

AREA AGENCY ON AGING FOUR-YEAR PLAN: Fiscal Years 2024-2027

**FIRST YEAR OF THE PLAN:
Fiscal Year 2024
July 1, 2023 - June 30, 2024**



**Tooele County
Area Agency on Aging**

**for
The Older Americans Act**

**Utah Department of Human Services
Division of Aging and Adult Services**

SHARED/Annual Plan/AAA/AAA First Year Plan FY2024 MS Word

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I. APPROVAL PROCESS

The Older Americans Act of 1965, as amended through 2006, requires that each Area Agency on Aging (AAA) develop an area plan. This is stated specifically in Section 306(a) of the Act as follows:

Each area agency on aging designated under Section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1).

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the first year of the four-year Area Plan FY 2024 - 2027 (July 1, 2023 - June 30, 2027). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2023.

II. SIGNATURES

Appropriate signatures are requested to verify approval of the Area Plan.

AREA PLAN UPDATE

July 1, 2023, to June 30, 2024

1. The Area Plan update for Fiscal Year 2024 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging _____ Date _____

Agency Name: _____

Agency Address: _____

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2024 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman _____ Date _____
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2024.

Chairman, County Manager or _____ Date _____
Association of County Governments

4. Plan Approval

Director _____ Date _____
Division of Aging and Adult Services

Chairman _____ Date _____
State Board of Aging and Adult Services

III. GOALS AND OBJECTIVES

Tooele County Aging Services uses a multi-facet approach to develop goals and objectives for the area plan. Aging Services is an integral part of the Tooele County Health Department (TCHD). Collaboration between the two departments led to the incorporation of Aging in all Health policies for TCHD. TCHD and Aging Services play a significant role in bringing together community partners to develop and conduct a comprehensive community health assessment (CHA) for the population, including older adults in Tooele County. The health assessment served as a roadmap for establishing health priorities aligned with Tooele County Aging Services' mission and vision. TCHD and Aging Services conducted surveys, focus groups, and interviews to understand the community's overall health status, including the community's most significant health challenges, strengths, and how to improve the community's overall health. The Community Health Improvement Plan (CHIP) process includes community partnerships to assist in implementing an action plan based on the data from CHA. Tooele Health and Aging Services' most recent CHA identifies priorities to include preventing obesity and related chronic conditions, improving mental health (improving health access, preventing depression and suicide), and reducing substance abuse.

Tooele AAA had additional input from older adults and caregivers throughout our community-identified needs and concerns to enhance our goals and objectives. The information gathered centered on questions regarding the problems for older adults living in our county, the ability to access resources and health programs, and the community's strengths.

Tooele AAA goals and objectives are a framework for program development for the next four years with assistance from over 30 health and human service agencies and local businesses. The partnerships created by the Tooele County Aging Services and the community agencies are vital to building a healthier community and meeting the needs of older adults.

Please indicate specific goals and objectives planned for the four-year plan in the following areas:

1. **Strengthening Older Americans Act (OAA) Core Programs** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Coordination of Title III and Title VI Native American programs (Sec. 307(a)(21);
 - b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330);
 - c. Age and dementia friendly efforts (Sec. 201(f)(2);
 - d. Screening for fall related TBI (Sec. 321(a)(8);
 - e. Strengthening and/or expanding Title III and VII services;
 - f. Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs.

Coordination of Title III and Title VI Native American programs - Tooele AAA will maintain relationships with the two bands of the Goshute Nation located in Tooele County. The Skull Valley Band of Goshute is one of the two bands of the Goshute Nation, the other being the Confederated Tribes of the Goshute. The Skull Valley band has a reservation of 17,920 acres in Tooele County, at Skull Valley, Utah, and their membership is 127. The Confederated Tribes of the Goshute is located in Ibapah, Utah, approximately 165 miles southwest of Tooele City. Ibapah is in a remote location with a total population of 152 individuals, and there are approximately 30 people 60 years of age or older. The closest city is Wendover, Utah. SHIP counselors will facilitate two presentations a year with both at their Community Centers and assist with Medicare concerns and enrollment via phone. The AAA will arrange for Mom's Meals to deliver meals if there becomes a need in Skull Valley or Ibapah. A concentrated effort will be made to meet with the Tribal Council in both Skull Valley and Ibapah and determine if the needs of the older adults are being met. Tooele County Aging Services does not receive Title VI grants.

Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition - All In-Home Service and Meals on Wheels (MOW) clients have a nutritional risk screening completed. If there is an indication of malnutrition, clients are encouraged to address this with their primary care provider. Staff continue to monitor these clients for risks associated with malnutrition and annual reassessment. Case managers/social workers visit with clients face to face quarterly to monitor declines in health status and to coordinate services to assure their needs are being met. MOW clients are reassessed annually and linked to other food security services when needed. These services include referrals to the food pantry, linking them to SNAP benefits, and our MOW program, which currently does not have a waiting list.

Age and dementia friendly efforts - Dementia Dialogues, Dealing with Dementia, and Dementia Live are taught and will continue to be taught twice a year by our certified gerontologist and social workers. Aging staff support and empower caregivers through education and support groups such as the Alzheimer's Association Support Group and the Parkinson's Support Group. Tooele County Aging Services participates in the Utah Alzheimer's Disease and Related Dementias Coordinating Council and supports the priorities from the 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan.

Screening for fall related TBI - Many of our evidence-based programs (Stepping On, Tai Chi, Walk With Ease, Living Well With Chronic Conditions) provide screening for fall related TBI. Fall Prevention Awareness Day will be celebrated every Fall and a physical therapist will present on falls and what can be done to prevent them. Aging collaborates with Health Promotion on these programs and presentations as well and health educators attend these events and promote their programs. All In-Home Services and MOW's assessments address Activities of Daily Living and when there is concern about a client being at risk for falls additional screening is performed. In-Home Services programs address mobility and fall risk during all quarterly reviews.

Strengthening and/or expanding Title III and VII services - Over the next four years our agency will work to strengthen and expand our Title III services. We currently provide Homemaker, Home-Delivered Meals, Case Management, Congregate Meals, Transportation, and Caregiving Services to as many clients and participants as our funding allows. We will also work to strengthen and expand our Title VII services. We currently provide Long-Term Care Ombudsman services, work to prevent elder abuse, neglect, and exploitation, support elder rights, have a current contract to provide legal assistance, and we provide benefits outreach, counseling, and assistance programs to the level our funding allows. The older adult population in our community continues to grow and our programs and services are becoming more and more popular and in need. We welcome expanding our Title III and Title VII programs and services however we are limited due to current funding restraints.

Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs - Our agency participates in monthly Tooele Area Enhanced Multidisciplinary Team (MDT) meetings to staff difficult cases in our area, provide training, collaboration, and resources. This meeting includes members from law enforcement, adult protective services, legal representatives, social workers, case workers, ombudsman, hospital personnel, local behavioral health, care coordinators, environmental health, community resource center director, and many others. We have a robust volunteer program and we have also started a new program in our agency working with Americorps UServeUtah. Senior Companions is a volunteer program specifically for seniors in need of socialization. This program allows seniors to serve as a companion to other seniors in need. A Volunteer Appreciation Events will continue to be held annually to thank and recognize all Aging Services volunteers. We plan to increase all volunteer programs over the next four years.

2. **COVID-19 Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Educating about the prevention of, detection of, and response to negative health effects associated with social isolation (Sec. 321(a)(8));
 - b. Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11));
 - c. Providing trauma-informed services (Sec. 102(41));
 - d. Screening for suicide risk (Sec. 102(14)(G));
 - e. Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D));
 - f. Providing services that are part of a public health emergency/emerging health threat and emergency preparedness (Sec. 307(a)(28) and (29)).
 - g. Expending American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure; and
 - h. Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas.

Educating about the prevention of, detection of, and response to negative health effects associated with social isolation - Tooele County Aging Services educates all program participants about prevention, detection of, and responses to the negative health effects associated with social isolation. Socialization opportunities are provided daily to in person participants and often virtually as well. Regular meetings continue to have a virtual option for attendance. Transportation continues to be provided and transportation services and options have been expanded across Tooele County. Technological improvements have been made across the division as well. More TV's, laptops, tablets, web cams, speakers, AV equipment, etc. has been purchased, provided, and installed to support more virtual offerings. Preventing social isolation will continue to be a priority over the next four years.

Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals - Dissemination of information about state assistive technology and access to assistive technology options for serving older adults will continue to be provided.

Providing trauma-informed services and screening for suicide risk - Aging staff are trained in being trauma-informed and all services are provided in a trauma-informed manner. All clients are screened for suicide risk and all AAA staff are trained in suicide prevention. Our goal is also to increase social norms supportive of help-seeking and recovery. We continue to partner with Prevention Services, the faith-based community, and other human service agencies to increase awareness of suicide prevention and mental health resources. Training is provided related to mental health awareness to staff, clients, and participants. There is increased support for survivors of trauma and suicide loss.

Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs - Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease are part of the evidence-based health promotion programs offered. Aging Services works with health educators and Community Health Workers (CHW) to provide community outreach to high-risk individuals, specifically the older adult population.

Providing services that are part of a public health emergency/emerging health threat and emergency preparedness - With Tooele's Aging Services being a part of the Tooele County Health Department there is a seamless delivery of services that are and will continue to be provided that are part of a public health emergency/emerging health threat and emergency preparedness.

Expending American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure - All American Rescue Plan (ARPA) funding and any other COVID-19 funding has been expended. CHWs continue to connect older adults with resources. Resources include utility assistance, rent assistance, food resources, and other services to help all individuals reach their full potential.

Incorporating innovative practices developed during the pandemic that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas – Case manager social workers and CHWs partner and connect older adults with community agencies and transportation services to ensure that individuals have increased mobility and information in native languages and focused services for the underserved, rural, and vulnerable populations.

3. **Equity Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Impacting social determinants of health of older individuals (Sec. 301(a)(1)(E));
 - b. Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable (Sec. 339(2)(A)(iii);
 - c. Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals (Sec. 202(a)(7));
 - d. Supporting cultural experiences, activities, and services, including in the arts (Sec. 202(a)(5));
 - e. Serving older adults living with HIV/AIDS; and
 - f. Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.

Impacting social determinants of health of older individuals - Tooele County Health Department has a Health Equity Coordinator to direct the mission of reducing disparities among our in-need populations. Some of the strategies this staff member deployed in 2022 to reduce disparities included:

- A modern system of interpretation services (video technology and a phone tree) for members of the public for whom English was not their first language
- Identifying needs and developing an action plan for initiatives related to the American Disabilities Act in collaboration with the Bureau of Health Promotion
- Establishing both an internal committee of Health Department employees to address issues surrounding equity within the Health Department's stewardship and a community coalition centered around health equity issues within the broader community

These efforts will be continued over the next year. Tooele County Aging Services believes everyone should have an opportunity to access available resources that can help them live a long and healthy life. We support the belief that health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities. For each strategic priority being addressed, our goal is to focus on the related social and economic conditions in the places where people work, live, learn or play, affecting health risks and outcomes. These social determinants of health have the power to affect positively or negatively on an individual or family's ability to achieve

health. Our approach recognizes that all people should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or background. It seeks to raise the bar for everyone, especially those who face significant barriers to better health.

Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable - Tooele AAA will ensure meals can be adjusted for cultural considerations and preferences and provide medically tailored meals to the maximum extent practical.

Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals - We prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals. We support cultural experiences, activities, and services, including the arts.

Serving older adults living with HIV/AIDS - Tooele Aging Services will always serve older adults living with HIV/AIDS with kindness, respect, and dignity.

Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings. - Our programs and services support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long-term services and supports (LTSS), including home, community, and institutional settings.

4. **Expanding Access to HCBS** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services (Sec. 301(a)(2)(D));
 - b. Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers (Sec. 305(a)(3));
 - c. Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (sec. 307(a)(18(A)-(C));
 - d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements; and
 - e. Incorporating aging network services with HCBS funded by other entities such as Medicaid.

Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services - Tooele County Aging Services' main goal is for older adults in our community to age in place in their homes. Our case managers social workers visit clients monthly by phone, face to face each quarter, and reassess annually.

Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers - Our case manager social workers are always assessing if the client's needs could be better met in a different environment. If the client wishes to return to the community all efforts are made to make this a reality. Case managers/social workers consider safety and health risks along with client wishes and have conversations with the clients and their families about these topics.

Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them - Case manager social workers work closely with all care providers when determining a plan of care for our clients.

Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements - Specific complex cases are staffed monthly at the multi-disciplinary team (MDT) meetings for clients in difficult circumstances or ones that are not receiving services that may be in need, or ones that we are working together as a team to help find solutions to meet their needs. Our goal is to continue to conduct, facilitate, and attend these monthly meetings to seek and participate in resolution of client issues in our area.

Incorporating aging network services with HCBS funded by other entities such as Medicaid - We incorporate aging services such as Medicare and Medicaid in the In-Home Services we provide. We will also continue to provide information to the community, partner agencies, hospitals, health care providers, care centers, and home health agencies on the services Tooele's Area Agency on Aging provides.

5. **Caregiving Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:
 - a. Documenting best practices related to caregiver support (Sec. 373(e)(1));
 - b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13))
 - c. Implementing recommendations from the RAISE Family Caregiver Advisory Council (<https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>); and

- d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (<https://www.gksnetwork.org/>).

Documenting best practices related to caregiver support - Tooele County Aging Services case managers/social workers will take a new approach to documenting best practices related to caregiver support by keeping a list of best practices in each client's folder that will be taken with them to clients homes each month. This allows them to cover a different topic each month with the caregivers. This has worked well with other AAA's so we will take this same approach, so caregivers are not getting all of their information at once and prevents them from feeling overwhelmed. This will allow caregivers to better learn the material if it is given in smaller more consumable amounts. Support groups are also held monthly or even twice a month and new topics are covered in each meeting.

Strengthening and supporting the direct care workforce - We work closely with contracted home health agencies. Our case managers are all licensed Social Workers and they have regular contact with home health agencies discussing current clients and other clients in need of services. Case managers meet one on one with each client and their families when admitting them to In-Home Service programs. During this meeting patient-centered care plans are developed, and this plan is modified as needed to meet the client's needs. This is a patient centered approach, identifying each client's individual needs. We also take a front door to back door approach, assessing the home so referrals can be made to the appropriate agencies in other areas. Case managers and Community Health Workers work together closely and are aware of the many community resources and services offered in our area. They provide this information to older adults, identifying services they would like to use or may need. Services such as housing/rentals, food assistance, mental health, and public benefits assistance. After these meetings referrals to these agencies are made to connect clients to the services. If additional help is needed case managers help current clients and Community Health Workers help non-clients get whatever help is needed for them to be successful.

Implementing recommendations from the RAISE Family Caregiver Advisory Council - We will support implementing the recommendations from the RAISE Family Caregiver Advisory National Strategy to Support Family Caregivers. Supporting these goals by increasing awareness of and outreach; advancing partnership and engagement; strengthening services and supports, ensuring financial and workplace security; and expanding data, research, and evidence-based practices.

Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families - We will work to coordinate with the National Technical Assistance Center on Grandfamilies and Kinship Families to enhance the level of support families receive.

6. **Elder Justice** – Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults.

Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults - Continual staff training is one of our main goals. Elder abuse training is one of the topics for staff training, and the AAA will coordinate with Adult Protective Services (APS) to present annually at the All Aging All Staff meeting and the Council on Aging. Monthly staff meetings have dedicated time on the agenda to discuss concerns with elder abuse, including malnutrition. A multidisciplinary team (MDT) was developed and coordinated with assistance from APS. The MDT meeting is a monthly meeting with representatives from over twenty local agencies. An APS staff member provides education and insight during these meetings.

The Ombudsman Program will become more visible in care facilities, with two staff persons being certified ombudsman this year. The ombudsman plans to increase the number of trainings in the next year at the care facilities they are assigned to. The ombudsman will present once a year at the All Aging All Staff meeting and to the Council on Aging.

Elder abuse presentations are provided at different activities, during programs, during meals, and special events. Our goal is to become the trusted community resource for matters related to senior fraud, waste, and abuse. We also provide weekly social media messaging and share elder abuse awareness messaging provided by the Department of Health and Human Services Division of Aging and Adult Services. The Senior Center's Active Aging newsletter and the local newspaper are also used to disseminate information to the public on fraud, scams, and abuse. Senior Medicare Patrol (SMP) newsletters are shared with staff and the community in both English and Spanish. We work diligently to reach out to community members that may not be being served. We have several bilingual staff and volunteers that assist with Spanish speaking clients to assure their translation needs are being met. We also have a contract with Utah Legal Services, and we are involved in the statewide Legal Services Workgroup.

IV. ACCOMPLISHMENTS FOR THE PAST YEAR

This section should be the “state of the agency” report. Discuss the agency’s major accomplishments, what is working as planned, what effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.

Tooele County Aging Services is a part of the Tooele County Health Department. Tooele's AAA was involved in the development of the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and the 2022 Annual Report. Please see:

<https://tooelehealth.org/wp-content/uploads/Tooele-County-Community-Health-Assessment-Final1.1-2022.pdf>

<https://tooelehealth.org/wp-content/uploads/2018/07/Final-CHIP-2018...2022.pdf>

<https://tooelehealth.org/annual-report-public-health-highlights/>

Tooele County Aging Services serves as the organization unit with delegated authority for implementing the Older Americans Act within Tooele County. The Division of Aging Services serves as an effective and visible advocate and the leader relative to all Aging issues for older adults in the County. Tooele County Aging Services works to promote the health, safety, and independence of adults 60 years of age and older by supporting a coordinated system of services that includes education, assistance, referral, nutrition, and socialization. Our Mission is to enhance the health and well-being of all older adults in Tooele County.

Our dedicated team of professionals worked tirelessly to address a wide range of aging and health issues. We have implemented evidence-based programs and policies to improve health outcomes and reduce health disparities, with a focus on serving vulnerable populations. With the ongoing COVID-19 pandemic we have played a critical role in the community response. We have provided testing and vaccination services, disseminated accurate information and guidance, and collaborated with local partners to mitigate the spread of the virus. While the pandemic has presented unprecedented challenges, we are proud of our team's resilience and adaptability in the face of adversity. I want to express my sincere gratitude to our staff, as well as our community partners and stakeholders, for their unwavering support and collaboration during 2022. We could not have accomplished so much without their dedication and contributions.

2022 was a time of transformation, a new Director of Aging Services was hired, and the previous Director stepped into a new role as Deputy Director for the Tooele County Health Department. There were several other staffing changes, two long-term employees retired, and many others moved on to new positions. There were staff shortages and growing pains along the way. We switched to a new meal provider for our senior nutrition program, multiple new database systems were brought online, the Aging Waiver nurse had to be replaced, and a social worker retired after many years in that position. We continued to meet the needs of older adults throughout Tooele County through services such as the Aging Waiver Program, the State Health Insurance Assistance Program, The Alternatives Program, the Tooele and Grantsville Senior Centers, the Senior Nutrition Program, Long-Term Care Ombudsman, and Caregiver Support Programs. We saw our population increase and our program participation grow. All programs and services offered by Aging Services are designed to assist older adults in leading independent lives in their own homes and communities as long as possible.



In 2022, we maintained over ten Aging Waiver program clients and maintained positive relationships with each of them. Our Long-Term Care Ombudsman resumed quarterly visits to each facility, which were suspended during the COVID-19 pandemic. The State Health Insurance Assistance Program maintained partnerships with the Social Security Administration representatives, the Senior Centers, Community Health Workers, and others both within the Health Department and in the community.



Our Caregiver Support Program offered 18 support groups with 96 attendees. Two Dealing with Dementia workshops were offered with 23 attendees. In October we began holding the Dementia Caregiver Support Group twice a month. We lent out items from our Dementia Caregiver Library for caregivers to use at home for a month at a time and took kits to support group meetings and educational opportunities. We collaborated with the Tooele City Library and Grantsville City Library to set up displays for National Family Caregiver month in November. We appreciate the many other partnerships and collaborations involved in making this year a success, such as USU Extension, Speirs Farm, Tooele City, the Children's Justice Center, and the Utah Chapter of the Alzheimer's Association among many others.

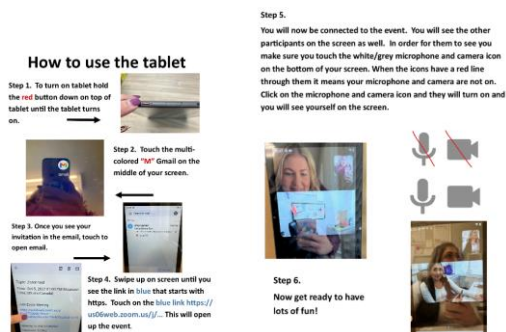
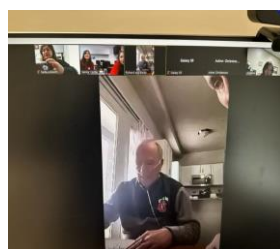
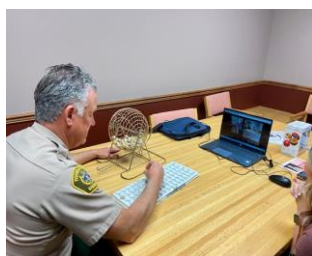


The Senior Centers continue to be a place for older adults to remain active and engaged in the community through educational presentations, classes, a daily meal, volunteer opportunities, and opportunities for socialization. Many evidence-based programs were held throughout the year such as the Arthritis Foundation's Exercise

Program, Walk With Ease, Tai Chi for Arthritis and Fall Prevention, National Diabetes Prevention Program, Stepping On Fall Prevention, Diabetes Self-Management Education, and Living Well With Chronic Conditions. Other programs included Cardio Drumming, Line Dancing, Flint Knapping, Fly Tying, Wood Carving, Karaoke, Qi Gong, Crafts, Movies, Games, Puzzles, Library, Exercise Equipment, and more.



Our Senior Centers implemented events and activities online, hybrid, and in-person platforms in 2022. These activities offered health promotion and education, social interaction, recreation, and volunteering opportunities for older adults. Staff and volunteers continued to work hard and make the necessary adjustments to offer programs safely while addressing social isolation and social determinants of health. Additionally in 2022, we were able to secure a \$15,000 grant from the Tooele County Recreation Special Service District to finance social events, healthy activities, recreational functions, and the supplies and equipment needed to support these.



In 2022, the Senior Centers worked with the health department to serve as a site to provide COVID tests to older adults and the public. Senior Center staff continued to adjust to changes during the ending phase of the pandemic such as re-opening the Senior Centers and providing information to older adults about the use of masks, social distancing, vaccines, and other preventative measures. Homebound older adults continued to have the opportunity to participate in virtual activities offered by the Senior Centers. Something new and innovative in our Senior Centers was allowing a Chaplain to join in at the Centers and volunteer to provide support and guidance to

participants as part of their Clinical Pastoral Education. Services provided were listening to struggles and helping individuals connect with their higher power in a way that brings them peace and reassurance. At the end of their training period, they held a Celebration of Life where everyone was invited to honor any of their loved ones that had passed between 2020-2023, especially those that may not have been recognized because of the COVID pandemic and gathering restrictions. The event was a beautiful celebration, well attended, and grief support resources were provided.



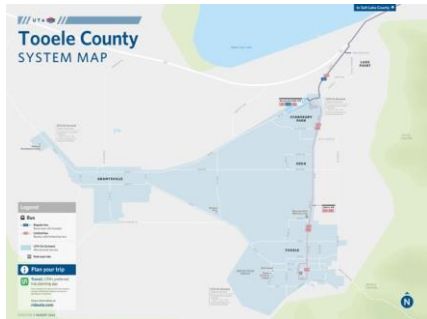
Tooele County Aging Services certified SHIP (Senior Health Insurance Assistance Program) counselors provide information and assistance with Medicare – with selection and enrollment into Medicare, a prescription plan, or a Medicare Advantage plan. Our trained counselors also assist individuals in applying for assistance for coverage costs, i.e., Extra Help for prescriptions and Medical Savings Programs for Medicare Part B costs. The counselors also assist older adults with preventing, detecting, and reporting Medicare and related fraud concerns under the Senior Medical Patrol program. In 2022, the counselors provided **1,231** one-on-one counseling sessions and **saved residents \$97,556**. The SHIP program collaborates with a variety of community agencies. Partners during 2022 included the following: Tooele County Health Department Prevention Services and Health Promotion, Tooele County Board of Health, Tooele County Multi-disciplinary Team, the Tooele Council on Aging, the Alzheimer's Association, Mountain West Medical Center's *Our Healthy Circle*, the Wendover, Tooele, and Grantsville cities, the Tooele Community Resource Center, the Tooele Transcript Bulletin, New Life Christian Fellowship, the Utah Independent Living Center, the Confederated Tribe of the Goshutes in Skull Valley and Ibapah, Tooele and Grantsville Senior Centers, and several local providers and health clinics.





The Tooele Transportation program is a vital partner for Tooele Aging Services and essential to community members. The partnership between Tooele County and UTA transitioned from the Flex Route and the On-Demand to UTA's MicroTransit. UTA was awarded an FTA Low or No Emission Vehicle Program grant to fund electric vehicles and charging infrastructure for Tooele County. In August 2022, Tooele County Transportation launched MicroTransit. This service is operated by an all-electric fleet, the first in Utah. MicroTransit improves mobility options, expands transit access and service coverage, and provides first and last-mile connections. Within the second quarter of the operation of MicroTransit, they hit record-breaking numbers and added two more drivers to their team. In addition to MicroTransit, Tooele County Transportation was also awarded the contract for the F453 Mid-day Salt Lake City – Tooele bus service; being awarded this contract, they were able to save all the Flex Route bus driver's jobs.

The great partnership with Tooele Transportation allowed for additional ridership for local senior transportation that included 2472 rides over the year. The senior transportation program in Tooele County thrives due to the passion and innovation of Tooele's Mobility Manager and a team of staff who have a great partnership with UTA. Tooele older adults benefit from the opportunity. We are grateful for this unique opportunity to work so closely with Tooele Transportation who seeks opportunities to expand transportation services throughout the community and benefits the older adults served.



As we look ahead, we remain committed to our mission to enhance the health and well-being of the older adults in our community. We will continue to work tirelessly to address the health needs and concerns of our older adults, and we look forward to the continued support of our community as we strive towards a healthier future.

V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

TITLE III AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES

Each area agency on aging (AAA) must maintain documentation to confirm the following assurance items. Such documentation will be subject to federal and state review to ensure accuracy and completeness. By signing this four-year plan document, the area agency on aging agrees to comply with each of the following assurances unless otherwise noted in the document.

Section 305(c): Administrative Capacity

An area agency on aging shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Section 306(a)(1): Provision of Services

Provide, through a comprehensive and coordinated system for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area, covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have the greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have the greatest social need (with particular attention to low income minority individuals) residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior center in such area, for the provision of such services or centers to meet such need;

Section 306(a)(2): Adequate Proportions

(a) Each area agency on aging...Each such plan shall--
(2) provide 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-

- (A) services associated with access to services (transportation, health services (including mental and behavioral 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);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

and assure that the area agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Section 306(a)(4)(A): Low Economic, Minority and Rural Services

- (i) The area agency on aging will-
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - (I) 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;
 - (II) 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; and
 - (III) 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; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –
 - identify the number of low-income minority older individuals in the planning and service area;
 - (I) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (II) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

Section 306(a)(4)(B): Low Economic, Minority and Rural Services Outreach

Provide assurances that the area agency on aging will use outreach efforts that will:

- (i) identify individuals eligible for assistance under this Act, with special emphasis on--
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

Section 306(a)(4)(C): Focus on Minority Older and Rural Older Individuals

Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 306(a)(5): Assurance for the Disabled

Provide assurances that the area agency on aging 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.

Section 306(a)(6)(A): Accounting for the Recipients' Views

Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan:

Section 306(a)(6)(B): Advocacy

Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will effect older individuals;

Section 306(a)(6)(C): Volunteering and Community Action

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
 - I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;and that meet the requirements under section 676B of the Community Services Block Grant Act.

Section 306(a)(6)(D): Advisory Council

Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters

relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

Section 306(a)(6)(E): Program Coordination

Establish effective and efficient procedures for coordination of:

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

Section 306(a)(6)(F): Mental Health Coordination

Coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

Section 306(a)(6)(G): Native American Outreach

If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

Section 306(a)(7): Coordination of Long-Term Care

Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

- (i) development of case management services as a component of the long term care services; consistent with the requirements of paragraph (8);
- (ii) involvement of long term care providers in the coordination of such services; and,
- (iii) increasing community awareness of and involvement in addressing the needs of residents of long term care facilities;

Section 306(a)(8): Case Management Services

Provide that case management services provided under this title through the area agency on aging will:

- (i) not duplicate case management services provided through other Federal and State programs;
- (ii) be coordinated with services described in subparagraph (A); and,
- (iii) be provided by a public agency or a nonprofit private agency that:
 - (1) gives each older individual seeking services under this title a list of agencies that proved similar services within the jurisdiction of the area agency on aging;
 - (2) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
 - (4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

Section 306(a)(9): Assurance for State Long-Term Care Ombudsman Program

Provide assurance that area agency on aging, 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;

Section 306(a)(10): Grievance Procedure

Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Section 306(a)(11): Services to Native Americans

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in the 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 area agency on aging 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 area agency on aging will, to the maximum extent

practicable, coordinate the services the agency provides under this title with services provided under title VI; and

- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

Section 306(a)(12): Federal Program Coordination

Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

Section 306(a)(13)(A-E): Maintenance of Integrity, Public Purpose, Quantity and Quality of Services, Auditability

Provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

- (ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) 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;

Section 306(a)(14): Appropriate use of Funds

Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

Section 306(a)(15): No Preference

Provide assurance that preference in receiving services under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

TITLE VII: ELDER RIGHTS PROTECTION

Chapter 1: General Provisions

Section 705(a)(6)(A): General Provisions

An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent, and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

Chapter 2: Ombudsman Program

Section 704(a): Organization and Area Plan Description of Ombudsman Program

Section 712(a)(5)(D)(iii): Confidentiality and Disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. [This is R510-200-8(B)(9) for confidentiality and R510-200-7(A)(e) for conflicts of interest using the definitions outlined in state and federal law]

Section 712(a)(5)(C): Eligibility for Designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:

- (i) have demonstrated capability to carry out the responsibilities of the Office;
- (ii) be free of conflicts of interest;
- (iii) in the case of the entities, be public or nonprofit private entities; and
- (iv) meet such additional requirements as the Ombudsman may specify.

Section 712(a)(5)(D): Monitoring Procedures

- (i) In General: The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

Section 712(a)(3)(D): Regular and Timely Access

The Ombudsman shall ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

Section 712(c): Reporting System

The State agency shall establish a statewide uniform reporting system to:

- (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems, and
- (2) submit the data, on a regular basis.

Section 712(h): Administration

The State agency shall require the Office to:

- (1) prepare an annual report:
 - (A)describing the activities carries out by the Office in the year for which the report is prepared;
 - (B)containing and analyzing the data collected under subsection (c);
 - (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
 - (D) containing recommendations for:
 - (i) improving quality of the care and life of the residents; and
 - (ii) protecting the health, safety, welfare, and rights of the residents;
 - (E)(i)analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
 - (ii) identifying barriers that prevent the optimal operation of the program; and
 - (F)providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;

- (3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:
 - (i) the problems and concerns of older individuals residing in long-term care facilities; and
 - (ii) recommendations related to the problems and concerns.

(These three assurances were added to the ombudsman section in May, 2003)

Section 712(f): Conflict of Interest

The State agency shall:

- (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman:
 - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (C) is not employed by, or participating in the management of, a long-term care facility; and
 - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:
 - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

Section 712(a)(3)(E): Representation Before Governmental Agencies

The Ombudsman shall represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

Section 712(j): Noninterference

The State must:

- (1) Ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful.
- (2) Prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office.

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a)

(5) (B) and that representatives will be able to report any interference to the State?

Chapter 3: Programs for the Prevention of Elder Abuse, Neglect and Exploitation

Section 721(a): Establishment

In order to be eligible to receive an allotment under section 703 from funds appropriated with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

Section 721(b)(1-2)

- (1) providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- (2) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

VI. AREA PLAN PROGRAM OBJECTIVES

Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Case Management (1 case): Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required.	5		79	
Personal Care (1 hour): Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.	2		146	
Homemaker (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	5		861	
Chore (1 hour): Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.	0		0	
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for	0		0	

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.				
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	0		0	
Transportation (1 one-way trip): Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity. Legal Assistance (1 hour): Provision of legal advise, counseling and representation by an attorney or other person acting under the supervision of an attorney. Nutrition Education (1 session): 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 or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			3213 20 112	

- Persons assessed and determined eligible for services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p>Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p>Outreach (1 contact): Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.</p>			<p>1321</p> <p>220</p>	

* Persons assessed and determined eligible for services

TITLE III C-1

Title III C-1 Program Objective	Persons Served – Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.	804		19,213	
Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or	112		112	

Title III C-1 Program Objective	Persons Served – Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
Nutrition Education (1 session): 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 or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			1119	

* Persons assessed and determined eligible for services

TITLE III C-2
Home-Delivered Meals

<p style="text-align: center;">Title III C-2 Program Objective</p>	<p style="text-align: center;">Persons Served - Unduplicated Count</p>	<p style="text-align: center;">Persons Waiting for Services*</p>	<p style="text-align: center;">Estimated Service Units</p>	<p style="text-align: center;">Estimated Number of Persons Not Served</p>
<p>Assessment/Screening (1 Hour): Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.</p>			<p style="text-align: center;">126</p>	
<p>Home-Delivered Meals (1 meal): Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which:</p> <ul style="list-style-type: none"> a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding 	<p style="text-align: center;">445</p>		<p style="text-align: center;">53,712</p>	

<p align="center">Title III C-2 Program Objective</p> <p>Home-Delivered Meals (cont'd): the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p>	<p align="center">Persons Served - Unduplicated Count</p>	<p align="center">Persons Waiting for Services*</p>	<p align="center">Estimated Service Units</p>	<p align="center">Estimated Number of Persons Not Served</p>
<p>Nutrition Counseling (1 hour): Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p>	0		0	

* Persons assessed and determined eligible for services

TITLE III D Preventive Health

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Health Promotion Evidence-Based Programs (Stepping On, Tai Chi for Arthritis, Walk With Ease, Arthritis Foundation Exercise Program, National Diabetes Prevention Program, Living Well With Chronic Conditions)	259		4494	

* Persons assessed and determined eligible for services

TITLE III E
National Family Caregiver Support Program (NFCSP)

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
Information: Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	1826		171,362
Assistance: Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	11		300
Counseling/Support Groups/Training: Estimate the number of individuals who will receive counseling/support groups/training.	47		3500
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	12		350
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	6		30

* Persons assessed and determined eligible for services

OTHER OLDER AMERICANS ACT

Other Services Profile (*Optional*): List other services and the funding source.

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Assessment Screening - IIIB			187	
Interpreting/Translation - IIIB			69	
Recreation - IIIB			3,567	
Telephone Reassurance - IIIB			642	
Letter Writing/Reading - IIIB			321	

* Persons assessed and determined eligible for services

Note: *There are no restrictions on the number of Other services which may be reported.*

Mission/Purpose Codes:

A= Services which address functional limitations

B= Services which maintain health

C= Services which protect elder rights

D= Services which promote
socialization/participation

E= Services which assure access and
coordination

F= Services which support other
goals/outcomes

STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	Home and Community-based Alternatives Program: ** Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	24	44	30
RVP	Volunteer: Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	4	2	

* Persons assessed and determined eligible for services

** Quarterly and annual reporting requirements by service area will still be required. (Example: case management, home health aide, personal care, respite, etc.)

MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
Purpose: A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	15	4	10

* Persons assessed and determined eligible for services

VII. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

This section allows the AAA to annually reaffirm, with documentation, the information found in its four-year plan. It is important to include documentation with the request for any waivers, including descriptions and justifications for the request. This section provides an opportunity to discuss any modifications the agency is requesting to amend in the four-year plan. The following areas should be included, and any others that the AAA would like to add:

1. PRIORITY OF SERVICES

Nutrition Services

- Home Delivered Meals
- Congregate Meals
- Emergency Shelf Stable Meals

Support Services

- Information and Referral
- Case Management and long-term supports and services
- Senior Centers
- Transportation
- Volunteer opportunities for older adults

Caregiver Support Services

- Educational Classes
- Support Groups
- Information, Access, and Outreach

Elder Justice

- Multi Discipline Team (MDT) Meetings
- Ombudsman presentation at long-term care (LTC) facilities
- Senior Medicare Patrol (SMP) fraud prevention efforts

Health and Wellness

- Evidence-based health promotion and prevention programming

2. SERVICE PROVIDERS

List all providers from whom the agency will purchase goods or services with Title III funds to fulfill area plan objectives. Specify the goods or services being purchased and the type of agreement made with the provider, i.e., subcontract, vendor, memorandum of agreement, etc.:

AGREEMENT		
PROVIDER NAME	GOODS/SERVICE(S)	TYPE
Utah Legal Services	Legal Services	Written agreement
Switchpoint	Meals/Nutrition	Written agreement
Mom's Meals	Meals/Nutrition	Written agreement
Home Instead	In-Home Services	Written agreement
Community Nursing Services	In-Home Services	Written agreement
Acumen	In-Home Services	Written agreement
Canyon Home Care & Hospice	In-Home Services	Written agreement
Visiting Angels	In-Home Services	Written agreement
ADT	In-Home Services	Written agreement
Connect America	In-Home Services	Written agreement

3. DIRECT SERVICE WAIVERS

The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[1]) will be directly provided by the State Agency or an area agency on aging, except where,

in the judgment of the State Agency, provision of such services by the State or an area agency on aging is necessary to assure an adequate supply of such services, or where such services are directly related to such state or area agency on aging administrative functions, or where such services of comparable quality can be provided more economically by such state or area agency on aging.

Is your agency applying for any Direct Service Waivers?

Yes [] No [X]

If yes, list the services for which waivers are being requested and describe the necessity for the direct service provision.

4. PRIORITY SERVICE WAIVER

Reference(s): OAA Section 306(a)(2), 306(b)(1)(2)(A)(B)(C)(D), 307(a)(22)
State Rule R110-106-1

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services. **Attach appropriate documentation** to support the waiver request as follows:

- 1) notification of public hearing to waive Title III B funding of a service category,
- 2) A list of the parties notified of the hearing,
- 3) A record of the public hearing, and
- 4) A detailed justification to support that services are provided in sufficient volume to meet the need throughout the planning and service area. (See State Rule R805-106 for specific requirements.)

<u>SERVICE CATEGORY</u>	<u>DESCRIPTION OF REASON FOR THE WAIVER</u>
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Access: N/A

In-Home: N/A

Legal Assistance: N/A

5. ADVISORY COUNCIL

References: OAA Sections 306(a)(6)(F)
FED 45 CFR Part 1321.57

Council Composition	Number of Members
60+ Individuals	5_____
60+ Minority Individuals	1_____
60+ Residing in Rural Areas	3_____
Representatives of Older Individuals	4_____
Local Elected Officials	3_____
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	2_____
Representatives of Supportive Services Provider Organizations	1_____
Persons With Leadership Experience in the Voluntary and Private Sectors	5_____
General Public	5_____
Total Number of Members (May not equal sum of numbers for each category)	12_____

Name and address of chairperson:
Malcolm Walden, 255 E Broadway, Tooele, UT 84074
Email: mw@firston.com

Does the Area Agency Advisory Council have written by-laws by which it
operates?

☒ Yes ☐ No

Area Agency Advisory Council meetings schedule:
Tooele Senior Center, 59 E Vine Street, Tooele, UT 84074
4th Wednesday of the month from 1-2 pm

VIII. POPULATION ESTIMATES

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	11,199	1,071	575
Age 65+	7,334	1,008	299
Minority Age 65+	880	127	83

* Population data from the Governor's Office of Planning and Budget are provided for each county on the attached sheet.

IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

- 1. With fewer providers and the cost of using those providers increasing, how are you meeting the specific needs of your clients and those who are waiting for services?**

Tooele AAA recently updated and increased our rates and contracts with all of our providers. Increasing our rates made more providers willing to contract with us. We added to our list of providers and services by doing this. We also reached out to new providers or providers we used in the past but weren't currently using. By increasing our provider rates, we are serving fewer clients due to limited funding. Due to funding constraints, we are only able to serve a certain number of clients. We work closely with each of our In-Home Services clients to help them make their care plan and choose their own providers and the services they need. We serve those who are eligible for our different programs, and we do a risk assessment and serve those most at risk. For those we are not able to serve we put them on the appropriate waiting list according to their eligibility and risk score. For those on the waiting list we try to work with them to attend education and support groups and refer them to other services.

We also refer clients to other options such as working with a Community Health Worker or another program like our AmeriCorps Volunteer Senior Companion program. This helps address specific situations as much as possible without being on one of our In-Home Services programs. We also invite older adults that may have specific needs but are not a client of our In-Home Services programs to participate in our Senior Centers programs and activities and partake in a congregate meal and socialization. If older adults are homebound and not able to be a client of our In-Home Services programs, we do assist them with getting on Meals on Wheels where there is no waiting list. We also offer virtual activities and assist with using technology to help with socialization.

- 2. Statistics from the CDC show that deaths due to malnutrition more than doubled between 2018 and 2022, with the COVID-19 pandemic exacerbating food insecurity, particularly among older adults. Utah, New Mexico and South Carolina saw the highest malnutrition mortality rates among adults older than age 65, with experts saying many safety net programs were suspended during the pandemic, making it more difficult for older adults to get proper food and nutrition.**

What can and is being done in your AAA to ensure that older adults understand and receive proper food and nutrition, so that the mortality rate due to malnutrition can be decreased in Utah?

We must first be sure older adults understand the importance of proper nutrition and how it relates to long term chronic health conditions. We teach nutrition in a number of ways. We educate all older adults that participate in our programs and services on malnutrition. We offer evidence-based programs such as Living Well With Chronic Disease and the National Diabetes Prevention Program, both of which address nutrition. We also serve daily nutritious meals at our congregate meals and home delivered meals and we ensure meals are approved by a registered dietician. The dietician makes sure meals are nutrient dense, cuts out added sugar, saturated fat, and sodium. We make sure meals are appealing, enjoyable, and safe. Information is shared to all in many ways to educate on nutrition. Flyers, newsletters, handouts, ads, posters, classes, guest speakers, table messaging, etc. are provided continually throughout the year. All aging staff are trained on malnutrition. Staff are also trained to report elder abuse when there are concerns, malnutrition being one of these areas.



We celebrate and discuss National Nutrition Month. We ask for our meal participants feedback on the meals we serve regularly. Case manager social workers also work with people in rural areas where MOW is not delivered. People in rural areas or those who are not able to receive MOW for other reasons are provided with nutritious frozen meals by mail. Clients are assessed and reassessed on nutrition risk annually. We work with our TCHD Dental Clinic and dental health is also addressed at our Centers to ensure participants

have the ability to chew foods. Dental health is also addressed in risk assessments. Healthy beverage choices for older adults are addressed with participants and clients. Community Health Workers help link older adults experiencing food insecurity to resources such as the local Food Pantry or state assistance programs, for example SNAP/food stamps. Clients and participants are always referred to their primary care provider if they or staff have concerns.

3. Utah is one of the fastest growing states and has one of the highest life expectancies in the country. Therefore, population projections suggest the percentage of older adults (65+) at risk for Alzheimer's disease is also increasing rapidly (23.5% increase between 2020 and 2025), placing Utah among the top ten states for rate of increase. In fact, while Alzheimer's disease is the seventh leading cause of death in the U.S. among people 65 and older, it is the fourth leading cause of death in Utah.

What can and is being done in your AAA area to ensure: 1) the community understands ways to reduce their risk of dementia, and 2) family caregivers have the resources and support needed to help them care for a loved one with dementia?

Much of what we provide as a AAA to the community are ways to reduce the risk for dementia (socialization at centers, educational classes on dementia, exercise classes, encouraging hobbies, promoting learning, informing about Medicare coverage for preventive and testing services, nutrition programs, etc.)

The Alzheimer's Association offers a community education presentation titled **"Healthy Living for the Brain & Body: Tips from the Latest Research"** with the following description: *For centuries, we've known that the health of the brain and the body are connected. But now, science is able to provide insights into how to make lifestyle choices that may help you keep your brain and body healthy as you age. We will discuss research and recommendations in the areas of diet and nutrition, exercise, cognitive activity and social engagement.* Last year we worked with Mountain West Medical Center and hosted this presentation, connected them to the Alzheimer's Association, and we invited our clients and the community to attend the presentation held at the local hospital. We would like to continue community education presentations. Another thing that has been done in the past is promoting the State's Age Well campaign - announcing/encouraging and handing out flyers that raise awareness of the 3-minute brain health check their primary care provider should be conducting during their Medicare Annual Well Visit.

Several ideas of what can be done are to find an existing or develop a social media campaign that educates our community about ways to reduce dementia risk - including everything from “socializing/having a strong social support network helps reduce the risk of Alzheimer’s (so come to our centers), OR exercise helps reduce...(team up with senior centers, parks dept, city pools, trail, gyms, etc. to promote a range of fitness options), getting hearing tests can help reduce..., develop a new hobby or take a class, learning/continuing education can reduce...(we could partner with Tooele Tech, USU, libraries, U of U, etc. about the many educational opportunities available in our community). We can also work to educate our community with information in other formats like monthly stories in our local newspaper, blurbs in senior newsletters, etc. We can collaborate with other divisions such as prevention and health promotion and other agencies to work to target younger age groups to educate about reducing risk, possibly as part of health class curriculum, and educate the community on the importance of knowing your family’s health history.

Different things that can be done to ensure family caregivers have the resources and support needed to help them care for their loved one with dementia are offering support groups, educational classes, referrals to resources, lending of materials and equipment, Meals on Wheels, assistance with paperwork (Medicare counseling), etc. all of which are forms of support to caregivers who have a loved one with dementia. Also, we are continuously working with other partner agencies and organizations to provide support. What could be done in our area to ensure support is to increase funding to meet the growing demands for services. We need respite options in our area, and we need more people that can/will do home modifications (adapt older homes, install grab bars and ramps). Providing dementia specific training for those within our community who work with these dementia caregiving families would also be very helpful (doctors, dentists, first responders, pharmacies, healthcare worker in care facilities, legal services, financial institutions, etc.). These are some of our goals and strategies and we will work hard to do what we can with the funding and services we have in our community.