DARS | Virginia Department for Aging and Rehabilitative Services

DIVISION FOR AGING SERVICES

The Area Plan for Aging Services

Fiscal Years 2024-2027

Agency: New River Valley Agency on Aging

Mailing Address: 44 Third St NW Pulaski VA 24301

Local Telephone: 540-980-7720

Toll Free Number: 1-866-260-4417

Fax: 540-980-7724

Email: nrvaoa@nrvaoa.org

PSA #: 04

Counties:

Pulaski, Montgomery, Floyd & Giles

Cities:

City of Radford, Towns of Pulaski, Blacksburg and Christiansburg

Third Year of the Area Plan:

October 1, 2025 through September 30, 2026

Virginia Department for Aging and Rehabilitative Services

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PURPOSE

This Area Plan for Aging Services (Area Plan) outlines the scope of aging related services provided by the Area Agency on Aging (AAA) with funding from the Virginia Department for Aging and Rehabilitative Services (DARS). The Area Plan is based on a comprehensive assessment of the demographic characteristics and needs of the older population in the AAA's planning and service area (PSA). AAAs are required to submit their Area Plans to DARS for review and approval.

The Area Plan serves as a roadmap for the AAA's management, administration, service system development, service delivery, and advocacy efforts during the planning period. It aligns services with the principles of the Older Americans Act (OAA), including:

- Promoting and sustaining the independence and dignity of older individuals, particularly those capable of self-care, through home-based services and community support.
- Removing individual and social barriers to economic and personal independence for older individuals.
- Supporting a continuum of care, including long-term care, family support, and community-based services that help older adults live in their homes and communities.
- Ensuring older individuals have the freedom to manage their own lives, can actively participate in planning the services provided for their benefit, and are protected against abuse, neglect, and exploitation.

In developing the Area Plan, the AAA identifies the unique needs of the older population in their community, evaluates the effectiveness of existing services, and sets priorities for current and future service delivery. The Area Plan outlines a broad range of services, such as nutrition programs, transportation, caregiver support, health promotion, and other supportive services. It also demonstrates how the AAA will coordinate services, maximize resources, and ensure accessibility and service availability for all older adults in the PSA.

The Area Plan is a public document, available for review by community members, stakeholders, and other interested parties. This open access promotes transparency by allowing the public to provide feedback and participate in decision-making regarding resource allocation and the prioritization of OAA services.

In Virginia, the Area Plan updated at least every four years to reflect changing community needs, service delivery methods, and funding priorities.

PART 1: BACKGROUND OF THE AREA AGENCY ON AGING

An Area Agency on Aging (AAA) is a local organization created pursuant to the Older Americans Act (OAA), which is designated within the Virginia Administrative Code and in contract with the Virginia Department for Aging and Rehabilitative Services (DARS) to develop and administer the Area Plan, as approved, for a comprehensive and coordinated system of services for older persons. Each AAA serves a specific geographic area, known as the planning and service area (PSA). An AAA's PSA is typically a city, county or a group of cities and/or counties. The AAA is tasked with ensuring that the needs of older individuals in that PSA are met through a range of services and programs.

The OAA intends that the AAA be the lead on all aging issues on behalf of all older individuals and family caregivers in the PSA. The AAA performs a broad range of functions, under the leadership and direction of DARS, aimed at developing or enhancing comprehensive, coordinated community-based systems that serve the PSA. Key AAA functions include:

1. Advocacy
2. Planning
3. Coordination
4. Interagency Collaboration
5. Information Sharing
6. Monitoring
7. Evaluation

Overall, AAAs serve as the central hub for aging services within their PSAs, ensuring that older adults have access to the resources they need to live independently and with dignity. Their activities are guided by the principles and requirements set forth in the OAA which emphasize the importance of local coordination, responsiveness to community needs, and service integration.

The **New River Valley Agency on Aging** is a

(Complete legal name of the agency)

☐ local government

☐ private nonprofit organization incorporated under the laws of Virginia

☒ joint exercise of powers organized pursuant to §15.2-1300 et seq. of the Code of Virginia

☐ multipurpose agency

MISSION STATEMENT

The New River Valley Agency on Aging provides support services, advocacy, resources, and information to aging and adults with disabilities, as well as to their caregivers, to enable them to achieve maximum independence, maintain their dignity,and strengthen their social support systems within their communities while enhancing their quality of life.

GOVERNANCE

While not included in the Area Plan, Area Agencies on Aging (AAAs) shall make the following documents available to the public upon request:

1. **Governing Board Composition and Bylaws**
2. **Advisory Council Composition and Bylaws**
3. **Governing Board and Advisory Council Meetings, including Public Access**

PUBLIC PARTICIPATION

State the process the agency used to receive public comment and review of the Area Plan and its amendments. Also describe how the AAA Advisory Council was consulted. **Include the date of the public participation period and how the public input influenced the Area Plan process:**

The New River Valley Agency on Aging staff began early in 2025 discussing the Agency services currently being provided and the possibility of offering other services with the Board of Directors and Advisory Council and in all meetings with the General Public. Clients receiving Home Delivered Meals, Congregate Nutrition and Transportation were provided a survey to gather data on the level of satisfaction but to also gain knowledge of any service needed in the service area that the Agency should include in this year's plan of services. A publicized public hearing was held on June 17, 2025 to gather input from the General Public and the Advisory Council members. The Draft Area Plan was made available for review and comments until July 18, 2025. After this comment period all comments received will be documented and incorporated into the plan appropriately. The completed Area Plan Document will be provided to the Board of Directors for approval on July 24, 2025 and following the approval sent to DARS before the August 1, 2025 deadline.

SUMMARY SOURCE OF FUNDS

Each Area Agency on Aging (AAA) must prepare and develop an Area Plan for approval by the Virginia Department for Aging and Rehabilitative Services (DARS). Each plan must provide information and assurances that the AAA will, on the request of the State and for the purposes of monitoring compliance with this Act, (including conducting an audit), disclose all sources and expenditures of funds such AAA receives or expends to provide services to older individuals.

Disclose all funding amounts and sources below:

Estimated Funds for Fiscal Year 2026	
Source	**Amount**
Department for Aging and Rehabilitative Services	
Older Americans Act (include Nutrition Services Incentive Program or NSIP)	$1,023,989.00
State General Funds	$449,788.00
Virginia Insurance Counseling and Assistance Program (VICAP); including State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers (MIPPA)	$61,594.00
Respite Care Initiative	
Dominion Energy Senior Cool Care	$4,000.00
U.S. Dept. Of Agriculture – Senior Farmers Market Nutrition Program (USDA-SFMNP)	$240.00
Supplemental Nutrition Assistance Program (SNAP) Outreach	
Senior Community Service Employment Program (SCSEP)	
Other State Government Sources	
Dept. of Rail and Public Transportation (DRPT)	
Dept. of Medical Assistance Services (DMAS)	$2,412.00
Dept. of Social Services (VDSS)	
Dept. of Behavioral Health and Developmental Services (DBHDS)	
Virginia Housing (formerly Virginia Housing Development Authority)	
Dept. of Education (VDOE)	
Other Federal Government Sources	
AmeriCorps	
U.S. Centers for Medicare and Medicaid Services (CMS)	
Veterans Administration	

Local Government Sources	
Floyd County	$8,690.00
Giles County	$9,790.00
Montgomery County	$16,652.00
Pulaski County	$22,000.00
Town of Blacksburg	$9,150.00
Town of Christiansburg	$9,500.00
Town of Pulaski	$4,700.00
Private Sources	
Other Sources	
Contributions/In-Kind	$3,300.00
Charges/Fees	$10,846.00
Investment Earnings	
Other Income	$32,614.00
Total Projected Revenues	$1,669,265.00

PART 2: OBJECTIVES AND STRATEGIES

IDENTIFICATION OF POPULATIONS OF GREATEST NEED

Area Agencies on Aging (AAAs) must identify populations within their service areas who are at Greatest Economic Need (GEN) and Greatest Social Need (GSN) which should inform the Area Plan to improve service delivery, outreach and resource allocation.

Older Populations with Greatest Need	# of Older Individuals	Data Source(s)
Greatest Economic Need (GEN)		
At or below federal poverty	3,300	Weldon Cooper Center, DARS Intrastate FF
Poverty as further defined by the state		
Greatest Social Need (GSN)		
Physical and mental disabilities	11,520	Weldon Cooper Center
Language barriers	1,753	Weldon Cooper Center (reports 4.4%)
Cultural, social, or geographical isolation, including due to:		
Racial and ethnic status	2,749	Weldon Cooper Center (reports 6.9%)
Native American identity		
Religious affiliation		
Sexual orientation		
Gender identity or sex characteristics		
HIV status		
Chronic conditions		
Housing instability		
Food insecurity	5,180	Feeding America website (avg 13%)
Lack of access to reliable and clean water supply		
Lack of transportation	2,789	Coord. Human Services Mobility Plan (7%)
Utility assistance needs		
Interpersonal safety concerns		
Rural location	10,065	DARS Intrastate Funding Formula
Any other status that threatens the capacity of the individual to live independently		

In reviewing the data above, provide a general description of the demographic characteristics of the planning and service area (PSA), with specific emphasis on populations of GEN and GSN. Note any data limitations.

The New River Valley Agency on Aging's Planning and Service Area is experiencing a steady growth in the older adult population. As of 2023, there were 39, 845 individuals aged 60 and above, accounting for 21.7% of the total population in PSA 4. All but Montgomery County and Radford City have an older adult population of over 25% of their total population. Over 10,000 of these citizens live in what is considered to be rural areas.

There continues to be minimal racial diversity with 93% of the older adult population age 65 and above indicating they are White, 3.3% indicating they are Black and 3.7% indicating they are Asian or some other racial group. 97.6% of older adults indicated that English is their primary language.

8.3% of adults over age 60 residing in the New River Valley are at the federal poverty level. Although not considered at the federal poverty level, many additional older adults on fixed/limited incomes, struggle to pay for utilities, food, medications, transportation, etc., as this is often conveyed during calls and visits with those seeking information, resources and services.

Regarding gender, the older adult population is comprised of 55% women and 45% men.

A Community Assessment Survey for Older Adults funded by the Department for the Aging and Disability Services and conducted by a national research team, found that 46% of the older adults they surveyed living in the New River Valley were found to have information access challenges in their service area. While the New River Valley Agency on Aging strives to utilize and maximize all available avenues and sources to reach older adults and their caregivers, this indicates a need to continue and strengthen our efforts through our Information and Assistance and Outreach work along with endeavors to reach caregivers in need of information and/or services. Because 53% of the survey respondents stated they had used public library services during the recent past this is a partnership that will be utilized more for outreach to help older adults obtain information needed.

The CASOA survey also indicates that affordable, accessible, safe housing is also an area that 48% of the respondents rated as a need. Although direct housing services are not provided by the Agency, continued efforts to work with other organizations who do work in this realm will be strengthened to connect older adults to them and to help with identifying and pursuing funding opportunities to expand these efforts.

UNMET NEEDS ASSESSMENT AND EVALUATION

The Area Agency on Aging (AAA) is required to submit objective, and where possible, statistically valid data on the unmet needs for supportive services, nutrition services, disease prevention and health promotion, family caregiver support, and multipurpose senior centers. The evaluations for each AAA must consider all services in these categories regardless of the source of funding for the services and provide evaluative conclusions based on the data. Unmet needs information can be collected from PeerPlace and any other information for unmet needs that can be identified.

Identify the source(s) of information or data on unmet needs and provide an overview of the information and data, including how that unmet needs information and data have informed the development of the Area Plan.

PeerPlace reporting and current waiting lists reveal the following unmet needs for individuals requesting supportive services and family caregiver support:

- Transportation – 14
- Homemaker – 222
- Respite – 8

Disease Prevention and Health Promotion services, although there is no waiting list, are under-performing year-to-date due to a lack of evidence-based program providers.

There is no waiting list for home delivered meals, although providing only 1 meal x 5 days per week falls short of a 7-day program by 27,040 meals (annualized).

SERVING LOW-INCOME MINORITY OBJECTIVES

With respect to the previous federal fiscal year, provide the following information:

Number of low-income minority individuals in the service area: 286

Describe the methods and objectives used to address their service needs.

Multiple public information and education outreach events in all 8 jurisdictions serving PSA 4 included elder abuse prevention, resource information and assistance, and ombudsman services. At least 10,000 publication units per year are broadly distributed including topics such as healthy living, home repair/modifications, Medicaid/Medicare information, and senior housing resources. All incoming calls are answered live during office hours, and our trained No Wrong Door specialists quickly respond and follow up on all requests for information and assistance. The New River Valley Agency on Aging intended to serve 100% of low-income older minority individuals in PSA 4.

Provide information on the extent to which the Area Agency on Aging met its objectives in the previous federal fiscal year to provide services to low-income minority individuals.

The PeerPlace Demographic Analysis Program Detail and Summary Report for PSA 4 reflected a higher number of low-income minority individuals served (336) than the actual Intrastate Funding Formula estimate of the number of "60+ Minority Below Poverty" residing in the area (286). It therefore appears that the AAA has been sufficiently successful in serving low-income older minority individuals.

ALIGNMENT WITH STATE PLAN GOALS

The State Plan for Aging Services (State Plan) establishes five goals for aging services in Virginia. Area Plans must be informed by the State Plan and align with the goals established:

☒ Unless otherwise stated, the Area Agency on Aging (AAA) confirms that the objectives of this Area Plan align with those in the State Plan.

☐ The AAA is creating separate goals and objectives that align with the State Plan and are outlined below:

HOW OBJECTIVES AND STRATEGIES INFORM THE AREA PLAN

Briefly describe how the unmet needs assessments, identification of populations of Greatest Economic Need (GEN) and Greatest Social Need (GSN), the State Plan for Aging Services, public participation in the development of this Area Plan, and Area Agency on Aging (AAA) Advisory Council input have informed this Area Plan.

Input from the New River Valley Agency on Aging (NRVAOA) Advisory Council has indicated concurrence with the planned programmatic and budgeting course of action contained within this plan:

- Careful planning and budgeting—including the RFP process--for nutrition services will carry forward the FY 2025 revision to provide meals to as many homebound individuals as possible without a waiting list, consistent with Goals 1 and 3 in the State Plan.
- NRVAOA will pursue more regional partnerships to maximize healthy, active aging through evidence-based programs, consistent with State Plan Goal 2.
- NRVAOA will continue to maximize outreach to low-income minority individuals, consistent with Goal 3 in the State Plan.
- Staffing reassignments and signature outreach/events will reinforce person-centered services and promote awareness and availability of long-term supports in the region, consistent with Goal 4 of the State Plan.
- The assessment of unmet needs will lead NRVAOA to project available subcontractor service delivery much more conservatively for homemaker and other respite. Consistent with Goal 5 of the State Plan, NRVAOA will increase focus on developing caregiver supports through public information/education, CRIA, and partnerships that facilitate transportation, caregiver support groups and education within PSA 4.

FUNDING WITHIN THE PLANNING AND SERVICE AREA

For Area Agencies on Aging (AAA) that serve more than one locality (i.e. city or county) in Virginia:

Describe plans for how funding will be distributed within the planning and service area (PSA) in order to address populations of Great Economic Need (GEN) and Greatest Social Need (GSN).

Although local funding support varies among the PSA 4 jurisdictions, it is aggregated so that it is distributed equitably throughout the service area. The greatest portion of the area is rural; therefore, much emphasis is placed on mobility management and transportation resources as available to support programs and services.

The home visit and assessment process, outreach for public information/education, home delivered meals, etc. are all delivered without regard for geography or proximity to the central office. NRVAOA operates six "friendship cafes" throughout the region, as well, in order to maximize access to congregate nutrition and focal points of service.

NRVAOA strives to provide services without waiting lists in order to meet GEN and GSN priorities. Where there are waiting lists, prioritization is only based on the order in which referrals are received, ADLs and other documented service level needs, and the availability of subcontracted service providers.

SERVICE COORDINATION

The Older Americans Act details information that the Area Agency on Aging (AAA) must provide related to carrying out certain requirements within the Act. This section asks for information based on specific assurances contained within the Act that must be addressed by the AAA in its Area Plan.

Describe how the AAA coordinates with mental health service organizations and agencies to increase public awareness of mental health disorders and remove barriers to diagnosis and treatment **for older adults**.

Through CRIA, the NRVAOA-No Wrong Door team provides information about the community services board and assistance with contact information for individuals seeking services. In addition, NRVAOA works closely with the local CSB transportation and mobility management unit as a partner in the Opioid Abatement Authority grant program providing transportation resources to individuals in recovery and/or those at risk for substance use disorders. Another service coordination point would be the person-centered options counseling program that often identifies additional service needs and follow up plans for individuals who may need behavioral health services.

Describe how the AAA coordinates with the Virginia Assistive Technology System (VATS), the state assistive technology entity, to increase access to assistive technology options for older individuals.

Assistive technology devices have been promoted and demonstrated through the NRVAOA annual caregivers confences. Information regarding VATS resources can be accessed through CRIA, and the agency plans to increase coordination with VATS to raise awareness of these resources for individuals and their caregivers.

EMERGENCY PREPAREDNESS

Describe the Area Agency on Aging's (AAA) efforts to coordinate activities and develop long-term emergency preparedness plans with local and state emergency response agencies, relief organizations, and other institutions involved in disaster relief.

The NRVAOA – COOP Plan was last revised and approved on 12/14/2021 and specifies:

- Notifications
- Emergency Meeting Protocol
- Continuation of Operations
- Donations
- Permanent Location
- Media Relations
- Sample Press Release
- Emergency Situations
- Home Delivered Meals
- Listing of New River Valley Emergency Coordinators

NRVAOA maintains contact with local emergency coordinators and requests inclusion in pre-disaster briefings and recovery operations. The agency will assist with taking applications for assistance, provide transportation, and continue service operations to the extent possible. Staff will reach out to check on the well-being of older adults in the service area and attempt to determine immediate needs. Staff will follow up with local emergency coordinators as needed. The agency provides information to older adults annually regarding emergency preparedness and in advance of forecasted severe weather events.

SERVING OLDER NATIVE AMERICANS

For Area Agencies on Aging (AAA) that have an Older Americans Act (OAA) Title VI Grantee in the planning and service area (PSA):

Describe the coordination efforts between the AAA and the Tribal Organizations on outreach activities to inform older Native Americans about OAA services and increase service access and provision.

SERVICES TO BE PROVIDED:

Indicate which programs the Area Agency on Aging (AAA) provides with Older Americans Act (OAA) funding by checking the corresponding boxes under Title III Funding Source or with state funding by checking the corresponding box under State General Funds (GF). The funding sources indicated on this page should align with the Area Plan Budget that is submitted to DARS. Not all sources listed on the Area Plan budget, such as fees and voluntary contributions are included on this page. Some services can only be funded with specific titles of the OAA or with State General Fund (GF); shaded sections in this table indicate a specific program cannot be funded with that specific source. Some required services have been pre-checked. Programs or services marked with OAA funding on this page must have a corresponding service page in Part 3.

Area Plan Services	Title III Funding Source					
Title III Services	B	C1	C2	D	E	State GF
Group 1: In-Home						
Adult Day Care						
Checking						
Chore						
Homemaker	X				X	X
Personal Care						
Group 2: Access						
Care Coordination						
Care Transitions						
Communication, Referral, Information & Assistance	X				X	
Options Counseling						
Transportation	X				X	X
Assisted Transportation						
Group 3: Legal Assistance						
Legal Assistance	X					
Group 4: Other Services						
Assistive Technology/Durable Medical Equipment (DME)/Personal Emergency Response System (PERS)						
Consumable Supplies						
Emergency Services						
Title III Employment Service						
Medication Management						
Money Management						
Outreach/Public Information & Education (PIE)	X				X	
Residential Repair and Renovation						
Socialization & Recreation						
Volunteer Program						
Group 5: Nutrition						
Congregate Nutrition		X				X
Grab and Go Nutrition		X	X			
Home Delivered Nutrition			X			X
Nutrition Counseling		X	X			
Nutrition Education		X	X			

Group 6: Disease Prevention/Health Promotion						
Disease Prevention/Health Promotion				X		
Health Education Screening						
Group 7: NFCSP Additional Title III-E Services						
Individual Counseling						
Support Groups						
Caregiver Training						
Respite Voucher						
Institutional Respite						
Other (Respite Services)					X	
Financial Consultation						
Direct Payments						
Other Supplemental Services						
Title VII Services	B	Elder Abuse		Ombudsman		State GF
Group 8: Elder Abuse Prevention						
Elder Abuse Prevention		X				
Group 9: Long-term Care Ombudsman						
Long-Term Care Ombudsman	X			X		X
State General Fund Services						State GF
State Funded Nutrition Services						
State Funded Home Delivered Nutrition						
Care Coordination for Elderly Virginians Program						
Service Coordination 2						
Service Coordination 1						X
Senior Outreach to Services						
Person Centered Options Counseling						X
Care Transitions						

Area Plans must incorporate services which address incidents of hunger, food insecurity, and malnutrition; social isolation and physical and mental health conditions. Briefly describe which services the Area Agency on Aging (AAA) will provide that address those.

Congregate Meals, Grab and Go Meals, Home Delivered Meals and coordination with the regional THRIVE network https://cfnrv.org/thrive-food-access-network/ all address hunger, food insecurity, and malnutrition. Social isolation is addressed through the services listed above in addition to Aging & Disability Support Services plus transportation coordination. Mental health conditions may be addressed through CRIA connections as well as person-centered options counseling.

Area Plans, to the extent feasible, must provide for the furnishing of services under the Older Americans Act (OAA) through self-direction. List the relevant services the AAA will provide through self-direction, if any. If none, indicate that.

none

Complete this section for all other services that the Area Agency on Aging (AAA) provides that are not funded through the Older Americans Act (OAA) Title III. Programs and services marked on this page must have a corresponding service page completed in Part 6. If additional service pages are needed for this section, they can be found on the **VDA Providers Portal**.

Other AAA Services	Providing Service
Adult Day Center	
Certified Application Counselors	
Care Transitions	
Community Action Agency (CAA)	
DRPT Transportation	
Emergency Services	
Foster Grandparents	
Home Repair/Modification	
U.S. Housing and Urban Development (HUD) Housing	
Low Income Home Energy Assistance Program (LIHEAP)	
Managed Care Services	
Medicaid Transportation	
Options Counseling	
Program for All-Inclusive Care for the Elderly (PACE)	
Virginia Public Guardianship & Conservator Program	
Retired Senior Volunteer Program (RSVP)	
Senior Community Service Employment Program (SCSEP; OAA Title V)	
Senior Companions	
Senior Cool Care	X
Senior Farmers' Market Nutrition Program	X
Senior Medicare Patrol	X
Supplemental Nutrition Assistance Program (SNAP) Benefit Counseling	
Virginia Insurance Counseling and Assistance Program (VICAP)	X
Weatherization	

WAIVER REQUESTS

MINIMUM ADEQUATE PROPORTION WAIVER

As permitted by the Older Americans Act (OAA), the Virginia Department for Aging and Rehabilitative Services (DARS) may waive the Minimum Adequate Proportion (MAP) requirement described in 22VAC30-60-100 A through C for any category of services described in 22VAC30-60-100 if the Area Agency on Aging (AAA) demonstrates to DARS that services being provided in such category in the planning and service area (PSA) are sufficient to meet the need for such services.

Public Hearing Requirement for MAP Waiver Requests:

Before an Area Agency on Aging (AAA) requests a MAP Waiver, it must conduct a public hearing as follows:

1. The AAA must notify all interested parties about the public hearing.
2. Interested individuals must be given an opportunity to provide input at the public hearing.
3. The AAA must accept written comments from interested parties for 30 days
4. The AAA must submit a complete record of the public comments along with the MAP Waiver request to DARS.

Indicate which service category a MAP Waiver is requested:

	15% Access Services – defined by the OAA, Section 306(a)(2)(A) as care coordination, communication, referral, information and assistance (CRIA) and transportation.
	5% In-Home Services – defined by the OAA, Section 102(30) as adult day care, checking, chore, homemaker, personal care and residential repair and renovation.
	1% Legal Assistance – defined by the OAA, Section 102(33) as legal advice and representation provided by an attorney including counseling or other assistance by a paralegal or law student supervised by an attorney or counseling or representation by a nonlawyer, where permitted by law.

Public Hearing Date: _____

Provide justification that demonstrates support for this MAP Waiver request. Submit a complete record of the public comments and any supporting documentation for review:

COST SHARING WAIVER

As permitted by Section 315(a) of the Older Americans Act (OAA), the Virginia Department for Aging and Rehabilitative Services (DARS) is permitted to implement cost sharing for all services funded by the OAA by recipients of the services except for the following which is not permitted by the OAA:

1. Communication, Referral, Information and Assistance (CRIA), Outreach/Public Information and Education (PIE), Care Coordination
2. Ombudsman, Elder Abuse Prevention, Legal Assistance, or other consumer protection services
3. Congregate and Home Delivered Meals
4. Any services delivered through tribal organizations

An Area Agency on Aging (AAA) can request a waiver to the DARS cost sharing policy and receive approval if the AAA can adequately demonstrate that –

1. a significant proportion of persons receiving services under the OAA have incomes below the threshold established in DARS policy; or
2. cost sharing would be an unreasonable administrative or financial burden upon the AAA.

As required in the Virginia Appropriation Act, DARS cannot waive cost sharing for programs provided solely with state general funds that are not used as OAA match funds. It is the intent of the Virginia General Assembly that state general funds continue to be subject to a cost sharing program.

The Area Agency on Aging requests a Cost Sharing Waiver:	
	For all services allowed by the OAA
X	For one or more specific services identified below

Using the space below: (1) identify the specific services the AAA is requesting a Cost Sharing Waiver for, if applicable; and (2) provide the reason(s) for the Cost Sharing Waiver request, including a detailed explanation that adequately demonstrates the need for a Cost Sharing Waiver. Submit any supporting documentation for review.

Homemaker
Respite
Disease Prevention/Health Promotion

A significant portion of individuals receiving these services have low income . Also the administrative burden to implement cost-sharing for these services would be unreasonable for the Agency. Admin staff schedules are already stretched with multitasking for Agency operations.

ALTERNATIVE FEE SCALE WAIVER

Area Agencies on Aging (AAAs) must adhere to the **DARS Sliding Fee Scale** in use with Older Americans Act (OAA) and state general fund cost sharing programs. If the AAA wishes to request an Alternative Fee Scale Waiver, the AAA must complete the sections below.

As required by the OAA, Virginia cannot permit cost sharing by a low-income older individual if the income of such individual is at or below the federal poverty line.

	The AAA requests an Alternative Fee Scale Waiver

State the service(s) that an Alternative Fee Scale Waiver is being requested:

Provide justification and rationale for the Alternative Fee Scale Waiver request. State if it has been approved by the governing board, when that occurred and/or when the Alternative Fee Scale was last reviewed by the governing board and the current funding source for the service(s). Submit the AAA's proposed Alternative Fee Scale for review.

DIRECT SERVICE WAIVER

As required by Section 307(a)(8)(A) and 45 CFR § 1321.65(b)(7), the Area Agency on Aging (AAA) Area Plan shall provide that no supportive services, nutrition services, evidence-based disease prevention and health promotion services, or family caregiver support services will be directly provided by the AAA, unless, in the judgment of the Virginia Department for Aging and Rehabilitative Services (DARS):

1. provision of such services by the AAA is necessary to assure an adequate supply of such services;
2. such services are directly related to the AAA's administrative functions; or
3. such services can be provided more economically, and with comparable quality, by the AAA.

At its discretion, DARS has provided for a categorical approval for all AAAs to directly provide the supportive services of Care Coordination, Communication, Referral, Information and Assistance (CRIA), and Outreach/Public Information and Education (PIE). AAAs should indicate "Yes" under the direct service waiver portion of the service page for Care Coordination, CRIA, and PIE. No additional direct service waiver request is needed for these services.

For all other potential services, DARS will only grant approval for the AAA to provide direct services for a maximum of the Area Plan period. For each new request, the AAA must describe the AAA's efforts to identify service providers prior to a new or renewed waiver's approval.

The AAA must indicate whether it intends to provide a service directly on each service page located in Part 3: Title III Services AND complete a Direct Service Waiver for each service, except for Care Coordination, CRIA and PIE. The Waiver Forms will be included behind each applicable service in Part 3. A blank Direct Service Waiver Form is included on the next page as an example, but the Direct Service Waiver Form is also located in the VDA Providers Portal.

The following factors will be used to consider all Direct Service Waiver requests:

1. Necessity: If direct service provision fills a regional service gap. Documentation should include service availability, provider capacity, and geographic coverage.
2. Administrative Function: If the services in question are closely linked to the AAA's core administrative responsibilities.
3. Cost-effectiveness: Comparison of AAA service delivery versus service provider contracting, assessing efficiency and quality.

DIRECT SERVICE WAIVER FORM

The Area Agency on Aging (AAA) requests a Direct Service Waiver for:

Congregate Nutrition

Reason for the Direct Service Waiver request (check all that apply):

X	Providing services by the AAA is necessary to assure an adequate supply
X	Services are directly related to the AAA's administrative functions
X	Services can be provided more economically, and with comparable quality, by the AAA

Provide justification for this request. Include any efforts the AAA made to locate a service provider, details regarding the costs of services in the planning and service area (PSA) and any other information relevant for consideration. Include information regarding governing board review and approval. All records related to this request must be maintained for monitoring purposes.

There are no other Congregate meal service providers that provide the AAA service level for no cost other than the voluntary contributions.

PART 3: TITLE III SERVICES

OVERVIEW

Federal Older Americans Act (OAA) regulations (45 CFR § 1321.65(b)(5)) require that the Virginia Department for Aging and Rehabilitative Services (DARS) have policies and procedures regarding Area Agency on Aging (AAA) Area Plan requirements that address the following at a minimum:

The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the OAA and related local public sources under the AAA Area Plan.

This section is designed to meet the requirements outlined in federal regulations and provide an overview for each projected service the AAA intends to provide. While completing Part 3: Title III Services, refer to the appropriate DARS Service Standards, the Area Plan budget and the information provided in the AAA Area Plan Part 2: Objectives and Strategies.

Unit Type, Total Units, People Served- The unit type as defined in the service standard, number of proposed units to be provided in the plan year and number of proposed people that will be served.

Proposed Expenditure Amount, Funding Source, Match Funding- The proposed expenditure amounts and the funding source for this service and if any of the non-federal funding is being used as Match Funding for federal/OAA funds.

Locality Served- The locations where services will be provided using OAA funds (i.e. cities and/or counties). If a provider is serving all localities, indicate "**ALL**".

Service Provider(s)- The organization/entity actually providing the service whether it be subcontractors or the AAA under an approved Direct Service Waiver.

Entity Type- A service provider that is a For-Profit or Not-For-Profit organization or entity.

Definition of Service- This is a brief general description of the service. This helps explain it to the public who may be unfamiliar with OAA services. The full definition is contained within the DARS Service Standards.

Target Populations- Populations that the AAA will provide services to using OAA funds, with a specific focus on those in Greatest Economic Need (GEN) and Greatest Social Need (GSN). Summarize how the AAA will target OAA services to reach these defined populations (e.g., what action steps or activities will the AAA take to reach individuals with GEN and GSN for the OAA service).

Service Description-A detailed explanation of the service being provided. This includes overall program design and operation, staffing, assessments, program evaluation, monitoring of subcontractors and specifically how the AAA will provide it using OAA funds.

GROUP 1: IN-HOME

Service: Adult Day Center						**Direct Service Waiver**			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
	Title III-B	
	Title III-E	
	General Fund- OAA General	X
	General Fund- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider(s)**	**Entity Type**
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Adult Day Centers are community-based programs designed to provide social, recreational, and therapeutic activities for older adults who need assistance with daily activities or have health concerns. These centers offer a safe environment where seniors can receive care and companionship during the day, which may provide respite to family caregivers.

Target Populations:

Service Description:

Service: Checking						Direct Service Waiver			
Unit Type	Contacts	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Fund- OAA General	X
	General Fund- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Checking is a service where trained volunteers or staff make regular visits or phone calls to older adults to check on their well-being, provide reassurance, and offer assistance as needed. This program helps reduce isolation and ensures seniors have a consistent point of contact for support and emergency response.

Target Populations:

Service Description:

Service: Chore						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Fund- OAA General	X
	General Fund- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Chore services provide assistance to older adults with household tasks that may be difficult to manage, such as heavy cleaning, yard work and minor repairs. These programs aim to help seniors maintain a safe and healthy living environment while promoting independence and reducing the risk of injury.

Target Populations:

Service Description:

Service: Homemaker						Direct Service Waiver			
Unit Type	Hours	**Total Units**	1786	**People Served**	20	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$16,000.00	Title III-B	
$15,503.00	Title III-E	
	General Fund- OAA General	X
$85,600.00	General Fund- Community Based	X
$100.00	Voluntary Contributions	
	Fees	
$117,203.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
PC, GC, FC, MC & City of Radford	Human Touch	For Profit
PC, GC, FC, MC & City of Radford	Care Advantage, Inc.	For Profit
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Homemaker services offer assistance with household tasks like meal preparation, cleaning, and light housekeeping, helping older adults maintain a comfortable and organized living space. This service is designed to support older individuals who have difficulty with activities of daily living due to physical or cognitive limitations, enabling them to live independently for longer. This service can also provide respite to family caregivers.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).
Homemaker service will be provided to persons sixty years or older needing assistance with tasks such as light housekeeping, shopping, errands and meal preparation. Homemaker services are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement. Priority will be given to persons who are in the greatest economic or social need and/or residing in rural or geographically isolated areas, with particular attention to low-income minority individuals. The goal of Homemaker Services is to assist clients in tasks that will enable them to live in their homes safely, with as much independence as possible and to prevent or delay premature institutionalization.

Caregivers who are informal providers of in-home and community care to an individual who is 60 or

Service Description:

Homemaker services provide assistance to persons with the inability to perform one or more of the following activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. Homemaker services may also serve as respite for informal caregivers.

With each individual who requests Homemaker Services, Agency on Aging staff will conduct an in-home assessment,utilizing Part A of the Uniform Assessment Instrument, to determine if eligibility criteria is met, what the specific needs are, and the level of priority. A Virginia Caregiver Service form will also be completed if a caregiver is involved. A screening will be performed to determine if the client will be responsible for cost sharing. If the individual is responsible for cost sharing, they will be given a copy of a signed agreement stating their cost sharing amount. A care plan will be devised with individual's and/or caregiver's input to identify service needs, specify what services will be provided, and the number of service units to be provided. The Aging & Disability Services Supervisor will complete and explain to individuals and/or caregivers, the Service Agreement. The Service Agreement shall include services to be provided, scheduled hours and days of service, information regarding voluntary contributions, emergency contacts and the severe weather policy. A copy of the Service Agreement will be provided to individuals and/or their caregivers.

Homemaker tasks will be performed by sub-contractors. The Aging & Disability Services Supervisor shall conduct monitoring of the sub-contractors annually. Monitoring shall include program compliance, service delivery review, administrative review and quality assurance. A written copy of the monitoring report shall be maintained by the agency. Anonymous client surveys shall be conducted annually. A file of annual anonymous surveys with a summary of the surveys shall be maintained by the agency. A reassessment of the individual's need for services, the amount of services provided and the appropriateness of the care plan shall be performed by staff when the client’s condition or situation changes, but at least annually.

Service: Personal Care						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Fund- OAA General	X
	General Fund- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Personal Care services provide assistance with activities of daily living, such as bathing, dressing, grooming, and toileting. This service is designed to help older adults maintain personal hygiene and comfort while promoting dignity and independence. This service can also provide respite to family caregivers.

Target Populations:

Service Description:

GROUP 2: ACCESS

Service: Care Coordination						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Fund- OAA General	X
	General Fund- CCEVP	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option

Service Definition: Care coordination services refer to the process of organizing and managing various healthcare, social, and support services to meet the needs of older individuals and their caregivers, ensuring they receive the right care at the right time. This service is particularly important for older adults who often have multiple chronic conditions, complex health needs, or face challenges in accessing appropriate care. Care coordination is designed to improve the quality of care, reduce duplication of services and enhance the overall well-being of older adults by providing holistic, seamless support.

Target Populations:

Service Description:

Service: Care Transitions						Direct Service Waiver			
Unit Type	Contacts	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-D	
	General Fund- OAA General	X
	General Fund- CCEVP	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Care transitions refer to the process of moving a patient from one care setting to another, such as from a hospital to home, from a nursing home to outpatient care, or between different healthcare providers. The goal is to ensure continuity of care, minimize the risk of complications, and improve the quality of life during these transitions, especially for older adults who may have complex health conditions. The goal of care transitions is to ensure a smooth, safe, and effective move between different levels or types of care, preventing avoidable hospital readmissions, improving health outcomes, and promoting independence and well-being.

Target Populations:

Service Description:

Service: Communication, Referral, Information & Assistance						Direct Service Waiver			
Unit Type	Contacts	**Total Units**	20300	**People Served**	2050	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$157,194.00	Title III-B	
$100,367.00	Title III-E	
	General Fund- OAA General	X
	Voluntary Contributions	
$19,087.00	Other local funding	
$276,648.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
Counties of Montgomery, Pulaski, Floyd, Giles; Towns of Pulaski, Blacksburg and Christiansburg; City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option

Service Definition: Communication, Referral, Information and Assistance are activities that provide general information to older individuals, caregivers, or professionals, such as giving contact details for services, informing individuals about appropriate services and connecting them with external resources, and assessing individual service needs and directly linking them to services or supports provided by the agency or subcontractors.

Target Populations:

Communication and referral services are targeted to persons who are 60 years of age and older, persons with disabilities aged 18 and older. Individuals are eligible for Information and Assistance services if they are 60 years of age or older. Priority shall be given to older individuals who are in the greatest economic and social need, and older individuals at risk for institutional placement, with preference given to low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The object of this service is to enable older persons and/or their caregivers to locate and use services and resources, which promote their well being, independence, and to protect their interest and rights.

Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. (OAA Section 373(c)(2)).

Service Description:

The Agency on Aging provides communication, referrals and information and assistance to older persons, persons with disabilities, caregivers, professionals or other individuals concerning programs, services and resources that are available to them. Communication, provided to clients, caregivers, professionals or other individuals, offers general information as needed. The referral process utilizes the No Wrong Door (NWD) database of service providers to inform clients, caregivers, professionals, or other individuals about appropriate information and link them with external entities providing opportunities, services, supports and/or resources to meet their needs. For referrals, all data elements included in the Peerplace Basic Demographics are completed when possible. Information and assistance is the assessment process using at least Part A (the first four pages) of the electronic Uniform Assessment Instrument. This includes gathering information such as: physical, cognitive, emotional and social functioning; the level of both formal and informal support a client may already have; and the client's environmental and financial needs. A brief caregiver assessment is also performed when a carguver is indicated. Additional client information is collected in the NWD Tools Application, based on the identified concerns. This information is used to develop a plan of care for each individual. Each case is then presented to Agency staff to make suggestions and to approve the care plan to see that needs are appropriately met. With signed consent from the client or responsible party, staff will use the NWD Tools Application to contact another agency or provider to make an outside referral and/or internal Agency referral. (A follow-up is conducted on a minimum of 10% of monthly referrals) Once releases are obtained, both the client or caregiver and the other agency are contacted. Follow-up calls are madeto determine if referrals were received; services were started, and if not, reason why; and/or the client has additional concerns that need to be addressed.

Formal partnership with: New River Valley Senior Services, Inc.

Service: Options Counseling						Direct Service Waiver			
Unit Type	Contacts	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Fund- CCEVP	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Options Counseling is an interactive decision-support process that helps individuals make informed choices about long-term services and supports. The individual, or their legal representative, directs the process with the option to include others they choose. The individual remains actively involved throughout the entire Options Counseling process, ensuring their preferences and needs are prioritized in the decision-making.

Target Populations:

Service Description:

Service: Transportation						Direct Service Waiver			
Unit Type	1 Way Trip	**Total Units**	3150	**People Served**	215		**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$95,540.00	Title III-B	
$6,000.00	Title III-E	
	General Fund- OAA General	X
$31,600.00	General Fund- Transportation	X
$500.00	Voluntary Contributions	
$10,846.00	Fees	
$10,060.00	Other Local Funding	
$154,546.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
MC, GC, FC, PC & City of Radford	New River Valley Senior Services, Inc.	Not-for-Profit
MC, GC, FC, PC & City of Radford	Giles Health and Family Services	Not-for-Profit
		Select Option
		Select Option
		Select Option

Service Definition: Transportation is the provision of a means for individuals to travel from one location to another. This service is available to older individuals who are unable to transport themselves or are unwilling due to safety concerns and lack other means of transportation. The service is focused solely on providing transportation and does not include any additional activities.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).
Transportation services are targeted to persons age 60 or older who cannot transport themselves and do not have other alternatives to provide their transportation. Priority is given to individuals with the greatest social or economic needs and to those older persons residing in rural or geographically isolated areas. Special attention is given to low-income minority individuals. Transportation service is provided to reduce isolation and provide access to needed services.

Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia.
Grandparents or relative caregivers (related by blood, marriage or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. (OAA Section 373(c)(2)).

Service Description:

The Agency will focus on providing as feasible, non-emergency medical transportation within the Agency's service area which covers the 4th planning district, transportation to local congregate meal sites and shopping for congregate nutrition clients. A brief assessment using the uniform assesment instrument will be completed on each individual requesting transportation to determine if eligibility criteria is met, what the specific needs are and the level of priority of need for the service. Eligibility criteria include: individual is at least age 60, individual cannot drive and lacks other modes of transport by self, community support group or public transportation, whether the individual has significant economic or social need, and whether individual requires any special assistance. If an individual requesting medical transportation is eligible for the service, they will be screened to determine whether they have a cost-sharing responsibilty.If the client is responsible for cost sharing, they will be given a copy of a signed agreement stating their cost sharing amount.
A reassessment determining the client's level of needfor the service shall be done at least annually.
Transportation will be performed by a sub-contractor. The Agency on Aging shall conduct monitoring of the sub-contractor annually. Monitoring shall include program compliance, service delivery review, administrative review and quality assurance. A written copy of the monitoring report shall be maintained by the agency.
Anonymous client surveys shall be conducted annually. A file of annual anonymous client surveys with a summary of the surveys shall be maintained by the agency.
Sub-contractors shall be monitored annually. Monitoring shall include: safety policies, administrative elements, maintenance, insurance, vehicle accidents and quailty assurance.

Service: Assisted Transportation						Direct Service Waiver			
Unit Type	1 Way Trip	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Fund- OAA General	X
	General Fund- Transportation	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Assisted Transportation provides older individuals with transportation services that include assistance with boarding, exiting, and traveling to and from destinations. This service is for individuals who need help due to mobility or other physical limitations but lack other means of transportation.

Target Populations:

Service Description:

GROUP 3: LEGAL

Service: Legal Assistance						Direct Service Waiver			
Unit Type	Hours	**Total Units**	2000	**People Served**	150		**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$6,150.00	Title III-B	
	General Fund- OAA General	X
	Voluntary Contributions	
$683.00	Other local funding	X
$6,833.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
MC, GC, FC, PC & City of Radford	SWVA Legal Aid	Type 1
		Select Option
		Select Option
		Select Option

Type 1: AAA contracts with a Legal Aid Program funded by Legal Services Corporation (LSC)
Type 2: AAA contracts with a Legal Aid Program not funded by LSC
Type 3: AAA has an attorney on staff
Type 4: AAA contracts with a private attorney
Type 5: AAA contracts with a Law School Clinical Program

Service Definition: Legal Assistance provides legal advice and representation to older individuals with economic or social needs. This service can include counseling or support from paralegals or law students under an attorney's supervision, and representation by non-lawyers, where permitted by law. In Virginia, it also includes outreach to those with the greatest social or economic need, as well as education, group presentations, and training aimed at protecting the legal rights of older adults, utilizing materials developed under an attorney's supervision.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).
Priority for Legal Assistance services will be given to older individuals with greatest economic need; with greatest social need; at risk for institutional placement; with limited English proficiency; low-income minority older individuals; and those residing in rural areas. Residents of long-term care facilities will also be targeted for legal assistance.

Service Description:

Individuals with legal assistance needs will be referred to Southwest Virginia Legal Aid Society, Inc. (SWVLAS). Persons with sufficient resources will be encouraged to consult a private attorney of their choosing. Staff at SWVLAS will perform a short screening on all individuals age 60 and above to determine the type of legal assistance needed and to obtain demographic and financial data. Legal assistance will be provided for individuals at 200% or less of the federal poverty level and primarily for those needing protection of income, housing and personal safety. Individuals requesting assistance with powers of attorney and advanced directives will be provided appropriate forms. A one-time event will be held for individuals needing assistance with power of attorney, advanced directives, simple wills, etc., utilizing attorneys from SWVLAS. Efforts will be made by both the Agency on Aging and SWVLAS to provide advocacy, outreach and community education on critical legal issues affecting the most vulnerable older adults.

SWVLAS shall conduct regular satisfaction surveys of the persons served and the impact of the service. SWVLAS will report satisfaction survey results to the Agency on Aging on a quarterly basis.

GROUP 4: OTHER SERVICES

Service: Assistive Technology/ Durable Medical Equipment (DME)/Personal Emergency Response System (PERS)						Direct Service Waiver			
Unit Type	Devices	**Total Units**		**People Served**			**Yes**		**No**
	Payments	**Total Units**		**People Served**					

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Assistive Technology/Durable Medical Equipment (DME)/Personal Emergency Response Systems (PERS) provide older individuals with specialized devices and equipment to support their independence, safety, and daily living. This includes assistive technology to enhance communication or mobility, durable medical equipment such as wheelchairs, walkers, or oxygen equipment, and personal emergency response systems (PERS) that allow individuals to request emergency assistance quickly. These services aim to improve the quality of life and ensure the safety of older adults by addressing their physical, mobility, and emergency needs.

Target Populations:

Service Description:

Service: Consumable Supplies						Direct Service Waiver			
Unit Type	Payments	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Consumable Supplies refers to the provision of essential, disposable items necessary for the health and well-being of older adults. These supplies may include items such as incontinence products, wound care materials, nutritional supplements, and other short-term use products required for daily care and health management. The service ensures that older adults have access to necessary supplies to maintain their independence, comfort, and overall health.

Target Populations:

Service Description:

Service: Emergency Services						Direct Service Waiver			
Unit Type	Contacts	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Emergency Services provides financial aid and resources, including referrals to public and private agencies, to older individuals facing emergency situations that threaten their health or well-being. The program offers immediate, short-term assistance to help access necessary resources during emergencies.

Target Populations:

Service Description:

Service: Title III Employment Services						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Employment services assist older individuals obtain part-time or full-time employment opportunities. The service provides comprehensive support, from assessing individual needs to preparing for job placement, ensuring that older individuals are equipped with the skills and knowledge to successfully navigate the job market.

Target Populations:

Service Description:

Service: Medication Management						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Medication Management Services provide support to older individuals in safely and effectively managing their medications. This includes education on the proper use of prescription, over-the-counter (OTC), and herbal medications, as well as the use of devices like pill boxes or timers to ensure adherence to prescribed regimens. The service also involves medication screening, where individuals may be referred to a physician or pharmacist for personalized advice or assistance. Additionally, medication education materials such as brochures and videos are provided to inform older adults about potential side effects, risks of medication interactions, and best practices for medication use.

Target Populations:

Service Description:

Service: Money Management						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	X
	General Funds- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Money Management services help eligible older adults make decisions and complete tasks necessary to manage their daily finances. The goal is to enable older adults to stay financially stable, maintain independence, and protect their rights and well-being.

Target Populations:

Service Description:

Service: Outreach/Public Information and Education						Direct Service Waiver			
Unit Type	Contacts	**Total Units**	52	**People Served**	7650	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$4,519.00	Title III-B	
$20,984.00	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
$25,503.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option

Service Definition: Outreach/Public Information and Education provides information to older adults and the public about available programs, services, and resources for older adults and their caregivers. This includes reaching out to groups of older adults that may or may not be receiving services. The service may also involve creating special campaigns to raise awareness about issues and benefits important to older people.

Target Populations:

Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. (OAA Section 373(c)(2)).

Caregivers of individuals age 60 and older or caregivers of persons with disabilites, grandparents raising grandchildren or other individuals providing kinship care of a child younger than age 18 are also eligible for Public Information/Education services. Families, friends and referral sources may also receive resource information.

Service Description:

The Agency on Aging will inform older persons, their caregivers and the general public of available opportunities, services, resources, issues and problems relevent to aging, disabilities and caregiving. This will be accomplished by preparing and distributing resource information, utilizing brochures and fact sheets, social networking and media and e-mail distribution; making presentations to community groups and organizations; managing resource booths at health fairs and other community events and meetings; and preparing and distributing media releases and public service announcements.

Units of service (contacts) will be tracked by aggregating number of attendees at presentations and number of publications distributed. The overall effectiveness of the program will be evaluated by feedback, either written or verbal, as appropriate.

Service: Residential Repair and Renovation						Direct Service Waiver			
Unit Type	Homes Repaired	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Residential Repair and Renovation services offer home repairs and maintenance to older adults which helps seniors maintain their homes according to minimum housing standards or adapt their homes to better meet their needs. The service covers essential repairs and modifications to ensure the health and safety. This includes structural repairs, electrical and plumbing work, weatherization, accessibility and security modifications, as well as yard work and home maintenance tasks critical for wellbeing.

Target Populations:

Service Description:

Service: Socialization and Recreation						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Socialization and Recreation services provide opportunities for older adults to engage in activities that promote social interaction, mental stimulation, and physical well-being. These services aim to reduce isolation, encourage community involvement, and enhance the quality of life by offering recreational programs, social gatherings, and other engaging activities tailored to the interests and abilities of older individuals. The goal is to support emotional health, foster connections with peers, and encourage active living.

Target Populations:

Service Description:

Service: Volunteer Program						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: The Volunteer Program connects seniors with meaningful volunteer opportunities. The service includes informing the community about the need for volunteers, developing meaningful opportunities, and match older adults with suitable volunteer placements. The goal is to provide older adults with opportunities to contribute to their community while enhancing their sense of purpose and social engagement.

Target Populations:

Service Description:

GROUP 5: NUTRITION

Service: Congregate Nutrition						Direct Service Waiver			
Unit Type	Meals	**Total Units**	11060	**People Served**	110	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$149,887.00	Title III-C(1)	
	Title III-E	
	NSIP	
	General Funds- OAA General	X
$26,550.00	General Funds- Supplemental Nutrition	X
$500.00	Voluntary Contributions	
$23,775.00	Other local funding	X
$200,712.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
PC, GC, FC, MC & City of Radford	New River Valley Senior Services, Inc.	Not-for-Profit
PC, GC, FC, MC & City of Radford	Performance Food Services	For Profit
PC, GC, FC, MC & City of Radford	Golden Gourmet	For Profit
		Select Option

Total Congregate Meal Sites:	

Service Definition: Congregate nutrition services provide nutritious meals to older adults at senior centers or other group settings, ensuring that meals meet the latest dietary guidelines. These meals are designed to support the health and well-being of older adults, with adjustments made for any special dietary needs. In addition to providing balanced nutrition, congregate nutrition sites offer opportunities for socialization and recreation, helping to reduce isolation and foster a sense of community.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).

Congregate Nutrition will be provided to persons 60 years of age and older and their spouses regardless of age, with priority given to those persons in greatest social or economic need. Preference will be given to low-income minority individuals and to those older persons residing in rural or geographically isolated areas. Individuals with disabilities, regardless of age, who reside with an eligible older person, may accompany them to receive congregate nutrition. Disabled persons under 60 years of age who reside in a housing facility occupied primarily by the elderly may receive congregate nutrition if congregate meals are provided at the facility. Volunteers, regardless

Does the AAA provide emergency meals, in the event of unexpected closure of a congregate site?				
X	**Yes**		**No**	If yes, ensure completion of the Grab and Go service pages.

Meal Preparation and Service:

Sub-contractor, New River Valley Senior Services, Inc. picks up frozen meals at the Agency office and delivers them to the Congregate Meals Sites.
Meal menus are created and monitored by a Registered Dietician, employed by meal's vendor Performance Food Services. The Registered Dietician is responsible for complying to the nutritional standards required by the Older American's Act and DARS Service Standards. Eligible individuals will receive a meal, provided at least 2 days per week (Tuesday, Thursday) at nutrition sites located

Efforts to provide innovative/modernized congregate nutrition services:

In addition to providing a meal that meets nutritional requirements, programming will be provided at each site to promote health and better nutrition. Weekly exercise activities will also be available. Nutrition education programs are provided by the Virginia Cooperative Extension Service and local university students in dietetic and human nutrition curriculum.
For congregate nutrition clients needing additional community services or needing public benefits, the Agency on Aging will assist them in seeing that their specific needs are met. Reassessment of

Nutrition Assessments, Referral and Screening Information:

The Uniform Assessment Instrument and Nutritional Risk Assessment Form will be performed on each individual to determine if the eligibility criteria is met, what the specific needs are and the level of priority for services.

Program Evaluation for Effectiveness:

Reassessment of needs will be performed at least annually or as the client's situation changes. NRV Agency on Aging staff perform assessments, reassessments and manage nutrition sites. The program is formally evaluated annually with a written client survey. This information is used to improve the service and better meet client needs. Additionally, regular feedback from clients through direct program staff is given to the Nutrition Program Supervisor and is acted upon as appropriate.

Vendors or Subcontractor Monitoring Process and Frequency:

The Nutrition Program Supervisor performs a formal annual monitoring of providers, using a standardized tool to ensure they are meeting all requirements. The Nutrition Program Supervisor schedules an annual inspection of the vendor providing the frozen meals to ensure that the packaging and storage of the meals meet the requirements of the program.
The vendor for meals provides menus and include the nutritional content of each meal. All menus for meals are reviewed for compliance by the Agency's contracted registered dietitian to to ensure

Service Description:

Congregate nutrition services provide nutritious meals to older adults at
senior centers or other group settings, ensuring that meals meet the latest dietary guidelines. These meals are designed to support the health and well-being of older adults, with adjustments made for any special dietary needs. In addition to providing balanced nutrition, congregate nutrition sites offer opportunities for socialization and recreation, helping to reduce isolation and foster a sense of community.

Nutrition Site Information:				
	Site Name and Street Address	City or County of Site	Days and Hours of Operation	Food Provider
1	Christiansburg Recreation Center 1600 N Franklin St	Christiansburg	Tuesday, Wednesday, Thursda	Performance Food
2	Floyd Moose Lodge 2300 444 Floyd Hwy S	Floyd	Monday, Wednesday	Performance Food
3	Pearisburg Library 209 Fort Branch Rd	Giles	Tuesday, Wednesday, Thursda	Performance Food
4	Pulaski Senior Center 106 N Washington Ave	Pulaski	Tuesday, Thursday	Performance Food
5	Radford Recreation Center 200 George St	City of Radford	Tuesday, Thursday	Performance Food
6	Meadowbrook Community Center 267 Alleghany Springs Road	Montgomery	Monday, Friday	Performance Food
7				
8				
9				
10				
11				
12				
13				

14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				

Service: Grab and Go Nutrition

Title III Funding Source:	X	**Title III-C(1)**	X	**Title III-C(2)**

Grab and Go Nutrition funded with Title III-C(1) can be provided (check the applicable scenarios):

X	(A) During disaster or emergency situations affecting the provision of nutrition services and
X	(B) To older individuals who have an occasional need for such meal

For Grab and Go Nutrition funded with Title III-C(2) only, address Grab and Go in the Home Delivered Nutrition service page. **For Title III-C(1) funded Grab and Go Nutrition:**

Address how Grab and Go will enhance and not diminish the congregate meals program. Describe how the agency will monitor the impact on Congregate Nutrition. Provide detailed evidence based on current participant data and program projections:

The AAA attests that it will not exceed the 25% cap on C1 funding for Grab & Go meals for the Area Plan year.

To monitor the impact on the C1 Program, the AAA will: 1) track units and expenditures provided on at least a quarterly basis to ensure the AAA does not exceed the 25% cap; 2) monitor attendance at C1 sites to ensure there are no adverse impacts (e.g., decline in attendance); 3) integrate questions about the experience with Grab & Go Meals into the AAA's satisfaction surveys for C1 participants; and 4) include Grab & Go Meals in the AAA's annual program evaluation process.

The AAA attests that it will not exceed the 25% cap on C1 funding for Grab & Go meals for the Area Plan year.

Historically, NRVAOA Friendship Cafes have distributed 5 shelf-stable Grab & Go meals per III-C(1) participant once per year to mitigate inclement weather, emergencies, or other situations that would prohibit congregate meal program attendance. Participants consume an average of 44 meals on-site each year.

Target Populations:

The AAA will target individuals with greatest economic need (GEN) and greatest social need (GSN) for this service.

Eligibility Criteria:

Eligibility for Grab & Go using III-C(1) funds will be those individuals who qualify for the regular III-C(1) program and who are existing or active III-C(1) participants.

Address how the AAA consulted with nutrition and direct service providers, interested parties and the general public on the need for Title III-C(1) Grab and Go:

The AAA has sought public input in the development of the Area Plan, with specific notice about the Grab & Go Meal provision, through the AAA's public hearing held on June 17, 2025 and through the 30-day public comment period held on July 18, 2025. The AAA consulted with the AAA's Registered Dietitian, AAA Advisory Council, and the AAA's nutrition services provider. The AAA further sought the input of C1 participants and their families. In receiving input from these entities, the AAA noted...

Service Implementation:

NRVAOA will provide one shelf-stable, 5-pack box of meals to all III-C(1) program participants on-site annually through the agency's six Friendship Cafes for use in case of inclement weather, emergencies, or other situations that would prohibit congregate meal program attendance. In addition, shelf stable meal boxes may be provided for pickup at the administrative office on a case-by-case basis, or to the enrolled Friendship Cafe participants from any one of the program sites in case of an unexpected site closure. The product will be procured through an RFP process that specifies nutritional and quality requirements according to Virginia menu planning guidelines.

Service: Home Delivered Nutrition						Direct Service Waiver			
Unit Type	Meals	**Total Units**	85250	**People Served**	425		**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$251,365.00	Title III-C(2)	
	Title III-E	
$31,919.00	NSIP	
$103,304.00	General Funds- OAA General	X
$109,307.00	General Funds- Home Delivered Meals	X
	General Funds- Supplemental Nutrition	X
$2,200.00	Voluntary Contributions	
$25,670.00	Other Local funding	X
$523,765.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, MC, GC, FC & City of Radford	New River Valley Senior Services, Inc.	Not-for-Profit
PC, MC, GC, FC & City of Radford	Performance Food Service	For Profit
PC, MC, GC, FC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Home Delivered Meals provide eligible clients with nutritious, balanced meals delivered directly to their homes. Meals comply with the latest dietary guidelines. The service accommodates special dietary needs and ensures food safety in handling, preparation, and delivery. This service is intended for homebound individuals who are unable to leave home and attend social activities and does not have access to proper nutrition and transportation.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).

Home delivered nutrition will be provided to persons 60 years of age and older who are restricted to their home due to health problems or disabilities, with priority given to those persons in greatest social or economic need. Particular attention will be given to low-income minority and older individuals residing in rural or geographically isolated areas. Individuals must also be unable to prepare their own nutritious meals and have no one on a consistent basis to prepare meals for them. The purpose of providing home delivered nutrition is to improve the clients' nutrition and overall well-being and to help them function as independently as possible in their own home. Regardless of age, the spouse of an eligible client may also receive a meal if it benefits the client

Types of Home Delivered Meals Served (check all that apply):										
X	**Frozen**		**Chilled**	X	**Shelf Stable**		**Hot**		**Other:**	

Meal Preparation and Delivery:

A nutritionally balanced lunch will be provided to eligible individuals. Meal menus are created and monitored by a Registered Dietician employed by vendor Performance Food Services. The Registered Dietician is responsible for compliying to the nutritional standards required by the Older American's Act and DARS Services Standards. Frozen meals will be delivered every 2 weeks providing the client can safely prepare and store them. Clients who receive these infrequent meal deliveries will be contacted by telephone between deliveries to check on their well being and use of the meals. Frozen meals are purchased from Performance Food Services. Frozen meals are delivered by New River Valley Senior Services, Inc.

Emergency Meal Provision- Type and Frequency:

Shelf stable meals are provided to clients that have no food until a regular delivery of frozen can be made. In the event a client is hospitalized and misses a frozen delivery a shelf stable meal may be provided in order to keep the client in the area on the scheduled delivery date.

Nutrition Assessments, Referral and Screening Information:

An in-home assessment will be performed on each individual requesting home delivered nutrition. The Uniform Assessment Instrument and the Nutrition Risk Assessment will be used to determine if the eligibility criteria is met, what the specific needs are, and the level of priority of service.

Program Evaluation of Effectiveness:

The program is formally evaluated annually with a written client survey. This information is used to improve the service and better meet client needs. Additionally, regular feedback from clients through direct program staff is given to the Nutrition Program Supervisor and is acted upon as appropriate.

Vendor or Subcontractor Monitoring Process and Frequency:

The Nutrition Program Supervisor performs a formal annual monitoring of providers, using a standardized tool to ensure they are meeting all requirements. The Nutrition Program Supervisor also annually monitors a percentage of the Home Delivered Meals routes performed by the vendor, New River Valley Senior Services, to ensure that all food safety guidelines along with all

Service Description:

The purpose of providing home delivered nutrition is to improve the clients' nutrition and overall well-being and to help them function as independently as possible in their own home. Regardless of age, the spouse of an eligible client may also receive a meal if it benefits the client. Disabled individuals, regardless of age, who reside at home with eligible individuals receiving a meal, may also receive a meal. Home Delivered Meals provide eligible clients with nutritious, balanced meals delivered directly to their homes. Meals comply with the latest dietary guidelines. The service accommodates special dietary needs and ensures food safety in handling, preparation, and delivery. This service is intended for homebound individuals who are unable to leave home and attend social activities and does not have access to proper nutrition and transportation.

HOME DELIVERED MEALS INFREQUENT DELIVERY WAIVER

Section 336 of the Older American Act establishes "nutrition projects for older individuals that provide—on 5 or more days a week (except in rural areas where such a frequency is not feasible and a lesser frequency is approved by the State agency) at least 1 home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods and, as appropriate, supplemental foods and any additional meals that [the Area Agency on Aging] elects to provide."

An essential component of the Home Delivered Meal (HDM) program is the social interaction and well-being check that naturally occurs during meal delivery. Within the broader aging network, there are concerns that this vital aspect of the HDM program may be lost when bulk meals are delivered less frequently, particularly in rural areas where participants are often isolated or vulnerable, and/or they may lack other sources of contact. Further, there is also a concern that commercial carriers, like FedEx or UPS, whose primary focus is on package delivery, are not designed to address the social, safety, nutritional, or functional needs of HDM participants. While there are financial constraints that also impact HDM programs, especially in rural areas, commercial delivery of home delivered meals should really only be reserved for the small percentage of participants who are geographically isolated and cannot be reached by regular HDM routes, if applicable.

Not all Area Agencies on Aging (AAAs) are eligible to request a Home Delivered Meals Infrequent Delivery (HDM-ID) Waiver. Agencies eligible to request a HDM-ID Waiver must have at least 50 percent or more of the localities within their planning and service area (PSA) defined as "rural" using the same definition provided in the State Plan for Aging Services Intrastate Funding Formula (IFF).

Eligible AAAs that deliver meals less than weekly to 25 percent or more of their total HDM participants due to feasibility constraints must, in cooperation with any service provider(s), develop and submit a HDM-ID Waiver for DARS review and approval through the Area Plan.

The HDM-ID Waiver must be submitted for review and approval prior to the AAA reducing their delivery frequency to less than weekly and must be updated when significant changes are made to the Area Plan.

Waiver Validity and Expiration: Provided there are no concerns with an AAA's implementation of an approved HDM-ID Waiver, DARS will consider approved HDM-ID Waivers to be valid for the duration of the Area Plan Cycle. Annually, DARS will review rural locality designations during the IFF process to determine if an AAA with an existing HDM-ID Waiver will need to submit a HDM-ID Transition Plan to discontinue its HDM-ID program prior to the start of the next Area Plan Cycle. AAAs that lose their rural qualification for a HDM-ID Waiver in Year 4 of an Area Plan Cycle will have 1 additional FFY (i.e., Year 1 of the new Area Plan Cycle) to continue operating its HDM-ID program, however, the AAA must be in compliance with the HDM requirements by Year 2 of the new Area Plan Cycle.

HOME DELIVERED MEALS INFREQUENT DELIVERY (HDM-ID) WAIVER FORM

The Area Agency on Aging (AAA) requests a HDM-ID Waiver due to the feasibility of providing at least 1 home delivered meal per day on 5 or more days per week in a rural area:

PSA #: -select- Click Here *Select the PSA # from the drop down list then click the button to auto fill the localities within the PSA. Returning to -select- then clicking the button clears the fields.*

Select the localities within the PSA where meals are delivered less than weekly and state the method and frequency of delivery for those localities:			
	Locality	**Method**	**Frequency**

Total number of participants receiving HDMs in the PSA:	
Total number of participants receiving less than weekly delivery:	
Percentage of HDM-ID participants:	

What is the AAA's **specific criteria** for identifying HDM clients who are most vulnerable?

Describe the AAA's plan for contact of socially isolated and vulnerable HDM-ID participants:
How will the AAA provide access to Nutrition Education and Nutrition Counseling for these participants?
Describe how the AAA will monitor and evaluate the success of HDM-ID implementation. For Waiver Renewals, please also include a summary of the outcomes of the existing HDM-ID implementation for the current or prior Area Plan Cycle.

For New HDM-ID Waiver Requests or for Renewals of HDM-ID Waiver Requests at the Start of a New Area Plan Cycle: Separately, the AAA should also submit to DARS for review the following documents:

- HDM-ID Plan
- AAA Registered Dietitian Nutrient Analysis/Meal Pattern documentation
- Governing Board and Advisory Council Approved HDM-ID Policy or Minutes from the Governing Board and Advisory Council Meetings that Outlined the HDM-ID Policy
- Current Food Vendor Contract/Agreement (for Renewals of HDM-ID Waivers)
- Commercial Package Delivery Procedures (if applicable)

Registered Dietitian Information			
Total Number of Hours Worked			**Full-time Employee**
	Hours per week or		**Part-time Employee**
	Hours per month	X	**Contractor/Consultant**

Service: Nutrition Counseling							**Direct Service Waiver**			
Unit Type	Hours	**Total Units**	10	**People Served**	10		**Yes**		**No**

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
$1,000.00	Title III-C(1)	
$1,500.00	Title III-C(2)	
	General Funds- OAA General	X
	General Funds- Supplemental Nutrition	X
	Fees	
$2,500.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider**	**Entity Type**
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option
		Select Option

Service Definition: Nutrition Counseling is a personalized, evidence-based service designed to assess, educate, and support older adults, who are at nutritional risk due to factors such as health or nutrition history, dietary intake, chronic illnesses, or medication use. Provided one-on-one by a registered dietitian, this service addresses the unique dietary needs, health conditions, and lifestyle considerations of older adults.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. (OAA Section 306(a)(1)). Include such things as: Scoring system.

Any client scoring at 11 or above on the Nutrition Health Checklist and who answers "Yes" to Question 9 – "Without wanting to, I have lost or gained 10 pounds in the last 6 months" will be offered a referral to obtain Nutrition Counseling services.

Staff Qualifications for Service Delivery:

The Nutrition Program Supervisor oversees the referrals that are made through the Aging and Disability Services staff who make the referrals for clients. The Nutrition Program Supervisor upon receiving the referral turns it over the Agency's contracted registered dietitian to initiate and deliver the nutrition counseling. Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) is an individual who has:

Screening & Assessment:

An in-home assessment will be performed on each individual requesting home delivered nutrition. The Uniform Assessment Instrument and the Nutrition Risk Assessment will be used to determine if the eligibility criteria is met, what the specific needs are, and the level of priority of service.

Program Evaluation:

Clients who receive Nutrition Counseling are mailed a Nutrition Counseling Evaluation form to complete and return to the Nutrition Program Supervisor who follows up with any concerns or identified unmet needs. If there should be a concern that involves the work of the contracted registered dietitian, the Nutrition Program Coordinator will address those concerns.

Service Description:

Nutrition Counseling is a personalized, evidence-based service designed to assess, educate, and support older adults, who are at nutritional risk due to factors such as health or nutrition history, dietary intake, chronic illnesses, or medication use. Provided one-on-one by a registered dietitian, this service addresses the unique dietary needs, health conditions, and lifestyle considerations of older adults.

Service: Nutrition Education						Direct Service Waiver			
Unit Type	Sessions	**Total Units**	2000	**People Served**	500	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$1,000.00	Title III-C(1)	
$2,000.00	Title III-C(2)	
	General Funds- OAA General	X
	General Funds- Supplemental Nutrition	X
	Fees	
$3,000.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Nutrition education is a program aimed at promoting better health and well-being by providing accurate, culturally sensitive information and instruction on nutrition, physical fitness, and overall health. This service is offered to older adults, caregivers, or both, in either group or individual settings, and is overseen by a registered dietitian or an individual with comparable expertise. The program focuses on reducing hunger, food insecurity, and malnutrition, while encouraging socialization and helping to delay the onset of adverse health conditions.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. (OAA Section 306(a)(1)).

Staff Qualifications for Service Delivery:

Educational materials and presenters are overseen by a contracted registered dietitian. The Nutrition Education Program utilizes materials that are consistent with the Dietary Guidelines for Americans and that are from approved sources such as federal agencies including the Administration for Community Living, Centers for Disease Control, National Resource for Nutrition and Aging, etc. Materials selected for use in the Nutrition Education Program will be accommodating for older adult

Frequency of Service for both Congregate and Home Delivered Participants:

The Congregate Nutrition Program participants will have an education session at least quarterly in each of the congregate meal sites. Each session will be at least 20 minutes and last no longer than 1 hour. Nutrition education session topics are chosen based on the needs of the participants.

Annual Education Plan Accommodations for Older Adult Learners:

Materials selected for use in the Nutrition Education Program will be accommodating for older adult learners and provide written materials in larger print.

Program Evaluation:

At least annually, Congregate Nutrition Program participants and Home Delivered Nutrition clients will receive a survey to determine their satisfaction with the educational interventions and materials and to indicate any positive health steps taken as a result, along with providing suggestions on future topics for nutrition education sessions.

Service Description:

Educational materials and presenters are overseen by a contracted registered dietitian. The Nutrition Education Program utilizes materials that are consistent with the Dietary Guidelines for Americans and that are from approved sources such as federal agencies including the Administration for Community Living, Centers for Disease Control, National Resource for Nutrition and Aging, etc.

GROUP 6: DISEASE PREVENTION/HEALTH PROMOTION

Service: Disease Prevention/Health Promotion						Direct Service Waiver			
Unit Type	Sessions	**Total Units**	12	**People Served**	24	X	**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
$17,589.00	Title III-D	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$17,589.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
PC, MC, GC, FC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Disease Prevention/Health Promotion programs use evidence-based strategies to enhance health, prevent disease, and improve quality of life in aging populations. These programs are designed to address the unique health challenges faced by older adults, such as chronic diseases, mobility issues, and mental health concerns, by promoting healthier behaviors, increasing physical activity, improving nutrition, and encouraging social engagement.

Target Populations:

Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)). Disease Prevention and Health Promotion services are provided to persons 60 years of age and older. Priority is given to persons with greatest economic and social need, with preference to low-income minority individuals to help improve their health and safety. Any adult aged 60 and above with a chronic health condition may participate.

List the specific evidence-based services provided:

Bingosize and Tai Chi

Program Staffing:

All Programs are led by certified leaders.

Service Locations:

The planned programming will be offered in multiple locations to be determined throughout the service area.

Participation Tracking:

Attendance will be recorded at each session and entered into Peerplace to track all programming.

Screening:

Brief demographics will be obtained by utilizing and completing at least the Virginia Quick Form to determine eligibility.

Assessments:

Participant surveys will be provided at the end of each program to determine the effectiveness of the programs.

Service Description:

Bingocize, a twice weekly, ten week evidenced program on falls prevention led by certified leaders who are staff members of the Agency, will be provided in person to participants in the Agency's congregate meal programs. Additionally, the program will be offered in person to residents in a group setting at senior housing complexes and with other senior related organizations in all jurisdictions in the 4th Planning District. A pre and post self- evaluation will be requested of participants to determine if the program had a positive impact on their health and in helping to prevent falls. Attendance and brief demographics will be obtained by utilizing attendance logs and a questionnaire. Information obtained will be kept secured and will be entered in a secure national database and the Agency's secure PeerPlace data base for reporting purposes.

Service: Health Education and Screening						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-B	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$ 0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Health Education and Screening services are designed to promote the well-being of older adults by providing essential information and assessments to support their health needs. Health education offers targeted information or materials on age-related diseases, chronic conditions, prevention, self-care, and independence, focusing on prevention, diagnosis, treatment, and rehabilitation. Health screening services include comprehensive assessments to determine an individual's current health status, aiming to detect or prevent common illnesses in older adults. These services may also include counseling, follow-up, and referrals to ensure optimal care and support for the individual's health and wellness.

Target Populations:

Service Description:

GROUP 7: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM: ADDITIONAL SERVICES

Service: Individual Counseling						**Direct Service Waiver**			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider**	**Entity Type**
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Individual counseling provides personalized support to individuals caring for older relatives. This service offers guidance on managing caregiving stress, preventing burnout, improving communication with the care recipient, and accessing resources. Delivered by a trained professional, it aims to enhance caregiver well-being and resilience, helping them balance their own needs with those of the person they care for.

Target Populations:

Service Description:

Service: Support Groups						Direct Service Waiver			
Unit Type	Sessions	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Support Groups provide a supportive environment for caregivers to connect, share experiences, and receive emotional support. Facilitated by a trained professional, these groups offer a space to discuss caregiving challenges, share coping strategies, and gain practical advice from others in similar situations. The goal is to reduce caregiver stress, prevent burnout, and promote emotional well-being through peer support and community resources.

Target Populations:

Service Description:

Service: Caregiver Training						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Caregiver Training provides caregivers with the knowledge and skills needed to deliver effective care. This service covers essential topics such as managing medical conditions, assisting with daily activities, understanding safety protocols, communication techniques, and coping with the emotional challenges of caregiving. Delivered by healthcare professionals or trained instructors, the training aims to enhance the caregiver's confidence, competency, and ability to provide high-quality care while promoting their own well-being.

Target Populations:

Service Description:

Service: Respite Voucher						Direct Service Waiver			
Unit Type	Vouchers	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	General Funds- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: A Respite Voucher is designed to provide temporary relief to caregivers by providing the opportunity to take a break from their caregiving duties by providing financial assistance or vouchers that can be used to pay for respite care services.

Target Populations:

Service Description:

Service: Institutional Respite						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	General Funds- Community Based	X
	Voluntary Contributions	
	Fees	
		X
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option

Service Definition: Institutional Respite is a type of respite care that is provided in a specialized facility or institution, rather than in the home or community setting. This form of respite care allows caregivers to temporarily place their loved one in a residential care facility where trained staff provide supervision, assistance with daily activities, and healthcare support. The facility may be a nursing home or a dedicated respite care facility.

Target Populations:

Service Description:

Service: Other (Respite Services)						Direct Service Waiver			
Unit Type	hours	**Total Units**	643	**People Served**	10		**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
$15,438.00	Title III-E	
	General Funds- OAA General	
	General Funds- Community Based	
	Voluntary Contributions	
	Fees	
$15,438.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
MC, GC, FC, Pulaski, City of Radford	Human Touch	For Profit
MC, GC, FC, Pulaski, City of Radford	Care Advantage	For Profit
		Select Option
		Select Option
		Select Option

Service Definition: A respite service that does not fall into the previously defined respite service categories. This includes non-traditional services that provide relief or are respite specific to an individual caregiver's situation.

Target Populations:

Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia.
Grandparents or relative caregivers (related by blood, marriage or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. (OAA Section 373 (C)(2))

Service Description:

The goal of respite care is to relieve the emotional and physical stress of caregiving and to delay or prevent inappropriate institutionalization of the care receiver.In order to meet the respite needs of the broadest range of caregivers, the Agency will provide (through sub-contractors) adult day health care services and in-home personal care/supervision services.

The Agency will accept referrals for Respite Care from other human service agencies, medical/health care providers, individuals, etc. An intake/screening will be performed by the Aging & Disability Resource Specialist. To determine the need for respite services, an Aging & Disability Services Specialist or Care Coordinator will make a home visit and complete a Uniform Assessment Instrument and the Respite Services Level of Need Assessment supplement. A preliminary care plan will be developed with the caregiver and care recipient (as appropriate).

The assessor will also complete an income verification worksheet to determine the clients' cost sharing responsibility. If the client is responsible for cost sharing, they will be given a copy of a signed agreement stating their cost sharing amount. A care plan will be devised with client's input to identify service needs, specify what services will be provided, and the number of service units to be provided. The Aging & Disability Services Supervisor will complete and explain to clients the Service Agreement. The Service Agreement shall include services to be provided, scheduled hours and days of service, information regarding voluntary contributions, emergency contacts and the severe weather policy.A copy of the Service Agreement will be provided to clients.

All available services, programs and resources will be reviewed during the home visit. Eligibility, priority level and availability of service will be determined at weekly staff meetings, which are comprised of the Aging & Disability Services Supervisor, Aging & Disability Services Specialist(s) and the Care Coordinator.

Agency staff will provide caregivers with appropriate literature and resource programs to increase their knowledge and skills with care giving issues. Agency staff will also identify appropriate support groups that may assist caregivers to better handle their care giving responsibilities.

Caregivers and care recipients receiving services through the Respite Care program will be reassessed by an Aging & Disability Services Specialist or Care Coordinator every six months (or sooner, if circumstances change) to determine respite services are still needed and/or if the number of hours of service is sufficient to meet a continued need.

Respite care will be performed by sub-contractors.The Aging & Disability Services Supervisor shall conduct monitoring of the sub-contractors annually. Monitoring shall include program compliance, service delivery review, administrative review and quality assurance. A written copy of the monitoring report shall be maintained by the agency.

Respite Service Evaluation forms shall be completed every 6 months during the reassessment of services. Anonymous client surveys shall be conducted annually. A file of annual anonymous client surveys with a summary of the surveys shall be maintained by the agency.

Service: Financial Consultation						Direct Service Waiver			
Unit Type	Hours	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option

Service Definition: Financial consultation offers expert guidance in managing the financial aspects of caregiving, including budgeting, long-term care costs, insurance options, and estate planning. The service helps caregivers navigate complex financial decisions, alleviate financial stress, and secure their financial future while ensuring the well-being of their loved ones. It includes support with healthcare expenses, tax planning, and understanding financial assistance programs. The goal is to empower caregivers to make informed, sustainable financial choices as they manage caregiving responsibilities.

Target Populations:

Service Description:

Service: Direct Payments						Direct Service Waiver			
Unit Type	Payments	**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	General Funds- Community Based	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Direct Payments are used for programs are services that are outside of traditional OAA services. It may be paid in cash or by voucher.

Target Populations:

Service Description:

Service: Other Supplemental Services						Direct Service Waiver			
Unit Type		**Total Units**		**People Served**			**Yes**		**No**

Proposed Expenditure Amount	Funding Source	Match Funding
	Title III-E	
	General Funds- OAA General	X
	General Funds- Community Based	X
	Voluntary Contributions	
	Fees	
$0.00	**Total Proposed Expenditures**	

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Other Supplemental Services include gap filling services provided to caregivers on a limited basis to compliment care provided by caregivers.

Target Populations:

Service Description:

PART 4: TITLE VII SERVICES

GROUP 8: ELDER ABUSE PREVENTION

Forego completion of this page if <u>all</u> Title VII- Elder Abuse Prevention funding is budgeted for the Long-Term Care Ombudsman Program. If all Title VII- Elder Abuse Prevention funds are used for the Long-Term Care Ombudsman Program, complete the service page in Group 9: Long-Term Care Ombudsman.

Service: Elder Abuse Prevention					
Unit Type	Contacts	**Total Units**	75	**People Served**	15

Proposed Expenditure Amount	**Funding Source**
	Title III-B
$2,222.00	Title VII- Elder Abuse Prevention
	General Funds- OAA General
	Voluntary Contributions
$952.00	Other Local Funding
$3,174.00	**Total Proposed Expenditures**

Locality Served	**Service Provider**	**Entity Type**
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option

Service Definition: Elder Abuse Prevention aims to protect older adults from abuse, neglect, and exploitation through education, early intervention, and support. These services include raising awareness, providing counseling, safety assessments, and facilitating community partnerships to ensure a coordinated response.

Target Populations:

Elder abuse prevention services shall be targeted to aid persons age 60 and older and incapacitated adults age 18 and older, who are at risk of abuse, neglect, and/or exploitation and who may have limited ability to care for themselves. Families and/or caregivers of an older individual may also be provided services to assist them in locating and accessing appropriate care services.

Service Description:

The purpose of Elder Abuse Prevention Services is to increase awareness of adult abuse, neglect, and exploitation; to encourage and assist persons in making appropriate referrals for interventions; and to address situations that endanger the health, safety, and well-being of older and disabled adults.

GROUP 9: LONG-TERM CARE OMBUDSMAN

Service: Long-Term Care Ombudsman Program	
Service Details (Indicate how the AAA ensures ombudsman coverage):	
X	The AAA operates this service for this PSA only.
	The AAA arranges for another AAA to provide this service for this jurisdiction. *(If this is the case, forego the remainder of this service page after naming the AAA below.)*
Identify the other AAA contracted to provide this service:	
	The AAA provides this service for one or more other PSAs.
Identify the other PSA(s) for which the agency provides this service:	

Proposed Expenditure Amount	Funding Source
$23,394.00	Title III-B
	Title VII- Elder Abuse Prevention
$14,956.00	Title VII-Long-term Care Ombudsman
	General Funds- OAA General
$10,589.00	General Funds- Ombudsman
$2,412.00	Dept. of Medical Asst. Services (DMAS) Ombudsman
	Supplemental Local or Regional Funding
$51,351.00	**Total Proposed Expenditures**

In compliance with Section 306(a)(9) of the OAA, in the upcoming program year the Area Agency on Aging must expend on the Ombudsman program not less than the total amount of Title III (Section 304 (d)(1)(D) and Title VII funds expended FFY 2019.

Check this box to attest that the above statement is true:	X

Service Definition: The Office of the State Long-Term Care Ombudsman Program oversees a network of local program representatives that advocate for long term care recipients across multiple settings. These trained advocates work at the community (PSA) level to protect the health, safety, welfare and rights of long-term care recipients. Program representatives investigate and resolve complaints for individuals who reside in nursing facilities and assisted living facilities, and other settings where they receive community based long term services and supports. In addition, Ombudsman representatives provide information and guidance to help individuals access needed services, understand their rights, and navigate the long-term care system.

Eligible Populations: Residents of long-term care facilities. (OAA Section 711(6)); individuals who receive home and community based long-term care services through adult day centers, home care organizations, hospice providers, DBHDS, area agencies on aging and any other non-profit or proprietary agencies (Code of Virginia, § 51.5-182).

Number of long-term care beds:	1337
Number of assigned staff to program:	1
% FTE per each staff person assigned:	78

Volunteer Recruitment and Management (if applicable):

All host entities (AAAs) providing Ombudsman Program services are required to carry out specific duties (set forth in 45 CFR Part 1324 (Subpart A § 1324.17-19), which include ensuring access to conflict-free ombudsman program services; providing consumers with information and assistance regarding long-term care; investigating and resolving long-term care complaints; and appropriately documenting program activities.

In regard to these required program duties, describe 3 primary (specific) goals for your ombudsman activities this year:

1.LTCO works to investigate complaints on behalf of resident/LTC recipient; will continue initiating proactive interventions to inform residents/receipients of LTC Ombudsman program services to investigate complaints. Ombudsman will provide information regarding complaint investigation process, encourage Ombudsman interventions; target number of investigations will be approximately 25 cases annually.

2.Initiate contact with nursing facility/assisted living facility administration/staff to conduct annual (or as needed) staff training on residents' rights. Target training sessions or a minimum of seven nursing facilities and seven assisted living facilities annually

3. Continue community education, staff in-service trainings, consultations, presentations to provide resources and information regarding LTC options, resident's rights and protections for quality care.

PART 5: STATE GENERAL FUND SERVICES

Service: State Funded Home Delivered Nutrition					
Unit Type	Meals	**Total Units**		**People Served**	

Proposed Expenditure Amount	Funding Source
	General Funds- Home Delivered Meals
	General Funds- Supplemental Nutrition
	Fees
$0.00	**Total Proposed Expenditures**

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option

	The AAA acknowledges that this service requires the use of a sliding fee scale and cannot utilize any OAA or NSIP funding to support this service.

Service Definition: Home Delivered Meals provide eligible clients with nutritious, balanced meals delivered directly to their homes. Meals comply with the latest dietary guidelines. The service accommodates special dietary needs and ensures food safety in handling, preparation, and delivery. This service is intended for homebound individuals who are unable to leave home and attend social activities and does not have access to proper nutrition and transportation.

Target Populations:

Types of Home Delivered Meals Served (check all that apply):

	Frozen		Chilled		Shelf Stable		Hot		Other:	

Service Description:

CARE COORDINATION FOR ELDERLY VIRGINIANS PROGRAM

Only complete this page if no Title III funding is budgeted for Care Coordination. If Title III funding is used, complete the Care Coordination service page under Group 2: Access instead.

Service: Service Coordination Level 2					
Unit Type	Hours	**Total Units**		**People Served**	

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
	General Fund- OAA General	X
	General Fund- CCEVP	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider**	**Entity Type**
		AAA
		Select Option
		Select Option

Service Definition: Care coordination services refer to the process of organizing and managing various healthcare, social, and support services to meet the needs of older individuals and their caregivers, ensuring they receive the right care at the right time. This service is particularly important for older adults who often have multiple chronic conditions, complex health needs, or face challenges in accessing appropriate care. Care coordination is designed to improve the quality of care, reduce duplication of services and enhance the overall well-being of older adults by providing holistic, seamless support.

Target Populations:

Service Description:

Service: Service Coordination Level 1					
Unit Type	Hours	**Total Units**	85	**People Served**	15

Proposed Expenditure Amount	Funding Source
	General Fund- OAA General
$53,451.00	General Fund- CCEVP
	Voluntary Contributions
	Fees
$53,451.00	**Total Proposed Expenditures**

Locality Served	Service Provider	Entity Type
PC, GC, FC, MC, & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option

This service requires the use of a sliding fee scale

Service Definition: Care coordination services refer to the process of organizing and managing various healthcare, social, and support services to meet the needs of older individuals and their caregivers, ensuring they receive the right care at the right time. This service is particularly important for older adults who often have multiple chronic conditions, complex health needs, or face challenges in accessing appropriate care. Care coordination is designed to improve the quality of care, reduce duplication of services and enhance the overall well-being of older adults by providing holistic, seamless support.

Target Populations:

The target population for Service Coordination 1 will be individuals 60 years of age and older who have been determined to have 1 or more dependencies in activities of daily living, such as bathing, dressing, eating, toileting or continence. In addition, the individual must have either a mobility dependency (either human or mechanical) or diagnosed with a cognitive impairment, such as Alzheimer's Disease or a related disorder. Such persons shall also be unable to maintain independent living and self-sufficiency in their community due to the inability to define, locate, secure or retain the necessary resources and services of multiple providers on an on-going basis.

Service Description:

A Care Coordinator will conduct a full UAI assessment prior to provision of any service coordination. Once client is enrolled into Service Coordination Level One, the Care Coordinator will provide assistance, either in the form of accessing needed services, benefits, and/or resources or arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, as well as the needed services by providers.

A Care Coordinator will investigate a person's needs, preferences and resources, link the person to a full range of appropriate services and supports, using all available funding sources, and then monitor to ensure that services specified in the support plan are being provided.

Service: Senior Outreach to Services (SOS)					
Unit Type	Referrals	**Total Units**		**People Served**	

Proposed Expenditure Amount	Funding Source
	General Fund- CCEVP
	Voluntary Contributions
$0.00	**Total Proposed Expenditures**

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option

Service Definition: Senior Outreach to Services (S.O.S.) is a service coordination model designed to provide mobile, short-term interventions that connect seniors to community-based supports and services. Through proactive outreach and assistance, seniors are reached and offered a face-to-face interview to assess their needs and identify available services to help them live independently in the community.

Target Populations:

Service Description:

Only complete this page if no Title III funding is budgeted for Options Counseling. If Title III funding is used, complete the Option Counseling Service page under Group 2: Access instead.

Service: Person-Centered Options Counseling					
Unit Type	Hours	**Total Units**	410	**People Served**	55

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
$8,187.00	General Fund- OAA General	X
$10,200.00	General Fund- CCEVP	X
	Voluntary Contributions	
$18,387.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider**	**Entity Type**
PC, GC, FC, MC & City of Radford	New River Valley Agency on Aging	AAA
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Person-Centered Options Counseling is an interactive decision-support process that helps individuals make informed choices about long-term services and supports. The individual, or their legal representative, directs the process with the option to include others they choose. The individual remains actively involved throughout the entire Options Counseling process, ensuring their preferences and needs are prioritized in the decision-making.

Target Populations:

Options Counseling will be provided to all individuals age 18 and over with a disability and adults age 60 and over who request long-term care supports and/or who are planning for the future regarding long-term care supports.

The following situational elements that can trigger Options Counseling include, but are not limited to: a life altering personal event or situation; a significant change in the individual's circumstances; concerns expressed by the individual or the individual's family member or surragote decision maker; a life transition; a referral or self- referral to Options Counseling and/or availability of new benefits and supports.

Service Description:

The Options Counselor will contact the individual to discuss individual's current circumstances. If the Options Counselor determines that further consultation is required, they will schedule a visit with the individual within 10 working days of the assessment. During the visit, the Options Counselor will assist with the action plan.

The Options Counselor will arrange for delivery of the supports chosen by an individual as a result of Options Counseling, involving others as needed to get the supports fully in place by assisting with referrals and conducting follow up to assure referrals are in place and adequate for the individual's support.

The Options Counselor will assist the individual to make an effective transition to the supports that the individual has chosen by contacting the individual and conducting other follow-up as necessary to verify referrals made; determining whether the referrals were implemented effectively; and if adjustments are needed, supporting the individual in determining the best alternative course of action.

Options Counselors will document each contact made with client, caregivers, family members, or service providers.

Once supports are in place, the Options Counselor will follow up to determine the extent to which the individual's goals have been met using a uniform instrument, administered in the method or mode of communication that the individual uses and prefers, to measure individuals' satisfaction with the Options Counseling process and the choices the individual has made. The evaluation survey shall be issued within 30 days of the completion of Options Counseling.

Only complete this page if no Title III funding is budgeted for Care Transitions. If Title III funding is used, complete the Care Transitions Service page under Group 2: Access instead.

Service: Care Transitions					
Unit Type	Contacts	**Total Units**		**People Served**	

Proposed Expenditure Amount	**Funding Source**	**Match Funding**
	General Fund- OAA General	X
	General Fund- CCEVP	X
	Voluntary Contributions	
$0.00	**Total Proposed Expenditures**	

Locality Served	**Service Provider**	**Entity Type**
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition: Care transitions refer to the process of moving a patient from one care setting to another, such as from a hospital to home, from a nursing home to outpatient care, or between different healthcare providers. The goal is to ensure continuity of care, minimize the risk of complications, and improve the quality of life during these transitions, especially for older adults who may have complex health conditions. The goal of care transitions is to ensure a smooth, safe, and effective move between different levels or types of care, preventing avoidable hospital readmissions, improving health outcomes, and promoting independence and well-being.

Target Populations:

Service Description:

PART 6: OTHER AAA SERVICES

Service:					
Unit Type		**Total Units**		**People Served**	

Proposed Expenditure Amount	**Funding Source**
$0.00	**Total Proposed Expenditures**

Locality Served	**Service Provider**	**Entity Type**
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition:

Eligible Populations:

Service Description:

Service:					
Unit Type		**Total Units**		**People Served**	

Proposed Expenditure Amount	Funding Source
$0.00	**Total Proposed Expenditures**

Locality Served	Service Provider	Entity Type
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option
		Select Option

Service Definition:

Eligible Populations:

Service Description: