

Union-Snyder Agency on Aging, Inc.

FOUR YEAR PLAN

October 1, 2016 – September 30, 2020

Holly Kyle, Executive Director
Union-Snyder Agency on Aging, Inc.
116 North 2nd Street
Lewisburg, PA 179378
570-524-2100

www.usaaa17.org

Union-Snyder Agency on Aging, Inc.

Four-Year-Plan

2016-2020

AREA PLAN PART A

EXECUTIVE SUMMARY:

The mission of the Union-Snyder Agency on Aging, Inc. (U/SAA) is to help older adults within Union and Snyder Counties live independent, meaningful, and dignified lives in their own homes and communities, make informed decisions regarding their care, and stay active and productive for as long as possible.

The U/SAA Four-Year-Plan has been created to identify realistic and achievable goals, objectives and strategies that will not only work to provide critical services in the most cost effective and efficient ways possible, but also make services available in a way that is meaningful and practical for the consumers that we serve.

Through collaboration, partnerships, volunteer assistance, and empowerment of our employees, U/SAA intends to focus specifically on the services identified by Union and Snyder County consumers, local care providers, and U/SAA staff as being the most needed within our service area.

Some of the key areas identified are:

- increasing education and clarifying for older adults, health organizations/physicians, care providers and caregivers the available agency services;
- promoting U/SAA services in a way that reduces stigma and bridges the gap between "older" seniors and "younger" seniors;
- addressing isolation of and socialization for seniors;
- seeking resources to assist those seniors with low literacy/education levels, developmental disabilities, and mental illness, in order to ensure further that they may live healthier and more autonomously;
- linking consumers to resources needed due to lack of money for necessities, e.g., fuel, medical insurance, taxes, prescriptions;
- promoting health and wellness programs for accident and illness prevention and to further assist with the self-management of chronic disease;
- seeking alternative transportation services; and

- implementing strategies that will promote higher quality staff and volunteer promotion, retention, and performance.

AGENCY OVERVIEW:

Organizational Structure:

The Union-Snyder Agency on Aging, Inc. has been offering an ever-expanding range of services to our older county residents for more than 40-years. U/SAA was established in 1974 as a two county public agency under the sponsorship of the two Boards of Commissioners. In 2004, the agency became a private not-for-profit agency whose purpose is to develop, implement, maintain and promote a comprehensive service system for older individuals in the two counties. U/SAA has a Board of Directors which consists of thirteen members, and currently has 38 employees. We also provide information and support services to the family members and care givers of our senior community members. Each year the Union-Snyder Agency on Aging serves over 2,000 residents of Union and Snyder Counties who are age 60 and older. Our consumers cross all economic, social, and demographic stratus. We provide services to all eligible seniors without regard to race, color, national origin, age, disability, sex, gender identity, religion, political beliefs, marital status, or income.

Demographics

The 2010 Census indicates that Snyder County is home to 6,144 adults who are age 65 or older, including 779 who are 85 years of age or older. People 85 and over are the fastest growing population in Snyder County. Significant growth is also occurring in the 55 to 64 population, signaling a major need to increase services targeted to older residents of our area. The total number of consumers increased from 1,523 served in 2014 to 1,638 in 2015; 99% are not Hispanic or Latino. The majority (70%) of the consumers served are female. Slightly more than 50% of the consumers live alone. A vast majority (80%) of the total consumers served live in rural areas. Approximately 20% of consumers report income below poverty; however, in 2015 income was not reported by another 21%, up from 15% not reported in 2104.

Congregate meals consumers decreased from 263 in 2014 to 258 in 2015. The majority of the consumers served are female (73%); 56% to 59% live alone; and 82% live in rural areas. Case management consumers increased from 227 served in 2014 to 368 served in 2015. The vast majority are female (70%); 50% live alone; and 79% live in rural areas.

Consumers receiving personal care increased from 141 in 2014 to 172 in 2015. The percentage of female consumers increased from 79% to 84%. Consumers living in rural areas increased from 69% to 74%; and consumers living alone increased from 55% to

64%. The number of caregivers decreased from 46 in 2014 to 42 in 2015. The majority of caregivers are female; most are wives, daughters or daughters-in-law. There are somewhat more caregivers under age 60 (35% in 2014 and 38% in 2015), with a fairly even split of approximately 26% each for ages 60-74 and 75 – 84. Caregivers age 85+ are 17% of the total caregivers.

According to US Census data, 15.8% of the Union County population is age 65+, and in Snyder County 16.5% of the population is age 65+. In 2010-2014 in Union County 21-22.9% of the population was age 60+ and widowed. In Snyder County 23-25% of the population was age 60+ and widowed. The PA state rate was 23.1%. According to US Census data (Apr 1, 2010 – July 1, 2015), the estimated percent population change for both Union and Snyder County is 0.1% - 2.5% (PA rate is 0.8%). Estimated percent population change for Union-Snyder County municipalities is as follows: Two municipalities are -3%. Most municipalities have minimal change or .3% to 1.5%. Four municipalities are 1.6% to 3%. Three municipalities in Snyder County are increased at >3%. County population projections estimated percent changes 2010 – 2040 for Union County is 5.1% - 20%, and for Snyder County -5% - 5% (PA state rate is 11.3%).

According to PA DOH County Health Profiles 2015, diseases of the heart are the leading cause of death for people age 65 years and older in both Union and Snyder County. Obesity/overweight is a major behavioral health risk factor for both counties. Also for both Union and Snyder County, unintentional falls result in the most hospitalizations related to injury.

There are nine subsidized housing facilities in Union County, three of which currently have openings. In Snyder County there are eight subsidized housing facilities, two of which currently have openings.

According to The Center for Rural Pennsylvania, from 2000 to 2013 there has been a 13% increase in rural homelessness in the central region of Pennsylvania, compared to a 7% decrease in urban regions. The overall rate of rural homeless in Pennsylvania has increased 24%, while the total rate of homelessness for the state increased by only 2%. Rates of homelessness in all categories have increased in rural areas compared to five years ago, and at greater rates than in urban areas. These increases are most dramatic for the unsheltered homeless, individuals who are homeless and homeless veterans. Many rural homeless people have general health problems, mental health issues, drug and alcohol addiction, and disabilities. Other challenges for the rural homeless population include a lack of transportation and geographically dispersed employment opportunities, health care providers and social services. Rural homelessness is relatively

invisible, yet it is a factor that does and will continue to influence the older adult population of Union and Snyder counties.

Another factor that influences our service delivery is working with a population that has lower than average literacy skills. According to the most recent available data from the National Center for Educational Statistics, both Union and Snyder County 15% of the population lacks basic literacy skills. The rate for the state of Pennsylvania is 13%. According to The Center for Rural Pennsylvania, 11% of adults in the state who are age 25+ do not have a high school diploma. In Union County the rate is 14.5% and in Snyder County the rate is 17.7%.

The rate of enrollment in PACE/PACENET for both Union County [16.0%] and Snyder County [17.7%] is higher than the state rate of 13.6%

Local, Political and Economic Conditions

According to Union and Snyder County planning commission reports, Greenways reports and other U.S. Census data since 2007, both Union and Snyder Counties have struggled to recover from the nation's worst economic recession since the Great Depression. While conditions proved challenging for residents, employers, and local governments overall each county was fortunate that a number of local economic sectors remained relatively strong despite national and global struggles. Many local business, universities, private manufacturers have helped minimize the impacts within the counties, but overall there are still many challenges and deficits which affect the well-being of the communities within each county. Economic factors influence the population of Union and Snyder County. According to The Center for Rural Pennsylvania, the per capita personal income for Union County [\$34,666] and Snyder County [\$36,084] is below the state rate of \$47,679, however; the poverty rate [Union County 13.4%; Snyder County 13.1%] is only slightly less than the state rate of 13.6%.

The Union County unemployment rate stands at 5.8% according to the Pennsylvania Department of Labor and Industry which is equal to the state average. In recent years the county had one of the lowest unemployment rates in the region but now it is one of the highest. This could be due to the steady loss of good paying manufacturing jobs. The Pennsylvania Center for Workforce Information and Analysis (CWIA) has prepared employment projections by industry for the Central Pennsylvania area. This area includes Union County and the counties that are contiguous. The long-term projections show a growth of 5% or the addition of 289,090 jobs from 2010 to 2020. The largest net growth in employment in the Central Pennsylvania area is projected to be in Health Care and Social Assistance (6,540), Construction (1,620) and Professional and Technical Services (1,160). The largest decrease in employment is projected to be in non-durable Manufacturing at -7.2%, Finance and Insurance at -5.3% and Government -4.3%.

The population of Snyder County has increased 119% since 1920, representing an additional 20,417 persons. The county and region are struggling economically and this has been a major factor controlling population fluctuations that have occurred in the local economy. The reasons include: a lack of inter-municipal coordination and cooperation, out-migration of young people, an increased aging population, the need for workforce development, and an inequitable local tax structure. Manufacturing since the year 2001 was faced with the largest loss in employment in Snyder County. The sector dealt with a loss of 427 jobs, or 7.2 percent of the employment in the industry. This made up a total of 36 percent of all county employment losses since 2001.

Needs Assessment Data

Needs surveys were distributed to various local providers, U/SAA staff and Union-Snyder consumers via health fairs, email, senior centers, and home visits from May 2, 2016 through May 20, 2016. Survey results were tallied by May 25, 2016 and reviewed by the Four-Year-Plan Committee on May 27, 2016 in preparation for the Advisory Council meeting held on May 31, 2016. A portion of the Advisory Council meeting was dedicated to the explanation of the Four-Year-Plan process and requirements, in addition to review of the tallied survey results. Advisory Council recommendations and suggestions for the Four-Year-Plan were noted in order to further develop the Plan. The Advisory Council agreed with areas of focus that U/SAA has incorporated into the Four-Year-Plan and agreed that concentrating on the highest rated responses to the needs surveys. All Goals, Objectives, and Strategies for the U/SAA Four-Year-Plan were derived not only from the results of survey information and Advisory Council input, but also in accordance with the Aging Program Directive requirements.

Resource Development

The Union-Snyder Agency on Aging, Inc. is within close proximity to three large health care provider networks: Evangelical Community Hospital, Geisinger Medical Center, and Susquehanna Health. U/SAA does have a working relationship with each of these entities; however, in order to create a more cohesive system of care and support for older adults in Union and Snyder counties, developing a stronger connection with these resources will be integral to moving forward with the goals, plans, and strategies of this four-year-plan. The network of these resources is utilized by U/SAA; however, particularly with the impending MLTSS and CHC implementation in Pennsylvania it will be critical to partner and work closely with the medical and professional networks offered by these three major health care providers.

Additionally, U/SAA is continuously and diligently monitoring its spending and use of supplies, evaluating staffing ratios, seeking/pursuing resource diversification, and re-

evaluating/implementing best practices in order to provide quality and cost effective services to Union and Snyder County residents.

GOALS, OBJECTIVES, STRATEGIES, and PERFORMANCE MEASURES:

Goal 1: PROMOTING SERVICES

Objective 1:1: Expand outreach within the Union/Snyder service area in order to increase awareness of all local aging programs and services in a manner which promotes ease of communication and clearly outlines the services and programs that are available to older adults.

Strategies:

- Identify the geographic areas within Union and Snyder counties where U/SAA does not have established partnerships or connections, building locations, or are observed to have a lower number of consumers being served.
- Identify and target locations where older adults and caregivers/families gather and share U/SAA information at those locations, i.e.: post cards, mailings, e-mails re: website updates, brochures, presentations, or other preferred forms of communication.
- Work cooperatively with the local LINK Coordinator to assist with events, outreach and communication.
- Schedule routine speaking engagements at U/SAA senior centers where designated staff from each department presents detailed information regarding the services available through the program(s) they are assigned to facilitate.
- Schedule or host routine U/SAA services presentations or events (and/or preferred means of communication) that will reach the local network of hospitals, physicians, clinicians, and other consumer care providers.
- Work with an Independent Marketing Consultant to promote U/SAA services. Consultant duties will include a draft PR and marketing plan for approval and implementation, and regular reporting regarding PR and marketing results.
- Continue to attend health fairs, and other new or ongoing networking events and opportunities.
- Research and connect with local caregiver support groups in order to ensure that caregivers will have information about U/SAA services.

Performance Measures:

- Review of Independent Marketing Consultant reports
- Annual QA and marketing surveys for consumers, staff, and providers

- Compare SAMS data and reports re: consumer demographics prior to, and after, implementation of strategies
- Track numbers of partnerships prior to, and after, implementation of strategies

Objective 1:2: Clarify the message and make the “connection” for consumers regarding the programs and services that are linked to U/SAA.

Strategies:

- Evaluate, test, and implement marketing strategies that will make the U/SAA name more easily identifiable and associated with the programs and services offered
- Increase staff training efforts to ensure that programs and services being offered and provided are clearly and correctly explained to consumers.
- Evaluate and consider the possibility of “re-branding” the U/SAA operating name.
- Ensure that the Independent Marketing Consultant creates materials that clearly outline all services and programs associated with U/SAA.

Performance Measures:

- Review of Independent Marketing Consultant reports

Objective 1:3: Promote services in a manner that bridges the gap between the 60+ younger seniors and 60+ older seniors, reduces stigma regarding aging services, and encourages not only the utilization of services, but provides empowerment to seniors by providing the opportunity to contribute to the community via civic engagement/volunteerism.

Strategies:

- Utilize technology to reach younger seniors, i.e.: Facebook, Co-Pilot Community, Cyber Seniors programs
- Evaluate and create non-traditional volunteer opportunities with U/SAA; i.e.: marketing ambassadors, clerical assistance, arts/education/trade skills to share or create programming at senior centers.
- Connect with local employers to communicate the message that U/SAA is open to working with retirees who may be interested in becoming “pro-bono” volunteers by offering their professional experience/talent/expertise to assist seniors (or the agency) in order to expand or create new services and/or nurture existing ones.
- Continue to foster partnerships and working relationships with local schools and community centers for intergenerational programming (Grand Buddies, Cyber Seniors, YMCA, etc.).
- Continue to maintain and update the U/SAA website and Volunteer Match.

- Distribute Agency information regarding services and volunteer opportunities with local Universities, Life Long Learning groups, civic organizations, and churches.
- Continue with APPRISE initiatives to work with local employers/human resources managers to assist retiring employees with insurance and benefits counseling and U/SAA services information.
- Revise current volunteer policies and procedures to be less restrictive and more open to non-traditional volunteer opportunities.

Performance Measures:

- Co-Pilot reports from senior centers to monitor for intergenerational programming and volunteer participation
- Review of Independent Marketing Consultant reports
- Track and evaluate the number/types of new or ongoing partnerships prior to, and after, implementation of strategies.

Goal 2: IMPROVING ACCESS TO SERVICES

Objective 2:1: Create and implement innovative, accessible, achievable plans to promote advocacy and support to address the needs of minority groups and also consumers with low literacy and education levels, physical and mental disabilities, language barriers, and a lack of informal supports.

Strategies:

- Partner with local hospitals and patient advocates to help consumers better understand their care needs and help them access support to meet those needs
- Implement the Care Transitions Program starting in 2016.
- Work cooperatively with the local LINK Coordinator to host or assist with programs or events that promote/provide education and/or training regarding diversity.
- Continue to participate with the River Valley Senior Providers Group in order to continue to reach a wide variety and demographic of consumers within Union and Snyder counties.
- Partner with the Geisinger Health Library program and public libraries to refer consumers who need assistance to understand health literature and instructions so that they can care for their health needs in an informed and autonomous manner.

- Research and ensure to the greatest extent possible that U/SAA materials are created in a variety of mediums which are visually appropriate and written/presented at a literacy level that will be clear and meaningful to a variety of consumers.
- Develop and foster relationships with local ethnic and/or minority groups in order to seek avenues to reach their communities in the most effective manner possible, and create connections for translators and/or volunteers who will help U/SAA sensitively, appropriately, respectfully, and effectively address the dynamics and needs of seniors and families in those communities.
- Continue to work with The ARC of Pennsylvania by permitting their AMPES group (community integration and socialization program for those with developmental disabilities) to meet at the Selinsgrove Senior Center once-a-week at no cost.
- Continue to partner with the Standard Journal to create/distribute a monthly news publication "The Source"; whereby U/SAA publishes articles not only regarding U/SAA programs and services, but also asks local non-profits to submit their information to U/SAA to include in The Source.

Performance Measures:

- Track and evaluate the number/types of new or ongoing partnerships prior to, and after, implementation of strategies.
- Track current and new contributors to The Source and also track distribution of The Source
- Track required reporting for Care Transitions and/or LINK

Objective 2:2: Increase consumer awareness of access to affordable senior housing, transportation, food, dental, vision, hearing and medication services/resources

Strategies:

- Create and maintain the following lists:
 - Locations and schedules where food and/or household items (including durable medical equipment items) are distributed at no cost
 - Senior housing and low income housing locations in Union, Snyder and surrounding counties
 - The closest local dental, hearing, and vision services that are either low cost or free
 - Transportation services (including shared ride, taxi services, and volunteer transportation organizations)
 - Local volunteer organizations and support groups
 - Local churches that have community programs and assistance

- Continue to refer consumers to APPRISE for assistance with benefits eligibility reviews and prescription assistance programs.
- Work cooperatively with LINK to provide all of the resource information that U/SAA has available.
- Continue to participate with the Farmer's Produce Voucher program by distributing the vouchers at farmer's markets and senior centers throughout Union and Snyder counties.

Performance Measures:

- Routine review and update of resources lists and tracking all new/updated resources added since implementation of the strategy
- Tracking of number of APPRISE consumers
- Tracking of number of produce vouchers distributed

Objective 2:3: Promote and/or enhance services that will increase socialization/decrease isolation of older adults and caregivers in Union and Snyder Counties.

Strategies:

- Partner with local libraries to reach seniors who may be interested in mobile library programs
- Partner with local children's groups and/or services organizations that are looking for service projects geared to assist seniors either in their homes or at senior centers
- Cyber Senior program
- Grand Buddies program
- Promote the Foster Grandparent Program via the Independent Marketing Consultant
- Continue to advertise and promote U/SAA Senior Center programs
- Partner with local providers to evaluate the potential of providing supervision/respite for consumers so that caregivers can go to local support groups in order to reduce caregiver isolation.

Performance Measures:

- Co-Pilot reports (senior centers)
- Foster Grandparent reports (numbers)
- Senior Center surveys

Goal 3: IMPROVING QUALITY OF SERVICES

Objective 3.1: Expand Prime Time Health promotion efforts

Strategies:

- Increase Chronic Disease Self-Management workshops
- Offer Diabetes Self-Management workshop
- Continue to Healthy Steps Older Adults, and Healthy Steps In Motion
- Continue monthly blood pressure screening at all U/SAA senior centers

Performance Measures:

- Track number of workshops offered
- Workshop evaluations
- Co-Pilot reports
- Blood pressure evaluations

Objective 3.2: Improve the consistency, continuity, and autonomy of consumer care and services**Strategies:**

- Assign Long Term Care staff to consumers according to geographic location
- Implement the Care Transitions Program starting in 2016. While the exact model to be used has not been determined, talks have already begun with the Evangelical Community Hospital CEO.
- Through Aging Well, U/SAA will
- Work cooperatively with the LINK program to connect consumers to U/SAA services

Performance Measures:

- 15-day Assessment Reports
- LINK Quarterly Reports
- Service Coordinator/Care Management/Assessor assigned consumer reports
- Track all required reporting for Care Transitions, Assessment, and LINK

Objective 3.3: Pursue technology options in order to increase efficiency and timeliness of service**Strategies:**

- Co-Pilot for Senior Centers. Utilize the already installed and operating Co-Pilot systems by further utilizing the tools within the system to assess programming, service order/delivery accuracy and maximize productivity from staff.

- Volunteer Match—obtain volunteers to help further support services provided to seniors
- Work with public libraries to inform consumers about technology classes or programs that are offered.
- Routine updates and maintenance of the U/SAA Website and Facebook page
- Increase use of Surface Pro's and jet packs in the field during consumer visits/assessments, and new software for mobile assessments and CED's (Clinical Eligibility Determinations).

Performance Measures:

- Track use of U/SAA website/Facebook page (Independent Marketing Consultant reports)
- Co-Pilot reports
- Track number of volunteers and/or libraries assisting U/SAA consumers with technology
- Track numbers of mobile Assessments/CED's
- Track use and number of Surface Pro's and jet packs in use in the field

Goal 4: EMPOWER THE WORKFORCE

Objective 4.1: Expand and utilize employee skill sets in order to enhance performance, sense of accomplishment, and promote retention/job satisfaction.

Strategies:

- Seek cost effective opportunities for education and training/support
- Offer in-services and trainings that staff request; seek employee input for planning and offer to employees the opportunity to assist with the trainings or
- Create opportunities for staff to become "peer" trainers within their area of expertise
- Encourage staff to volunteer for U/SAA committees and special projects

Performance Measures:

- Track staff training
- Track U/SAA committee meeting minutes and special projects to review for diversity of staff participants

Objective 4.2: Promote volunteerism to provide support to staff

Strategies:

- Ask staff to provide information/suggestions where volunteers could be used to help complete Agency tasks and functions
- Ask staff to create job descriptions to place on Volunteer Match and other advertisement options
- Revise the current Volunteer Policy and Procedure manual to the greatest extent possible in order to expand volunteer opportunities and reduce the time/paperwork needed to become a volunteer
- Ensure that volunteers have the appropriate equipment and space to perform their duties
- Staff will supervise the volunteers assisting in their program.
- Volunteer Coordinator—examine the possibilities of either hiring, contracting, or finding a volunteer to become the coordinator

Performance Measures:

- Track the number of volunteers and programs/areas they provide service and survey staff to measure how the volunteers have been helpful/saved time, etc.

AREA PLAN PART B

**Section 1. Signature Page/Standard Assurances Commonwealth of Pennsylvania
Department of Aging**

FY 2016-20 Area Agency on Aging

Four-Year Area Plan on Aging

Signature Page

Area Agency on Aging Name and Address:

Union - Snyder Agency on Aging, Inc.
116 N. 2nd Street
Lewisburg, PA 17837

I/we certify that I/we are authorized to submit this Plan on behalf of the designated Area Agency on Aging and agree to abide by regulations issued by the Pennsylvania Department of Aging, the U.S. Department of Health and Human Services, and the U.S. Department of Labor. I/we further certify that the general public has had the opportunity to review and comment on this Plan through the public hearing process and that written policies, procedures or agreements, as appropriate, have been developed in accordance with Part A, Section 307 of the Older Americans Act, and are on file for review and approval, as appropriate, by Department of Aging officials.

I/we assure that services and programs of the Area Agency on Aging will be managed and delivered in accordance with the Plan submitted herewith. Any substantial changes to the Plan will be submitted to the Department of Aging for prior approval.

I/we hereby expressly, as a condition precedent to the receipt of State and Federal funds, assure:

That in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; The Americans With Disabilities Act of 1990; The Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1) I/we do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, or handicap:

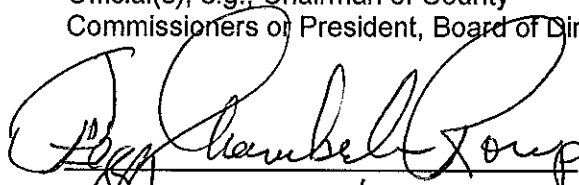
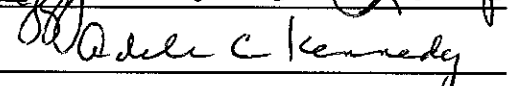
- a) In providing services or employment, or in its relationship with other providers;
- b) In providing access to services and employment for handicapped individuals.

2) I/we will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/we further hereby agree that all contracts for the provision of services addressed herein will require contractors to comply with these same provisions.

I/we certify that the advisory council of the Area Agency on Aging has participated in the development of this Plan and has reviewed the Plan as herewith submitted.

Signature(s) of Governing Authority
Official(s), e.g., Chairman of County
Commissioners or President, Board of Directors.

	Title
<u>Peggy Lambell</u>	<u>President</u>
	<u>Secretary</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Date
<u>July 21, 2016</u>
<u>July 20, 2016</u>
<u> </u>
<u> </u>
<u> </u>

(Signature of the Area Agency on
Aging Director)

(Title)

(Date)

Jeely L. Kyle

Executive Director

July 20, 2016

Name of Person to Contact Regarding the Contents of This Plan:

Tiffany Snook
(Name)

(570) 837-5070 xt. 1
(Area Code and Telephone)

Part B. Section 2

DOCUMENTATION OF PARTICIPATION BY THE AREA
AGENCY ON AGING ADVISORY COUNCIL

PSA NO. 17

NAME OF AAA: Union-Snyder Agency on Aging, Inc.

PLAN PERIOD FROM 2016 TO 2020

In accordance with 6 PA Code, Section 35.23, a.(1) and (2) and the Older Americans Act of 1965, as amended, I certify that the Area Agency on Aging Advisory Council has had the opportunity to assist in the development of this Plan. I further certify that the Area Agency on Aging Advisory Council has participated in at least one Public Hearing held on this Plan.

The Area Agency on Aging Advisory Council (does) does not) not recommend approval of this Plan.

Farida Zaid

Signature of the Chief Officer of the Area
Agency on Aging Advisory Council

Farida Zaid, Advisory Council Chair
Typed Name and Title

July 19, 2016
Date

Part B, Section 3

Listing of Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

ASSURANCES

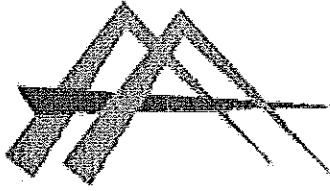
The Older Americans Act of 1965, as amended, requires each Area Agency on Aging (AAA) to provide assurances that it will develop a Plan and carry out a program in accordance with the Plan. Each AAA must comply with the following provisions of the Act. Written policies, procedures, or agreements, as appropriate, must be on file in the AAA office and available for review and approval by Department of Aging officials.

Area Plans

- Assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:
 - Services associated with access to services: transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services
 - In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction
 - Legal assistance
- Assurances that the AAA will report annually to the Department of Aging in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
- Assurances that the AAA will:
 - Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement
 - Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - Include proposed methods to achieve the objectives
- 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:
 - Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider
 - To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services
 - Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area

- Each AAA shall identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area, describe the methods used to satisfy the service needs of such minority older individuals, and provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
- Assurances that the AAA will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - Older individuals residing in rural areas
 - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
 - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
 - Older individuals with severe disabilities
 - Older individuals with limited English proficiency
 - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
 - Older individuals at risk for institutional placement
- Assurances that the AAA 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.
- Assurances that the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- Assurances that the AAA will, in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.
- Assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- Information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
 - Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities
 - Outreach, to increase access of those older Native Americans to programs and benefits provided under this title
 - Assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI
 - Assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- Assurances that the AAA will maintain the integrity and public purpose of services provided, and service providers under this title in all contractual and commercial relationships.

- Assurances that the AAA will disclose to the Assistant Secretary and the State agency the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.
- Assurances that the AAA will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- Assurances that the AAA will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
- Assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- Assurances 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.
- Assurances that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.
- Information detailing how the AAA will coordinate activities and develop long-range emergency preparedness plans with local and State emergency.



UNION-SNYDER AGENCY ON AGING, INC.

*"Serving older adults and their families
with vision, dedication and concern"*

Public Hearing
July 19, 2016

1. Call to Order
2. Presentation of the 2016-2020 Area Plan
3. Public Comment/ Testimony
4. Questions
5. Closing of the Public Hearing

Union-Snyder Agency on Aging, Inc.
Public Hearing/Advisory Council Minutes

1:00 pm July 19, 2016

Penns Creek Adult Resource Center

Present at meeting:

Holly Kyle, Executive Director USAA

Susan Church, Long Term Care Division Manager USAA

Debbie Sanders, Prime Time Health Coordinator USAA

Dianne Mengel, Selinsgrove Center Participant

Yvonne Dieffenderfer, Union Snyder Rabbit

Pam Ross, Snyder County Library

Judy Blair, Union County Community Representative

Dahle Bingaman, Snyder County Community Representative

Farida Zaid, PA Council on Aging Representative

Holly Kyle formally opened the Public Hearing/Advisory Council Meeting.

1. **Introduction** of meeting attendees and organizations that they represent.
2. **Approval of Minutes of Advisory Council 5/31/16 meeting;** 1st – Yvonne Dieffenderfer, 2nd – Dianne Mengel
3. **Advisory Council By-Laws were approved;** 1st - Dianne Mengel, 2nd – Fairda Zaid
4. **Election Of Advisory Council Officers;** the following members were nominated and accepted the positions:
Farida Zaid – President
Dianne Mengel – Vice President
Deborah Reichard - Secretary
5. **Regional Council on Aging Update** – Farida Zaid spoke about the PA Council on Aging has 21 members, 16 are appointed by the Governor and the remaining 5 are the Regional Council Members Representatives. The role of the PA Council on Aging is to give timely information to the Governor and Aging Secretary on what is important to the community seniors.
6. **Waiver Enrollment Broker** - Holly Kyle presented on the current Independent Enrollment Broker (IEB) Maximus and their role in the Aging Waiver Enrollment process since 4/01/2016. They currently hold the contract with the Department of Human Services for enrolling all Waiver consumers in the Commonwealth. They are struggling to enroll consumers in a timely manner resulting in Aging Waiver consumers not receiving in home services they really need. Farida Zaid has agreed to craft a letter of support to the Secretary of Aging and on behalf of the Union Snyder Agency on Aging,

Inc. on behalf of the Advisory Council expressing concern about the lack of Aging Waiver consumers through Maximus.

7. **Yellow Dot Program** - Farida Zaid spoke about the Yellow Dot program and its benefits. By having a yellow dot on your rear car windshield this program alerts first responders if you are in an auto accident that your important medical information is in the glove box.
8. **Public Partnership Program** - Farida Zaid spoke about the Public Partnership Program that trains an ambassador for your business and relays information about your business to others in the community.
9. **Review of the 4 year plan** – Debbie Sanders reviewed the highlights of the 4 year plan, by reviewing the goals, objectives, strategies and performances that the committee submitted in the plan. The draft 4 year plan was submitted on 7/01/2016 and expected feedback from the state should be received by 7/22/2016. Motion to approve the 4 year plan was approved by 1st – Yvonne Deiffenderfer, 2nd – Dianne Mengel
10. **The Apprise Program** – Lyn Mathias reviewed the Apprise Program. The Apprise Program is comprised of health insurance counselors that help you understand your health insurance options. This is a federally funded program designed to answer questions older adults have about Medicare, Medigap, Medicaid, long-term care insurance and preventive care. This is a free program provided to consumers. Apprise provides free workshops every other month alternating between Union and Snyder counties.

The next Advisory Council Meeting is scheduled for Tuesday October 25, 2016 1:00pm at the Penns Creek Adult Resource Center.

There being no additional matters to come before the committee, the hearing/meeting was adjourned.

Respectfully Submitted by:

Susan P. Church, Long Term Care Division Manager