

## **Fiscal Year 2010 Amendments To The Area Agency's Plan For Aging Services (Area Plan)**

**Agency:** Central Virginia Area Agency on Aging, Inc.

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**PSA #:** 11

**Counties:**

Amherst

Appomattox

Bedford

Campbell

**Cities:**

Bedford

Lynchburg

*Third Year of the Area Plan:  
October 1, 2009 through September 30, 2010  
Virginia Department for the Aging*

# TABLE OF CONTENTS

PG #

	<b>Title Page</b>	1
	<b>Table of Contents</b>	2
<b>SECTION A</b>	<b>AREA PLAN</b>	
	Area Plan for Aging Services	3
<b>PART I</b>	<b>ORGANIZATION OF THE AREA AGENCY ON AGING</b>	
	Mission/Vision Statement	4
	Governing Board	4
	Advisory Council	6
	Organizational Chart	8
	Staffing	9
<b>PART II</b>	<b>OBJECTIVES AND STRATEGIES</b>	
	Demographic Profile of the Planning and Service Area	10
	Other Significant Trends	10
	Services to be Provided	11
<b>PART III</b>	<b>TITLE III SERVICES</b>	
	Group 1: III-B, In-Home Services	15
	Group 2: Access Services	30
	Group 3: Legal Assistance	37
	Group 4: III-B, Client Services	40
	Group 5: Nutrition Services And Delivery	56
	Group 6: III-D, Disease Prevention Services	67
	Group 7: National Family Caregiver Support Program (NFCSP)	72
<b>PART IV</b>	<b>TITLE VII OBJECTIVES AND STRATEGIES</b>	
	Ombudsman Program Objectives	10
		0
	Group 8: VII, Elder Rights Services	10
		1
<b>SECTION B</b>	<b>CARE COORDINATION FOR ELDERLY VIRGINIANS PROGRAM</b>	10
		3
<b>SECTION C</b>	<b>SENIOR OUTREACH TO SERVICES (S.O.S.)</b>	10
		5
<b>SECTION D</b>	<b>RESPITE CARE INITIATIVE PROGRAM</b>	97
<b>SECTION E</b>	<b>NO WRONG DOOR LEAD LOCAL AGENCY FORM</b>	98

## SECTION A: AREA PLAN

This Area Plan for Aging Services describes the scope of services to be provided by the Area Agency on Aging with funding from the Department for the Aging. It reflects a planning process based on the basic demographic characteristics of the older population and an assessment of their needs. The Area Agency on Aging submits the Plan to the Virginia Department for the Aging for review and approval.

The Plan describes the management and administration, service systems development, service delivery, and advocacy activities of the Area Agency on Aging during the Plan period. These activities address one or more of the national goals of the Older Americans Act:

- To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services.
- To remove individual and social barriers to economic and personal independence for older individuals.
- To provide a continuum of care for the vulnerable elderly.

## PART I: ORGANIZATION OF THE AREA AGENCY ON AGING

An Area Agency on Aging is a public or private nonprofit agency created pursuant to the Older Americans Act, which is designated by contract with the Virginia Department for the Aging to develop and administer the Area Plan, as approved, for a comprehensive and coordinated system of services for older persons.

The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of older persons in the Planning and Service Area. Accordingly, the Area Agency carries out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. The elements of each such system are (1) visible focal points, (2) a range of accessible service options, (3) commitment of resources, (4) collaborative decision-making among older persons and organizations, (5) special help or targeted resources for the most vulnerable, (6) effective referral from agency to agency, and (7) sufficient flexibility to respond to individual needs.

The Central Virginia Area Agency on Aging, Inc. 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 of the Code of Virginia, or  
 multipurpose agency.

**Note: Click the check box once to insert an X in the box.**

**MISSION/VISION STATEMENT:**

The mission of the Central Virginia Area Agency on Aging, Inc. is to enable senior citizens to remain independent in their homes by providing quality, supportive services.

**GOVERNING BOARD:**

The Area Agency on Aging is directed *“by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future”* [45 CFR 1321.53(10)].

**General Membership Characteristics:**

Total Board positions (including vacancies)	<u>13</u>
Number of Board members age 60+	<u>5</u>
Number of Board members age 60+ residing in a rural area	<u>2</u>
Number of minority Board members	<u>2</u>

<b>Presiding Officer:</b>	<u>Fred Fralick, Ph.D.</u>
Mailing Address:	<u>1042 Forest Point Place</u>
	<u>Forest, VA 24551</u>
Telephone:	<u>(434) 385-1181</u>
E-mail Address:	<u>fred@etcgroup ltd.com</u>
Term Expires:	<u>9/30/09</u>

**Process used to appoint members:**

The Board appoints its own members. Two (2) individuals from each of the six (6) political jurisdictions served by the Agency are selected for a maximum of three 3-year terms. The chairperson of the Agency Advisory Council is a voting member of the Board and completes the 13 member Board.

**Dates of governing board meetings for FY 2010:**

October 26, 2009

December 7, 2009

January 25, 2010

March 22, 2010

May 24, 2010

July 19, 2010

September 27, 2010

**ADVISORY COUNCIL:**

The Area Agency on Aging has established a council which carries out advisory functions which further the Area Agency's mission of developing and coordinating community-based systems of services for all older persons in the Planning and Service Area (45 CFR 1321.57).

<b>General Membership Characteristics on July 1, 2010:</b>	<b>Total Number</b>
Total number Council members (including vacancies)	<u>12</u>
Members age 60+ (including minority individuals and older individuals residing in rural areas who are participants or who are eligible to participate in program assisted under the OAA.	<u>4</u>
Family caregivers of individuals who are eligible or participate	<u>          </u>
Representatives of older persons	<u>3</u>
Representatives of service providers	<u>3</u>
Representatives of the business community	<u>1</u>
Representatives of providers of veterans' health care (if appropriate)	<u>          </u>
Local elected officials	<u>          </u>
General Public	<u>2</u>

**Presiding Officer:** Denise Scruggs  
Mailing Address: Beard Center on Aging at Lynchburg College  
1501 Lakeside Dr., Lynchburg, VA 24501  
Telephone: (434) 544-8456  
E-mail Address: scruggs.dr@lynchburg.edu  
Term of Office: October 2008 - September 2010

**Process used to appoint members of the Advisory Council:**  
All members are appointed by the Board of Directors for three (3) year terms. A minimum of 12 members are appointed. There is at least one member from each of the six (6) political jurisdictions served by the Agency.

**Dates of Advisory Council meetings for FY 2010:**  
October 20, 2009  
January 25, 2010  
March 16, 2010  
May 18, 2010  
July 13, 2010  
September 21, 2010

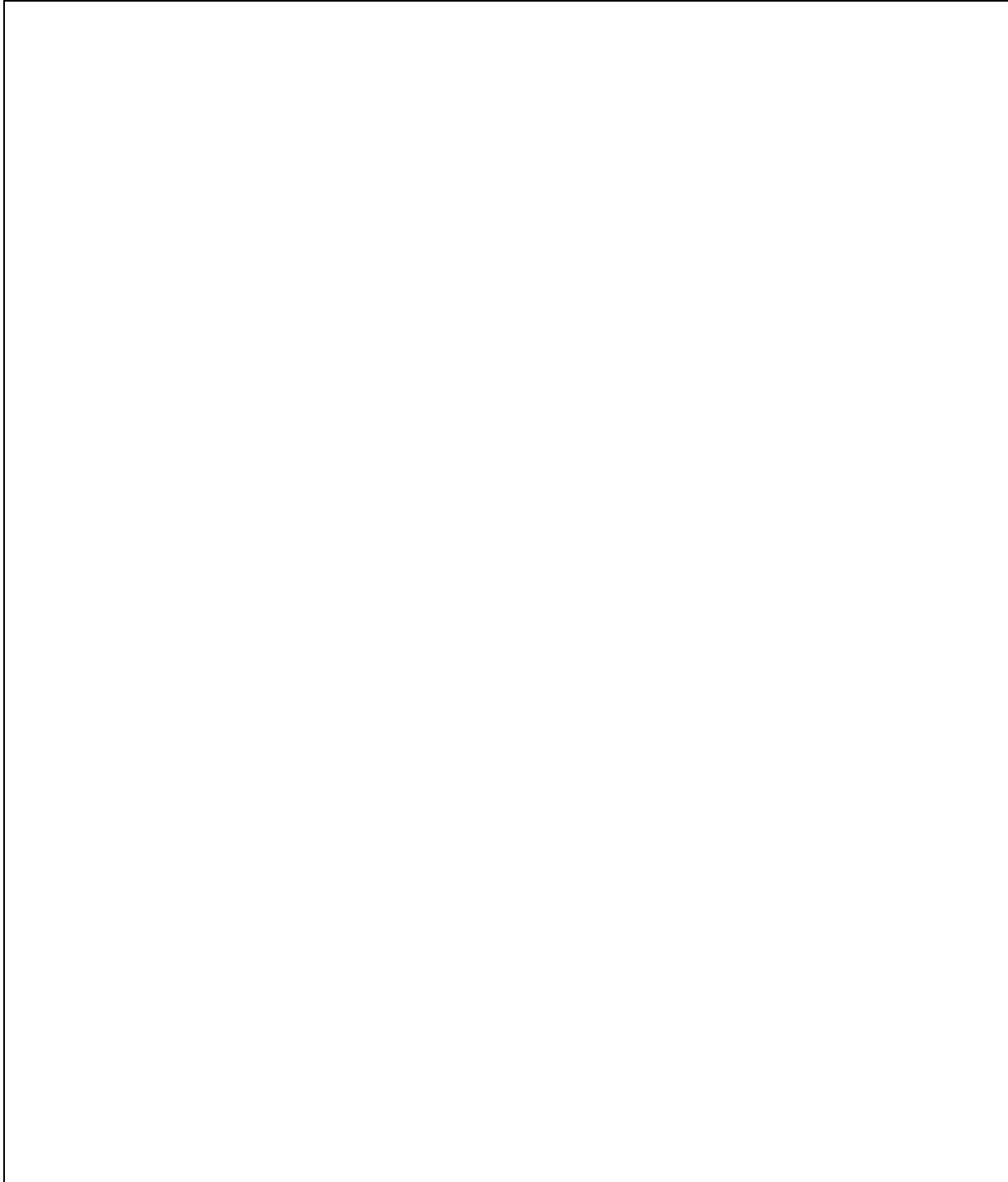
**ADVISORY COUNCIL MEMBERSHIP**

	<b>Member</b>	<b>County or City of Residence</b>
1	Sandy Becton	Campbell County
2	Sara Lu Christian	Amherst County
3	Anne Dixon	Appomattox County
4	Rev. John Gordon	Amherst County
5	Lynn Fox	Lynchburg City
6	June Keesee	Campbell County
7	Denise Scruggs	Lynchburg City
8	Lana Obenchain	Bedford County
9	Betty Ware	Bedford County
10	Monroe Dyess	Appomattox County
11	Robin Zimmerman	Bedford City
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

(NOTE: Add rows as needed.)

**ORGANIZATIONAL CHART**

Insert an organizational chart below (or you may send your organizational chart as a separate attachment.) The chart illustrates the organizational structure of the Area Agency on Aging, including the functional units and their supervisory/reporting relationships. The chart illustrates the location of the Area Agency within a multipurpose organization, if applicable.



## STAFFING

The Area Agency on Aging is responsible for providing for adequate and qualified staff to perform the activities under the Area Plan for Aging Services (45 CFR 1321.55). The following list does not include the staff of contractors and grantees of the Area Agency on Aging.

<b>WORKING JOB TITLE</b>	<b>NUMBER OF STAFF HOLDING THIS TITLE</b>
Executive Director	1
Director of Administration and Finance	1
Director of Human Resources	1
Director of Social Service Programs	1
Director of Transportation Services	1
Director of Nutrition Services	1
Director of Wx/Housing Programs	1
Coordinator of Nutrition Services	1
Coordinator of Transportation Services	1
Coordinator of Wx Services	1
Coordinator of Bedford Ride Program	1
Manager of Bedford Ride Program	1
Care Managers	4
Ombudsman/Elder Rights Advocate	1
VICAP Program Councilor	1
Fiscal Management Assistant	1
Wx Management Assistant	1
Wx Technical Assistant	1
Secretary	1
Homemakers	8
Van Drivers	35
Congregate Site Managers	13
Social Service Program Clerk	1
Medication Management Nurse	1

(NOTE: Add rows as needed.)

## PART II: OBJECTIVES AND STRATEGIES

### A. DEMOGRAPHIC PROFILE OF THE PLANNING AND SERVICE AREA

#### 2000 CENSUS PROFILE\* FOR THE PLANNING AND SERVICE AREA

\* See accompanying "AAA 2000 Demographics.xls" spreadsheet for all required data elements for all AAA Planning & Service Areas

	<b>Total Number in 2000</b>
<b>Total Persons age 60 or older:</b>	43833
Female	25096
Male	18737
<hr/>	
White only	37173
Black only	6231
Native American only	96
Asian only	108
Native Hawaiian/Pacific Islander only	5
Some other race only	15
Two or more races	205
Hispanic (all races)	172
<hr/>	
Rural	2756
Low Income (Poverty)	4677
Low Income (Poverty) Minority	1682

### B. OTHER SIGNIFICANT TRENDS

Describe any relevant demographic data or trends in the Planning and Service Area that have implications for this Area Plan. For example, are there significant changes in the racial or ethnic groups, the poverty rate, urbanization of formerly rural areas, limited English proficiency, or risk for institutional placement?

**INSERT DESCRIPTION HERE:**

The 85+ age group is projected to increase by the year 2010 to 75% more than the 2000 Census count. The 60+ age group is projected to increase beyond the 2000 Census figure by almost 33% by the end of the current decade. The "rural" population as defined by the 2000 Census is 335% less than it was in 1990. In spite of not being considered "rural" by the "official" definition, many of those individuals living in isolated areas within the 2200 square miles of PSA 11, consider themselves to be living in a rural area. The Agency, likewise, considers much of its coverage area to be "unofficially rural" due to the distances involved in providing services to those not clustered in or nearby the limited urban areas of PSA 11.

**C. SERVICES TO BE PROVIDED**

Title III SERVICES (excluding Title III-E)	X if you provide this service	X if you provide this service using Title III (OAA) funds
<b>Group 1: In-Home Services</b>		
Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>
Checking	<input type="checkbox"/>	<input type="checkbox"/>
Chore	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
Residential Repair and Renovation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Group 2: Access Services</b>		
Care Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information & Referral Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assisted Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Group 3: Legal Assistance</b>		
Legal Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Group 4: Client Services</b>		
Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>
Title III Employment Service	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/ Health Screening	<input type="checkbox"/>	<input type="checkbox"/>
Identification/Discount	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care Coordinating Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>
Public Information & Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Socialization & Recreation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Volunteer Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Group 5: Nutrition Services &amp; Delivery</b>		
Congregate Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Delivered Fee For Service	<input type="checkbox"/>	<input type="checkbox"/>
<b>Group 6: Disease Prevention Services</b>		
Disease Prevention/Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medication Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Note: Click the check box once to insert an X in the box.

<b>Title III – E Services Group 7: NFCSP Services</b>	<b>X if you provide this service</b>	<b>X if you provide this service using Title III/VII (OAA) funds</b>
<b>Counseling Services:</b>		
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>
<b>Information Services:</b>		
Public Information/Education	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respite Services:</b>		
Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
Institutional Respite	<input type="checkbox"/>	<input type="checkbox"/>
Direct Payments (Respite Services)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supplemental Services:</b>		
Chore	<input type="checkbox"/>	<input type="checkbox"/>
Congregate Meals	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>
Direct Payments (Defined Supplemental Services)	<input type="checkbox"/>	<input type="checkbox"/>
Other Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access Assistance Services:</b>		
Information & Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Group 8: Elder Rights Services</b>		
Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local LTC Ombudsman Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>State General Fund Services</b>	
Care Coordination for Elderly Virginians	<input checked="" type="checkbox"/>
Senior Outreach to Services	<input type="checkbox"/>
Respite Care Initiative Program	<input type="checkbox"/>

Note: Click the check box once to insert an X in the box.

## **DEFINITIONS**

Service Implementation – This is a **detailed** explanation of what service is being provided and specifically how it is being provided using Older Americans Act Funds. Refer to the Service Standard as needed to develop this explanation. Be sure to include any local variations or aspects of the service that are unique to your agency.

Description of Population to be Served – Describes the population that your agency will provide services to using Older Americans Act Funds, i.e. 60 years or older, frail, rural, at or below poverty level, limited English proficiency, risk for institutional placement, etc. How were they targeted? How is this population targeted in the service implementation above? Provide an explanation/justification if you are targeting services to a population that is not specifically prioritized in the Older Americans Act. For example, if you are targeting services to persons whose incomes are above the poverty level, provide a justification as to why.

Service Provider(s) – State who is actually providing the service. Is it the AAA, another provider, or both? Include **all** providers of this service that are paid using Older Americans Act Funds. This includes local DSS, etc.

Older Americans Act Section 212(a) and (b) requires VDA to approve all contracts/ service agreements with for-profit entities that provides services to individuals. The Area Agency shall submit relevant documents including: the agreement, information on all costs incurred, costs incurred by the recipient, and that the rates are consistent with the prevailing market rate. Check the profit status of each contractor on the individual service pages: FP = For Profit, NFP = Not-For-Profit.

Jurisdiction(s) Served – List all locations where services are provided using Older Americans Act Funds, i.e. cities and/or counties. If you are only providing services to a certain area of your Planning and Service Area please tell us. Make sure service providers line up with jurisdictions being served.

Funding Provided By – This section describes the funding sources that are used to provide the service.

Targeting Objectives – This table reflects the population to which your agency has and will target services. Targeting should be directed to those people with the greatest economic or social need, with particular attention to members of racial and ethnic minority groups and to older individuals residing in rural areas. See Description of Population to be Served above.

Waiver to Provide a Direct Service – The Area Plan shall provide that no supportive services, nutrition services or in-home services will be directly provided by an Area Agency on Aging, unless, in the judgment of the State Agency –

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

If you check YES to this question, then provide documentation that supports your request.

Waiver for an Alternative Cost Sharing/Fee for Service Scale – The VDA sliding Fee Scale for your area is the approved sliding scale for the Older Americans Act and General Fund cost sharing/fee for service programs. If you wish to request a waiver to use an alternative sliding fee scale, you must provide a written description for the basis of the scale and attach a copy. Note: Older Americans Act of 1965, as amended, Section 315(a)(3) state, “A state shall not permit cost sharing [fee for service] by a low-income older individual if the income of such individual is at or below the Federal poverty line”.

Waiver for Cost Sharing/Fee for Service for Older Americans Act Programs – Section 315(a)(6) of the Older Americans Act of 1965, as amended: “An Area Agency on Aging may request a waiver to the State’s cost sharing policies, and the State shall approve such a waiver if the Area Agency on Aging can adequately demonstrate that –

1. a significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or
2. cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging.”

NOTE: The Virginia Department for the Aging can not waive cost sharing/fee for service for General Funds. It is the intent of the Virginia General Assembly that General Funds continue to be spent as part of a cost sharing/fee for service program.

If you wish to request a waiver for cost sharing/fee for service for Older Americans Act Programs, you must provide a written description for the basis of the scale and attach a copy.



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Checking**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Chore**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Home Health**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Homemaker**

**A. Service Implementation:**

Providing independence among the elderly. Homemaker duties can include: vacuuming, sweeping, mopping, dusting, washing dishes, cleaning bathrooms, cleaning the kitchen, changing bed linens, washing clothes, and grocery shopping. Tasks homemakers cannot do include: personal care, pet care, transporting clients, lifting more than 30lbs., use of ladders, cleaning windows, and other things that would be considered spring cleaning.

A service-specific assessment using part A of the Uniform Assessment Instrument (UAI) shall be performed on each client to determine whether the client is eligible for the service. Once a client is approved, they will automatically receive service if there is an opening in their area. If there is no opening available, they will be placed on a waiting list and come off according to the homemaker need score.

Homemakers visit on a weekly or bi-weekly basis, with a maximum of four hours per week. Homemaker services will be delivered during the hours of 7:30 am. - 5:00 pm. Monday through Friday.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>							<b>Hispani c/ Latino</b>	<b>Low- Income/ Minority</b>	<b>Rural</b>
	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>			
Actual FY 08	255	182		1	70	2	2	31	30

Projected FY 10	255	182		1	70	2	2	31	30
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Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAs can provide the homemaker service to all areas at a more economical cost than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Residential Repair & Renovation**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

## GROUP 2: ACCESS SERVICES

### Service: Care Coordination

#### A. Service Implementation:

The assessment, using the full Uniform Assessment Instrument (UAI), evaluates clients' service provisions and client needs, coordination of service referral, and provision by a variety of agencies/organizations. Components of service shall include: outreach, intake, screening, assessments, care planning, service referral, service delivery, service monitoring, and reassessments. Components also include clients' transition to more intensive care provisions to include intensive in home care, adult day care, or institutional care. The client shall be dependent in two (2) or more activities of daily living (ADLs) and significant unmet needs which result in substantive limitations in major life activities.

**B. Description of Population to be Served:** 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)).

#### C. Service Provider(s):

Central Virginia Area Agency on Aging, Inc.

FP

NFP

#### D. Jurisdiction(s) Served:

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

#### E. Funding Provided By:

Older Americans Act

General Funds

Other (provide source): Fundraising

#### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/Native	Asian	Black/African Amer.	Other	Hispanic/Latino	Low-Income/Minority	Rural
Projected FY 10	25	15			10		4	1	

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide the Care Coordination service to all areas more economically than hiring a sub-contractor.

**Service: Information & Referral Assistance**

**A. Service Implementation:**

This service is designed to provide support to the older person and/or those concerned with the care of older persons, by providing access of information on a broad range of services in response to the needs of the elderly client. The client's needs are determined based on the clients request and/or agency assessment. The objective is to educate elderly clients and/or caregivers as to the services available within the community and the methods of access in order to promote the client's holistic well being, and encourage on going independence. Aspects include client assessments, client education, and referral assistance. Also, it will include the collection and maintenance of data/information of community resources and service providers.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source): Local Government
- General Funds

**Targeting Objectives:**

<b>Persons Served:</b>							Hispani c/ Latino	Low- Income/ Minority	Rural
	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other			
Actual FY 08	1727	1160	4	2	554	7	4	279	120
Projected FY 10	1730	1162	4	2	555	7	4	279	120

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide transportation to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

Cost sharing would be an unreasonable administrative or financial burden on the area agency.

## Service: Assisted Transportation

### A. Service Implementation:

CVAAA plans to provide transportation (Dial-a-Ride) to both handicapped and non-handicapped seniors 60 years of age or older, door through door, for clients living in their own homes and lack the ability or means to transport themselves to medical appointments and food services such as, doctors, therapists, pharmacies, grocery stores, and other human service appointments that promote continued independent living. Spouses or necessary escorts may accompany eligible participants.

**B. Description of Population to be Served:** 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)).

### C. Service Provider(s):

**FP** **NFP**

### D. Jurisdiction(s) Served:

Central Virginia Area Agency on Aging, Inc.

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg

Greater Lynchburg Transit Company

City of Lynchburg

### E. Funding Provided By:

Older Americans Act

General Funds

Other (provide source): United Way and local contributions

### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/Native	Asian	Black/African Amer.	Other	Hispanic/Latino	Low-Income/Minority	Rural
	Actual FY 08	123	64	2	1	56			34
Projected FY 10	125	65	2	1	57			35	6

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAs can provide assisted transportation to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.



Actual FY 08	41	28			12	1			1
Projected FY 10	55	38			16	1			1

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Employment**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older American's Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Health Education & Screening**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani	Low-	Rural
							c/ Latino	Income/ Minority	
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Identification and Discount**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds  
 Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older American's Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: LTC Coordinating Activity**

**A. Service Implementation:**

CVAAA will provide leadership and/or otherwise help facilitate the collaboration, coordination, and consultation among public and private organizations that are involved in some facet of long-term care service delivery. The agency will attempt to raise the profile of the needs of the elderly and their caregivers within its service area. The agency will promote community-based programs and in-home services as cost-effective service delivery for long-term care. The agency will develop and/or work with coalitions whose mission is to respond to the needs of older individuals and their caregivers. The agency will, whenever possibilities exist, make available information on advance planning for long-term care and the range of programs, service providers, and other resources available in the community for the target population. At present, this agency is involved in two committees, Central Virginia Caregiver Alliance and the Coalition for Raising Public Awareness of Aging. The Central Virginia Caregiver Alliance committee will identify committee caregiver resources and local caregiver needs, encourage collaborative program for caregivers, and promote community awareness of local caregiver resources. The Coalition for Raising Public Awareness of Aging will promote public awareness of healthy aging, as well as the needs and challenges facing our aging community. Both of these committees will meet bi-monthly.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Service: Money Management**

**A. Service Implementation:**

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Targeting Objectives		
							Hispani c/ Latino	Low- Income/ Minority	Rural
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Public Information & Education**

**A. Service Implementation:**

This service is designed to provide information and education to the public regarding services provided to the elderly by CVAAA. Services are provided via the distribution of brochures, handouts, the presentation of public service announcements, public speaking engagements and educational programs, and promotion and/or participation in agency fairs and television spots. Information on services are also available at [cvaaa@cvaaa.com](mailto:cvaaa@cvaaa.com) and by phone, when calling the office during business hours.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source): Local Government
- General Funds

**Service: Socialization & Recreation/Senior Centers**

**A. Service Implementation:**

Nutrition sites provide participants with opportunities for fellowship as well as varied social and recreational activities. Members may also participate in the information and referral program, shopping assistance, and short trips. They are encouraged to participate in program planning and site decisions. Involving participants in program planning promotes self-worth and dignity, and also ensures that the needs of the group are met. All sites must have a fire drill each month. Nutrition education and health programs are also presented on a weekly basis. Various levels of physical exercise are offered to the participants throughout each week.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
  General Funds
  Other (provide source): Local Government

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Projected FY 10	225	117			107	1	1	62	29

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older American's Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

Cost sharing would be an unreasonable administrative or financial burden upon the area agency.

## Service: Volunteer Program

### A. Service Implementation:

The need for volunteers will be announced to the community by way of public service announcements on the radio, television, cablevision, and area newspapers. Presentations at church groups, civic clubs, and other organizations will also be used to secure volunteers. Orientation and training are given to all volunteers so they can provide appropriate and necessary assistance. Volunteers are managed by a program supervisor or volunteer coordinator who assigns their duties and monitors their work. Volunteers are used for providing transportation, filing insurance claims, providing chore assistance, helping with special events, and assisting with nutrition programs. Each volunteer has to fill out a volunteer application, and is screened with a drug test, criminal background check, and a DMV driver's record check.

**B. Description of Population to be Served:** 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)).

### C. Service Provider(s):

Central Virginia Area Agency on Aging, Inc.

FP

NFP

### D. Jurisdiction(s) Served:

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg

















### E. Funding Provided By:

Older Americans Act

General Funds

Other (provide source):

### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani c/ Latino	Low- Income/ Minority	Rural
	Actual FY 08	139	91		1	37	10	1	
Projected FY 10	200	142		1	57		1		32

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

Cost Sharing would be an unreasonable administrative or financial burden upon the area agency.



<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispanic/ Latino	Low-Income/ Minority	Rural
	Actual FY 08	273	155		1	109	8	1	58
Projected FY 10	275	161		1	112	1	1	60	32

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

## DELIVERY SITES FOR GROUP SERVICES

List the location of group services administered by the Area Agency on Aging directly or through contract or grant. The sites include, but are not limited to, the central office and any satellite offices of the Area Agency on Aging, senior centers, nutrition sites, and adult day care centers.

Site Name, Address (Street Address, City, Zip) and Telephone Number	Services Provided at Delivery Site	City or County Location of Site	Days & Hours Open	Focal Point <sup>1</sup> (X)	Type of Site*
Central Virginia Area Agency on Aging, Inc. 501 12 <sup>th</sup> Street, STE A Lynchburg, VA 24505 (434) 385-9070	Administration, Assisted Transportation, Homemaker, Medication Management, Public Information, LTC Coordinating, Ombudsman, Elder Abuse Prevention, Outreach, Volunteer, Care Management, WX, Insurance Filing	City of Lynchburg	Mon. - Fri. 8:30 am - 4:30 pm	<input checked="" type="checkbox"/>	1
Lynchburg Dining Center 501 12th Street, STE A Lynchburg, VA 24505 (434) 609-1603	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	City of Lynchburg	Mon., Wed., & Fri. 9:30 am - 12:45 pm	<input checked="" type="checkbox"/>	3
Amherst Dining Center Emmanuel Church of Nazarene Dixie Airport Rd. Route 6 Box 268 Madison Heights, VA 24572 (434) 929-6443	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Amherst	Mon., Wed., & Fri. 10:00 am - 1:00 pm	<input checked="" type="checkbox"/>	3
Appomattox Dining Center Appomattox Co. Center 220 Community Lane Appomattox, VA 24522 (434) 352-7820	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Appomattox	Mon., Wed., & Fri. 10:00 am - 1:00 pm	<input checked="" type="checkbox"/>	3
Bedford Dining Center Old Bedford Nursing Home 1229 County Farm Rd.	Transportation, Nutrition, Congregate &	City of Bedford	Mon., Tues., & Fri. 10:00 am - 1:30	<input checked="" type="checkbox"/>	3

Bedford, VA 24523 (434) 609-1601	Home Delivered, Socialization/Rec., Consumer Education, Health Screening		pm		
Moneta Dining Center 1050 Hendricks Store Rd. #J Moneta, VA 24121 (540) 297-5028	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Bedford	Mon., Wed., & Fri. 9:45 am - 1:30 pm	<input checked="" type="checkbox"/>	3
Montvale Dining Center 11555 W. Lynchburg Salem Turnpike Montvale, VA 24122 (540) 947-5818	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Bedford	Mon. and Fri. 9:15 am - 12:30 pm	<input checked="" type="checkbox"/>	3
Altavista Dining Center Grace Community Church 911 Schove Dr. Altavista, VA 24517 (434) 665-7063	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Campbell	Tues., Thurs., & Fri. 10:00 am - 1:00 pm	<input checked="" type="checkbox"/>	3
Brookneal Dining Center Brookneal Comm. Center 261 Main St. Brookneal, VA 24528	Transportation, Nutrition, Congregate & Home Delivered, Socialization/Rec., Consumer Education, Health Screening	County of Campbell	Mon., Tues., & Fri. 9:15 am - 1:00 pm	<input checked="" type="checkbox"/>	3
Bedford Ride 1613 Oakwood St. Bedford, VA 24523 (540) 587-3315	Transportation	City of Bedford	Mon. - Fri. 8:30 am - 4:30 pm	<input checked="" type="checkbox"/>	6
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

- \* Site Type Codes:
- 1 = Area Agency on Aging
  - 2 = senior center
  - 3 = nutrition site
  - 4 = adult day care center
  - 5 = community or recreation center
  - 6 = other

<sup>1</sup>**Focal Point:** means a facility established to encourage the maximum collocation and coordination of services for older individuals.

**Service: Home Delivered Nutrition**

**A. Service Implementation:**

Home delivered meals are provided to individuals who are unable to come to a congregate nutrition site. Clients in the Cities of Bedford and Lynchburg, and the Counties of Amherst, Appomattox, Bedford, and Campbell receive three to five meals each week. The client will receive five (5) meals each week if assessed. The client may decline box meals in those areas that receive three (3) home delivered meals and two (2) shelf stable meals. The box meals will be low in sodium as of 10-01-2007. Referrals come from community, DSS, hospitals, clients, and caregivers. Our care managers assess the clients at their home and within 15 days of the initial referral; they also link the client and/or caregiver to additional resources in the community. Reassessments are done every 6-12 months. During the assessment, the care managers use a Nutrition Needs Assessment tool to assess the nutritional status of the client. A volunteer dietitian is available too for in-service training of our care managers. Nutritious meals (1.3 of DRI) consisting of an entrée with two ounces of meat or beans, two to three servings of vegetables, and/or fruit, milk, and bread are served to the participants. Frozen meals are re-heated at the nutrition site and transported in thermal bags to provide hot meals to the homebound using paid staff; volunteers are used at two sites, two to three times a week. A low sodium shelf stable meal is provided when our sites are closed. For those clients who live in rural areas outside our hot delivery routes, frozen and/or low sodium shelf stable meals are delivered once a month by staff or volunteers from our central office, or our Bedford Site. Health/Nutrition information is sent out quarterly to the homebound clients with their meals. There are eight Nutrition Sites in PSA 11. We do not provide nutritional supplements due to lack of funding.

**B. Description of Population to be Served:** 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)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
Blue Dog Associates, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
Central Virginia Area Agency on Aging, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source): Local Government
- General Funds

**Targeting Objectives:**

<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispanic/ Latino	Low-Income/ Minority	Rural
	Actual FY 08	581	383		1	197			109
Projected FY 10	617	407		1	209			116	61

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

**Service: Home Delivered Meals – Fee For Service**

**A. Service Implementation:**

**B. Description of Population to be Served:**

**C. Service Provider(s):**

**FP**

**NFP**

**D. Jurisdiction(s) Served:**

	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- General Funds
- Other (provide source):

**Targeting Objectives:**

<b>Persons Served:</b>	<b>Total</b>	<b>White</b>	<b>Amer. Indian/ Native</b>	<b>Asian</b>	<b>Black/ African Amer.</b>	<b>Other</b>	<b>Hispanic/ Latino</b>	<b>Low-Income/ Minority</b>	<b>Rural</b>
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

Cost Sharing/Fee for Service:

Request for an Alternative Cost Sharing/Fee for Service Scale  Yes

If "YES" please provide documentation that supports this request.

## GROUP 6: DISEASE PREVENTION SERVICES

### Service: Disease Prevention/Health Promotion

**A. Service Implementation:**

Provides health assessments, prevention health services to the underserved in the PSA 11, and health education programs, and/or counseling. Also, purchase small amounts of health education materials to be utilized throughout PSA 11.

**B. Description of Population to be Served:** 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)).

**C. Service Provider(s):**

Sub contract with Alliance for Families and Children  
Provides service for PSA 11

**FP**    **NFP**

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**D. Jurisdiction(s) Served:**

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.

**E. Funding Provided By:**

<input checked="" type="checkbox"/> Older Americans Act	<input type="checkbox"/> General Funds
<input type="checkbox"/> Other (provide source):	

**Targeting Objectives:**

Persons Served:	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani c/ Latino	Low- Income/ Minority	Rural
Actual FY 08	69	39			30			19	1
Projected FY 10	70	40			30			19	1

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas at a more economical cost than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

Cost sharing would be an unreasonable administrative or financial burden upon the area agency.

## Service: Medication Management

### A. Service Implementation:

Clients must be determined eligible through an assessment process (the UAI). Medication Management is assisting eligible clients with self-administered medications and assuring that the client receives medications at the prescribed time to prevent adverse drug reactions and incorrect medication dosage. The Medication Management program does not include pouring or in any way determine dosage of medication. It is designed to give long-term maintenance support that enables the client to remain at or return home.

For the Medication Management program, pages 1-4, 5, 7, and 11-12 of the UAI are used. The intention of the medication management program is to assist the client by organizing the medication routine so that the right medications are taken at the right time; educating the client so that there is an understanding of what the medications are supposed to do; and, provide the monitoring that will help prevent under or over dosages of medications. The medication management nurse visits the client on a scheduled basis, and fills the pill boxes, and if the doses have not been taken from her last visit, then it is addressed with the client, Care Manager, and if necessary, the prescribing physician.

**B. Description of Population to be Served:** 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)).

### C. Service Provider(s):

Central Virginia Area Agency on Aging, Inc.

FP

NFP

### D. Jurisdiction(s) Served:

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.

















### E. Funding Provided By:

Older Americans Act

General Funds

Other (provide source): Local Government and Fundraising

### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispanic/ Latino	Low-Income/ Minority	Rural
Actual FY 08	39	25			14			10	1
Projected FY 10	40	25			15			10	1

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported

on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor. The Medication Management program is provided by a RN nurse.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
  - Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes
- NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

Cost sharing would be an unreasonable administrative or financial burden upon the area agency.



**Service: Support Groups**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
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**E. Funding Provided By:**

- Older Americans Act
  General Funds  
 Other (provide source):

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.  
 This service is directly related to the agency's administrative function.  
 The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

**Service: Caregiver Training**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:



**Service: Adult Day Care**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

Are all of your providers licensed? Yes No

If "NO" please list those not licensed and provide an explanation in the space below.

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Institutional Respite**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	

**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.



**Service: Other**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Chore**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Congregate Meals**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	

**Total Number of Congregate Meal Sites** \_\_\_\_\_

**E. Funding Provided By:**

- Older Americans Act
  General Funds  
 Other (provide source):

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.  
 This service is directly related to the agency's administrative function.  
 The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

**Service: Home Delivered Meals**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
  General Funds  
 Other (provide source):

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

**Service: Direct Payments**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Information & Assistance**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Service: Care Coordination**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:



**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

CVAAA can provide this service to all areas more economically than hiring a sub-contractor.

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

**Service: Assisted Transportation**

**A. Service Implementation:**

**B. Description of Population to be Served:** Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need, and older individuals providing care to individuals with severe disabilities, including children with severe disabilities. (OAA Section 373(c)(2)).

<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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**E. Funding Provided By:**

- Older Americans Act
- Other (provide source):
- General Funds

**Waivers:**

A. Direct Service Waiver:  Yes

If yes, check one or more reasons and explain the justification below:

- The agency needs to assure an adequate supply of this service.
- This service is directly related to the agency's administrative function.
- The agency can provide this service more economically and with comparable quality.

Provide a description of the justification checked above:

B. Cost Sharing/Fee for Service:

- Request for an Alternative Cost Sharing/Fee for Service Scale  Yes
- Request for a waiver to the Federal Older Americans Act Cost Sharing/Fee for Service Program.  Yes

NOTE: The General Assembly requires General Funds received since FY'96 be used in a fee for service program. VDA cannot waive this requirement.

If "YES" to either Cost Sharing/Fee for Service question above, please provide documentation that supports this request.

## PART IV: TITLE VII OBJECTIVES AND STRATEGIES

### OMBUDSMAN PROGRAM OBJECTIVES

The goal of the Local Long-Term Care Ombudsman Program is to improve the quality of care provided to recipients of long-term care services. To make progress toward this goal, the Area Agency on Aging will achieve the objectives listed below. The categories into which the objectives may fall include, but are not limited to:

- program coverage throughout the service area,
- community education and awareness,
- development of groups of caregivers and other concerned citizens, and
- coordination with community groups and organizations providing services to long-term care recipients.

OBJECTIVE	PROJECTED COMPLETION DATE
1. Serves as an advocate for older persons and their families who are receiving long-term care services.	On Going
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## GROUP 8: Elder Rights

### Service: Elder Abuse Prevention

#### A. Service Implementation:

Elder Abuse Prevention will be promoted by the local Long-Term Care Ombudsman, who will deliver group presentations. Presentations will include lectures, videos, handouts, and other materials. The presentation will inform the attendants about the types of abuse, the abuser's profile, the victim's profile, and signs of abuse. Procedures for reporting abuse will also be discussed. The knowledge obtained by the participants will hopefully result in more cases of abuse being reported. Informational brochures are available and appointments for presentations can be made Monday - Friday from 9:00 am. - 4:00 pm. This service is available for all of PSA 11. Information will be available to caregivers who wish to enhance the quality of caregiving.

**B. Description of Population to be Served:** 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)).

#### C. Service Provider(s):

Central Virginia Area Agency on Aging, Inc.

FP

NFP

#### D. Jurisdiction(s) Served:

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.

	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

#### E. Funding Provided By:

Older Americans Act

General Funds

Other (provide source): Local Government

#### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/Native	Asian	Black/African Amer.	Other	Hispanic/Latino	Low-Income/Minority	Rural
	Actual FY 08	207	113			23	71		1
Projected FY 10	86	71			15			1	6

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

**Service: Local Long-Term Care Ombudsman Program**

**A. Service Implementation:**

The Long-Term Care Ombudsman's role is to serve as an advocate for older people and their families that are in long-term care facilities. Complaints about the long-term care facility concerning resident care (medical, social, and psychological) and services are investigated and an attempt is made to resolve the issues by mediation (if applicable) whereby all parties involved can come together and work out the problems with realistic solutions.

Other components of the program include:

-Providing information on long-term care facilities (rights, options, and how to choose long-term care).

-Education - inform consumers about their rights in a long-term care facility and how to go about voicing their concerns.

Service to all PSA 11 area are Monday - Friday from 9:30 am. to 3:30 pm.

**B. Description of Population to be Served:** Residents of long-term care facilities. (OAA Section 711(6)).

**C. Service Provider(s):**

**FP**

**NFP**

**D. Jurisdiction(s) Served:**

Central Virginia Area Agency on Aging, Inc.

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg.

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**E. Funding Provided By:**

Older Americans Act

General Funds

Other (provide source): Local Government and Fundraising

## SECTION B: CARE COORDINATION FOR ELDERLY VIRGINIANS PROGRAM

### Service: Care Coordination

#### A. Service Implementation:

Care Coordination entails taking an inclusive look across a person's needs and resources linking the person to a full range of appropriate services, using all available funding sources, and monitoring the care provided over an extended period of time. Components of the service shall include outreach, intake, assessments, plan of care development, implementation of the care plan, service monitoring and client follow-up, and review and reassessment. This assessment of services is done by completing the Uniform Assessment Instrument (UAI). Components also include clients in transition to more intensive care provision to include intensive in home care, or institutional care. The client shall be dependent in two (2) or more activities of daily living (ADLs) and significant unmet needs which result in substantive limitations in major life activities.

**B. Description of Population to be Served:** Persons 60 and older; frail and with the greatest economic and social need.

#### C. Service Provider(s):

Central Virginia Area Agency on Aging, Inc.

**FP**

**NFP**

#### D. Jurisdiction(s) Served:

Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg

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#### E. Funding Provided By:

- Older Americans Act  
 Other (provide source):

General Funds

#### Targeting Objectives:

Persons Served:	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani c/ Latino	Low-Income/ Minority	Rural
	Actual FY 08	80	45			33	2	2	17
Projected FY 10	155	89			64	2	2	33	8

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

## SECTION C: SENIOR OUTREACH TO SERVICES (S.O.S.)

Service: Senior Outreach to Services			
<b>A. Service Implementation:</b>			
<b>B. Description of Population to be Served:</b>			
<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. Funding Provided By:</b>			
<input type="checkbox"/> Older Americans Act			<input type="checkbox"/> General Funds
<input type="checkbox"/> Other (provide source):			

### Targeting Objectives:

<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani c/ Latino	Low- Income/ Minority	Rural
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

## SECTION D: RESPITE CARE INITIATIVE PROGRAM

Service: Respite			
<b>A. Service Implementation:</b>			
<b>B. Description of Population to be Served:</b>			
<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. Funding Provided By:</b>			
<input type="checkbox"/> Older Americans Act			<input type="checkbox"/> General Funds
<input type="checkbox"/> Other (provide source):			

### Targeting Objectives:

<b>Persons Served:</b>	Total	White	Amer. Indian/ Native	Asian	Black/ African Amer.	Other	Hispani c/ Latino	Low- Income/ Minority	Rural
Actual FY 08									
Projected FY 10									

Actual individuals served can be obtained from the AIM Report, VA106, Select NAPIS Group Summary for Title III Services. Total Projected Persons Served for FY'10 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

# SECTION E: NO WRONG DOOR LEAD LOCAL AGENCY INFORMATION FORM

To be completed by the Area Agency

Area Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Coordinator: \_\_\_\_\_

Information Technology Coordinator: \_\_\_\_\_

Security Officer: \_\_\_\_\_

Geographical Areas for No Wrong Door (identify the counties and/or cities):

\_\_\_\_\_

\_\_\_\_\_

Resource Center Locations:

\_\_\_\_\_

\_\_\_\_\_

### Local Advisory Council Members

List local public and private providers and health service referral partners or consumers.

Organization	Representative
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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