

Tribal Aging Unit Plan Instructions 2019-2021

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1. Verification of Intent

The purpose of the verification of intent is to show that tribal government has approved the plan. It further signifies the commitment of tribal government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

The person(s) authorized to sign the final plan on behalf of the commission on aging and the tribal governing body must sign here and indicate his or her title. This approval should occur before the final plan is submitted to the area agency on aging for approval. A draft plan must be submitted to the Area Agency on Aging during the month of July 2018 for review, prior to approval.

The verification page must be signed by the representatives, board chairpersons and commission on aging chairpersons.

Role of the Policy-Making Body

The aging unit plan must be approved by the policy-making body, also called the Commission on Aging. Evidence of this required involvement shall include, but not be limited to the following:

1. Minutes of policy-making body meetings focused on the development of the plan;
2. Review and approval by the policy-making body of the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the policy-making body of the final draft of the aging unit plan, following a review of the comments received from public hearings, community organizations, and the advisory committee.

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan. Evidence of the involvement of the advisory committee shall, at a minimum include the items listed below:

1. Minutes of the advisory committee meetings focused on the development of the plan;
2. Review and comment by the advisory committee on the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the advisory committee of the final draft of the aging unit plan, following a review of the comments received from public hearings and community organizations.

Note: The aging advisory committee is the entity that has to be in place when the policy making body does not follow the Wisconsin Elders Act's rules for terms and membership. The commission is always the policy making entity for aging services in the county even if that group doesn't follow Elders Act rules. An example of this is a tribal council or board. Quite often the tribal council is the policy-making entity for aging services but because of this, a tribal aging advisory committee has to be in place.

2. Executive Summary

The Executive Summary must capture the essential points of the plan concisely. Ideally, the information should be presented in the same order as in the larger document itself.

- Summarize the whole plan.
- Describe the methods used to gather public input and how the information was used to develop the plan.
- Address each of the focus areas.

3. Organization and Structure of the Aging Unit

Section 3-A Mission Statement and Description of the Aging Unit

Provide a brief description of the aging unit. The information in this section should fit on one page. This description should include the following information:

Mission Statement

The aging unit's mission statement represents a public statement about what the members see as its purpose. Developed by consensus among its members the mission statement tells the public: "This is our reason for being in operation. This is why we exist." It is expected that the mission of the aging unit will reflect a focus on advocating for older persons. Review the mission statement with both the Commission and/or Advisory committee to be sure it still reflects the agency's current situation. The mission statement should not exceed one paragraph.

Descriptive Information

Provide contact information for the most appropriate person to answer questions or make comments about the plan or the aging unit, to aid people who may have questions about the plan or the aging unit.

Section 3-B Organizational Chart of the Aging Unit

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in relation to the tribal government. The chart should be sufficiently detailed to ascertain the relationship between the aging unit and the tribal policy making body For example, does the commission on aging report directly to the tribal council, or is the commission subordinate or advisory to another tribal committee?

Section 3-C Aging Unit Coordination with ADRCs

Briefly describe the arrangement that exists between the Tribal Aging Unit and the Aging and Disability Resource Center that serves your area. Include an indication of whether your Tribal Aging Unit staff is co-located and whether the Tribal Aging Unit and ADRC serve a single county or multiple counties. Explain how the Tribal Aging Unit will collaborate and/or coordinate with the ADRC in carrying out the goals included in this Plan.

Section 3-D Statutory Requirements for the Structure of the Aging Unit

This section refers to requirements in [Chapter 46.82 of the Wisconsin Statutes](#).

1. Choose the option that represents the organizational structure of your aging unit.
2. Choose one of the options for the composition of commissions on aging and advisory groups, and
3. Confirm the aging unit has a full-time director as required by law. (The aging director cannot be equivalent FTE)

In answering these questions, carefully consider whether the tribe is in compliance with the law. If the aging unit is part of an aging and disability resource center (ADRC) the requirements of [46.82](#) still apply. Please direct questions to the area agency on aging.

State law does not permit a waiver of the requirements in this section. If a real or potential violation of the requirements of Chapter 46.82 exists, contact the area agency on aging for assistance in arranging a corrective action plan. Failure to do so could result in non-approval of the plan.

Section 3-E Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body.

Chapter 46.82 of the Wisconsin Statutes states that: “Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than two consecutive 3-year terms.” In the case of county board members the requirement is three consecutive 2-year terms (six years total).

In completing this roster of the policy-making body carefully consider whether the county is in compliance with the law. Completion of this roster is also a useful check if the aging unit is in compliance with the compositional requirements noted in Section 3-D. Please direct questions to the area agency on aging.

Section 3-F Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy making body) does not follow the Elders Act requirements for elected officials, older adults and terms or if the commission (i.e. policy-making body) is a committee of the county board (46.82 (4) (b) (1)).

Please list the membership of the committee. The term “advisory committee” is referenced in the Elders Act of 1993. In some counties the advisory committee may be named the advisory council.

Chapter 46.82 (4) (b) 1 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. In completing this roster of the advisory committee, carefully consider whether the county is in compliance with the law. Completion of this roster is also useful to check if the aging unit is in compliance with the compositional requirements noted in Section 3-D. Please direct questions to the appropriate area agency on aging.

Note: The nutrition advisory council, which is a requirement of the Older Americans Act (OAA) for the Elder Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82.

Section 3-G Staff of the Aging Unit

Provide the required information on the people employed as the aging unit director, nutrition director, nutritionist (including under contract), lead information and assistance specialist, benefit specialist, family caregiver coordinator, transportation coordinator and other aging unit staff (as applicable). Please recall that Chapter 46.82 requires a full-time aging director. State policy requires this to be “one” FTE. (cannot be equivalent FTE) Information on other staff may also be included at the discretion of the aging unit. If the Aging Unit is combined with the ADRC please show both staffs.

4. Context

The Aging Plan context section sets the stage for the Tribal Plan and describes the issues to be addressed in the rest of the document. The context conveys a clear understanding of the current and future service and support needs of the older residents, and the issues, challenges and opportunities facing the Tribal Aging Unit. When responding to this section please detail the sources of information used to develop this plan. (Sources may include public health data/information, hospital information/data, census data and tribal and/or county surveys).

The Tribal Plan context answers these questions:

- Who are the current and future older persons?
- What needs have been identified?
- How is the aging network organized to support older persons in the tribe?
- How are older persons supported by the Aging Unit and ADRC through programs and services?
- What are the critical issues/trends and future implications?
- What are the challenges for the Aging Unit?
- What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults?)

5. Public Input in the Development of the Tribal Aging Plan

Public Input:

It is important to involve older adults and caregivers in the development of the Tribal Aging Plan. A cornerstone of the Older Americans Act is that older adults have full participation in planning and the operation of community based services. It is expected by the State Office on Aging that each tribe will use a variety of methods to gather input prior to writing the aging plan. Some methods may include listening sessions, community conversations, focus groups, interviews and surveys. It is expected at least two methods will be used to gather public input.

Please refer to tools developed for gathering public input at the following link:

<https://gwaar.org/plansamendmentsassessments>

The advisory committee members should play a significant role in the development of the aging plan. They should be considered as a resource to reach community members about the supports and services they see as essential.

Please explain how you gathered information and ideas from the public prior to developing your plan. Please use the Public Input Report form and attach completed form to the final plan.

Public Input Report form: <https://gwaar.org/api/cms/viewFile/id/2004457>

Development and Review Process for the Aging Plan

1. Gather preliminary ideas and input from the public. At least two distinct methods of input collection should be used and noted on the Public Input Report form.
2. Development of a draft plan: A draft of the aging plan should address each of the aging plan goals and objectives. The plan should be developed in partnership with the tribal community, OAA Consultant and advisory and policy-making boards. Members of the policy making body and community should have a reasonable amount of time to review and offer suggestions on the plan prior to it being sent to GWAAR.
3. Submit draft plan goals and Public Input Report to GWAAR and revise as needed based on GWAAR feedback – *July 20, 2018*
4. Present draft plan to Advisory and policy-making body
5. *Collect feedback on draft plan by holding formal public hearings and other outreach.
6. Revise as needed based on public feedback and resubmit to GWAAR *if significant changes were made*
7. Present final plan to policy-making body for approval
8. Submit final plan to GWAAR for final approval – *November 2, 2018*

*Before submitting the plan to the Area Agency on Aging (AAA), the aging unit must conduct one or more public hearings on the draft plan. A public hearing should be used as an opportunity to collect feedback and comments to improve the draft plan. The aging unit should make a sincere effort to elicit participation from older people by scheduling the hearings at a time and in locations where it is convenient for the public to participate. Public hearings are separate from public input collection done prior to drafting the plan.

List the dates, times, locations, and numbers of people in attendance at public hearings. Summarize the comments from the public hearings, and how, the draft version of the plan was altered as a result of the comments received at the public hearings.

Please use the Public Hearing Report form to document your public hearings.

Public Hearing Report form: <https://gwaar.org/api/cms/viewFile/id/2004458>

Public hearings must conform to the following minimum requirements:

Time of the Hearing

The public hearing(s) must be scheduled to allow sufficient time for the aging unit to make any modifications or revisions to the plan based on the comments received at the hearing(s).

Public Notice

1. Official public notification (through public notice processes) must begin at least two weeks prior to the hearing. Public notices commonly appear in newspapers.
2. Notifications shall include the date, time, location, and subject of the hearing. In addition, notification shall indicate the location and hours that the plan is available for examination.
3. Hearing Notice should be notarized and a copy sent to the AAA.
4. An official public hearing notice must be posted in a local newspaper and/or online newspaper publication and at least one of the following: aging unit newsletters; radio announcements; television announcements; social media; and written notices sent to agencies, organizations and individuals known to have an interest in the plan.
5. Copies of the notice must be posted at nutrition sites and senior centers at minimum.
6. Where appropriate, both written and spoken announcements shall be made in languages other than English.

Location and Number of Hearings

Locations chosen for public hearings must be convenient and accessible to older people including people with disabilities, and large enough to accommodate all who wish to attend. Provision must be made when it is known that people with hearing or visual impairments or non-English speaking people will attend.

Where possible, hearings should be held at several locations and in conjunction with meetings of local aging organizations. Consider holding hearings at nutrition sites and senior centers.

Aging units are discouraged from holding hearings in conjunction with regular board/committee meetings.

Opportunity for Comment

Adequate time at the hearing must be allowed to provide interested parties with an opportunity to comment on the plan. In addition, individuals must be given an opportunity to submit their comments on the plan in writing.

Summary of Public Hearing Comments

Comments received at public hearings must be recorded in written or taped format. A written summary of the comments received at public hearings must be included in the plan. The aging unit must also indicate changes that were made to the plan as a result of the comments received at public hearings. Please note the public hearing process takes place after the draft plan is written and is separate from the public input process that takes place before the writing of the plan.

6. Goals for the Plan Period

Introduction

This section of the plan should address Advocacy Related Activities and the four other required focus areas; The Elder Nutrition Program, Services to Support Caregivers, Services for People with Dementia and Healthy Aging. Measurable goals should be written for each area listed above. At least one goal should be identified for each year of the plan.

Advocacy Related Activities

Describe, for each year of the plan, the activities and goals the aging unit will undertake to help enhance the ability of older people to fully participate in the planning and oversight of community aging services as well as participate in policy development and advocacy at the local, state and federal level on issues impacting them. This does not include day-to-day assistance in helping older adults get the benefits they are entitled.

The aging network provides an opportunity for older people to influence processes where community objectives are transformed into concrete policy actions and to follow-up on these measures. The Older Americans Act is founded on a principle of American democracy that people affected by programs and policies should have ownership of those programs and policies, including an integral role in their planning and development. The active participation of older people in the design, development and implementation of policies and programs gives them ownership of and responsibility for the aging network.

Participation in the operation of the aging network not only gives an older person an opportunity to comment on a particular issue but also recognizes her/him as an equal partner in the discussion. Describe how the aging will make ongoing efforts to gather input from older adults relate to the planning and development of aging programs and supports.

The document, Building a Common Identity for the Aging Network, identifies key principles that should be embodied in the development of Aging Unit planning. See the following link: <https://gwaar.org/api/cms/viewFile/id/2004441>

Examples of activities include the following:

- Provide training to older people in practical skills that will enable them to take an active part in political debates, e.g. how to speak in public, write a petition, use the internet and other technologies to connect with policy makers.
- Provide training to improve older people's understanding of tribal, local and national government policies. Included in the training should be the right to understand the local processes of government and their right to be heard.

- Creating opportunities for older people to speak for themselves and assert their interests in existing community initiatives, such as policy development groups, advisory committees, community programs, and community development groups.
- Informing older adults about their rights and duties in order to help them participate actively in their communities. Topics might include but are not limited to voter rights (such as absentee balloting), transportation and housing.

The Elder Nutrition Program

The Elder Nutrition Program is the largest program operated by national and state aging networks. The nutrition program consists of two programs, each with specific purposes. The congregate meal program provides meals in a community environment that promotes socialization and healthy aging. Home-delivered meals provide meals and daily social contact to those who are homebound. Other services such as nutrition screening, assessment, education and counseling are available to help older adults meet their health and nutrition needs.

Describe, for each year of the plan, the activities the aging unit will undertake to help improve the Elder Nutrition Program. Goals for improving the nutrition program might include efforts to revitalize the program.

Link: [GWAAR - Nutrition Program Operations](#)

Services in Support of Caregivers

Caregiver support activities focus on the tremendous demands placed on family caregivers and other informal caregivers who help older adults continue to live at home or in the community. The purpose of these programs is to support and assist caregivers as they provide care and assistance to their older family members, friends and neighbors, and to minor children and adults with disabilities who are under the care of older adults.

To assure local coordination of caregiver services in each tribe, aging units are required to participate in joint planning meetings with other local providers of services to families. The purpose of the planning meetings is to assist aging units in developing a system of caregiver support services in concert with other community agencies and voluntary organizations. If a caregiver coalition has not been formed, it would be an appropriate role for the aging unit to facilitate the formation of such a group. A caregiver coalition can be valuable in identifying and developing the services needed by family caregivers.

Describe for each year of the plan the activities the aging unit aging unit will undertake to help enhance the support of caregivers. Goals may include efforts for improving community services and supports to caregivers or developing new support group(s) for family members, expanding respite options or improving transportation services.

Services to People with Dementia

Dementia is a term used to cover a variety of cognitive symptoms caused by diseases or conditions that result in the death of brain cells. The symptoms of dementia progress over time from mildly problematic to severe enough to interfere with a person's ability to function independently on a daily basis, and the progressive death of brain cells will eventually lead to the death of the individual. The span of time for dementia to progress to death can be from a few years to a decade or two.

Dementia is a condition that primarily affects people over the age of 60, and affects people from every background. The majority of time an individual experiences the symptoms of dementia is spent living at home in the community. A community-wide understanding of dementia, readily available education on how to care for someone with dementia and how to plan for the future with dementia, and awareness of available services and supports are critical components for individuals and families on the journey with dementia to be able to achieve the best quality of life as the condition progresses.

Describe for each year of the plan the activities the aging unit will undertake to help improve quality of life for individuals and families who are living with Alzheimer's disease and other forms of dementia.

Dementia Care System Redesign - A Plan for Dementia Capable Wisconsin:
<https://www.dhs.wisconsin.gov/publications/p0/p00586.pdf>

Healthy Aging

The field of healthy aging includes a wide range of programs and services aimed at maintaining and improving physical and mental health throughout the lifespan, preserving independence, and minimizing the need for costly medical interventions. The Aging Network's healthy aging efforts focus on health promotion and disease prevention programs that are "evidence-based."

All programs using Title III-D funds must meet these criteria:

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
- Published results of research in a peer-review journal; *and*
- Fully translated** in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

***For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

Currently, a wide range of evidence-based health promotion programs are available for community implementation, and many now operate in Wisconsin, including programs to help people manage chronic diseases such as diabetes, cardiovascular disease, osteoporosis; improve balance and prevent falls; improve nutrition and control weight; manage caregiving responsibilities and stress; address alcohol and substance abuse; and improve physical, oral and mental health. In addition, many community programs operating in Wisconsin show promise for these kinds of improvements, but have not yet been scientifically tested for effectiveness.

Describe for each year of the plan the activities the AAA/aging unit will undertake to support/deliver healthy aging programming. This may include evidence-based interventions as well as activities that promote non-evidenced based healthy aging activities that do not utilize Title III-D funding such as blood pressure screening, foot care and oral health screening events and health fairs. Tribal aging units can use Title III-B or administrative funds for non-evidence based health promotion programs and activities.

For detailed information about the criteria for allowable Title III-D program expenditures, consult with the State Office on Aging Health Promotion staff with questions about specific interventions. A list of highest level evidenced-based health promotion programs and other information can be found at the following link:

<https://gwaar.org/health-promotion-for-professionals>

Local Priorities

In addition to the required content areas for the plan, aging units must set additional goals based on local priorities. It is expected that each tribal plan will include at least one goal based on a local priority for each year of the plan.

These “local priorities” should be developed as a result of input from the aging policy committee or advisory group and the public. Local priorities should reflect areas of need that were identified in the executive summary and/or context sections. Examples may include implementing quality improvement activities or a process improvement project, or activity related to marketing, advocacy training or developing volunteer capacity.

7. Coordination between Titles III and VI

The Older Americans Act (Sec. 306 (6) (G) and (11) (A)(B)(C)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under Titles VI and Title III.

Describe how the Tribal and County aging units will work together to coordinate and ensure the provision of services to tribal elders. Provide a narrative describing collaboration efforts and goals for each year of the plan.

8. Budget

In preparing these budgets aging units may assume the same allocations from the Bureau of Aging and Disability Resources as they received in final 2018 award. The actual allocations may differ. Round all figures to the nearest whole dollar.

The budget for the first year of the plan must be submitted on the Excel worksheet labeled “2019 Aging Unit Budget.”

Transfer Requests

The budget worksheet will also serve the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 20% of their Title III-C1 funds to Title III-C2.
- Agencies may transfer up to 20% of their Title III-C2 funds to Title III-C1.
- Agencies may transfer up to 15% of their Title III-C nutrition funds to Title III-B.

Agencies may request to transfer additional funds beyond the 20% limitation between Title III-C1 & C2 as well as beyond the 15% limitation from Title III-C to Title III-B. These transfer requests beyond the stated limitations will be allowed to the extent that we can accommodate them within our statewide restrictions under the OAA.

Title III-C1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

Title III-C2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

The Title III-C1 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C2 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C1 worksheet tab. Similarly, the Title III-C2 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C1 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C2 worksheet tab.

Calculating Match

Use the examples below to calculate the local match requirement.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the **combined** sum of the Bureau of Aging allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of \$10,000, the recipient would request \$9,000 (ninety percent) in federal funds and the matching share would be \$1,000 (ten percent).

Total costs of program	\$ 10,000	
Matching share (ten percent)	<u>x .10</u>	
	<u>\$ 1,000</u>	Matching share

Total costs of program	\$ 10,000	
Federal/state share (ninety percent)	<u>x .90</u>	
	<u>\$ 9,000</u>	Federal share

Matching share (ten percent)	\$ 1,000
+ Federal share (ninety percent)	<u>+ \$ 9,000</u>
Total program costs	<u>\$ 10,000</u>

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

\$ 9,000	Federal funds
<u>÷ 9</u>	Divided by 9
<u>\$ 1,000</u>	Matching share

The matching share may be cash, in-kind, or a combination of both.

See below for specific match requirements for each program.

Note: Dollars are only listed once on each budget page. Dollars listed in any given budget cell on a budget cannot be also listed in another cell. The only exceptions are cells in the "Total Budget" column, which naturally represent the sum of funds listed elsewhere on the budget page.

*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Expenditure Categories-Definitions

1. Administration - General management functions of the agency, which cannot be directly allocated to a cost center, related to the management and administration of funds from the Bureau of Aging and Disability Resources.
2. Personal Care - Providing personal assistance, stand-by assistance, supervision or cues for people having difficulties with one or more of the following activities of daily living (ADLs) such as: bathing, dressing, toileting, getting in/out of a bed or chair, eating or walking.
3. Homemaker - Providing assistance with routine household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): preparing meals, managing medications, managing money, doing light housework, shopping, traveling, or , using a telephone..
4. Chore - Providing assistance with non-continual household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): doing heavy housework and outside chores.
5. Home-delivered Meals – A meal provided to an eligible individual in his/her place of residence. The meal meets the requirements of the OAA and state policy.
6. Adult Day Care/Adult Day Health - Provision of care for functionally impaired older adults in a non-residential, supervised, protective, and congregate setting during some portion of a day (fewer than 24 hours). Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medication assistance and home-health aide services for adult day health. Older adults served require supervision but do not require institutionalization.
7. Case Management - Person-centered approach to providing assistance with care coordination for older customers and/or their caregivers in circumstances where the older person is experiencing diminished functional capacities, personal conditions,

or other characteristics which require the provision of services by formal service providers or informal caregivers. Activities of case management include learning the customer's strengths, assessing the customer's needs, developing care plan that ensure the safety and well-being of the customer, authorizing and coordinating services among providers that support the customer's needs, monitoring service provision and the customer's health and welfare, and providing ongoing reassessment of needs.

8. Congregate Meals - A meal provided to an eligible individual in a group setting which promotes socialization of older individuals. The meal meets the requirements of the OAA and state policy.
9. Nutrition Counseling - Provision of individualized guidance to older individuals or their caregivers who are at nutritional risk, because of their health or nutritional history, dietary intake, medications used or chronic illness. Counseling is provided on-on-one by a registered dietitian, in accordance with state policy, and addresses options and methods for improving nutritional status.
10. Assisted Transportation - Provision of assistance, including escort, to a non-ambulatory person who has difficulties (physical or cognitive) using regular vehicular transportation. Includes rides on predetermined routes and rides provided upon customer request.
11. Transportation - Provision of transportation for an ambulatory person from one location to another. Does not include any other activity. Includes rides on predetermined routes and rides provided upon customer request.
12. Legal/Benefit Assistance - Provision of legal or benefit advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
13. Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a program nutritionist. May include cooking demonstrations, educational taste-testing, audio-visual presentations, lecture, or small group discussions. Printed materials may be used as the sole education component for home-delivered meal program participants, if necessary.
14. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.

15. Outreach - One-on-one contacts with older adults or their caregivers initiated by an agency or organization to encourage their use of existing services and benefits. Does not include a group activity that involves a contact with several current or potential customers/caregivers (see Public Information definition). Does not include comprehensive assessment of need, development of a service plan, or arranging for service provision (see Case Management definition).
16. Public Information - Contacts with a group of older adults, their caregivers, or the general public, to inform them of service availability or provide general program information. Examples include but are not limited to health fairs, publications, newsletters, brochures, caregiver conferences, publicity or mass media campaigns, and other similar informational activities in accordance with state policy.
17. Counseling - Provision of professional advice, guidance, and instruction, either on a one-time or ongoing basis to an older individual and/or family members who are experiencing personal, social, or emotional problems. May be provided by telephone or in person by paid, donated and/or volunteer staff that has been professionally trained. Includes emotional support, problem identification and resolution, skill building, grief counseling, mental health counseling, etc. Does not include nutrition or legal counseling (See Nutrition Counseling and Legal Assistance definitions). Does not include support group activities (peer led) or training (See definitions for Support Groups and Training).

Training - Provision of formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation. May include use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings. Does not include staff training. Does not include nutrition education, health promotion programs or activities, or information and assistance (see definitions for Nutrition Education, Health Promotion Programs, Health Promotion Activities, and Information and Assistance).

18. Temporary Respite Care - A service which provides a brief period of relief or rest for caregivers. May include in-home respite or facility-based respite (either during the day or overnight on a temporary basis).
20. Advocacy/Leadership Development - Contacts made to monitor, evaluate, and comment on all laws, policies, programs, taxes, and service systems which affect older individuals. Includes participation in hearings, contacts with national, state and/or local representatives, etc. to promote benefits and opportunities for older individuals. Includes contacts that enhance the ability of older people to advocate for themselves and for other older people. Does not include services provided by an attorney or person under the supervision of an attorney.

21. Other - All services other than those listed above. This category should be used on a limited basis as the National Aging Program Information System (NAPIS) does not recognize other services. Prior to using "Other" contact the AAA for technical assistance.
22. Not Available
23. Health Promotion (Evidence-Based) - Programs that meet ACL/AoA's definition for an evidence-based program. Evidence-based programs promote health and wellbeing; reduce disease, disability, and/or injury; and/or extend the length or quality of life for adults 60 years old or older.

Title III-B Supportive Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement.

Unless you have received a waiver:

- ◆ **There is a 7% minimum for Access to Services.**
- ◆ **There is a 6% minimum for In-Home Services.**
- ◆ **There is a 5% minimum for Legal/Benefit Assistance.**

Title III-C1 Congregate Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

Title III-C2 Home-Delivered Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C2 of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. Aging units must support evidence-based health promotion disease prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Benefit Specialist Program funds.

There is a 10% minimum non-federal matching share requirement.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the aging unit is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Senior Community Services Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Senior Community Services Program funds.

There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the aging unit's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources.

Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the aging unit. It presents a concise picture of how the agency proposes to budget the state/federal funds it receives from the Bureau of Aging and Disability Resources, as well as the match, program income, and other sources of funds available to the agency which relate to the state/federal funds from the Bureau of Aging and Disability Resources.

Also included are all other federal, state, and local funds, which flow through the agency's books and are used to serve the elderly.

9. Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract.

10. Assurances

The assurances agreed to by this signature page must accompany the plan when submitted to the area agency on aging and the Bureau of Aging and Disability Resources.

The assurances need not be included with copies of the plan distributed to the public.

11. Appendices

Attach copies of comments received during public review of the Tribal Aging plan.

Indicate any changes made in the Tribal Aging plan following public comment.

Attach other documents that support the aging unit plan.