or more minority individuals.

AREA PLAN CONTRACT WAIVER TABLE
SERVICE PROVIDERS FOR THE AREA PLAN CONTRACT

Complete the table below only if circumstances warrant a request for a waiver.

An Area Agency on Aging must submit a waiver justification in accordance with the "approval basis" section of Policy Memorandum 91-9, III-4 issued by the State Unit on Aging. A signed and dated Waiver Request form should be submitted to the State Unit on Aging with the 2011 Area Plan Contract. (Add rows if necessary)

Type	Direct Service Waiver	Proprietary Contract Waiver	Priority Service Waiver
Service Provider	N/A Waiver is current.	N/A	N/A
Taxonomy Service and Code			
Service Provider			
Taxonomy Service and Code			
Service Provider			
Taxonomy Service and Code			

NAPIS REQUIREMENTS
Profile of Community Focal Points and Seniors Centers

QUESTION		2010	2011
		<i>IF 2010 COLUMN DIFFERS FROM 2011 COLUMN, EXPLAIN BELOW***</i>	
1	Total number of Focal Points designated under OAA § 306 (a)(3)(A) (42 U.S.C.A. § 3026 (a) (3) (A)) in operation in the past year.	13	13
2	Of the total number of Focal Points in number 1 above, provide the number that were senior centers.	10	10
3	Total number of Senior Centers currently operating in your county.	15	15
4	Total number of Senior Centers in number 3 above receiving funds pursuant to the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq., as amended).	12	12

1. Difference 2010 compared with 2011:

2. Difference 2010 compared with 2011:

3. Difference 2010 compared with 2011:

4. Difference 2010 compared with 2011:

NAPIS REQUIREMENTS *STAFFING PROFILE			
AAA PERSONNEL CATEGORIES	# Of ◇ FTEs	# Of Minority FTEs	# Of FTEs Paid with OAA Funds
Agency Executive/Management Staff	1		
Other Paid Professional Staff by Functional Responsibility (See definitions below)			
A. PLANNING	1		1
B. Development			
C. Administration	1	1	1
D. Service Delivery	23	20	23
E. Access/Care Coordination	1	1	1
F. Other			
Clerical/Support Staff	1		
Volunteers			
Total AAA Staff	28	22	26

* FUNCTIONAL RESPONSIBILITIES: (CORRESPONDS TO ORGANIZATIONAL CHART)

- (A)** Planning - Includes Needs Assessment, Plan Development, Budgeting/Resource Analysis, Service Inventories, Standards Development And Policy Analysis.
- (B)** Development - Includes Public Education, Resource Development, Training And Education, Research And Development, And Legislative Activities.
- (C)** Administration - Includes Bidding, Contract Negotiation, Reporting, Reimbursement, Accounting, Auditing, Monitoring And Quality Assurance.
- (D)** Service Delivery - Includes Those Activities Associated With The Direct Provision Of A Service, Which Meets The Needs Of An Individual Older Person And/Or Caregiver.
- (E)** Access/Care Coordination – Includes Outreach, Screening, Assessment, Care Management, And I & R.

◇ FTE= Full time equivalent

Supplemental Provisions

A Contract Compliance: Grant funding based on the Area Plan Contract shall be awarded in compliance with the contracting policy memorandum issued by the State Unit on Aging (Contracting Procedures PM 2001-13, III –12).

A signed inter-agency agreement is required when:

- A. The AAA is obtaining services from another part of county government.
- B. The AAA is obtaining services from a municipality or other form of recognized government.

The agreement must contain at minimum a scope of service and budget detailing the source of funding and the cost sharing amounts, and be signed by the AAA Director and Agency Director.

The State Unit on Aging will conduct and document on-site assessment visits of AAAs and review final program and fiscal reports to assure contract compliance. Written notification will be issued to the AAA in the event that they or their sub-grantee are not in compliance with the requirements set forth in the Area Plan Contract. Non-compliance may result in budget reductions, withholding of payments and/or termination of contract, and may impact upon the AAA's eligibility for subsequent continuation of funding under this grant program.

Per Policy Memorandum 2009-26, III-15, issued by the State Unit on Aging:

- Area Agencies on Aging are required to conduct and document one formal on-site programmatic and one fiscal monitoring visit for each directly-provided or subcontracted program funded in the Area Plan Contract (APC). The AAA shall monitor and document directly provided services in a comparable manner to that of its subcontracted services: i.e., written monitoring procedures; use of a monitoring tool, letter of agreement. Reference: PM 86-8, III-5 Minimum Standards for Programmatic Monitoring of Title III B Service Providers.
- Further, to tighten Internal Controls on directly provided services, if the AAA accountant is involved with the financial management of the program, monitoring shall be completed by county staff other than the AAA accountant. Qualified personnel with the appropriate background located within the Office on Aging or in other departments, such as the Treasurer's Office or Finance Office would be acceptable individuals to assess the AAA accountant and the fiscal operations of the directly provided service.
- Nutrition providers funded under the Area Plan Contract are required to be monitored a minimum of **twice per contract year** – one visit to specifically address the Congregate Nutrition Program, and the other to focus on the performance of the Home Delivered Nutrition Program.
- The State Division of Aging and Community Services' Adult Protective Services (APS) coordinator will continue to monitor and assess the programmatic component of the APS Program. The AAA will receive copies of the DACS' APS reports for ties information. AAA

staff have the responsibility to conduct the annual, on-site fiscal monitoring visit and follow up on findings.

- Area Agencies on Aging are required to conduct and document a minimum of **four** service provider meetings per year.
- Any AAA operating under an approved direct service waiver should ensure the quality control aspects of programmatic and fiscal performance.
- Required under the Older Americans Act 306(a)(6)(D), DACS recommends a minimum of **four** advisory council meetings per year.
- Public hearings (Required under the Older Americans Act (307(a)(4) with additional information provided in IM 97-53, III-26), are to be held once annually at a minimum during the planning and analysis stages of APC developments. The Division recommends that the APC public hearings be completed early enough to allow sufficient time to incorporate the public input into the planning process, consistent with the October 15, deadline for Area Plan Contracts.

B. Annual Contract Funding:

The AAA in receipt of a grant award pursuant to their Area Plan Contract recognizes and agrees that funding during the term of the Area Plan Contract is expressly contingent upon the availability of funds to the State Unit on Aging. This includes funding appropriated by the State Legislature from Federal, State or other applicable revenue sources. The State Unit on Aging shall not be held liable for any breach of this agreement, which is based on the Area Plan Contract and Grant Award, because of the absence of available funding appropriations. Additionally, the AAA in receipt of a grant award shall not anticipate future funding from the State Unit on Aging beyond the duration of the period set forth in this agreement, which is based on the Area Plan Contract and Grant Award, and in no event shall this agreement be construed as a commitment by the State Unit on Aging to expend funds beyond the termination date set forth herein. Furthermore, the AAA in receipt of a grant award understands and agrees that this agreement shall be amended annually to reflect updated program information and funding levels.

C. Area Plan Contract Revision and Modification:

Any revision to the Area Plan Contract is with the prior approval of the State Unit on Aging. The Amendment must be requested in writing approximately 45 days prior to the date the change is anticipated to take effect and approved by the State Unit on Aging (per PM 91-10, III-5, Revision of Programmatic Amendment Process).

Revisions to the Area Plan Contract may be required based upon (1) availability of the additional funds, (2) change in sub-contracts, (3) administrative transfers, (4) allocations transfer between Title III B, C1 and C2, and (5) change in projective carry over.

The State Unit on Aging, may, at its option, establish policy to restrict transfers of funds among the predetermined allocations within the Area Plan Contract.

The due date for the completed initial **Integrated Program Summary (IPS) form** for each sub-grantee is **February 1** of each year of the three-year Area Plan Contract. The due date for **"To Be Determined"** providers listed in the current Area Plan Contract is **April 1** of each year of the three-year Area Plan Contract. The due dates for **IPS revisions** are provided in

the "Financial and Program Performance Reporting" section below.

The State Unit on Aging will not accept IPS revisions and Area Plan Contract program amendments after **November 15** of each year of the three-year Area Plan Contract.

D. Financial and Program Performance Reporting:

The Administration on Aging revised reporting requirements are required for all data collected by State Agencies on Aging, Area Agencies on Aging, and all AAA service providers. Be advised that the National Aging Program Information System (NAPIS) reporting requirements are mandated for all Area Plan Contract services and all AAA service providers. AAAs are responsible for the integrity and accuracy of grantee and sub grantee fiscal and programmatic reports.

SAMS (Social Assistance Management System)

AAAs are required to:

- 1) Use SAMS for all APC NAPIS data collection and reporting.
- 2) The AAA will use SAMS to provide unduplicated client counts, monitor, and manage programs with multiple funding streams.
- 3) Adult Protective Services aggregate data only will be reported through SAMS
- 4) Per PM 2009-3, III-3, AAAs will NOT use APC funds (including APC administrative or matching funds) to fund other I & A and Care Management IT/software systems.
- 5) Should a AAA choose to require grantees to input their data directly into SAMS, the AAA will ensure that subcontract language contains the use of SAMS as a requirement for receiving funding through the APC.
- 6) Should a AAA choose not to require grantees to input their data directly into SAMS it will be the responsibility of the AAA to enter the data.

(NOTE: The system for reporting financial information will not change)

1. Each AAA in receipt of a grant award pursuant to their Area Plan Contract shall submit an Integrated Program Summary (IPS) form, which must include the program's line item budget, funding source and service projections for each sub-grantee, no later than **February 1** of each year of the three-year Area Plan Contract.
2. **IPS Revisions.** AAAs must submit all revisions to an IPS to the State Unit on Aging for review and processing in accordance with the schedule below. The State Unit on Aging will not accept an IPS revision after November 15 of each year.
 - (a) AAAs must submit any IPS revisions for the Mid-year Allocation of Area Plan Contract Funds, **pursuant to the applicable Policy Memorandum issued by the State Unit on Aging.**
 - (b) AAAs must submit any IPS revisions for the Final Obligation and Allocation of Funds, pursuant to the applicable Policy Memorandum issued by the State Unit on Aging no later than November 15 of each year of the three-year Area Plan Contract.
3. Financial and program reports are due quarterly by the **15th day of the month** following the end of the quarter, as specified in Policy Memorandum 99-2, III-2 issued by the State Unit on Aging. Revisions to quarterly financial and program reports must be submitted to the State Unit on Aging by the deadline for the next quarter's reports. Written requests for extensions must be submitted prior to the deadline. The State Unit on Aging will withhold advance payments until quarterly financial and program reports are received.

4. The program name, program code, service code(s), units of service, and clients served for each sub-grantee must be consistent in fiscal reports, program reports, and contractual agreements. Additionally, the AAA in receipt of a grant award pursuant to their Area Plan Contract will assure that each sub-grantee employs acceptable procedures for counting and evaluating quality of units delivered and for identifying and counting new clients as well as reviewing for accuracy in each category in all reports submitted by each sub-grantee.

E. Fiscal Reports:

For each reporting period, a **narrative** should be provided explaining any substantial deviation from anticipated and/or approved expenditures. Fiscal reports will be due as follows:

Report	Reporting Period	Due Date
1st Quarter	January 1 - March 31	April 15
2nd Quarter	April 1 - June 30	July 15
3rd Quarter	July 1 - September 30	October 15
4th Quarter	October 1 - December 31	January 15
Final Closeout	January 1 - December 31	January 29

Area Plan Contract Reporting System Reports should agree with the Final Consolidated Analysis Report. Failure to submit reports accurately and in a timely manner may result in withholding of future payments by the State Unit on Aging.

F. Program Income:

Each Area Agency on Aging in receipt of a grant award pursuant to their Area Plan Contract shall use all program income earned during the period in which it is collected to offset program costs. The purpose of using program income to offset program costs during the period in which such income is earned is to determine the net costs on which the Area Plan Contract payments shall be based.

G. Closeout Requirements

1. The AAA in receipt of a grant award pursuant to their Area Plan Contract shall provide de Area Plan Contract Program Reports and Area Plan Grant Balances, **(QPR-A and QPR-B, respectively)** in accordance with instructions issued by the State Unit on Aging (Currently Policy Memorandum **2010-2, III-1, "2009 Closeout Procedures"** dated January 5, 2010). Failure to submit closeout reports will result in suspension of current Area Plan Contract payments.
2. The AAA in receipt of a grant award pursuant to their Area Plan Contract must submit a written request for an extension prior to the deadline established by the Policy Memorandum **2010-2, III-1** reference in **Section G1** of the Supplemental Provisions above. An extension to submit closeout reports may be granted by the State Unit on Aging.
3. The AAA in receipt of a grant award pursuant to their Area Plan Contract agrees to comply with any closeout findings and recommendations to assure timely and appropriate resolution.

H. Unexpended Fund Balances:

Accrued expenditures must be liquidated within thirty (30) days after the close of the contract period. Unexpended funds up to eight percent (8%) of the current year Title III and State Match allocations are to be used in the subsequent fiscal year on a "first-in -

first-out” basis. Unexpended funds in excess of eight percent (8%) may be reclaimed by the State Unit on Aging for redistribution (see most recent closeout letter). As per yearly closeout letters, all unexpended state funds with the exception of Title III state matching funds are eligible for recovery by the State Unit on Aging upon completion of the close out and payment reconciliation. Carry over of other federal funds is contingent upon the rules and regulations of each specific funding agency.

I. Record Retention:

1. All financial records, supporting documents, statistical records, and all other records pertinent to this grant award shall be retained for a period of **three years** from the acceptance of the final expenditure report.
2. Fiscal monitoring and evaluation reports, documentation of technical assistance visits, and correspondence related to visits shall be retained for a period of **three years** from the acceptance of the final expenditure report.
3. Client records shall be retained by the service provider agency for a period of **three years** from the close of the case.

J. Subcontract Requirements:

In accepting this contract, the Recipient shall include the following provisions in sub-contracts, with all subcontractors or third parties, that utilize Area Plan funding under this contract

1. A AAA providing direct services, AAA subcontractor, or third party, utilizing Area Plan funding shall comply with all federal, State, and local laws related to the Older Americans Act.
2. Funds provided under this contract shall not be utilized in a manner, which would contravene the Establishment Clause of the First Amendment of the United States Constitution. Specifically, these conditions are as follows:
 - a) In no event shall the provision of the services to be funded under this agreement be conditioned upon attendance at or participation in religious programs, services, or activities;
 - b) Any services to be provided under this agreement shall be essentially secular in nature and scope and in no event shall there be any religious services, counseling, proselytizing, instruction, or other religious influence undertaken in connection with the provision of such services; and
 - c) Funds provided under this contract shall not be used for the construction, rehabilitation, or restoration of any facility owned by a religious organization and used, now or in the future, for any religious activity or purpose.
3. **OAA § 306(a)(4)(A)(ii)(I)**; 42 U.S.C.A. § 3026(a)(4)(A)(ii)(I): *provider will specify how the provider intends to satisfy the service needs of low-income, minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.*

4. **OAA § 306(a)(4)(A)(ii)(II)**; 42 U.S.C.A. § 3026(a)(4)(A)(ii)(II): *provider will to the maximum extent feasible; provide services to low-income minority individuals, **older individuals with limited English proficiency**, and older individuals residing in rural areas in accordance with their need for such services.*
5. **OAA § 306(a)(4)(A)(ii)(III)**; 42 U.S.C.A. § 3026 (a)(4)(A)(ii)(III): *provider will meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, **older individuals with limited English proficiency**, and older individuals residing in the planning and service area.*
6. Each agreement made with a nongovernmental entity shall include the assurance that all sources and expenditure of funds such agency receives or expends to provide services to older individuals will be disclosed to the State Unit on Aging or the Commissioner for the Department of Health and Senior Services upon request.
7. At the discretion of the Area Agency on Aging, Subcontract language for agencies funded through the APC providing registered services, and who have been identified by the AAA to have SAMS licenses for client management, should also contain this language as a requirement of receiving funding.
 - a. Provider agency will use SAMS for all APC data reporting, client tracking and all care management funded by and through DACS/AAA
 - b. If applicable, in an ADRC, the provider agency will use SAMS for intake, screening individuals for community services, recording service delivery, client characteristics and managing the activities of the ADRC business process.

Note: If the sub grantee is not going to enter data into SAMS it is the responsibility of the AAA to enter all sub grantee data into the SAMS database.

Laws, Rules, Regulations and Policies

- A. Federal Laws, Rules and Regulations:

In accepting this contract, the Recipient shall comply with the following:

 1. The Older Americans Act of 1965, as amended, (42 U.S.C.A. §§ 3001 et seq., as amended) and 45 C.F.R. Part 1321, which implements the Act. Pursuant to 42 U.S.C.A. § 3026, each area agency on aging shall develop an area plan for its planning and service area. The following is a description of key components of an area plan, however, each Area Agency on Aging is responsible for reviewing and complying with the provisions in the Older Americans Act of 1965, as amended, and 45 C.F.R. Part 1321.
- a) OAA § 306(a)(6)(E)(i)-(ii); 42 U.S.C.A. §§ 3026(a)(6)(E)(i)-(ii):

the area agency on aging will establish effective and efficient procedures for coordination of (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and (ii) entities conducting other Federal programs for older individuals at the local level;
- b) OAA § 306(a)(6)(D); 42 U.S.C.A. § 3026(a)(6)(D):

the area agency on aging will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

- c) OAA § 306(a)(7)(A)-(C); see, 42 U.S.C.A. §§ 3026(a)(7)(A)-(C):
provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- d) OAA § 306(a)(14); 42 U.S.C.A. § 3026(a)(14):
provide assurances that funds received under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] will
- (A) provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); a (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
 - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

- e) OAA § 306(a)(15); 42 U.S.C.A. § 3026(a)(15):
provide assurances that preference in receiving services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this [Title];
- f) OAA § 306(a)(13)(A)-(E); 42 U.S.C.A. §§ 3026(a)(13)(A)-(E):
provide assurances that the area agency on aging will (A) maintain the integrity and public purpose of services provided, and service providers, under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] in all contractual and commercial relationships; (B) disclose to the State Unit on Aging -- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship; (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] by such agency has not resulted and will not result from such contract or such relationship; and (D) demonstrate that the quantity or quality of the services to be provided under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] by such agency will be enhanced as a result of such contract or such relationship; and (E) on the request of 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;
- g) OAA § 306(a)(4)(C); 42 U.S.C.A. § 3026(a)(4)(C):
contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- h) OAA § 306(a)(10); 42 U.S.C.A. § 3026(a)(10):
provide a grievance procedure for older individuals who are dissatisfied with or denied services funded under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)];
- i) OAA § 306(a)(2)(A)-(C); 42 U.S.C.A. §§ 3026(a)(2)(A)-(C):
provide assurances that an adequate proportion, as required under section 3027(a)(2) of [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)], of the amount allotted for [Title III B funds (42 U.S.C.A. § 3030d)] to the planning and service area will be expended for the delivery of each of the following categories of services -- (A) services associated with access to services (transportation, outreach, information and assistance, **(which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible)** and case management services); (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and (C) legal assistance;
- OAA § 307(a)(2); 42 U.S.C.A. § 3027(a)(2):
The plan shall provide that the State agency will – (A) evaluate, using uniform procedures described in [OAA § 202(a)(26) (42 U.S.C.A. § 3012(a)(26)), as amended in 2000 (formerly, OAA § 202(a)(29) (42 U.S.C.A. § 3012(a)(29))], the need for supportive services (including legal assistance pursuant [OAA § 307(a)(11); (42 U.S.C.A. § 3027(a)(11))], information and

assistance, and transportation services), nutrition services, and multipurpose senior centers within the State.

- OAA § 307(a)(11); 42 U.S.C.A. §§ 3027(a)(11)(A)-(E):
The plan shall provide that with respect to legal assistance –
 - (A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) 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 such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this [Title], including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
 - (B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services 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 this [Title] on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services;
 - (C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;
 - (D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and
 - (E) the plan contains assurances that area agencies on aging 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.

- j) OAA §306(a)(4)(A)(i); 42 U.S.C.A. § 3026(a)(4)(A)(i)(I):
provide assurances that the area agency on aging will-
 - (aa) set specific objectives, consistent with state policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I)

k) OAA 306(a)(4)(B); 42 U.S.C.A. §§ 3026(a)(4)(B)(i)-(ii):
provide assurances that the area agency on aging will use outreach efforts that will -- (i) identify individuals eligible for assistance under this Act, with special emphasis on -- (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities; (V) older individuals with limited English proficiency; and (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); (VII) older individuals at risk for institutional placement; and (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

l) OAA § 306(a)(6)(C); 42 U.S.C.A. §§ 3026(a)(6)(C)(i)-(ii):the area agency on aging will - -

(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)], enter into arrangement and coordinate with organizations that have a proven record of providing services to older individuals that -- (I) were officially designated as community action agencies or community action programs under Section 210 of the Economic Opportunity Act of 1964 (42 U.S.C.A. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 9910 of the Community Services Block Grant Act (42 U.S.C.A. § 9910);.

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

m) OAA § 306(a)(6)(F); 42 U.S.C.A. § 3026(a)(6)(F):

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

n) OAA § 306(a)(11)(A)-(C); 42 U.S.C.A. §§ 3026(a)(11)(A)-(C):

provide information and assurances concerning services to older individuals who are Native Americans, including -- (A) information concerning whether there is a significant populations of older Native Americans in the planning and services area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)]; (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] with services provided under [Title VI of the

Older Americans Act (42 U.S.C.A. §§ 3057- 3057a et seq.); and (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

- o) OAA § 306(a)(8)(A)-(C); 42 U.S.C.A. §§ 3026(a)(8)(A)-(C):
provide that case management services provided under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] through the area agency on aging will -- (A) not duplicate case management services provided through other Federal and State programs; (B) be coordinated with services described in subparagraph (A); and (C) be provided by a public agency or a nonprofit agency that -- (i) gives each older individual seeking services under [Title III of the Older Americans Act (42 U.S.C.A. §§ 3021 et seq.)] a list of agencies that provide similar services within the jurisdiction of the area agency on aging; (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement; (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains waiver of the requirement described in clauses (i) through (iii);

 - p) OAA § 306(c); 42 U.S.C.A. §§ 3026(c)(1)-(2):
Transportation services; funds. (1) . . . an area agency on aging . . . may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act [42 U.S.C.A. §§ 1396 et seq. and 1397 et seq.] for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts . . . (2) In accordance with [such] an agreement, funds appropriated under the Older Americans Act may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act [42 U.S.C.A. 1396 et seq. and 1397 et seq.].
2. 45 C.F.R. Part 74 stipulates the uniform fiscal requirements for Department of Human Services grants.
 3. 45 C.F.R. § 1321.25: The area agency on aging shall not delegate to another agency the authority to award or administer funds - Older Americans Act funds – under [45 C.F.R. Part 1321].
 4. 45 C.F.R. § 1321.51: The area agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.
 5. 45 C.F.R. § 1321.53(a): The area agency on aging shall be the leader relative to all aging issues on behalf of older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State Agency [State Unit on Aging], a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based care systems in, or serving each community in the planning and service area.

6. 45 C.F.R. § 1321.65: Each area agency on aging shall assure that providers of services shall (a) provide the area agency, in a timely manner, with statistical and other information, which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established by the State under § 1321.13.
 7. Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C.A. § 794) and 45 C.F.R. Part 84: Generally, no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives Federal financial assistance. (45 C.F.R. § 84.4(a))
 8. The Hatch Act, as amended, (5 U.S.C.A. §§ 1501-1508): Restricts the political activity of executive branch state and local employees who are principally employed in connection with programs financed in whole or in part by loans or grants made by the United States or a federal agency. (http://www.osc.gov/ha_state.htm)
 9. The area agency on aging must develop and implement a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner in accordance with The Civil Rights Act of 1964, as amended.
- B. State Laws, Rules, and Regulations:
In accepting this contract, the Recipient shall comply with the following:
1. N.J.S.A. § 40:23-6.44: the State Unit on Aging has the authority to promulgate rules and policies for, at a minimum, the proper control and management of activities of the county offices on aging, for the certification of person to hold the position of executive director and for the administration of grant fund available for the purpose of this act.
 2. N.J.S.A. § 40:23-6.41: The board of chosen freeholders shall appoint an executive director, who shall be a person qualified by training and experience to direct the work of such office, to administer the work of the county office on aging. The Executive Director should be a full-time qualified professional.
 3. N.J.S.A. §§ 40A:9-22 et seq.: Each AAA shall have written policies and procedures addressing ethics (i.e., conflicts of interest), in accordance with N.J.S.A. § 40A:9-22 et seq. The purpose of such policies and procedures is to prevent the personal interests of staff members, officers or Governing Board members from: a) interfering with the performance of their responsibilities to the provider agency and its clients; or b) resulting in personal, financial professional and/or political gain on the part of such persons at the expense of the provider agency's and/or clients' interest.
 4. N.J.S.A. §§ 45:17A et seq.: The Area Agency on Aging shall obtain documentation confirming that each nonprofit organization (see definition of charitable organization at N.J.S.A. § 45:17A-20) subgrantee (subcontractor/third-party) is registered with the Attorney General in accordance with the Charities Registration and Investigation Act (N.J.S.A. §§ 45:17A et seq.) prior to that subgrantee receiving Older Americans Act funds.

C. State Unit on Aging's (Division of Aging and Community Services) Policies

The Area Agency on Aging in receipt of a grant award pursuant to their Area Plan Contract, in accepting this grant award, agrees to comply with any and all policies and procedures promulgated by the State Unit on Aging (New Jersey Department of Health and Senior Services, Division of Aging and Community Services). All activities of an Area Agency on Aging, whether funded by public or private funds, must conform with applicable federal and State regulations, rules, and policies.

Local Private: (Maintenance of Effort) Provide figures that are based on the best available historical data and any anticipated private matching funds for new grantees.