

**DIRECT SERVICE WAIVER REQUEST FORM**

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OAA Title:     III B         III C1         III C2         III D         III E

Service: <Chronic Disease Self-Management Program>

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II. Provide a detailed justification for the waiver request.

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III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

**Sarah Lightell**

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**From:** Andrea Niemira  
**Sent:** Tuesday, July 30, 2019 8:56 AM  
**To:** Sarah Lightell  
**Subject:** FW: Submit Notice in FAR

Here is the confirmation of the notice.

Andrea

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Department: Other Agencies and Organizations  
Organization: Area Agency on Aging of Central Florida, Inc. dba Senior Resource Alliance Notice type: Notice of Meeting/Workshop Hearing  
Issue: 45/132

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DATE AND TIME: Thursday, August 8, 2019, 10:00 a.m. – 12:00 Noon

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Service: <Diabetes Self-Management Program>

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Service: <Diabetes Empowerment Education Program>

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Service: <Active Living Every Day>

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**Sarah Lightell**

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**Sent:** Tuesday, July 30, 2019 8:56 AM  
**To:** Sarah Lightell  
**Subject:** FW: Submit Notice in FAR

Here is the confirmation of the notice.

Andrea

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To: andrea.niemira@sraflorida.org  
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Department: Other Agencies and Organizations  
Organization: Area Agency on Aging of Central Florida, Inc. dba Senior Resource Alliance Notice type: Notice of Meeting/Workshop Hearing  
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Notice of Meeting/Workshop Hearing

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OAA Title:  III B  III C1  III C2  III D  III E

Service: <Healthy Eating Every Day>

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OAA Title:    III B       III C1       III C2       III D       III E

Service: <Powerful Tools for Caregivers>

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Service: <Tai Chi for Arthritis>

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Service: <Tai Chi/Tai Ji Quan: Moving for Better Balance>

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Here is the confirmation of the notice.

Andrea

-----Original Message-----  
From: FL-Rules@dos.state.fl.us [mailto:FL-Rules@dos.state.fl.us]  
Sent: Monday, July 8, 2019 3:01 PM  
To: andrea.niemira@sraflorida.org  
Subject: Submit Notice in FAR

You have successfully submitted a notice for publication in the Florida Administrative Register on 7/8/2019 3:00:53 PM.

Department: Other Agencies and Organizations  
Organization: Area Agency on Aging of Central Florida, Inc. dba Senior Resource Alliance Notice type: Notice of Meeting/Workshop Hearing  
Issue: 45/132

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You may contact the Florida Administrative Register office at  
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Notice of Meeting/Workshop Hearing

**OTHER AGENCIES AND ORGANIZATIONS**

**AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC. DBA SENIOR RESOURCE ALLIANCE**

The Area Agency on Aging of Central Florida, Inc. dba Senior Resource Alliance announces a hearing to which all persons are invited.

DATE AND TIME: Thursday, August 8, 2019, 10:00 a.m. – 12:00 Noon

PLACE: SRA Conference Room, 988 Woodcock Rd., Suite 200, Orlando, FL 32803

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a public hearing to provide an opportunity for input on the Area Plan on Aging 2020 – 2022, including a Direct Service Waiver Application for the Senior Resource Alliance to provide the following evidence-based direct services: A Matter of Balance (MOB); Un Asunto de Equilibrio (UAE); Chronic Disease Self-Management Program (CDSMP); Tomando Control de su Salud (TCS); Diabetes Self-Management Program (DSMP); Programa de Manejo Personal de la Diabetes (PMPD); Diabetes Empowerment Education Program (DEEP); National Diabetes Prevention Program (NDPP); Walk with Ease Program (group program and self-directed program) (WWE); Enhance Fitness (ENFI); Active Living Every Day (ALED); Positive Self-Management Program (PSMP); Tai Chi for Arthritis (TCA); Tai Chi Quan: Moving for Better Balance (TCQ); Health Coaches for Hypertension Control (HCHC); Chronic Pain Self-Management Program (CPSP); HomeMeds (HM); Program to Encourage Active Rewarding Lives for Seniors (PEARLS); Fit and Strong (FAS); Stay Active and Independent for Life (SAIL); Brief Intervention and Treatment for Elders (BRITE); On the Move (OTM); Savvy Caregiver (SC); and, Powerful Tools for Caregivers (PTFC).

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OAA Title:  III B  III C1  III C2  III D  III E

Service: <Programa de Manejo Personal de la Diabetes>

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II. Provide a detailed justification for the waiver request.

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OAA Title:  III B  III C1  III C2  III D  III E

Service: <Un Asunto de Equilibrio>

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Service: <Tomando Control de su Salud>

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Service: <A Matter of Balance>

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DATE AND TIME: Thursday, August 8, 2019, 10:00 a.m. – 12:00 Noon

PLACE: SRA Conference Room, 988 Woodcock Rd., Suite 200, Orlando, FL 32803

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a public hearing to provide an opportunity for input on the Area Plan on Aging 2020 – 2022, including a Direct Service Waiver Application for the Senior Resource Alliance to provide the following evidence-based direct services: A Matter of Balance (MOB); Un Asunto de Equilibrio (UAE); Chronic Disease Self-Management Program (CDSMP); Tomando Control de su Salud (TCS); Diabetes Self-Management Program (DSMP); Programa de Manejo Personal de la Diabetes (PMPD); Diabetes Empowerment Education Program (DEEP); National Diabetes Prevention Program (NDPP); Walk with Ease Program (group program and self-directed program) (WWE); Enhance Fitness (ENFI); Active Living Every Day (ALED); Positive Self-Management Program (PSMP); Tai Chi for Arthritis (TCA); Tai Chi Quan: Moving for Better Balance (TCQ); Health Coaches for Hypertension Control (HCHC); Chronic Pain Self-Management Program (CPSP); HomeMeds (HM); Program to Encourage Active Rewarding Lives for Seniors (PEARLS); Fit and Strong (FAS); Stay Active and Independent for Life (SAIL); Brief Intervention and Treatment for Elders (BRITE); On the Move (OTM); Savvy Caregiver (SC); and, Powerful Tools for Caregivers (PTFC).

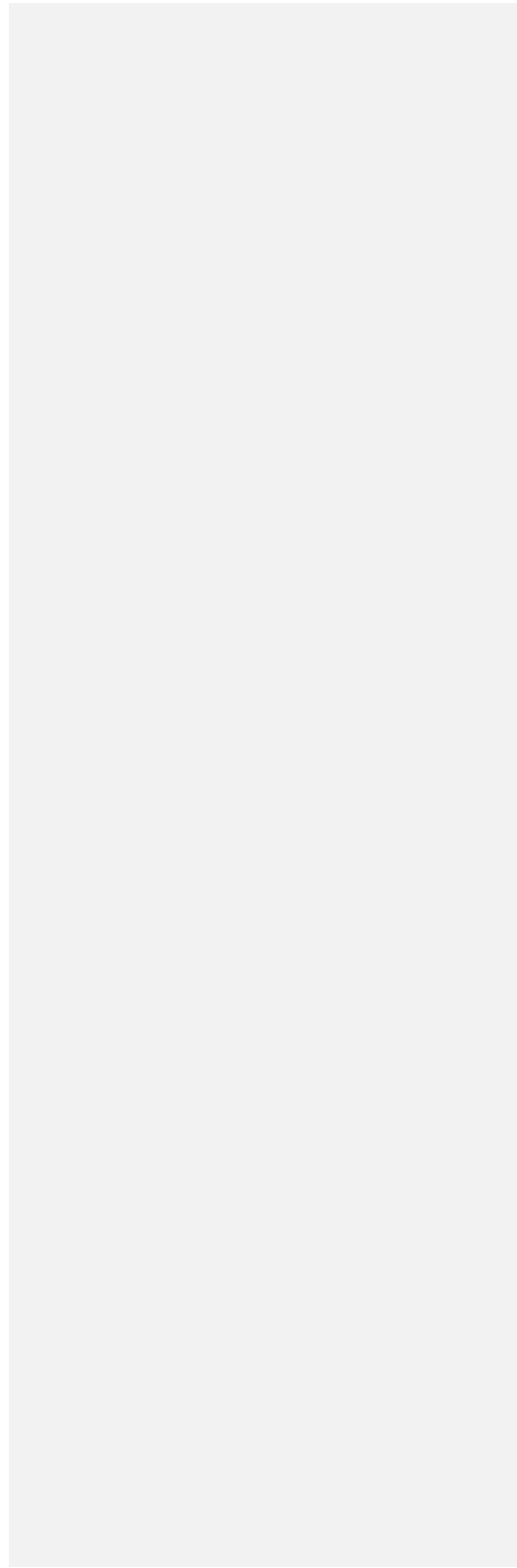
Service descriptions may be found on the Department of Elder Affairs website: <http://elderaffairs.state.fl.us>.

A copy of the agenda may be obtained by contacting: Sarah Lightell, (407)514-1816 or [sarah.lightell@sraflorida.org](mailto:sarah.lightell@sraflorida.org).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Sarah Lightell, (407)514-1816 or [sarah.lightell@sraflorida.org](mailto:sarah.lightell@sraflorida.org). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Sarah Lightell, (407)514-1816 or [sarah.lightell@sraflorida.org](mailto:sarah.lightell@sraflorida.org).

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## Appendix 2: Assurances

### Section 306 Older Americans Act

<SENIOR RESOURCE ALLIANCE> assures the following:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, outreach, information and assistance and case management services), in-home services, and legal assistance. (§306(a)(2))
2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority older individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan (§306(a)(4)(A)(i))
3. Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas in the area served by the provider.
  - b. To the maximum extent possible services to low-income minority older individuals and older individuals residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the AAA, providing services to low-income minority older individuals and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - a. Older individuals residing in rural areas;
  - b. Older individuals with greatest economic need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
  - c. Older individuals with greatest social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
  - d. Older individuals with severe disabilities;
  - e. Older individuals with limited English-speaking ability; and

- f. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). (§306(a)(4)(B))
5. The AAA assures it 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. (§306(a)(4)(C))
6. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. (§306 (a)(5))
7. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
- a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
  - c. An assurance that the AAA 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, whom are older Native Americans. (§306(a)(11))
8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)13)(A))
9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
- a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
  - b. The nature of such contract or such relationship. (§306(a)(13)(B))
10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
11. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))

12. The AAA assures it will, on the request of the Assistant Secretary of 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 (§306(a)(13)(E))

13. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

14. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(15))

Area Agency on Aging Director

Name: Karla Radka Signature: \_\_\_\_\_

Date: September 20, 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

< SENIOR RESOURCE ALLIANCE >, hereinafter called the "recipient,"

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

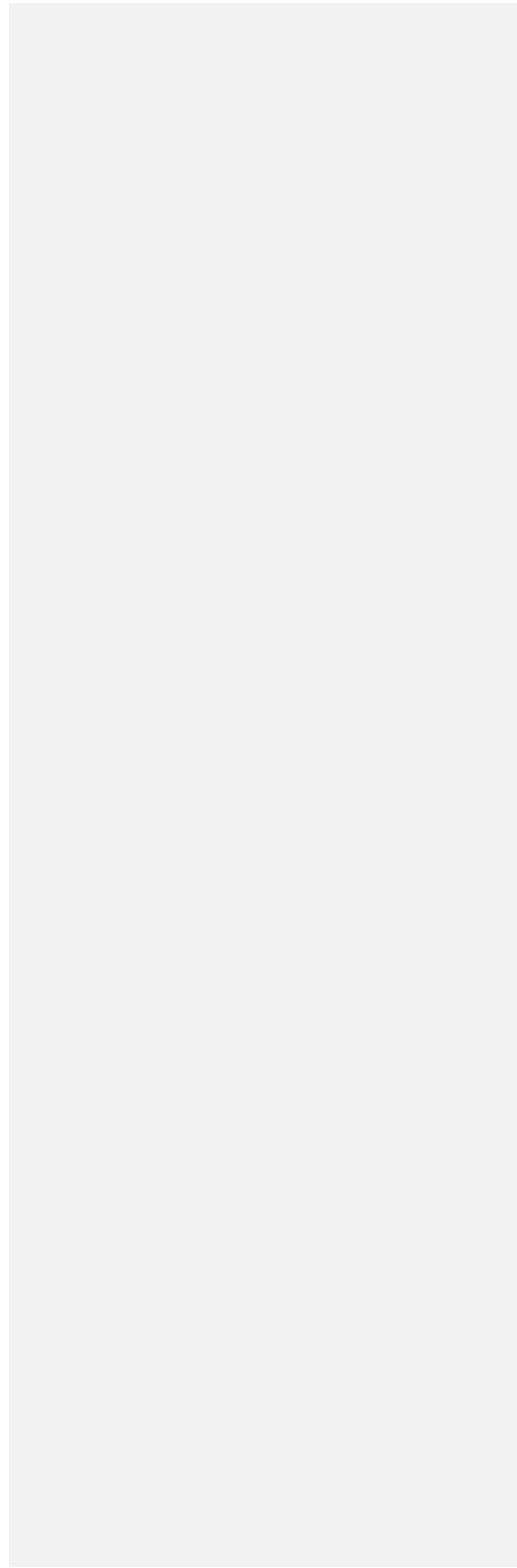
If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

Area Agency on Aging Director

Name: Karla Radka Signature: \_\_\_\_\_

Date: September 20, 2019



DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

< SENIOR RESOURCE ALLIANCE > , hereinafter called the "recipient,"

HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in 84.5(b) of the regulation [45 C.F.R. 84.5(b)]. The recipient: a.  employs fewer than fifteen persons; b.  employs fifteen or more persons, and pursuant to 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): \_\_\_\_\_

Recipients Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

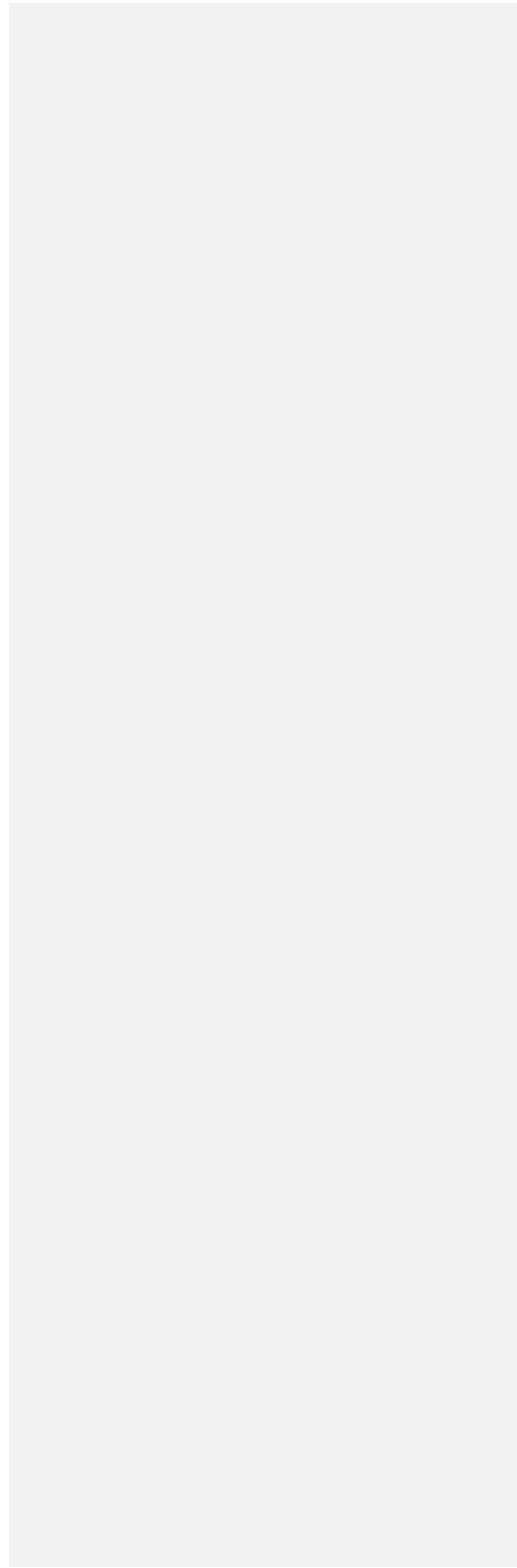
IRS Employer I.D. Number: \_\_\_\_\_

AAA Board President (or other authorized official)

I certify that the above information is complete and correct to the best of my knowledge.

Name: Karla Radka \_\_\_\_\_ Signature: \_\_\_\_\_

Date: September 20, 2019



## AVAILABILITY OF DOCUMENTS

< SENIOR RESOURCE ALLIANCE > HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by DOEA or its designee(s) at any time.

The AAA further understands that these documents are subject to review during monitoring by DOEA.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
  - (a) Position descriptions
  - (b) Pay plan
  - (c) Organizational chart
  - (d) Executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (17) Consumer outreach plan
- (18) ADA policies



- (19) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
- (20) Detailed documentation of AAA administrative budget allocations and expenditures
- (21) Detailed documentation of AAA expenditures to support cost reimbursement contracts
- (22) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board President (or other authorized official)

Name: Karla Radka Signature: \_\_\_\_\_

Date: September 20, 2019

### Appendix 3: Program Module Review Checklist

Please complete the form provided by indicating whether each item is included in the Area Plan (Yes/No/Not Applicable).

<b>PROGRAM MODULE REVIEW CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Table of Contents</b>			
The location of each section of the program module is accurately reflected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program and Contract Module Certification</b>			
The form is properly completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Board President (or Designee).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Advisory Council Chair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Executive Director.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AAA Board of Directors</b>			
Composition details process for member selection and reflects the counties represented in the Area Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency details the anticipated meeting schedule for the board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection process and dates are provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service term reflects the term for the board as well as the term of each individual board member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AAA Board of Directors Tables</b>			
Officer table details name and terms for board officers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member table details name, title, address, phone, term, age, race, and ethnicity for Board members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PROGRAM MODULE REVIEW CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>AAA Advisory Council</b>			
Composition details process for member selection and reflects the counties represented in the Area Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency details the anticipated meeting schedule for the Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection process and dates are provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AAA Advisory Council Table</b>			
Member table details name, title, address, phone, term, age, race, and ethnicity for board members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Funds Administered</b>			
The form is properly completed including bid cycle information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Resources Used</b>			
The form reflects the use of a variety of planning resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Executive Summary</b>			
This section describes major highlights.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mission and Vision Statement</b>			
This section includes the mission and vision of the agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profile</b>			
<b>Identification of Counties</b>			
This section identifies the counties within the PSA. Include at least one map to display the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This section identifies the major communities within the PSA. Include at least one map to display the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Socio-Demographic and Economic Factors</b>			
This section includes a description of the social and economic climate in the PSA, including how this affects elders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PROGRAM MODULE REVIEW CHECKLIST</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
Highlight the following characteristics:						
1. Elders with low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Socially isolated elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Minority and culturally diverse elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Elders in urban and rural areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Analysis includes the use of maps and charts to illustrate data provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Economic and Social Resources</b>						
This section describes the economic and social resources available to elders in the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Description of Service System</b>						
This section describes the current services that are in place to meet the needs of elders. Includes private and public funding sources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Role in Interagency Collaborative Efforts</b>						
This section describes collaborative efforts, partnerships, and special initiatives by the PSA and/or DOEA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>SWOT Analysis</b>						
<b>SWOT Analysis</b>						
Process Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Strengths	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Weaknesses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Threats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>PROGRAM MODULE REVIEW CHECKLIST</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Performance and Targeted Outreach</b>						
<b>Performance Analysis</b> - Based on the identified service needs of targeted areas and population groups as determined through needs assessment and other data, project the number and percentage of individuals to be served in each county during each year of the three-year plan.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Targeted Outreach Plan</b> - The purpose of the targeting report is to show how effective the targeting efforts were of services provided to the specific population groups.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals residing in rural areas				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with greatest economic need				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with greatest social need				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with severe disabilities				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with limited English-speaking ability				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with Alzheimer's disease and related disorders and the caretakers of these individuals				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals at risk for institutional placement				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Caregivers:</b>						
Caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers who are older individuals with greatest social need				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers who are older individuals with greatest economic need				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PROGRAM MODULE REVIEW CHECKLIST</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b><u>Unmet Needs and Service Opportunities</u></b>						
<i>Access to Services</i>						
Abuse, Neglect, and Exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Information about services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Counties or communities with limited access to transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Counties or communities with limited access to significant supportive services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Counties or communities with limited availability of and/or access to legal assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Counties or communities with limited access to social services agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Analysis of service implications of identified unmet access needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Caregiver</i>						
Caregiver unmet needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Number of elder caregivers, including number of grandparents raising grandchildren	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Condition of elder caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Analysis of service implications of identified caregiver unmet needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Communities</i>						
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Limited access to senior centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Housing and safety needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>PROGRAM MODULE REVIEW CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Employment and employment training or related assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing conditions and availability of affordable housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified unmet community needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health Care</i>			
Preventative health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary health care needs (hearing aids and eyeglasses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of medical/health care, including mental health counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified unmet health care needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Home and Community-Based Services (HCBS)</i>			
Number of People 60+ with ADL limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ with IADL limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ with mobility limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ who qualify for food stamps but are not receiving them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on waitlist not yet receiving any services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing clients needing additional services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PROGRAM MODULE REVIEW CHECKLIST</b>			
	YES	NO	N/A
Analysis of service implications of identified HCBS unmet needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County level analysis for unmet needs/gaps in service. Use charts and graphics with narrative if desired.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goals and Objectives</b>			
<b>Goal 1:</b> Empower seniors, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care			
<b>Objective 1.1.</b> ▲ Provide streamlined access to health and long-term care options through Aging and Disability Resource Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.2.</b> ▲ Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.3.</b> Ensure that complete and accurate information about resources is available and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.4.</b> Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.5.</b> Increase public awareness of existing mental and physical health and long-term care options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.6.</b> Identify and serve target populations in need of information and referral services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 1.7.</b> Provide streamlined access to Medicaid Managed Care and address grievance issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goal 2:</b> Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers			
<b>Objective 2.1</b> Identify and serve target populations in need of home and community-based services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 2.2.</b> Ensure that efforts are in place to fulfill unmet needs and serve as many clients as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 2.3.</b> Provide high quality services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>PROGRAM MODULE REVIEW CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Objective 2.4.</b> Provide services, education, and referrals to meet specific needs of individuals with dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 2.5.</b> Improve caregiver supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goal 3:</b> Empower seniors and their caregivers to live active, healthy lives to improve their mental and physical health status			
<b>Objective 3.1. ▲</b> Continue to increase the use of Evidence-Based (EB) programs at the community level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 3.2.</b> Promote good nutrition and physical activity to maintain healthy lifestyles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 3.3.</b> Promote the adoption of healthy behaviors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 3.4.</b> Advocate for prevention and early intervention of mental health and substance abuse services for elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goal 4:</b> Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation			
<b>Objective 4.1.</b> Collaborate and coordinate within the community and aging network to increase accessible legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 4.2. ▲</b> Facilitate the integration of Older Americans Act elder rights programs into Aging Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 4.3. ▲</b> Improve the identification and utilization of measurable consumer outcomes for elder rights programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 4.4.</b> Promote primary prevention of elder abuse, neglect, and exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 4.5.</b> Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 4.6.</b> Increase the awareness of health care fraud and other elder rights issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Goal 5:</b> Participate in community efforts to ensure your PSA is addressing the state's mission to create livable communities by promoting this work through the eight domains of livability framework. Support the work DOEA is doing in collaboration with AARP and the World Health Organization's (WHO) Age-Friendly Cities and Communities Program.			
<b>Objective 5.1.</b> ▲ Coordinate with community partners for increased access to affordable, person-centered health care, and social services to promote active and independent living.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.2.</b> ▲ Promote safe, accessible, and affordable housing that supports aging in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.3.</b> ▲ Increase awareness of and promote safe and reliable transportation options to increase mobility and community participation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.4.</b> ▲ Increase access to information through various methods including print, tv, and digital media.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.5.</b> ▲ Promote, engage, and celebrate the valuable contributions of all adults in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.6.</b> ▲ Increase awareness of opportunities to contribute in the workplace and volunteer to make a difference in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.7.</b> ▲ Increase awareness of and promote easy access to social and cultural activities for increased quality of life.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 5.8.</b> ▲ Work with community partners to ensure accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goal 6:</b> Maintain effective and responsive management			
<b>Objective 6.1.</b> Promote and incorporate management practices that encourage greater efficiency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 6.2.</b> Ensure that federal and state funds are used to effectively and efficiently serve elders' needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 6.3.</b> Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 6.4.</b> Accurately maintain the Client Information and Registration Tracking System (CIRTS) data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Objective 6.5.</b> Promote volunteerism by and for seniors whenever possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goal 7:</b> Co-establish and participate in at least one Dementia Care and Cure Initiative (DCCI) Task Force in your Planning and Service Area (PSA).			
<b>Objective 7.1. ▲</b> Coordinate with the Memory Disorder Clinic (MDC) and local community leaders in Alzheimer’s disease and related dementias (ADRD) in your area to create a DCCI Task Force.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 7.2. ▲</b> Collaborate with Task Force members to designate community entities as Dementia-Caring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 7.3. ▲</b> Promote DCCI education and outreach activities throughout the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Objective 7.4. ▲</b> Identify areas of need within the ADRD community throughout the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 4: Performance and Planning Data

The Excel file provided with your Area Plan package includes a sheet detailing the performance in the previous year against the county-level demographics associated with the following indicators in data and dashboard formats:

- Below Poverty Level (Below 100% of Federal Poverty Level),
- Limited English,
- Living Alone,
- Low Income Minority (below 125% of Federal Poverty Level),
- Minority,
- Probable Alzheimer's Cases,
- Rural, and
- Low-Income Rural (currently only mapped and not included in the data and dashboard).

This spread sheet allows the AAA to compare the county level population percent for the indicators to the percent of the indicators for the screened and served population. Provided at the county level, this comparison should serve to highlight the areas that need to be addressed with strategic planning activities during the period of this Area Plan to ensure performance in the upcoming period meets expectations. To assist with planning, the dashboard provides the approximate count of clients needed in each demographic group to reach the same proportion as the county population. The dashboard also provides estimates of clients needed to exceed each demographic group's county proportion.

Program Module Comments and Recommendations: (to be completed by DOEA staff)	
Section	Reviewed
Table of Contents	<input type="checkbox"/>
<b>Comments:</b>	
Program and Contract Module Certification	<input type="checkbox"/>
<b>Comments:</b>	
AAA Board of Directors	<input type="checkbox"/>
<b>Comments:</b>	
AAA Advisory Council	<input type="checkbox"/>
<b>Comments:</b>	
Funds Administered and Bid Cycles	<input type="checkbox"/>
<b>Comments:</b>	
Resources Used	<input type="checkbox"/>
<b>Comments:</b>	
Executive Summary	<input type="checkbox"/>
<b>Comments:</b>	
Mission and Vision Statements	<input type="checkbox"/>
<b>Comments:</b>	
Profile	<input type="checkbox"/>
<b>Comments:</b>	
SWOT Analysis	<input type="checkbox"/>
<b>Comments:</b>	

**Program Module Comments and Recommendations:**  
(to be completed by DOEA staff)

<b>Section</b>	<b>Reviewed</b>
Performance and Targeted Outreach	<input type="checkbox"/>
<b>Comments:</b>	
Unmet Needs and Service Opportunities	<input type="checkbox"/>
<b>Comments:</b>	
Goals and Objectives	<input type="checkbox"/>
<b>Comments:</b>	
Direct Service Waiver Requests	<input type="checkbox"/>
<b>Comments:</b>	
Assurances	<input type="checkbox"/>
<b>Comments:</b>	
Program Module Checklist	<input type="checkbox"/>
<b>Comments:</b>	

Appendix 5: Instructions

