



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Director, Division of Aging and Adult Services

DAAS ADMINISTRATIVE LETTER NO. 21-09

TO: Area Agencies on Aging
CC: County Finance Officers, Community Service Providers
FROM: Joyce Massey-Smith, Director
DATE: November 5, 2021
SUBJECT: American Rescue Plan Act of 2021:
— Federal and state priorities
— Required regional planning

Congress has provided additional COVID-19 response funding to support Older Americans Act services as part of the American Rescue Plan Act of 2021 (ARPA). The purpose of this administrative letter is to provide guidance to NC Area Agencies on Aging on the expenditure of ARPA funding for allowable services. Regional allocations to NC Area Agencies on Aging have been distributed based on the Intrastate Funding Formula approved by the Administration for Community Living (U.S Department of Health and Human Services).

Under federal COVID-19 grants, the NC aging network has risen to the challenge of finding alternate ways to provide Older Americans Act services during extended periods of social distancing, temporary closures, and challenges facing the direct care workforce. The network's efforts to adapt procedures and continue service delivery during the special circumstances of the pandemic meant that many vulnerable seniors continued to receive important home and community-based services during a difficult public health emergency.

These challenges also underscored how critical home and community-based services are to outcomes for people with long-term services and support needs. Historic levels of funding have been made available to Older Americans Act programs over the last two years to support the pandemic response and address the special vulnerabilities of the older population we serve. It is now important to evaluate lessons learned during these challenges in order to make the service delivery system more robust for people at risk of institutional placement as well as older adults who need services and programming that reduce the negative impacts of social isolation and promote health and wellness.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

To that end of evaluating lessons learned during COVID-19, the Division of Aging and Adult Service has determined that ARPA projects will begin with a requirement for NC Area Agencies on Aging to engage in a short period of regional planning prior to service delivery. There will be no requirement for ARPA grants to go through the county planning process for recommendations on funding, but local partners and county stakeholders may be consulted. Instead Area Agencies on Aging are asked to consider infrastructure needs and options for service delivery innovations that have the potential to impact the lives of older adults and family caregivers. One example under discussion in many locations is the value of care coordination hubs to increase access to long-term services and support.

If appropriate, strategies may include the implementation or expansion of consumer-directed programs, increased pay or benefits for the direct care workforce, and recruitment or training activities. Temporary service options such as the provision of meals post-hospitalization or simple changes in payments options such as transportation vouchers may be considered in order to address perceived gaps in the service delivery system.

Major pilot projects at the regional or local levels are encouraged as a means of testing innovations in service delivery that have not been part of services under regular Older Americans Act funding. Pilots can also be used to test very simple changes in normal service delivery. In rural areas where it has been hard to establish home-delivered meal routes, an example might include small contracts with “country kitchen” restaurants to deliver daily meals to a small number of older people who live within a mile of the restaurant. Contracts with restaurants for “Sunday supper” casseroles may be an effective test of new ways to address senior hunger in certain areas. Promising practices under ARPA that demonstrate results as well as compliance may later become sustainable programs under the Home and Community Care Block Grant or state funding.

Each AAA will use the attached funding plan tool to create and submit the region’s ARPA funding plan for approval. The plan template includes fields for expanding existing SFY22 direct service waivers for Area Agencies on Aging or a means of requesting approval for new direct service programs.

Federal and State Priorities for ARPA

The Administration for Community Living has awarded federal ARPA grants for the following priorities under the Older Americans act: nutrition services, supportive services (including vaccination outreach and programs to prevent or mitigate social isolation), family caregiver services, health promotion/disease prevention programs, as well as the long-term care ombudsman program.

In support of federal ARPA awards to North Carolina, the Division of Aging and Adult Services has announced the following state priorities and suggested strategies for ARPA funding. Each AAA may offer alternative approaches in order to address their own priorities and strategies.

1. Address holistic needs through program coordination and integration with health care financing and delivery, improve outcomes and lower costs, provide model for sustainability through diversified revenue.
 - o Suggested strategy: Build capacity to develop care coordination programs statewide over a 3-year period, hire and train staff to provide care coordination and increase access to long-term services and support across funding sources, expand care management programs for the OAA-eligible population in counties without existing programs.

2. Address digital equity, social isolation, and access to assistive technology.
 - Suggested strategy: Purchase digital devices to expand access to telehealth, health promotion programs, and social programs for individuals who are having trouble accessing services due to a lack of transportation, who are caregiving, or who may be socially isolated.
 - Suggested strategy: Work with partners to assist and provide hands-on training and consultation on use of digital devices to those with hesitancy and/or limited experience.
3. Expand access to mental health supports.
 - Suggested strategy: Expand programming across the continuum of mental health care to address depression, suicide intervention, chronic pain self-management, and social isolation.
4. Increase capacity to address nutrition needs of older adults.
 - Suggested strategy: Hire temporary staff to coordinate and expand meal delivery to serve 1,000 additional older adults and serve 1,000 high-risk clients 7 meals/week versus the traditional 5 meals/week with a focus on hard-to-reach communities.
 - Suggested strategy: Formalize existing/create new community partnerships (community action agencies, food banks and pantries, farmers markets, healthcare providers) to provide not only federally required nutritious meals but also provide groceries and produce boxes to hard-to-reach individuals; add five new nutrition providers to serve additional 1,000 clients.
5. Expand and target the delivery of evidence-based preventive health services.
 - Suggested strategy: Use public health data to expand services focused on high-need communities and historically marginalized populations by purchasing licenses for evidence-based programs, offer leader trainings and participant classes that support statewide health needs, offer opportunities for contracting that support the continuum of care.
6. Expand support and services to family caregivers.
 - Suggested strategy: Develop programs to provide relief and flexibility to caregivers through respite vouchers and vouchers for support services such as transportation, technology, and food.
 - Suggested strategy: Continue funding availability of virtual caregiver training program (Trualta) for an additional year.

Area Agencies on Aging will submit regional ARPA plans no later than Dec. 10, 2021, to Steve Freedman (steve.freedman@dhhs.nc.gov) with a copy to Phyllis Bridgeman (phyllis.bridgeman@dhhs.nc.gov). There will be timely review and response from Division staff so that AAAs can begin their ARPA projects as soon after planning and approval as appropriate.

The project period for ARPA grants to Area Agencies on Aging extends through September 30, 2024. Service match is not required, and funds will remain available until expended. Area Agencies on Aging will list the projected allocations by provider (including waiver requests for direct service projects) on the attached ARPA budget planning form. AAAs are asked but not

required to project these expenditures across the project period as year 1, 2, and 3 allocations, if possible.

CONCLUSION

The Division of Aging and Adult Services plans to provide additional policy guidance on ARPA funding and allowable services in an upcoming administrative letter that will be issued after AAA ARPA funding plans are approved. New ARPA service codes based on the approved plans will be issued for the tracking of clients and services in ARMS. Certain programs funded under other COVID grants or the Home and Community Care Block Grant may not be funded under ARPA, and new programs under approved ARPA plans may be funded. Additional instructions for budgeting allocations at the service code level will be provided at that time.

For questions and additional guidance related to this administrative letter, please contact Steve Freedman (steve.freedman@dhhs.nc.gov or 919-855-3411) or Phyllis Bridgeman (phyllis.bridgeman@dhhs.nc.gov or 919-538-0639).

JMS/PB/pg

Attachments

AAA ARPA PLANNING TOOL

This tool contains six priorities identified by NC Department of Health and Human Services leadership and staff at the Division of Aging and Adult Services. These priorities were developed after considering challenges faced by the aging network across the state. Each priority was further developed into strategies for addressing each priority area. These strategies are suggested approaches; however, each AAA may offer alternative approaches to address the overall priorities.

Please complete this tool to describe your region's comprehensive plan for spending the American Rescue Plan Act funding within the parameters of the NCDHHS Division of Aging and Adult Services' priorities.

TITLE III-B: SUPPORTIVE SERVICE PROGRAMS

Background

We are at an unprecedented time in which our nation faces increasing demands to serve a rapidly growing population of older adults and people with disabilities. Concurrently, we have an opportunity to partner across healthcare and social service organizations to ensure that the social determinants of health for these individuals are addressed as part of a person-centered, value-based transformation of health care.

As we have learned during the pandemic, older adults, people with disabilities and others are at increased risk for poor outcomes from COVID-19 and are also particularly feeling the weight of social isolation. We also know that older adults and disabled individuals, and their caregivers, are more likely to have less access to resources that connect them to their physicians, families, and services; less likely to understand those resources and less likely to be able to afford those resources.

Priority 1: Address holistic needs through program coordination and integration with health care financing and delivery, improve outcomes and lower costs, provide model for sustainability through diversified revenue.

Suggested Strategy

Build capacity to develop care coordination programs statewide over a 3-year period, hire and train staff to provide care coordination and increase access to long-term services and support across funding sources, expand care management programs for the OAA-eligible population in counties without existing programs.

Rationale

This will improve the aging network's ability to provide person-centered, value-based care for older adults which is in line with NC DHHS' vision of health for North Carolinians. Opportunities to contract with healthcare payers across multiple funding sources will transition the network beyond the traditional approach to human service delivery to one that expands the capacity of community-based organizations (CBOs) (e.g., home-delivered

meal providers) to address whole-person health. This is essential to serving a growing older population.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Distribution of Funds

*The ACL requires the AAA to budget at least 30% for access, 25% for in-home/support, and 2% for to legal when distributing III-B ARPA funds.

Complete attached spreadsheet

How will this proposed distribution of funds support the priority above?

Click or tap here to enter text.

How will you measure outcomes/success?

Click or tap here to enter text..

Priority 2: Address digital equity, social isolation, and access to assistive technology

Suggested Strategy

Purchase digital devices to expand access to telehealth, health promotion programs, and social programs for individuals who are having trouble accessing services due to a lack of transportation, who are caregiving, or who may be socially isolated

Suggested Strategy

Work with partners to assist and provide hands-on training and consultation on use of digital devices to those with hesitancy and/or limited experience.

Rationale

Individuals will have improved access to resources that can help them remain healthy and engaged.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Distribution of Funds

Complete attached spreadsheet.

How will this proposed distribution of funds support the priority above?

Click or tap here to enter text.

How will you measure outcomes/success?

Click or tap here to enter text.

Priority 3: Expand access to mental health supports

Suggested Strategy

Expand programming across the continuum of mental health care to address depression, suicide intervention, chronic pain self-management, and social isolation.

(Examples: hire mental health staff or develop formal partnerships with local mental health providers to make counseling services available onsite in local provider agencies, offer ACL-supported programs such as the Applied Suicide Intervention Skills Training (ASIST) and Belonging and Empathy Program, or training programs like Certified Older Adult Peer Specialist (COAPS) in partnership with the NCDHHS Division of Mental Health Substance Abuse Services. If not already funded by Title IIID, the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), Chronic Pain Self-Management Program, and/or Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) could be supported through this funding.)

Rationale

Programs that address mental health needs are an essential part of the wellness continuum, but these programs are mostly unavailable throughout NC's aging network.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: [Click or tap here to enter text.](#)

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: [Click or tap here to enter text.](#)

Distribution of Funds

Complete attached spreadsheet.

How will this proposed distribution of funds support the priority above?

[Click or tap here to enter text.](#)

How will you measure outcomes/success?

[Click or tap here to enter text.](#)

TITLE III-C: CONGREGATE AND HOME DELIVERED MEAL PROGRAMS

Background

In addition to NC having the 9th largest population of older adults, it also has the 9th highest ranking in the US of older adult food insecurity (9% of older adults in NC are food insecure). Our nutrition programs are volunteer based. We do not have the workforce capacity to serve all communities (i.e., older adults in rural corners of counties are not served) and it is difficult to source nutritious food in some counties (i.e., few food caterers). The pandemic has further challenged the home-delivered meal program given its reliance on volunteers with community and family supports bridging the gap.

Priority 4: Increase Capacity to Address Nutritional Needs of Older Adults

Suggested Strategy

Hire temporary staff to coordinate and expand meal delivery to serve 1,000 additional older adults and serve 1,000 high-risk clients 7 meals /week vs traditional 5 meals/week with a focus on hard-to-reach communities

Rationale

Older adults report that the home-delivered meal is their only source of daily nutrition. Increasing meal delivery and staff capacity will directly support the items the Governor's budget by increasing the workforce capacity and number of individuals served.

Suggested Strategy

Formalize existing / create new community partnerships (community action agencies, food banks and pantries, farmers markets, healthcare providers) to provide not only federally required nutritious meals but also provide groceries and produce boxes to hard-to-reach individuals; add five new nutrition providers to serve additional 1,000 clients

Rationale

During the pandemic local service providers and AAAs successfully collaborated with nontraditional partners like food banks and farmers markets to supply additional meals and healthy food to older adults. Formalizing local partnership with farmers markets, food banks, and healthcare providers will directly support the Governor's budget.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Distribution of Funds

Complete attached spreadsheet.

How will this proposed distribution of funds support the priority above?

Click or tap here to enter text.

How will you measure outcomes/success?

Click or tap here to enter text.

TITLE III-D: HEALTH PROMOTION/DISEASE PREVENTION PROGRAM

Background

In 2019, 82 counties in the state had more people 60 and older than under 18 years. By 2025, this number is expected to increase to 89 counties and by 2038 to 95 counties. Of the people 65 and older, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey, 2019 81% had at least one chronic disease, 54% of them had 2 or more chronic diseases. 13% of older adults reported having fallen once, 16% had 2 or more falls in the past 12 months.

Priority 5: Expand and target the delivery of evidence-based preventive health services

Suggested Strategy

Use public health data to expand services focused on high-need communities and historically marginalized populations by purchasing licenses for evidence-based programs,

offer leader trainings and participant classes that support statewide health needs, offer opportunities for contracting that support the continuum of care.

Rationale

Evidence-based programs are demonstrated through rigorous research and evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults. An intentional and targeted approach to program implementation will help ensure health equity and achieve program sustainability.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Distribution of Funds

Complete attached spreadsheet.

How will this proposed distribution of funds support the priority above?

Click or tap here to enter text.

How will you measure outcomes/success?

Click or tap here to enter text.

TITLE III-E: FAMILY CAREGIVER SUPPORT PROGRAM

Background

Unpaid family caregivers contribute the bulk of care for older adults in the community. These caregivers manage a tremendous burden as they provide care, manage households, finances, and careers. When a caregiver cannot safely and confidently provide care at home, there are increased costs to Medicare, Medicaid, and private insurance companies as well as more costly care options such as assisted living or nursing home placement.

Priority 6: Expand support and services to family caregivers

Suggested Strategy

Develop programs to provide relief and flexibility to caregivers through respite vouchers and vouchers for support services such as transportation, technology, and food.

Rationale

A pilot project to offer stipends to caregivers would demonstrate the need for this type of model long-term in North Carolina; this model exists successfully in other states. These initiatives would help offset the financial burden of caregivers in North Carolina—both older relative caregivers and family caregivers. This Aligns with Governor’s goal to strengthen supports and services for vulnerable adults and the goal to “Build an innovative, coordinated, and whole-person centered system that addresses medical and non-medical drivers of health.”

Suggested Strategy

Continue funding availability of virtual caregiver training program (Trualta) for an additional year.

Rationale

Trualta is a new virtual caregiver education platform (NC Caregiver Portal) that expands existing caregiver supports across DAAS caregiver-focused programs and provides 24/7 education to caregivers in short, accessible modules; it is intended to meet caregivers wherever they are in navigating care needs and build their skillset across a variety of caregiving issues including activities of daily living, social isolation, and dementia. This tool will help expand skills for unpaid family caregivers and allow them to be more confident in their daily caregiving. Currently funded for two years through CARES Act dollars, DAAS seeks to expand its contract for one more year while long-term sustainability within existing funding streams is established.

Additional AAA Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Distribution of Funds

Complete attached spreadsheet.

How will this proposed distribution of funds support the priority above?

Click or tap here to enter text.

How will you measure outcomes/success?

Click or tap here to enter text.

Additional AAA Priority

(copy page as needed for multiple priorities)

Background

Click or tap here to enter text.

Strategies

Click or tap here to enter text.

Rationale

Click or tap here to enter text.

Direct Service Waiver

Are any strategies listed above related to a program for which you were approved for a direct service waiver in SFY 22?

No Yes, please identify: Click or tap here to enter text.

Are any strategies listed above for a new program that the AAA wants to provide under a direct service waiver in SFY 22? Click or tap here to enter text.

No Yes, please identify:

Distribution of Funds

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How will you measure outcomes/success?

Click or tap here to enter text.