Indiana Division of Aging
FFY 2026-2027
Area Plan on Aging
Templates and Attachments

Effective October 1, 2025 to September 30, 2027

You must use this format and template as your final submission to the Division of Aging in the order of the documents provided. Please reference the Guidelines document and instructions contained within as you complete your Plan. The Area Plan Required Components Checklist is included to assist in ensuring a complete submission.

Click here to enter text.

2026-2027 AREA PLAN REQUIRED COMPONENTS CHECKLIST

Please be sure to include this page and each of the required components below.

Section	Area Plan Components	Included
	Executive Summary	☐
1	Narrative	☐
2	Goals and Strategies	☐
3	Governing Board	☐
4	Advisory Council	☐
5	Target Population Specifications	☐
6	Focal Point Specifications	☐
7	Financials	☐
8	Disaster Preparedness	☐
9	AAA Service Overview	☐
10	Estimated Services/Units/Expenditures	☐
11	CHOICE Plan requirements	☐
Attachment	**DA Required Templates (to be completed by AAA)**	**Included**
I.	2026-2027 Area Plan – VOI and Assurances	☐
II.	2022-2025 Area Plan Logic Models – Progress Report	☐
III.	Exempt Service Waiver Form	☐
IV.	Application for Waiver for Direct Provision of Service Form(s)	☐
V.	Congregate Nutrition Site Service Waiver Form(s)	☐
VI.	Home Delivered Nutrition Frequency Waiver Form(s)	☐
VII.	Caregiver Service Category Waiver Form(s)	☐
Attachment	**Additional AAA Attachments**	**Included**
A	Organizational Chart ***required***	☐
B	Congregate Nutrition Site Listings ***required***	☐
C	Cost Allocation Plan ***required***	☐
D	Disaster Preparedness ****if needed****	☐

Executive Summary

We're thrilled to present our Area Plan for FFYs 2026-2029. We have enjoyed talking with Hoosiers about the needs of older adults in South Central Indiana. In developing our Area Plan, our extensive conversations have allowed us to connect and engage with people who care about the needs and vitality of older adults.

Hoosiers want to age well and, in the communities, where they have lived, worked, and played. Most older adults overwhelmingly feel good about their quality of life. While life expectancy has continued to increase, many older residents face chronic health problems as they age. They need information on how to access long term services and supports. Many older Hoosiers need help with basic care including respite to support the relief of caregivers.

Like AAAs all across the country, Thrive Alliance is mandated by the federal Older Americans Act (OAA) to provide "a full range of efficient, well-coordinated and accessible services for older persons." The OAA further mandates that there should be "special emphasis on older individuals with the greatest economic or social need." While not very racially diverse, older adults in our area are economically diverse. On average 12.6 percents of households live at or below poverty. More needs to be done to help our seniors.

The following Area Plan is a summary of how Thrive Alliance plans to serve aging Hoosiers. This will be accomplished by ensuring that individuals in our community have consistent, quality and timely information and access to long-term services and supports. We will strengthen and expand core Older Americans Act Programs. Finally, Thrive Alliance works to protect and enhance the rights of older adults and advocate to prevent the abuse, neglect and exploitation of older Hoosiers.

Section 1 - Narrative

Section 1: Context: *limit to no more than 8 pages*

OUR MISSION

It is the mission of Thrive Alliance to improve the quality of life for people at risk of losing their independence.

OUR VISION

Everyone has the opportunity to live a secure, engaged, and independent life. With quality and compassion, Thrive Alliance provides the people they serve, as well as their families and caregivers, with the information and resources that enable them to live safely and independently for as long as possible

Thrive Alliance (TA) is an independent not-for-profit organization made up of two individual not-for-profit organizations, Aging and Community Services of South Central Indiana, Inc. (ACSSCI) and Housing Partnerships, Inc (HPI). ACSSCI is the local Area Agency on Aging serving Bartholomew, Brown, Jackson, Jennings and Decatur Counties. HPI is a local affordable housing developer and provider serving similar counties. Our two agencies have been working together to now since 2011.

TA serves a primarily rural area located in South Central Indiana. Though rural, Columbus, IN sits in the heart of Bartholomew County and is the home to the world's headquarters for Cummins Inc. As part of their corporate responsibility, Cummins has designated TA as a community partner agency. Cummins staff members volunteer their expertise and time to support the work of TA. In the past, volunteers have provided Six-Sigma projects, built ramps and worked to help renovate building spaces.

TA's staff and volunteers provide the core services under the Older American's Act, including information and assistance, benefits counseling, congregate and home-delivered meals, nutrition counseling, evidence-based health programming and caregiver support. In addition to these services, TA is a care management provider for the Health & Wellness Medicaid Waiver, the Traumatic Brain Injury Waiver, as well as CHOICE and Title III services. TA also provides adult guardianship services to some of Indiana's most vulnerable Hoosiers. TA continues to assess the changing landscape to assess for other types of services that can support older adults.

AGENCY LEADERSHIP

TA is active in many community groups throughout the service area. Our staff members have extensive experience in the field of aging. This allows us to participate as thought leaders in a variety of organizations. Typical agencies we work closely with include social service councils, community foundations, neighborhood organizations, United Way offices, leading businesses, and city/county elected officials.

Some of our leadership roles include:

- **Dementia Friends Indiana**
- **Bartholomew County Food Insecurity Coalition**
- **Jackson County Food Insecurity Coalition**
- **Prosperity Indiana**
- **Guardianship Association of Indiana**
- **Financial Literacy Coalition**
- **Transportation Committee of Jackson County**
- **CIT of Jackson County**
- **CIT of Bartholomew County**
- **Long-Term Providers Meeting**
- **Dementia Friendly Bartholomew County**

- **BRIDGE Council**
- **BCPL Friends of the Library**
- **Brown County Providers Coffee Club**
- **Dementia Friendly Regional Liaison**
- **Age My Way Conference Lead**
- **IAAAA Dementia State Strategic Planning Committee**
- **DFIC State Advisory Committee**
- **RDN Advisory Committee**
- **ZIP Coalition**
- **Bartholomew County Transitions Committee**
- **Coffee and Conversation Brown County Coalition**
- **Brown County Ecumenical Council**
- **Sandi's Closet Board of Directors**
- **Intergeneration Events Council**
- **Senior Options**

NEEDS ASSESSMENTS

TA relies on data from multiple sources in order to inform the work that we do. Current assessments used to inform our planning area include:

- **Community Assessment Survey of Older Adults (CASOA)**
- **Indiana ALICE Report (2024, Indiana Association of United Ways)**
- **State Plan on Aging**
- **Community Health Needs Assessment (2024, Columbus Regional Health)**
- **Community Health Needs Assessment (2019, Schneck Medical Center)**

The CASOA and ALICE reports contain a wealth of information and are used heavily to guide discussions with both staff and Board members. A summary of the findings is in the following sections:

2024 ALICE Report Highlights

1. **Overall, social and economic policies are falling short in addressing**
2. **The number of ALICE households in Indiana has continued to rise.**
3. **Minority (non-white) households are disproportionately in poverty and ALICE -- 21% in poverty and 39% in ALICE, vs 8% and 29% for whites overall.**
4. **51% of senior households below the ALICE threshold.**
5. **22% of Hoosiers aged 16 and over with a severe disability live in poverty vs 12% without a disability.**
6. **At least 1/3 of ALICE households currently include caregivers; this continues to increase as our population ages, resulting in direct costs, lost wages, and reduced future employment opportunities.**

2024 CASOA Report Highlights

Overall Community Quality

Measuring community livability for older adults starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to all. Exploring how older residents view their community overall and how likely they are to recommend and remain in their communities can provide a high-level overview of the quality and livability of the community.

- **About 76% of older residents living in the region rated their overall quality of life as excellent or good. Most of the older adult respondents scored their communities positively as a place to live and would recommend their communities to others.**
- **About 83% of residents planned to stay in their**

community throughout their retirement.

- **Positive scores were given to their communities as places to retire by 67% of older residents.**

Community Design

Livable communities (which include those with mixed-use neighborhoods, higher density development, increased connections, shared community spaces and more human-scale design) will become a necessity for communities to age successfully. Communities that have planned and been designed for older adults tend to emphasize access, helping to facilitate movement and participation.

- **About 51% of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. In many communities, ease of travel by walking or bicycling is given lower ratings than travel by car. Here, ease of travel by car was considered excellent or good by 78% of respondents, while ease of travel by walking and bicycling was considered excellent or good by 59% and 59% of respondents, respectively.**
- **When considering aspects of housing (affordability and variety) and community features of new urbanism (where people can live close to places where they can eat, shop, work, and receive services), relatively lower scores were given by older adults compared to many other items on the survey. Only 21% of respondents gave a positive score to the availability of affordable quality housing in their communities, and only about 20% older adults gave excellent or good ratings to the availability of mixed-use neighborhoods.**
- **About 48% of older residents in the region reported experiencing housing needs and 22% reported mobility needs.**

Employment and Finances

The life expectancy for those born between 1940 and 1960 has increased dramatically due to advances in health care and lifestyle changes. While this is a very positive trend overall, it also highlights both the importance of communities providing employment opportunities for older adults and the need for older adults to plan well for their retirement years.

- **About 57% of older residents rated the overall economic health of their communities positively, although the cost of living was rated as excellent or good by only 28%.**
- **Employment opportunities for older adults (quality and variety) received low ratings (32% and 24% positive, respectively), and the opportunity to build work skills also was found to be lacking (24% excellent or good).**
- **About 38% older adults reported financial challenges and 22% reported employment needs.**

Equity and Inclusivity

A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community.

- **About 60% of older residents rated the sense of community in their towns as excellent or good, and neighborliness was rated positively by 52% of residents.**
- **About 42% of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, and 45% indicated that their community valued older residents.**
- **Inclusion challenges were reported by about 28% of older residents and equity challenges by 8%.**

Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest

opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of safety, independent living and health care.

- **About 66% older residents in the region rated their overall physical health as excellent or good and 81% rated their mental health as excellent or good.**
- **In most places, opportunities for health and wellness receive higher ratings from older adults than do health care ratings. Here, community opportunities for health and wellness were scored positively by 56% residents, while the percent giving ratings of excellent or good to the availability of physical health care was 37%, to mental health care 26%, and to long term care options 38%.**
- **Health-related problems were some of the most common challenges noted by older adults in the survey. Even those who report their overall physical or mental health as excellent or good may sometimes face these challenges; 42% reported physical health challenges and 28% reported mental health challenges. Health care was also a challenge for about 41% of older residents.**

Information and Assistance

The older adult service network, while strong, is under-resourced and unable to single-handedly meet the needs of the continuously growing population of older adults. Providing useful and well-designed programs, as well as informing residents about other assistance resources, is an important way that government agencies can help residents age in place.

- **The overall services provided to older adults in the region were rated as excellent or good by 46% of survey respondents.**
- **About 61% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 24% of older residents and the availability of financial or legal planning services was rated positively by 33% of older residents.**
- **About 44% of older adults were found to have information access challenges in the region.**

Productive Activities

Productive activities outside of work (such as volunteerism and social activity) promote quality of life and contribute to active aging. This domain examines the extent of older adults' participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- **About 60% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 50% participated in some kind of volunteer work.**
- **The caregiving contribution of older adults was substantial in the region. About 40% of older residents reported providing care to individuals 55 and older, 22% to individuals 18-54 and 28% to individuals under 18.**
- **Older adults in the region reported challenges with being civically engaged 30%, being socially engaged 33% and caregiving 19%.**

The Economic Contribution of Older Adults

The contribution older adults make through employment, volunteerism and caregiving was calculated for all older adults living in the region. It is estimated that older residents contribute $960,622,523 annually to their community through paid and unpaid work.

Section 2: Plan Development and Public Input: *limit to no more than two pages*

Click here to enter text.**TA continuously engages with the community in various ways to determine the needs, challenges, and availability of resources for older adults, persons with disabilities, and their caregivers. At least quarterly, TA engages with its Advisory Council and discusses issues and topics that are affecting older adults. TA staff are heavily involved in dementia related conversations. Thrive Alliance has increased efforts in dementia in educating the community and caregivers through the following initiatives:**

- **Dementia Friends Indiana (DFI)—The Dementia Friends Indiana movement has been substantial with its successes of advancing better understanding of people living with dementia, reducing the stigma, and creating more dementia friendly environments. DFI places emphasis on communication, understanding barriers that the individual living with dementia and their care partner have, as well as a call to action. Thrive Alliance partners with CICOA and other Area Agencies on Aging throughout the state.**
- **In 2024, Thrive Alliance hired a Dementia Outreach Specialist to conduct outreach, provide education, and connect individuals living with dementia and their care partners with resources.**
- **Dementia Friendly Indiana Communities (DFIC)—Thrive Alliance has participated in the DFIC movement since 2020. Currently two employees are board members. In the past two years numerous Dementia Friendly Business Trainings have been conducted throughout the region. The training places emphasis on dementia friendly environments in all sectors of the community. Thus far, Thrive Alliance has trained Fairlawn Presbyterian Church, Grace Lutheran Christian Church, Our Hospice of South-Central Indiana, Bartholomew County Public Library, Columbus Regional Hospital, Voelz, Reed, & Mount Law Offices, Mill Race Center, and IVY Tech of Columbus. Thrive Alliance is currently playing a key role in planning a statewide conference in May 2025, This is an opportunity to connect people from around the state who have an interest and/or involvement with Dementia. The state conference will engage individuals with a variety of topics.**

In 2023, Bartholomew County received Dementia Friendly Community recognition from USAging and Dementia Friendly America. Going forward, the plan is to engage with partners in Brown, Decatur, Jackson, and Jennings County to gain Dementia Friendly Community recognition.

- **Virtual Reality Tour—In 2023 Thrive Alliance became certified to conduct Virtual Reality Tours in its region. This initiative is a patented, evidenced-based scientific method of building awareness and empathy in individuals caring for people living with dementia.**

Since 2023, Thrive Alliance and community partners have conducted numerous community tours, as well as with local business, churches, senior citizens centers, crisis intervention teams, and hospice organizations.

Thrive Alliance held public listening sessions in each of its counties on the following dates and locations:
Greensburg Adult Center, 4/10/25
Jennings County Public Library, 4/14/25
Community Foundation of Jackson County, 4/15/25
United Way of Bartholomew County (Thrive Alliance Advisory Council Meeting), 4/22/25
Brown County Public Library, 5/7/25

Section 3: Quality Management: *limit to no more than two pages*

Thrive Alliance believes that a critical part of being an effective and responsive organization means having a robust quality assurance and quality improvement process. In addition to contractual requirements to monitor quality, every TA program manager is responsible for defining, tracking, and reporting specific data for their service that measures "quality" as defined by the consumer. Various tools are used to measure this progress. Key elements of this process are outlined below.

Thrive Alliance is currently NCQA certified in care management. The certification process allowed us to document and improve our case management procedures, and set some higher quality standards. TA is currently recertifying our case management program with CARF, and applying the quality discipline to other programs in our agency.

Care Management QA:
The following steps are taken to ensure accurate case management services are provided:
• Supervision of the Case Manager – Each Case Manager is supervised by a trained professional who reviews care plans and written client records;
• Clients are provided with a QIP (satisfaction) survey on an annual basis and given the opportunity to evaluate their services and care management and to provide feedback;
• Care Managers attend bi-monthly in-service meetings and professional development trainings to keep up-to-date on best practices;
• Supervisors completed periodic reviews of client files to ensure that all assessments are completed accurately and all documents are signed and in the file as required.
• Case management services are delivered using best practices as detailed under our NCQA certification. As of Spring 2025, we are in the process of changing from NCQA to CARF accreditation.

Quality Assurance:
• The Executive Director, along with the Aging Director, monitor vendor compliance with periodic reviews to ensure services complies with established guidelines.
• The Supervisory Team collects and reviews all client satisfaction surveys and reports any concerns to supervisory staff. Surveys are submitted electronically through Microsoft Forms.
• Any corrective action requires due process that includes review of incidents and problem solving to correct unsatisfactory performance and improve service delivery.
• The Aging Director reviews case records and service provisions to ensure quality services are being provided, collecting and distributing data as necessary to maintain compliance.
• The Aging Director is responsible for ensuring all QA/QI process occur in a timely manner.
• Meets are held monthly with supervisory and management staff to review data and incidents and ensure any discrepancies are addressed, and improvements sustained.
• The Executive Director reports quality outcome data monthly to the board of directors, who monitors it against board-defined Ends as well as staff-defined targets.

Section 2 - 2026-2027 Goals and Strategies

GOAL 1: Ensure consistent, quality, and timely information and access to long-term services and supports.

Connections:
Key Topic Area*: Expanding Access to HCBS*

23-26 State Plan Goal: *1. Assure access to high-quality home and community-based services and resources for older adults and their caregivers to support increased independence and quality of life*.

MPA: *Reducing Barriers*

Dementia Strategic Plan: *Identify strategies to increase access to home and community-based services for individuals with dementia*.

Agency programs and services that address Goal 1:
Dementia- ABC (Aging Brain Care) Program, Dementia Friends, Dementia Friendly Communities, Virtual Demential Tour
Caregiver- ABC Program, Powerful Tools for Caregivers
Long-Term Services and Support- ADRC- Resources, Options Counseling, Referrals, MFP, Non-Waiver Services including Case Management

Typical consumers of these services include persons with disabilities, caregivers for persons with dementia, older adults, and community members seeking resources.

Common issues services address are physical disabilities, cognitive impairments, questions regarding long-term services, and Medicaid/Medicare.

Partnerships and collaborations include FSSA, home care providers, hospice providers, hospitals, SHIP/SMP, elder law attorneys, nursing facilities, community resources/members, and enrollment broker/MCEs.

Strategies:
Measures:
1. Improve survey to capture more input from callers (community members).
2. Will coordinate with Enrollment Broker for all individuals requiring LCAR.
3. Increase number of events Dementia Care Coach/Caregiver Coordinator attends to promote services and provide support to community members.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Percentage of ADRC callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from consumer's perspective).	**80**	Annually
Number of warm handoffs from LCAR completed in real time	To provide a seamless, No Wrong Door experience for individuals seeking services	**80**	Annually
Number of caregivers who receive a caregiver assessment including but not limited to the Caregiver Assessment in the State's case management system and/or HCBS Monitoring Tool for ABC Community, and subsequent number of assessed caregivers who receive service plans, and subsequent number of caregivers who receive referrals to community resources or are placed on a waiting list for services.	To provide support for caregivers and provide timely data that support efforts to identify utilized and needed services for caregivers and individuals with dementia	**50**	Annually
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GOAL 2: Strengthen and expand Older Americans Act Core Programs, ensuring high quality, efficient and effective home and community-based programs and services are available throughout the PSA to older adults and their family caregivers.

Connections:
Key Topic Areas: *Older Americans Act Core Programs; Greatest Economic Need and Greatest Social Need; Caregiving*

23-26 State Plan Goals**:**

- *2. Improve health, well-being, and equity in all aspects of service access and delivery.*
- *3: Optimize the physical, emotional, and financial well-being of caregivers to strengthen their ability to provide ongoing supports and delay or prevent care recipient institutionalization.*

MPA: *Age-Friendly Communities; Each Journey Supported; Reframe Aging*

Dementia Strategic Plan: *Identify strategies to increase access to home and community-based services for individuals with dementia.*

Agency programs and services that address Goal 2:

Congregate Meal sites, CHOICE home delivered meals, Title IIIC2 home delivered meals, Title IIIE Supplemental services, Title IIID Evidence-Based Health Promotion

Typical consumers include low income persons, unhoused persons, caregivers of older adults, and older adults living with chronic health conditions.

Common issues services address include food insecurity, specialized diets, malnutrition, socialization, fall prevention, and respite for caregivers.

Partnerships and collaborations include FSSA, home delivered meal providers, Meals on Wheels, hospitals, SHIP/SMP, elder law attorneys, nursing facilities, community resources/members, senior centers, evidence based programs, and enrollment broker/MCEs.

Strategies:

1. Maintain a list of local registered dieticians and offer the list to everyone who scores as high nutritional risk
2. Partner with TA Outreach staff to generate awareness of health programming
3. Partner with area senior apartment complexes and medicaid-based assisted living facilities to offer health programming
4. When providing Options Counseling, home modifications will be discussed as an option for helping older adults age in place

5. Modify the Nutrition Intake form to be sure to collect all data points needed for CaMSS documentation

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition counseling.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	**50%**	Quarterly
Number of older adults receiving home accessibility and safety interventions (i.e. home modifications, CAPABLE, handy chore, etc.).	To create safe, accessible environments for aging in place.	**80%**	Annually
Increased participation in health promotion programming in communities with Greatest Social Need and Greatest Economic Need measured by reported unit and client data.	To increase health awareness, knowledge, and prevention efforts among older Hoosiers.	**6%**	Quarterly
Of home delivered meal participants served who may be socially isolated, the percentage receiving meal deliveries at least 8 times per month, at a minimum. Of congregate meal participants served who may be socially isolated, percentage eating 15 meals at meal site in a month.	To enhance social interaction and connectedness for older Hoosiers to mitigate the negative health effects associated with social isolation.	**80**	Quarterly

Percentage of missing data points: poverty status, household status, and nutrition risk score for congregate participants below 10%.	To increase compliance and availability of data that helps to determine participants that may be at risk for poor nutrition, including food insecurity and malnutrition, social isolation, and economic needs.	**90**	Quarterly
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GOAL 3: Protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Hoosiers.

Connections:
Key Topic Areas: *Older Americans Act Core Programs*

23-26 State Plan Goal: *5: Promote statewide partnerships for advocacy and protection of older adults*.

MPA: *Age-Friendly Communities; Reframe Aging*

Agency programs and services that address Goal 3:
Legal Services, Long Term Care Ombudsman Services, Outreach

Typical consumers include low income older adults and their caregivers.

Common issues services address include Nursing Facility eviction, ANE, and rights violations.

Partnerships and collaborations include the Elder Law Attorneys, Indiana Legal Services, and APS.

Strategies:
1. Partner with Indiana Legal Services for community presentations
2. Work with Volunteer Coordinator to promote the Ombudsman program and recruit one new certified volunteer

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Revise/Devise outreach about availability of legal assistance	To increase the percentage of older Hoosiers that are aware of the availability of legal assistance	Increase % of Older Hoosiers that say they are aware of services by 5% from last survey	Annually

Increase coordination with LSP – e.g. meet once per quarter	To increase coordination of services that address the specific needs of your particular PSA	4 meetings	Quarterly
Total number of nursing facilities visited by an Ombudsman not in response to a complaint, in all four quarters of the reporting period.	To be a regular presence in nursing facilities in order to build relationships and establish trust with residents to encourage them to voice their concerns/complaints	**15 visits**	Quarterly
Recruit and train new certified volunteer Ombudsmen by the end of the federal fiscal year	To enhance Ombudsman program reach and advocacy efforts	**1**	Quarterly
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GOAL 4 (AAA GOAL):
Improve community knowledge of Long-Term Services and where to find information/resources on Long-Term Services.

Agency programs and services that address Goal 4:
Community Outreach, ADRC, Care Management, Caregiver Support, Nutrition, Wellness

Typical consumers include community members, older adults, persons with disabilities, low income persons, unhoused, vendors, persons with cognitive impairments, and persons with food insecurities.

Common issues services address food insecurity, malnutrition, assistance with I/ADLs, specialized medical care, home modifications, housing, nursing facilties, assessing for state and federal public assistance, SHIP counseling, and referrals.

Partnerships and collaborations include FSSA, home care providers, hospice providers, hospitals, SHIP/SMP, elder law attorneys, nursing facilities, community resources/members, and enrollment broker/MCEs.

Strategies:
***Increase number of outreach events attended in all counties served.**
***Improve social media presence.**

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Percentage of Community members that report being very informed to somewhat informed regarding long term services in the CASOA survey	**Improve knowledge of long term services and supports.**	**70**	**Triennial**
Number of community events attended	**Improve knowledge in the community regarding long term services and supports.**	**50**	**Annually**
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Section 3 - Governing Board

Note: *CFR § 1321.63 (d) prohibits the advisory council from operating as the governing board (board of directors) and individuals may not serve on both the advisory council and the board of directors for the same entity.*

Provide a listing of the AAA Board of Directors members, as well as annual board meeting schedule information. For each member, include the individual's title (e.g., President, Chairperson) and indicate with an asterisk (*) if the member is an elected official.

Total Number of Board Members, including any vacancies: 7

Name	Title	County	Term Dates MM/YYYY – MM/YYYY
Grace Kestler	**President**	**Bartholomew**	**01/2023-12/2025, 2nd term**
Blake Reed	**Secretary/Treasurer**	**Bartholomew**	**01/2023 -12/2025, 2nd term**
Megan Cherry	**Vice President**	**Jackson**	**01/2025 - 12/2028, 2nd term**
Maci Baurle	**At Large**	**Jackson**	**01/2023-12/2026, 1st term**
Amanda Meza	**At Large**	**Bartholomew**	**01/2025 - 12/2028. 1st term**
Brandi Hart	**At Large**	**Decatur**	**01/2025- 12/2028, 1st term**
Wendy Kirts	**At Large**	**Bartholomew**	**01/2025 - 12/2028, 1st term**
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Annual Board Meeting Schedule	
Date	**Location/Address**
11/19/2025	**2158 Cottage Ave, Columbus, IN 47201**
01/21/2026	**2158 Cottage Ave, Columbus, IN 47201**
03/18/2026	**2158 Cottage Ave, Columbus, IN 47201**
05/20/2026 **07/15/2026** **09/16/2026**	**2158 Cottage Ave, Columbus, IN 47201** **2158 Cottage Ave, Columbus, IN 47201** **2158 Cottage Ave, Columbus, IN 47201**

Explain any expiring terms – have they been replaced, renewed, or other?

Click here to enter text.

Section 4 - Advisory Council

Provide the following details regarding AAA Advisory Council members.

Total number of Advisory Board members (including vacancies) = Click here to enter text.

N/A	Information	Total
☐	Total number of members over 60 years of age*	**5**
☐	Total number of family caregivers, which may include older relative caregivers*	**0**
☐	Total number of Title III recipients*	**0**
☐	Total number of elected public officials (or their designee)*	**1**
☐	Total number of health care provider representatives, including providers of veterans' health care (if appropriate)*	**2**
☐	Total number of Veteran health care providers (separate from above)	**0**
☐	Total number of service provider representatives, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long term care ombudsman, and other service providers *	**1**
☐	Total number of persons with leadership experience in private or volunteer sector*	**4**
☐	Total number of local elected officials*	**1**
☐	Total number of older adult advisory council members that reside in rural areas	**3**
☐	Percentage of minority older adults on advisory council (vs. total advisory council members)	**0**
	Frequency of Advisory Council meetings	**quarterly**

At least 50% of the Advisory Council must be members aged 60 and over. If this requirement is not met, describe plans to increase representation from older adults and targeted completion date for compliance.

NA 50% of our Council is at least age 60

Those categories of representation noted with an asterisk (*) above are required (OAA Section 306 (a)(6)(D)). If your Advisory Council is missing any representation above, include a description of recruitment methods and targeted completion date for compliance.

1

Briefly describe the local governing board's process to appoint Advisory Council members.

Membership on the Advisory Council is open. Members can be recommended by Board members, Advisory Council members, staff members or members of the coummunity at large. We have been working to rebuild the Advisory Council over the past few years. We are facing difficulties in finding individuals who are able and/or willing to commit their time and talents to this group. *We are missing someone to represent Veterans Healthcare Providers. We have consistently reached out to our local VA Service Officers. New outreach efforts will target and contact local VA service organizations. Target completion date is 12/31/25.

Briefly describe the Advisory Council's role in developing the Area Plan, including in relation to public hearings.

An Advisory Council meeting was held on April 22, 2025. Area Plan goals were shared with the Council and feedback was sought. Additional community meetings were held in Greensburg, North Vernon, Seymour, and Nashville.

Section 5 -Target Population Specifications

Instructions: The left column contains the populations that the OAA and CFR require specific targeted outreach. The middle column contains information of any required subpopulations to consider when conducting outreach. In the right column, please describe the populations and subpopulations in your PSA who have been identified as having the greatest social and economic need. Then below for each population, describe how your agency currently conducts outreach and how your agency plans on conducting outreach to these populations and subpopulations.

<table>
<tr><th>Populations</th><th>Sub populations to consider at minimum</th><th>Who in this population category has been identified as having Greatest Social & Economic Need?</th></tr>
<tr><td>Age Older adults, age 60+ and their caregivers</td><td>N/A</td><td>Individuals living alone (at greatest risk of social isolation), low income older adults, unemployed older adults</td></tr>
<tr><td colspan="3">Describe in detail current and proposed outreach activities for this population:
Current outreach efforts: (1) Thrive Alliance is able to identify low-income adults through collaborative efforts in the community. (2) Over half of the meal sites are located in senior, low-income housing. (3) Thrive Alliance contracts and partners with multiple health and hospital systems throughout the region. These healthcare partnership models allow for clinical professionals to better identify and connect with the most vulnaerble, older adult client populations in the greatest need. (4) Thrive Alliance partners with the library system in the region, allowing for caregiver education and support to be given. (5) Thrive Alliance uses radio, media, speaking engagements, social media to promote it's services. (6) Thrive Alliance Older American Act is in partnership with numerous senior and human service organizations to conduct outreach activities targeting those with the greatest economic and social need, age 60 and over. All outreach activities listed above to adults age 60 or older with the greatest economic and social need will continue. Proposed outreach activities: (1) Thrive Alliance will locate two congregate meal sites throughout the region where the greatest economic and social need is. (2) Thrive Alliance will increase State Medicare and SHIP education throughout the region</td></tr>
<tr><td>Gender</td><td>women</td><td>Female--60%
Male--40%</td></tr>
<tr><td colspan="3">Describe in detail current and proposed outreach activities for this population:
(1) All outreach efforts listed above to adults above the age of 60 and/or adults living with a disability and have the greatest economic need.</td></tr>
<tr><td>Race including minority older adults and their caregivers</td><td>• Black/African American
• American Indian/Alaskan Native
• Asian</td><td>From the Indepth Profile 2023;
Bartholomew County:
Black /African American--2.8%
American Indian/Alaskan Native--0.5
Asian--7.3%</td></tr>
</table>

	• Native Hawaiian/PI • White/Caucasian	**Native Hawian/PI-- 0.1% White--87.1% Two or More Race Groups--2.2% Brown County: Black/African American--1.0% American Indian/Alaskan Native--0.5% Asian--0.6% Native Hawaiian/PI--0.0% White--92.7% Two or More Race Groups--1.7% Decatur County: Black/African American--0.8% American Indian/Alaskan Native--0.3% Asian--1.4% Native Hawiian/PI--0.1 White-- 92.7% Two or More Race Groups--1.3% Jackson County: Black/African America 3.0% Asian-- 3.0% Native Hawaiian/PI--0.3% White--92.7% Two or More Race Groups-1.5% Jennings County: Black/African American--1.6% American Indian/Alaska Native--1.0% Asian-3.0% Native Hawaiia/PI--0.3% White--92.7% Two or More Race Groups--- 1.5%**
Describe in detail current and proposed outreach activities for this population: (1) All outreach efforts listed above to adults age 60 or older and/or adults living with a disability. (2) Thrive Alliance locates nutrition sites in neighborhoods where low-income and older minority seniors reside. (3) Thrive Alliance partners with other entities in low-income areas ad older-minority areas to provide outreach.		
Ethnicity including older minority adults and their caregivers	• Hispanic/Latino • Non-Hispanic/Latino	**Bartholomew County: Non-Hispanice--90.5% Hispanic--9.5% Brown County: Non-Hispanic--98% Hispanic--2.0% Decatur County: Non-Hispanic--97.4%**

		Hispanic--2.6% **Jackson County:** **Non-Hispanic--85.5%** **Hispanic--14.5%** **Jennings County:** **Non-Hispanic--96.4%** **Hispanic--3.6%**
Describe in detail current and proposed outreach activities for this population: **(1) Thrive Alliance utilizes a translation service when needed (2) Thrive Alliances has translated its brochures into Spanish, which is the most common language other than English in it's Thrive Alliance service area.**		
Religious Affiliation including survivors of the Holocaust and their caregivers	**Not targeted**	**According to claimscon.org, only about 16% of holocaust survivors reside in the United States. Local data was not able to be located.**
Describe in detail current and proposed outreach activities for this population: **NA**		
Native American Identity and their caregivers	**Not targeted**	**Populations of Native Americans for this service area range from 0.3% to 1%.**
Describe in detail current and proposed outreach activities for this population: **Due to the low percentage of Native Americans in this service area, we do not have specific outreach activities targeted to this ethnic group.**		
Health Conditions	• **Physical Disabilities including older adults with severe disabilities and their caregivers** • **Mental Disabilities** • **HIV Status** • **Chronic Conditions**	**HIV- 95.1 cases per 100,000 population, 36% of the population has been diagnosed as having a depressive disorder.** **Mental Health Disability-78.6% report having major problem.** **Chronic Conditions:** **Respiratory Condition--**
Social Needs	• **Housing instability** • **Food insecurity** • **Availability of reliable and clean water** • **Availability of transportation** • **Utility assistance needs**	**27% report housing instability** **16% report food insecurity** **Not captured** **41% report poor availability of public transportation** **14% report need for utility assistance** **Source: CASOA report**
Describe in detail current and proposed outreach activities for this population: **(1) All outreach effort listed above to adults age 60 or older and individuals living with a disability (2) Thrive Alliance locates nutrition sites in neighborhoods where low-income seniors and disabled**		

individuals reside. (3) Thrive Alliance has safe and affordable housing for seniors and disabled individuals. (4) Thrive Alliance partners with local communities trustees and CAP agencies to assist in utility and rental assistance. (5) Quarter attendance to Region 9 ZIP Coalition meeting.		
Rural Location and their caregivers (for this section "rural" is defined using RUCA codes)	• **Rural** • **Non-Rural**	**Data not available.**
Describe in detail current and proposed outreach activities for this population: **(1) Thrive Alliance partners with senior services agencies in rural and less populated areas of every county to provie outreach, awareness, and education. (2) Thrive Alliance partners with with hospital systems in rural and less populated areas of every county to provide outreach, awareness, and education.**		
Language barriers including those with limited English proficiency and their caregivers	**Non-english speakers, older adults who may be Hispanic or Latino backgrounds**	**Bartholomew County:** **Non-Hispanice--90.5%** **Hispanic--9.5%** **Brown County:** **Non-Hispanic--98%** **Hispanic--2.0%** **Decatur County:** **Non-Hispanic--97.4%** **Hispanic--2.6%** **Jackson County:** **Non-Hispanic--85.5%** **Hispanic--14.5%** **Jennings County:** **Non-Hispanic--96.4%** **Hispanic--3.6% Data not available**
Describe in detail current and proposed outreach activities for this population: **(1) Thrive Alliance contracts with a translator for callers of the Spanish language. (2) Thrive Alliance contracts with a Spanish interpretators to for all outgoing brochures and flyers.**		
Economic Needs	• **Household income including older adults who are considered low income and their caregivers** • **Individual income including older adults who are considered low income and their caregivers** • **Employment**	**According to the CASOA report:** **(1) 39% of households are considered low-income. Individual income is not captured. In terms of employment opportunity; 10% report that finding work after retirement is a major problem and 12% find it as moderate problem.**

Describe in detail current and proposed outreach activities for this population: **(1) Thrive Alliance is able to identify low-income older adults through collabortive efforts in the community. (2) Most congregate meal sites are located at low-income senior adult adult apartments with the greatest social and economic need. (3) Two congregate meal sites will be opened Brown and Decatur Counties and will be located at senior adult apartments with the greatest social and economic need.**		
Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their caregivers	**Alzheimer's disease and other related disorders.**	**Bartholomew County--10.5%** **Brown County--9.0%** **Decatur County--10.4%** **Jackson County--10.1%** **Jennings County--9.5%**
Describe in detail current and proposed outreach activities for this population: **(1)Thrive Alliance has and will continue to increase emphasis on dementia education and support for those living with dementia and their care partners through the ABC Program (2) Thrive Alliance has invested in Virtual Dementia Tours Kits, an evidenced based program to bring greater undrstanding of dementia. (3) Thrive Alliance continues to invest in the Dementia Friends Indiana (DFI). DFI places emphasis on better understanding of the disease, reduction in stigma, communicaiton, and challenges. (4) Thrive Alliance collaborates with with the Alzheimer's Association and the IU Alzheimer's Rural Network focusing on dementia friendly communities and on support groups throughout the region. (5) In July, 2024 Thrive Alliance hired a dementia outreach specialist to conduct outreach activities and provide education to the community and staff. (6) Thrive Alliance staff was trained and became a Alzheimer's Foundation of America screen site and will begin offer screening in the Spring of 2025. (6) Thrive Alliance has partnered with Sandi's Closet, on a dementia inclusive choir. (7) Thrive Alliance has conveyed a dementia friendly advisory board in Bartholomew County and is currently serving on Jackson County dementia friendly board. Committees are currently being formed in other counties. (8) Thrive Alliance has partnered with several members of the community to launch a Memory Cafe in Bartholomew and Brown Counties. (9) Thrive Alliance staff meet with local care partner support groups to conduct outreach and educate on services in the area.**		
Older relative caregivers (age 55+) of children under 18 or adults age 18-59 with a disability	**Information not captured.**	**According to the Columbus Regional Health Needs Assessment, 27.8% of the adults in this service area provide care to a friend or family member. The percent of caregivers older the age of 55 was not noted.**
Describe in detail current and proposed outreach activities for this population: **Thrive Alliance provides a monthly newsletter intended for caregivers of all ages. This newsletter is mailed or emailed according to the caregivers' preferences.**		

Fully describe plans for how direct services funds will be distributed with the PSA in order to address populations identified as in greatest social and economic need. Include the funding formula or other method(s) used to assure that each county in the PSA receives its "fair share" of the Title III and SSBG grants and that CHOICE services are available in each county in the PSA.

Direct service funds within the PSA will be distributed with a strong focus on reaching older adults who have the greatest social and economic need. This includes individuals who are low-income, socially isolated, live in underserved or rural areas, or have other social determinants. Funding decisions will be based on current needs assessment findings, community feedback, and data that highlight where services are most urgently needed.

Resources will be prioritized for programs that offer the greatest impact for vulnerable populations, such as home-delivered meals, congregate meals, caregiver support, transportation, and in-home services. Special attention will be given to supporting service sites located in low-income senior housing, senior high-rises, and neighborhoods with limited access to aging services. Thrive Alliance will work closely with local partners and community-based organizations to identify individuals in greatest need and ensure services are accessible, person-centered, and responsive. Funding use will be reviewed regularly to ensure that services are reaching those who are most at risk and to make adjustments based on community needs and service outcomes.

Section 6 - Focal Point Specifications

Please provide assurance that your services and information are available within each of the counties in your PSA. Older Americans Act, Section 102(21), defines the term ‘‘focal point’’ as a “facility established to encourage the maximum collocation and coordination of services for older individuals.” In other words, a focal point is a visible contact point for people to go or call for help, information, and referrals on aging issues. Focal Points serve as the connection to services within the community that older adults can utilize to remain independent in their homes. The following are not generally considered focal points: long-term care facilities, mental health facilities, transportation hubs, etc.

A focal point should meet the following criteria at a minimum:

- Be visible
- Provide a range of options
- Be accessible to all older people, regardless of income
- Involve collaborative decision-making
- Offer special help or targeted resources to older adults with the greatest social and economic need

Please designate the multipurpose senior center(s) located in each county with an asterisk before the name and bolding the name.

Name of Focal Point	Address	Counties of Service	Check if Virtual Options
***Mill Race Center**	**900 Lindsey St, Columbus, IN 47201**	**Bartholomew, Brown, Decatur, Jackson, Jennings, Johnson, Shelby**	☒
Thrive Alliance	**2158 Cottage Ave, Columbus, IN 47201**	**Bartholomew, Brown, Decatur, Jackson, Jennings**	☒
Brow County YMCA	**105 Willow St, Nashville, IN 47448**	**Brown**	☐
Greensburg Adult Center	**905 East Main St, Greensburg, IN 47240**	**Decatur**	☐
Brownstown Senior Center	**124 South Main Street, Brownstown, IN 47220**	**Jackson**	☐

Name of Focal Point	Address	Counties of Service	Check if Virtual Options
Seymour Community Center	**107 S Chestnut Street, Seymour, IN 47274**	**Jackson**	☐
Jennings County Senior Resources Center	**515 North Buckeye St, North Vernon, IN 47265**	**Jennings**	☐
Click here to enter text.	Click here to enter text.	Click here to enter text.	☐
Click here to enter text.	Click here to enter text.	Click here to enter text.	☐
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Name of Focal Point	Address	Counties of Service	Check if Virtual Options
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Section 7 - Financials

1. AAA Cost Allocation Plan

Attach as a separate document with your Area Plan submission. The cost allocation plan must be current through September 30, 2025 at a minimum; ideally, the cost allocation plan will be current through September 30, 2026. Please label the attachment as "26-27 AP AAA# – Attachment C – Cost Allocation Plan". The plan must address at a minimum:

- Staff salaries and wages
- Employee Benefits
- Facility (rent, electricity, gas, water and sewerage, and cleaning services)
- Telephone and postage service
- Insurance
- Travel and transportation
- Capital expenditures per Uniform Guidance
- Indirect cost methodology

If the cost allocation plan changes during the course of this Area Plan period, the updated cost allocation plan must be submitted to the Division of Aging within 30 days of the start date of the updated cost allocation plan.

1. Funding Allocation – by Percentage

Please complete the table below for all organizational funding. Items to be included in each row are identified below the table. Responses must be in line with the cost allocation plan.

	Funding Source (Estimate for FFY 2026)							
	Title III	**Title VII**	**NSIP**	**SSBG**	**CHOICE**	**AL Ombud**	**All Other Org Funds**	**Total Org Funds**
Personnel - Admin	**15.62%**	**0%**	N/A	N/A	**11.80%**	**0%**	**18.75%**	100%
Operational	**1.85%**	**0%**	N/A	**0%**	**2.25%**	**0%**	**4.75%**	100%
Direct Services	**82.53%**	**100%**	**100%**	**100%**	**85.95%**	**100%**	**76.50%**	100%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	100%

Personnel	Salaries/Wages and Fringe Benefits for admin only
Operational	Rent, Utilities, Telephone, Internet, Supplies, Travel, Printing, Postage for admin only
Direct Services	All Direct Service costs, including program personnel, program operational costs, etc. listed on claiming workbooks not included in the above two categories (full list below)
Please provide a description of all that is included in other organizational funds represented in the table above.	**All other Organization funds includes funding for First Steps, Foster Grandparents, Adult Guardianship, Medicaid Waiver services (including Waiver Intake and PASSR funds, Produce for Better Health, and the Dementia Outreach program.**

Direct Services

ABC Community
Adult Day Service (all three levels)
Adult Day Service Transportation
Assisted Transportation
Assistance to Homebound
Behavior Management
Attendant Care
Caregiver Care Management
Care Management
Caregiver Information and Assistance
Caregiver Counseling
Caregiver Public Information
Caregiver Support Groups
Clinical Therapeutic Services
Caregiver Training
Durable Medical Equipment
Congregate Meals
Environmental/Home Modification Maintenance
Environmental/Home Modification Installation
Environmental Modification Assessor Specifications
Environmental Modification Assessor Inspection
Handy Chore
Goal Engagement (CAPABLE)
Health Promotion Non-Evidence-Based
Health Promotion Evidence-Based
Home Delivered Meals
Home & Community Assistance
Home Health Supplies
Home Health Aide
Integrated Health Care Coordination
Information & Assistance
Legal Assistance
Interpreter
Medication Dispenser Monitoring
Medication Dispenser Installation
Money Management
Nutrition Counseling
Nutrition Education
Nutritional Supplements
Ombudsman
Options Counseling
Other
Outreach
Personal Emergency Response System Installation
Personal Emergency Response System Maintenance
Pest Control
Physical Therapy
Public Information
Respite ATTC
Respite Home Health Aide
Respite, In-Home
Respite Nursing (LPN or RN)
Respite, Out-of-Home Day
Respite, Out-of-Home Overnight
Self-Directed Care Fiscal Management
Self-Directed Care
Senior Center Support
Skilled Nursing
Specialized Medical Equipment Installation
Specialized Medical Equipment Maintenance
Structured Family Care (all three levels)
Transportation
TCARE
Vehicle Modification

2. Financial Stability

Please complete the table. Definitions are below the table.

Measure	2024	2023	2022
Date of Calculation	4/15/2025	4/15/2025	4/15/2025
Days Cash on Hand	25 Days	31 Days	50 Days
Accounts Receivable Ratio	9.54	5.63	7.00
Average Days to Payment on Invoices Received	32 Days	30 Days	30 Days
Number of months of operating expenses through other financing arrangements *(such as loans, lines of credit, credit cards, charge accounts, etc.)*	0.56 Months	0.73 Months	0.87 Months
Percent of Total Revenue from FSSA - DA	28.26%	36%	37%

Days Cash on Hand: the number of days an organization can continue to pay its operating expenses, given the amount of cash available

Accounts Receivable Ratio: divide net billings by average accounts receivables

Average Days to Payment on Invoices Received: the total number of days to pay divided by the number of closed invoices

Number of months of operating expenses through other financing arrangements: the sum of financing arrangements available divided by average monthly operating expenses – *financing arrangements include loans, lines of credit, credit cards, charge accounts, etc*.

Percent of Total Revenue from FSSA-DA: divide revenue from FSSA-DA by revenue from all sources.

Section 8 - Disaster Preparedness

Emergency plans, at minimum must include the AAA's COOP and an all-hazards emergency response plan based on completed risk assessments for all hazards and updated annually.

Date of last emergency plan review/update: 03/27/2025

Please provide a narrative regarding your Disaster and Emergency Preparedness Procedures summarizing your agency's continuity of operations plan (COOP).

When completing the narrative, please include how you "will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery, as well as with Tribal emergency management (OAA Section 306(a)(17)). Please address:

1. Specific plans for disaster preparedness and emergency planning within the agency to maintain internal operations (including, but not limited to, information and assistance, case management, options counseling).
2. Details on how your agency is supporting participants by providing resources and guidance for disaster and emergency preparedness in the home and community-based setting.

Reference: https://acl.gov/emergencypreparedness

Please provide any additional documents as needed for support. Please be sure to label your additional documents as "26-27 AP AAA# - Attachment D – Disaster Preparedness" and check the "Included" box in the Area Plan Components Checklist on page 2.

Thrive Alliance serves the Counties of Bartholomew, Brown, Decatur, Jackson and Jennings, with Care Management and/or service delivery locations in all 5 counties. The most likely disasters in these areas that could disrupt services include severe winter weather, flooding, and tornados. In the event of a disaster, Thrive Alliance will follow their Emergency Plan to continue to assist all persons served, and the general community, summarized as follows:
> Business Continuity –When unable to report to an office environment, staff will work remotely to access web-based client documentation and care plans. This includes all contact information for each client, their approved services, and responsible care giver contact. Non-service staff will remote in to necessary programs to maintain administrative services.
> Client Assistance – Each client is provided with contact information for their assigned Case Manager and at least 2 back-up contacts. All clients complete an Emergency Back-up plan and have this on file in their home and in their main file at the office.

> IT – Agency IT is managed by a consulting firm. They are responsible to the agency to maintain safe and secure access to all systems and to support the integrity of the system.
> Staff Safety and Security – Thrive Alliance maintains emergency and evacuation plans for each site and conducts drills to ensure staff safety in the event of a weather-related or building/area emergency.
> Each Department Manager will act as the contact point for their staff. The Executive Director is the main agency contact with the Deputy Director acting as her back-up.
Thrive Alliance's plan is regularly reviewed and updated. Full report is available in the TA office.

Section 9 – AAA Service Overview

Please provide a description of the programs and services provided by your Area Agency on Aging (i.e. what does the service look like in your PSA without reiterating the service definition), either directly or through grants/contracts to local service providers. Please also attach a list of your congregate nutrition site listings. Please label as "26-27 AP AAA#-Attachment B-Congregate Nutrition Site Listings" when submitting.

Access Services (Title III-B, CHOICE,SSBG)	Description/Overview
Care Management	**TA provides care management services to those at risk of losing their independence**
Options Counseling	**TA provides options counseling to older adults, people with disabilities and their caregives. Options counseling is an unbiased source of information meant to help educate individuals on the breadth of long term care options.**
Information & Assistance	**Information and Assistance is typically provided to help indviduals who have specific needs, such as where to find help with food, how to access housing assistance, and how to access State and Federal benefits.**
Other: Interpreter	**TA contracts with both interpreter services and individuals for translation services.**
Other: Outreach	**TA conducts outreach services in each of its counties in order to educate the public on services provided and where to go to access assistance.**
Other: Public Information	**TA advertises on local radio services in order to help connect with the public regarding services.**
Other: Senior Center	**TA does not directly fund senior center services. Local senior centers operate independently.**
Assisted Transportation	**TA has a memorandum of agreeement with Just Friends, a local service provider, for the provision of assisted transporation.**
Transportation	**TA subgrants Older American's Act Title IIIB funding to local service providers for transporation services for adults who are 60+. Services are availble in Brown County from Access Brown County and in Decatur County from LifeTime Resouces.**
In-Home Services (Title III-B, CHOICE,SSBG)	Description/Overview
Adult Day Care	**TA has a memorandum of agreeement (MOA) with Just Friends, a local service provider, for the provision of adult day services.**
Personal Care	**TA has multiple MOAs with home care agencies to provide in-home personal care services such as assistance with bathing, dressing, and ambulation.**
Home & Community Assistance	**TA has multiple MOAs with home care agencies to provide home and community assistance to help with light homemaking tasks and running essential errands.**

Chore	**TA does not provide nor contact with any providers for the provision of handy chore services.**
Other Services (e.g. HOMI, NUTS, PRSM, SUPP)	**TA has multiple MOAs with home care agencies to provide additional home and community based services and supports.**
Elder Rights	Description/Overview
Legal Assistance	**TA contracts with Indiana Legal Services for the provision of legal services for older adults. Services may at time include developing wills, creating healthcare respsentatives and power of attornies.**
Ombudsman	**TA contracts with Indiana Legal Services for Ombudsman services.**
Nutrition Services (Title III-C, CHOICE, SSBG)	Description/Overview
Congregate Nutrition	**TA currently operates 4 congregate mealsite locations. At the time of the development of this area plan, TA is working on opening up two additional sites.**
Congregate Nutrition – Grab n Go	**TA does not plan to offer grab-n-go nutrition services.**
Home Delivered Nutrition	**TA has multiple MOAs with food service providers for home delivered meals. No local providers are able to deliver fresh hot meals. Instead, meals are delivered in bulk every 1 to 2 weeks to an individual's home.**
Home Delivered Nutrition – Grab n Go	**TA does not plan to offer grab-n-go nutrition services.**
Nutrition Counseling	**TA maintains a list of local registered dieticians who are able to help older adults who are at a nutritional risk.**
Nutrition Education	**TA utlizes the States "Peas and Carrots" newsletter to provide nutrition education to older adults. When feasible, TA also coordinates with the local Purdue Extension office(s) for nutrition education topics.**

1. **What is your agency's approach to developing Nutrition Education within the PSA?**

TA utlizes the States "Peas and Carrots" newsletter to provide nutrition education to older adults. When feasible, TA also coordinates with the local Purdue Extension office(s) for nutrition education topics.

2. **If your agency currently does not offer Title III-C Nutrition Education programming; please provide challenge(s) to provide the service, what are your plans to provide the service in the future.**

Click or tap here to enter text.

Grab-N-Go Meals Utilization in the Congregate Nutrition Program (Title III-C1)

Grab-N-Go- Meals may be utilized to complement the congregate nutrition program in the following instances: 1) during disaster or emergency situations affecting the provision of

nutrition services, 2) to older individuals who have an occasional need, and/or 3) to older individuals who have a regular need based on an individualized assessment when targeting services to those in greatest economic need and greatest social need.

Grab-N-Go Meals may not exceed 25% of the funds expended by Area Agency on Aging under Title III-C1.

Please complete the information below:

3. **Has there been consultation with nutrition service providers on the need and use of grab n go meals?** ☐ Yes ☒ No
4. **Has there been consultation with meal program participants on the need and use of grab n go meals?** ☒ Yes ☐ No
5. **Has there been consultation with the general public on the need and the use of grab n go meals?** ☐ Yes ☒ No

6. **Based upon the above projections and consultations, please explain how the provision of grab n go meals will enhance the congregate meals program:** **Thrive Alliance does not plan to offer grab-n-go nutrition services.**

7. **Please provide a description of how grab n go meals will be coordinated with nutrition providers and any other direct service providers or interested parties:** **Thrive Alliance does not plan to offer grab-n-go nutrition services.**

8. **How will you ensure that grab n go meals will not diminish the congregate meals program? (i.e. how will you monitor the impact of grab n go meals on the congregate meals program):** **Thrive Alliance does not plan to offer grab-n-go nutrition services.**

9. **Please provide the eligibility requirements in which a participant who has an occasional need will be eligible to receive a grab n go meal:** **Thrive Alliance does not plan to offer grab-n-go nutrition services.**

10. **Please describe how individuals that are identified as having the greatest economic and social need within your PSA will be targeted and reached for the provision of grab n go meals:** **Thrive Alliance does not plan to offer grab-n-go nutrition services.**

Health and Well-Being	Description/Overview
Health Promotion: Evidence-Based (Title III-B; Title III-D)	**TA offers Bingocize, which provides fitness, health education, and Bingo. Desired Outcomes include: Improved upper/lower body strength, gait, balance, and range of motion * Improved aspects of cognition (executive function) * Increased social engagement * Improved knowledge of falls risk reduction and other important health topicsImproved patient activation**
Health Promotion: Non Evidence-Based (Title III-B)	**TA does not offer non evidence-based services.**
Individual Socialization (Title III-B)	**TA does not offer formal socialization services.**
Group Socialization (Title III-B)	**TA does not offer group socialization services. However, this can be obtained by attending places such as a local senior center, church based activities, or a congregate mealsite.**

Services not offered in PSA

If your agency currently does not offer **Title III-D Health Promotion: Evidence Based** programming; please provide challenge(s) to provide the service, what are your plans to provide service in the future (i.e. programs you plan to implement)

Click or tap here to enter text.

Caregiver of Older Adult Services (Title III-E)	Description/Overview
Caregiver Respite, In-Home	**TA has MOAs with local service providers for respite care services which can be used to give the primary caregiver(s) a break.**
Caregiver Respite, Out- of-Home (day)	**TA has an MOA with Just Fiends for respite that can be provided out of the home.**
Caregiver Respite, Out- of-Home (overnight)	**TA does not have any providers that offer overnight respite services.**
Caregiver Care Management	**TA care managers are able to assist caregivers in accessing supports that help aid them in the day-to-day care needs of old adults and persons with disabilities.**
Caregiver Counseling	**TA does not provide nor contract with an providers for caregiver counseling services.**
Caregiver Training	**TA does not provide nor contract with an providers for caregiver training.**
Caregiver Training – ABC Community	**TA is trained to provide services through the Aging Brain Care Community.**
Caregiver Supplemental Services	**TA has MOAs in place with local service providers for**
Caregiver Support Groups	**TA does not provide nor contract with an providers for caregiver support groups.**

Caregiver Information and Assistance	**TA provides information and assistance to caregivers regarding the range of services and supports available to assist in meeting the needs of the care recipient. This is typically billed under Title IIIB and/or SSBG.**
Caregiver Public Information Services	**TA creates and shares a monthly newsletter for caregivers.**

Older Relative Caregiver Services (Title III-E)	Description/Overview
Caregiver Respite, In-Home	**TA does not offer this service due to the limited availability of funds.**
Caregiver Respite, Out- of-Home (day)	**TA utilizes CHOICE funding when requested to provide services at the local Adult Day Services Center**
Caregiver Respite, Out- of-Home (overnight)	**TA does not offer this service due to the limited availability of funds.**
Caregiver Care Management	**TA does not offer this service due to the limited availability of funds.**
Caregiver Counseling	**TA does not offer this service due to the limited availability of funds.**
Caregiver Training	**TA does not offer this service due to the limited availability of funds.**
Caregiver Training – ABC Community	**TA has an approved waiver in place to provide caregiver training through the ABC Community program.**
Caregiver Supplemental Services	**TA does not offer this service due to the limited availability of funds.**
Caregiver Support Groups	**TA has a MOA with Just Friends for the provision of a caregiver support group.**
Caregiver Information and Assistance	**TA provides information and assistance to caregivers regarding the range of services and supports available to assist in meeting the needs of the care recipient. This is typically billed under Title IIIB and/or SSBG.**
Caregiver Public Information Services	**TA creates and shares a monthly newsletter for caregivers.**

Non-Waiver Waiting List

Please describe the Agency's waiting list prioritization criteria: Click or tap here to enter text.

☐ Agency does not have a waiting list for any of the above services.

☒ Agency has a waiting list for services indicated in the table below.

Service	County	Typical Number of Individuals on Waiting List	Average Waiting List Time (days)
CHOICE	**Bartholomew, Brown, Decatur, Jackson and Jennings**	**8**	**180**

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Section 10 - Estimated Services/Units/Expenditures

Please complete the table below estimating the type, quantity, and cost of services expected to be purchased or provided in the next federal fiscal year. Because the FFY 26 grant allocations are not yet available, base these numbers on total grant expenditures regardless of age of recipient for all non-waiver funds reported in CaMSS. Estimates should be based on current FFY 25 DA grant funding, but exclude local cash, in-kind, and program income contributions. Units of service are per ACL reporting requirements and may differ from care plan units. Convert as appropriate.

Please note any expenditures for services in "FFY 2026 Estimated Grant Expenditures AAA Direct Services" must have Exempt and Direct Service waivers submitted with this Area Plan.

Service	FFY 2026 Estimated Units	FFY 2026 Estimated Persons Served	FFY 2026 Estimated Grant Expenditures Distributed to Local Service Providers	FFY 2026 Estimated Grant Expenditures AAA Direct Service
Access Services (Title III-B, CHOICE, SSBG)				
Care Management (both billable and nonbillable) (hour)	Click here to enter text.	**485**	**$0**	**$403,200**
Options Counseling (hour)	Click here to enter text.	Click here to enter text.	**$0**	**$124,520**
Information & Assistance (contact)	**3856**	**2088**	**$0**	**$282,254**
Other: Interpreter (hour)	**0**	**0**	**$0**	**$0**
Other: Outreach (contact)	**0**	**0**	**$0**	**$0**
Other: Public Information (activity)	**511**	**782**	**$0**	**$98,251**
Other: Senior Center (persons served)	**0**	**0**	**$0**	**$0**
Assisted Transportation (one-way trip)	**0**	**0**	**$0**	**$0**
Transportation (one-way trip)	**5280**	**162**	**$17,500**	**$0**
In-Home Services (Title III-B, CHOICE, SSBG)				
Adult Day Care (hour)	**0**	**0**	**$0**	**$0**
Personal Care (hour)	**61,661**	**84**	**$529,671**	**$0**
Home & Community Assistance	**12,077**	**28**	**$95,773**	**$0**

Service	FFY 2026 Estimated Units	FFY 2026 Estimated Persons Served	FFY 2026 Estimated Grant Expenditures Distributed to Local Service Providers	FFY 2026 Estimated Grant Expenditures AAA Direct Service
(hour)				
Chore (hour)	**0**	**0**	**$0**	**$0**
Other Services	N/A	N/A	**$32,062**	**$0**
Elder Rights				
Legal Assistance (hour)	**48**	**14**	**$8,462**	**$0**
Ombudsman	N/A	N/A	**$13,152**	**$0**
Ombudsman: State Assisted Living	N/A	N/A	**$8,122**	**$0**
Ombudsman: Elder Abuse	N/A	N/A	**$0**	**$**
Nutrition Services (Title III-C, CHOICE, SSBG)				
Congregate Nutrition (meal)	**10,935**	**132**	**$0**	**$257,322**
Congregate Nutrition – Grab n Go (meal)	**0**	**0**	**$0**	**$0**
Home Delivered Nutrition (meal)	**34,177**	**162**	**$265,897**	**$0**
Home Delivered Nutrition – Grab n Go (meal)	**0**	**0**	**$0**	**$0**
Nutrition Counseling (hours)	**26**	**52**	**$0**	**$0**
Nutrition Education (sessions)	**12**	**30**	**$0**	**$0**
Health and Well-Being				
Health Promotion: Evidence-Based (unduplicated persons)	N/A	**144**	**$0**	**$23,572**
Health Promotion: Non Evidence-Based (unduplicated persons)	N/A	**0**	**$0**	**$0**
Individual Socialization	**0**	**0**	**$0**	**$0**
Group Socialization	**0**	**0**	**$0**	**$0**

Service	FFY 2026 Estimated Units	FFY 2026 Estimated Persons Served	FFY 2026 Estimated Grant Expenditures Distributed to Local Service Providers	FFY 2026 Estimated Grant Expenditures AAA Direct Service
Caregiver of Older Adults (Title III-E)				
Caregiver Respite, In-Home (hour)	**2784**	**7**	**$23,883**	**$0**
Caregiver Respite, Out-of-Home (day) (hour)	**0**	**0**	**$0**	**$0**
Caregiver Respite, Out-of-Home (overnight) (hour)	**0**	**0**	**$0**	**$0**
Caregiver Care Management (hour)	**180**	**5**	**$**	**$8,712**
Caregiver Counseling (hour)	**0**	**0**	**$0**	**$0**
Caregiver Training (hour)	**0**	**0**	**$0**	**$0**
Caregiver Training – ABC Community (hour)	**180**	**2316**	**$0**	**$13,452**
Caregiver Supplemental Services	N/A	N/A	**$0**	**$0**
Caregiver Support Groups (session)	**12**	**12**	**$2,394**	**$0**
Caregiver Information and Assistance (contact)	**36**	**36**	**$0**	**$9,331**
Caregiver Public Information Services (activity)	**346**	**8272**	**$0**	**$24,307.36**
Older Relative Caregiver (Title III-E)				
Caregiver Respite, In-Home (hour)	**0**	**0**	**$0**	**$0**
Caregiver Respite, Out-of-Home (day) (hour)	**0**	**0**	**$0**	**$0**
Caregiver Respite, Out-of-Home (overnight) (hour)	**0**	**0**	**$0**	**$0**
Caregiver Care Management (hour)	**0**	**0**	**$0**	**$0**
Caregiver Counseling (hour)	**0**	**0**	**$0**	**$0**
Caregiver Training (hour)	**0**	**0**	**$0**	**$0**
Caregiver Training – ABC Community (hour)	**0**	**0**	**$0**	**$0**
Caregiver Support Groups (session)	**12**	**12**	**$2,394**	**$0**

Caregiver Supplemental Services	N/A	N/A	**$0**	**$0**
Caregiver Information and Assistance (contact)	**5**	**5**	**$0**	**$1296**
Caregiver Public Information Services (activity)	**382**	**3012**	**$0**	**$26,404**

Section 11 - CHOICE Plan Requirements

Per 455 IAC 1-5-3(a)(6), a CHOICE Plan must be submitted per the request of the Division of Aging and must contain the contents outlined below. At this time, we are requesting that you ensure that you have all required contents and that they are available upon request. **Please note that you are NOT required to submit this information at this time.**

CHOICE Plan Contents and Format:

Section 1 – Intake and Referral Process: Description of the referral and intake process, including eligibility determination protocols and method of eligibility notification.

Section 2 – Assessment Process: Description of the assessment process, format, and procedures used by AAA case managers including methodology for ensuring completion of ninety-day face-to-face assessments of CHOICE participants.

Section 3 – Nursing Facility Outreach: Describe the outreach and follow up methods for offering assessments to current nursing facility residents who apply for CHOICE.

Section 4 – Hiring Practices: Describe the methods of recruitment, screening, and hiring of staff.

Section 5 – Care Plan Development Process: Description of the procedures used to develop the plan of care including a timeline for the development process from start to implementation of services. Also, a description of the role the individual and/or their family play in the development of their care plan.

Section 6 – Area and Community Support Services: A list of all available long-term support services, both public and private, within the area.

Section 7 – Care Management and Service Coordination: Policies and procedures for the case management and service coordination, including case file documentation and record-keeping.

Section 8 – Coordinating CHOICE with Other Funding Sources: Policies and procedures for coordinating CHOICE with Medicaid state plan services, HCBS waiver services and other funding sources for in- home and community-based services. Describe the methodology for determining priority funding, last resort funding, and preventing duplication of services among funding sources.

Section 9 – Plans of Care Evaluation and Monitoring: Description of internal methods of evaluating plans of care to ensure participants are receiving quality services and direction. Describe how plans of care are selected for review, who conducts the monitoring, what criteria is used to evaluate the appropriateness of service and stewardship of funding, and the frequency of monitoring. Include policies and procedures for conducting QIPs internally and in collaboration with FSSA DA or its contractor.

Section 10 – Cost Sharing: Description of CHOICE cost sharing plan procedures, including cost share collection methods.

Section 11 – Complaint and Appeal Procedures: Description of complaint and appeal procedures, which include the process for notifying applicants or participants of the right to an administrative hearing, which incorporates the FSSA DA Complaint Policy for HCBS.

Section 12 – Waiting List: Description of policies and procedures for operating, maintaining, and clearing the AAA waiting list for CHOICE services in accordancewith the requirements contained in these CHOICE Guidelines.

Section 13 – Budget: Budget Narrative and breakdown of spending in accordance with the contract between AAA and FSSA DA on the following categories: A Breakdown of Proposed Spending on Consumer Services; Assessments; Care Plan Development; Reassessments; AAA Administration; Any Other Appropriate Costs.

Section 14 – Provider Selection: Description of processes and procedures for selecting service providers. Including methods for ensuring a variety of CHOICE providers for participants to choose from.

Attachments

Attachments I – VII

Please see explanations provided in the 2026-2027 Area Plan Guidelines and on the Attachment documents.

Attachment A - Organizational Chart

Please provide an organizational chart showing schematically all staff members, including titles and positions. Please include document and label, "26-27 AP AAA# - Attachment A – Organizational Chart".

Attachment B - Congregate Nutrition Site Listing

See *Section 9 – AAA Service Overview* above and label as "26-27 AP AAA# – Attachment B – Congregate Nutrition Site Listing" when submitting.

Attachment C - Cost Allocation Plan

See *Section 7 – Financials* above and label document(s) "26-27 AP AAA# – Attachment C – Cost Allocation Plan". The cost allocation plan must be current through September 30, 2025 at a minimum; ideally, the cost allocation plan will be current through September 30, 2026.

Attachment D – Disaster Preparedness

See *Section 8 – Disaster Preparedness above* and additional documents as "26-27 AP AAA# -Attachment D – Disaster Preparedness" and check the "Included" box in the Area Plan Components Checklist.

Verification of Intent

This FFY 2026-2027 Area Plan is hereby submitted to the Indiana Division of Aging for approval.

If awarded funding, the applicant Area Agency on Aging will carry out all activities under the approved FFY 2026-2027 Area Plan on Aging in accordance with Federal and State statute/policy. The Area Agency Director, Board of Directors Chair, and Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. All three entities actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. _____

(Type Name)

_____ _____

(Signature) Area Agency Director Date

2. _____

(Type Name)

_____ _____

(Signature) Chair Board of Directors Date

3. _____

(Type Name)

_____ _____

(Signature) Advisory Council Chair Date

Assurances

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020:

Sec. 306(a), AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A) (i) (I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will –

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6) provide that the area agency on aging will –

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

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

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit privateorganizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform suchindividuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment ofelder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options forserving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing
long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than thetotal amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title

(B) funds made available to the area agency on aging pursuant to section 712 shall beused to supplement and not supplant other Federal, State, and local funds expended tosupport activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services **to** older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older

individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will –

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

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

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

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

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds under this title will be used--

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals
whose needs were the focus of all centers funded under Title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared thearea agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals,older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agencycan be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals aged 85 and older in theplanning and service area is expected to affect the need for

supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribalorganizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described insuch paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportationservices of individuals receiving

benefits under such Acts and older individuals participating inprograms authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated underthis title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the RehabilitationAct of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title toreveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply withFederal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordancewith procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld todirectly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services notprovided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

BY SIGNING THIS PAGE, YOU ARE STATING THAT YOU HAVE READ AND AGREE TO ABIDE BY THESE ASSURANCES.

Teresa Lorenz

(Type Name)

Teresa Lorenz

(Signature) **(Date)**

E2. Thrive Alliance will actively help seniors, individuals with disabilities, and low-income families access resources to maximize their health, wellness, and quality of life.

Priority Area #1	**Aging and Disability Resource Center**						
GOAL	Ensure clients receive consistent, quality, and timely information and access to long-term services and supports.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. AAA will work to improve internal processes to ensure timely and accurate documentation and claiming.	Staff Training Technology	Review of processes and procedures Analysis of tracking data	Pay point entry	Timeframes shortened	# days from referral to service plan approval	ADRC	ADRC timelines for FFY24 are averaging 34 days from the date of referral to the date a service plan is submitted. Additionally, average for FTF to SP development for the last year= 4.8 days The main factors preventing timeliness appear to be a combination of Indiana's low unemployment rate making recruiting qualified staff difficult and the increasing aging population leading to more referrals. The Statewide waiver waitlist has also limited our ability to complete service plans since April 2024, hindering our overall average for the year. 4/7/2025: Timeline from referral (ADRC to put on WL) to development of SP has increased rather than decrease due to Statewide WL and invitation process. All individuals invited off the WL are contacted within the 10 day State requirement.
2. Provide a high level of visibility of the ADRC to ensure that individuals needing long-term services and supports are aware of how to access the network.	Staff Outreach Partnerships Technology	Marketing/ Outreach plan that connects to underserved and hard-to-reach populations and educates local providers Develop MOU's with key referral sources to simplify referrals between agencies, including warm transfers and three-way calling.	Outreach activities MOU's Number of database resources, and resource gaps. Contacts	Greater community awareness Increase in number of ADRC contacts	# of ADRC contacts # of successful referrals	ADRC Marketing	Thrive Alliance maintains good working relationships with local hospitals, physical offices, and home care providers, which accounts for 48% of all referrals made to the ADRC. Friends and family account for 24% and Self Referred individuals account for 7% of referrals made to the ADRC. Thrive Alliance also increased our outreach efforts to provide community resources and information related to SHIP and SMP. 4/7/2025: 40% - in-home, physician, and hospital, 27% family/ friends, 16% self-referred.
3. ADRC will continue to be known as the trusted source of information for long-term care services and supports.	Staff Training Outreach Partnerships	Train staff to ensure ability to serve all callers regardless of need Increase community networks and partnership opportunities Keep database resources current and available to public	Outreach activities MOU's Number of database resources, and resource gaps. Contacts	Greater community awareness Increase in number of ADRC contacts Feedback will report Thrive Alliance as trusted source of information	# of contacts Feedback survey responses	ADRC Quality Assurance	4/7/25: ADRC QA Survey results for FY24: 100% felt ARDC listened to them 99% felt the ADRC staff focused on their personal goals 100% felt they now understood their options new 98% felt respected by ADRC staff 98% would recommend ADRC Contacts for FFY increased to a total of 6,163 In order to maintain a high level service, all staff members are receiving staff professional development trainings. New ADRC staff members have received SHIP training. ADRC and CM staff have also completed dementia trainings and other trainings that are related to client issues. ADRC staff have also take over the SMP program and are offering educational programs such as, "Are Your Smarter than a Scammer," and other similar programs. Contacts have continued to increase into the ADRC over the past two years. SFY24- 6,987 contacts
External Factors	1. Other agencies wanting to be point of contact 2. 2-1-1						
Priority Area #2	**Dementia Care and/or Caregiver Support (455 IAC 1-10-5)**						
GOAL	Support caregivers' ability to provide ongoing informal supports.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. Increase the number of Caregivers of Older Adults receiving Title III-E Respite, Counseling, Training, and/or Support Groups. 2. Provide education and resources to caregivers to eliminate barriers in caregiving.	1. Staff time Agency computers Community Partners 2. Staff time, Agency computers, Facility conference room	Caregiver Support Groups 2. Powerful Tools for Caregiver training sessions	# of unique people who receive services 2. Y 2023 = 24 Y 2024 = 16	Caregiver stress is reduced. 2.Through education and support from staff and participant caregivers will gain knowledge, understanding, and self-care to manage caregiving role better. Caregivers provide care for	Pre and Post caregiver stress levels Length of time informal 2. Caregivers knowledge of barriers increased ways to cope and confidence increase. Enjoyed course	Family Caregiver Program Coordinator. Wellness and Education Coordinator supervises PTC program	Support groups were ended Jan. 2023 as we went 6 months with no attendance. This seems to be a common trend post-Covid. We have found success in working to reduce caregiver stress through 1:1 interactions with a Dementia Care Coach and evidence-based protocols. 2. Powerful Tools for Caregivers Program began 10/2023 this 6 week course to help caregivers manage their own care is on-going. Strive to complete at least 2 classes each year in virtual or in-person sessions. CY 2023 = 24 CY 2024 = 16 The Cost of Caregiving was presented 3 times in the Fall of 2024. In the Fall of 2025 5 caregiving workshops are scheduled.

Support Group services in the PSA.		Explore internet- based solutions including TCARE.	# of Respite, Counseling, Training, and/or Support Groups offered	an increased length of time.	caregivers care for the individual at home		4/7/25: Thrive Alliance was using TRULATA; a caregiver platform, but found that people we not using it. Now, Thrive Alliance is relying on evidence based caregiver programs such as Powerful Tools for Caregivers and using our Dementia Coach with the Aging Brain Care program.
2. Implement the Caregiver Assessment in CaMSS for non-Title III-E informal caregivers.	Staff time Agency Computers	Staff training Caregiver Assessments	100% of caregivers of persons receiving services receive Caregiver Assessment in CaMSS	Caregivers at risk of burnout are identified and connected to supports.	# of completed Caregiver Assessments	ADRC Program Director AIHS Program Manager	Caregiver Assessments Completed by Federal Fiscal Year FFY 21: 7 FFY 22: 858 FFY 23: 951 SFY24: 513 SFY25, YTD: 224* note that this number will be lower due to no longer providing care management for Aged & Disabled Waiver recipients over the age of 60
External Factors	CaMSS support						4/7/2025- Currently at 88% for offering the assessment and 37% of

E1. Thrive Alliance will actively help communities develop new and expand existing shared resources that help seniors, individuals with disabilities, and low-income families maximize their health, wellness, and quality of life.

Priority Area #2	**Dementia Care and/or Caregiver Support (455 IAC 1-10-5)**						
GOAL	Enhance, strengthen, and expand the existing dementia-capable system to maximize the ability of people with ADRD to remain independent in the community.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. Provide dementia-capable HCBS to individuals with ADRD living alone or aging with intellectual and developmental disabilities	Funding Staff Training Partners Outreach Education Volunteers	Conduct fundraisers and grant applications. Attend and conduct dementia trainings.	Raise $120,000 1500 assessments. 3 trainings	Targeted services to persons living alone with ADRD.	Decrease in medications. Decrease in falls Decrease in depression and anxiety.	Care Management Deputy Director Outreach Manager	04/01/25 - Thrive Alliance has continued to provide support to caregivers of people living with Dementia. In FY24, the ADPI program changed to the ABC program. This has allowed is to continue to provide support so that people living with dementia can remain in home and community-based settings.
			.	Greater community awareness about HCBS services.	Increase in functionality and independence.		Provided 6 Music and Memory devices throughout the region. .We have also completed additional Dementia Friends Indiana: 6 trainings Dementia Friendly Business: 6 trainings. 12 Virtual Dementia Tours were conducted to providers delivering Dementia Care Services and 5 tours to the community at large. 438 individuals went through the Virtual Dementia Tour. Thrive Alliance has hired a Dementia Outreach person to assist in identifying gaps in HCBS services and educating the community/private sector on dementia issues. Involvement continues with the Rural and Dementia Network Program out of IU, DSP with State of Indiana, and The Dementia Awareness Alliance. Jackson County is currently engaging in forming a Dementia Friendly Community Advisory Board. The Dementia Friendly Advisory Committee is also working on a booklet named "Road Map for Carepartners of People Living with Dementia." Planned for June, 2025 is a monthly Memory Cafe at Fairlawn Church.

2. Provide dementia-capable training to family caregivers and HCBS direct care workers.	Funding Caregivers Partners Staff Volunteers Caregiver Stress Bundle	Caregiver Support Groups Trainings Outreach Meetings with Caregivers	180 Caregiver Support Group Referrals. 5 trainings to direct care workers	Target services toward individuals with dementia and informal caregivers.	Reduced caregiver stress. Increased competence in dementia care by direct care workers.	Care Management In-home Support Managers. Outreach	4/7/25-The Aging Brain Care model has now been approved to be a funded service through Title IIIE program. Thrive Alliance is currently serving 32 clients through the program.
3. Ensure delivery and sustainability of high quality and expanded dementia- capable HCBS services.	Quality assurance system Staff Funding Partners	Implement a quality assurance system specific for dementia-capable services.	3 Quality Assurance and Performance Improvement Projects	New and approved services for individuals aging with ADRD	Expanded dementia capable system.	Quality Assurance Human Resources	4/7/25-Thrive Alliance has 1 Dementia Care Coach in the Aging Brain Care Program and the program is continuing to open up eligibility criteria to reach more of the popluation. Thrive Alliance has been able to offer Music and Memory to 6 individuals and 2 local libraries in our counties. Dementia Care Coach has been trained in Dementia Friends and has completed trainings in the community.
External Factors	IU grant funding CaMSS support Vendors seeking staff training opportunities						

E3. Priority will be given to serving people who are most at-risk of losing their independence, and in locations most lacking in shared community resources.

Priority Area #3	**Protecting Elder Rights and Preventing Abuse, Neglect, and Exploitation**						
GOAL	Protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Hoosiers.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. AAA will facilitate awareness of and involvement in addressing the needs of residents in long- term care settings.	Staff Partners Funding Technology Local Ombudsman	Partner with Long-Term Care Ombudsman to address resident needs Public awareness presentation or marketing campaign regarding Rights and Responsibilities of those in long term care settings	Regular visits and/or presentations at long-term care facilities (virtual or in person) Data collections from Ombudsman regarding # of cases and type of need Community education sessions regarding residents' Rights and Responsibilities	Increased knowledge of public regarding long- term care settings and supports Empowerment of residents in facilities	# of presentations Increase in satisfaction from those working with ombudsman *Long-Term Community Indicators Not Directly Addressed by this Program:* *Increase in successful mediation for requests for assistance*	Marketing/ Outreach Management Team	Thrive Alliance subgrants Title III funding to Indiana Legal Services for Ombudsman services. Thrive Alliance assists with education regarding Ombudsman services by passing out brochures to new clients and at by distribution at local health fairs. 4 Public Outreach Events completed 1 Internal presentation # LTC Ombudsman brochures given out duing Waiver Intake assessments -FY23 480 -FY24 780 -FY25 513 (ytd)
2. AAA will facilitate coordination of legal assistance services and Adult Protective Services.	Staff Partners Technology Meeting locations Marketing	Community education sessions regarding availability of services and/or APS Co-Host "walk-in clinic" sessions where people can ask questions to legal or APS staff without formal	Presentations or webinars "Clinic sessions" ongoing Educational material distribution	People attending education sessions report improved understanding of services Increased Information sharing	# of educational sessions Community survey reports improvement in awareness # of clinic sessions	Human Resources Adult Guardianship Coordinators AIHS Manager	4/7/25: 1. Internal Session to train Options Counselors and Care Management staff was completed in FY24. In 2024, AIHS internal staff attended a training on legal assistance services 2. Community Survey of Older Adults will be completed in FY24 to measure changes in community awareness. The CASOA report was completed in 2024 and results have been recorded and shared out in new area plan.

3. Educate public on topics of elder abuse, neglect, and exploitation	Staff Partners Technology Meeting locations Marketing	Community education sessions regarding various topics of abuse, neglect, or exploitation Partner with and educate key community stakeholders such as law enforcement, bank personnel, and others Participate in WEAAD activities Participate in SMP activities	Presentations or webinars Educational material distribution	Community reports increased knowledge of types of abuse, neglect, and exploitation and steps of prevention Decrease in victimization Reports of increased empowerment due to knowing how and when to report possible a/n/e	Outreach and educational events Community surveys *Long-Term Community Indicators Not Directly Addressed by this Program:* *Increased reporting of a/n/e*	Outreach Program Manager Adult Guardianship Coordinators Local SMP Coordinator AIHS Program Manager	4/7/25: SMP outreach is conducted through social media posting, public presentations, and distribution of educational pamphlets and materials. FY24 our SMP outreach has increased since FY23. The 2025 Age My Way Seminar is scheduled May 30, 2025 Partners include: Bartholomew County Financial Literacy Coalition, Purdue Extension, Bartholomew County Purdue Extension Office, Just Friends, Millrace Center, WWA Financial Planning, Voelz/Reed/Mount Law, Bartholomew County Public Library and Findley Law. The continued series "Are you Smarter than a Scammer" continues within the community at places such as low income senior housing, assisted living facilities, etc.
External Factors	APS staff						
Priority Area #4	**Transportation**						
GOAL	Improve mobility outcomes for seniors and people with disabilities to reduce social isolation and ensure they have access to jobs, medical care, and basic needs including healthy food.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. Identify how seniors are using transportation now	Staff time Computers and software	Conduct CASOA survey Voice of the Customer interviews	50 interviews	Detailed data on client transportation use patterns	Purpose of trip Beginning and ending locations (mapped) Time of day and week Frequency of transportation need	Outreach Program Manager ADRC Program Manager Quality Assurance Coordinator	4/7/25: According to the new CASOA report in 2024, 59% of CASOA respondents found transportation in their community Excellent or Good, this is below the national benchmark comparison, and residents reported a higher need for transportation compared to the national benchmark. Access Brown County reports that most riders consistently use public transit to get to work (53%) and medical appointments (16%). 24% have disabilities, and 40% are seniors.
2. Identify what is currently working well, as well as the gaps in mobility services that are barriers to accessing jobs, basic needs, or addressing social isolation.	Staff time Agency computers	Voice of the Customer interviews	50 interviews	Detailed data on current gaps in desired transportation services	For Transportation Needs Not Currently Being Met: Purpose of trip Beginning and ending locations (mapped) Time of day and week Frequency of transportation need	Leadership Team Outreach Program Manager ADRC Program Manager Quality Assurance Coordinator	4/7/25: No changes to this progress/completion report. Geographic coverage and limited hours of service are by far the two largest gaps. Only our 2 largest cities have city public transit, and rural areas in each county are unserved except for our smallest rural county, has county-wide public transit. Private transit (cab, Lyft, etc.) are largely non-existant.
3. Inventory the transportation options available to seniors and people with disabilities in our service area.	Staff time Agency computers VisionLink software Indiana 2-1-1	A. Create inventory of local senior transit resources: >Public transit >Private for-profit transit (taxi, Uber/Lyft, etc.) >Formal and informal private volunteer transit >Faith-based resources >Veteran-focused resources >Other designated population resources B. Investigate making VisionLink available for public search	Centralized and publicly-accessible database of transportation resources and sponsors	Complete database of transportation resources and sponsors, including capacity and usage data	Complete profile of each resource, including hours of operation, geographic service area, ability to accommodate wheelchairs or other personal mobility devices, cost, etc.	ADRC Program Manager	Several health- and population-specific services exist, but require separate applications for assistance. (Source: Indiana 211). A manual inventory of private sources of transportation was outside the scope of available resources during the past year.

4. Inventory community and technology options that could be used instead of transporting the client (i.e., prescription delivery, telemedicine, etc.)	Staff time Agency computers Internet access Indiana 2-1-1 n4a initiatives and resources	A. Compile transportation needs into affinity groupings B. Research innovative non- transportation approaches to meet each need C. Map innovative approaches to needs D. Physically map	Centralized database of non-transportation resources that can substitute for client transportation Visual model of transportation substitute resources	Gaps in current client transportation needs are filled Care Managers report fewer instances of "no resources" to meet client needs	Increase in "transportation substitute" use Reduction in client transportation gaps	ADRC Program Manager AIHS Program Managers Leadership Team	This objective has not been addressed further due to resource limitations.
5. Research innovative transportation solutions for filling the transportation needs of seniors and people with disabilities, keeping person-centered thinking principles in mind.	Staff time Agency computers n4a NADTC, engaged, and other resources	A. Research innovative transportation programs and approaches that could be viable in our service area. B. Compare each approach to the transportation needs previously identified, to determine strongest possible solutions. C. Map innovative approaches to needs to determine geographic impact.	Centralized database of innovative transportation options Visual model of transportation needs and options Transportatio n Decision Tree	Transportation and alternative resources in the community are more widely known and used more often to reduce transportation needs	# people using transportation or alternative resources for the first time increases # of reported gaps in transportation decreases	Leadership Team ADRC Program Manager	This objective has not been addressed further due to resource limitations.
6. Communicate findings to local transportation providers and coalitions	Staff time Written reports	Presentations	People attending presentations	Local transit providers use information to improve senior transportation	# people using transportation or alternative resources for the first time increases # of reported gaps in transportation decreases	Leadership Team	Not yet started.
External Factors	N4a Transportation Center resources/staff time Strength of existing community transportation options INDOT funding						

E3. Priority will be given to serving people who are most at-risk of losing their independence, and in locations most lacking in shared community resources.

Priority Area #5	**Equity**						
GOAL	Achieve service delivery parity, as a step towards health outcome equity, for currently underserved populations in the TA service area.						
Objectives	**Inputs**	**Activities**	**Outputs**	**Outcomes**	**Measurement Indicators**	**Staff Responsible**	**Progress & Completion**
1. Compare and contrast TA's client base with the general population metrics	Staff time Agency computers and software Internet access	Document a complete demographic profile of TA clients, by program or service received Document demographic profile of general population in TA service area Identify underserved populations.	TA client demographic breakdown by program or service	Chart of TA Client demographics vs. general population demographics Updated client service goals for all TA programs and services	# and % of people served by demographic category # of additional people needed to be served in underserved demographic categories to reach parity	Executive Director Human Resources	Staff and client data continue to lag behind that of the general population. Targeted outreach to underserved populations is underway to correct this.
2. Identify general population health disparities based on demographic and SDOH differences (race, ethnicity, geography, other factors).	Staff time Agency computers and software Internet access	Research health disparities through n4a, Robert Wood Johnson Foundation, Kaiser Health, etc. Cross reference health conditions with SDOH factors. Apply general population health disparities to TA client base	Models linking health issues and disparities to SDOH Priority focus areas for agency	Improved health outcomes for people served	# of clients identified to receive health or SDOH screenings # of new agency services addressing health disparities	Executive Director Healthcare Integration Coordinator TA Service Innovation Manager	Leadership staff are engaged with Prosperity Indiana, IU Health, Managed Care Organizations, and other statewide advocacy groups to gain a better understanding of health disparities and successful programs to address them. Conversations were held with the Executive Director of Su Casa. Housing rose to the top as one of the greatest needs. However, many families in this area are considered undocumented, which complicates the means of obtaining safe and affordable housing.

3. Implement targeted outreach to increase the number of people being served in currently underserved groups.	Staff time Minimal funding	Develop and implement targeted outreach plan for each underserved population identified	MOU/workin g relationships with community agencies Contacts with potential clients	Increased client referrals Increased calls to ADRC	# and % of people served by demographic category # of additional people needed to be served in underserved demographic categories to reach parity	Outreach Program Manager	Ongoing outreach continues with: Columbus PRIDE festival information booth. Information sharing with our local NAACP Information sharing with Su Casa, a local not-for-profit organization serving Spanish speaking families. Senior low-income apartment has been targeted to receive community resources. As part of Dementia Friends Indiana, we are working to increase the number of volunteers to include the LatinX population
External Factors	Healthy People 2030 resources CDC—Racism and Health, and Social Determinants of Health resources Indiana Minority Health Coalition - growth of resources, research, etc.						

EXEMPT SERVICES WAIVER FORM

(Title III-B; Title III-E; Ombudsman; SSBG; CHOICE)

The Older Americans Act permits AAAs to perform some services directly without receiving a waiver from the State Unit on Aging. Those are Ombudsman, Care Management, Information and Assistance, and Outreach services. For monitoring and information purposes, this form must be completed for those services the AAA wishes to provide directly. Waiver to provide all other services directly must be requested using the *Application for Waiver for Direct Provision of Service*.

AAA Name: Thrive Alliance

1. **Funding Source and Service to be Provided:**

☒ Care Management
- ☒ Title III-B
- ☒ Title III-E
- ☐ SSBG
- ☒ CHOICE

☒ Outreach
- ☒ Title III-B
- ☐ CHOICE

☐ Ombudsman
- ☐ Title III-B
- ☐ Title VII
- ☐ OMB Assisted Living
- ☐ OMB EA

☒ Information and Assistance
- ☒ Title III-B
- ☒ Title III-E
- ☒ SSBG
- ☐ CHOICE

APPLICATION FOR WAIVER FOR DIRECT PROVISION OF SERVICE

(Title III-B, C, D, and E; SSBG; CHOICE)

AAA Name: Thrive Alliance

Date Submitted: 3/17/2025

The Area Agency on Aging requests approval of the Division of Aging for the direct provision of:
Title IIID Evidence-Based Programming
For funding source (check all that apply):

☐ Title III-B ☐ Title III-C1 ☐ Title III-C2 ☒Title III-D ☐Title III-E ☐ SSBG ☐CHOICE

By setting forth its justification for use of the funds and staff below and by describing the activities through which it has tried to recruit and develop other providers of this service. **A separate application for waiver is included for each service that the AAA or other agency with the same board of directors as the AAA wishes to provide. This form must be completed in full.**

Justification for the use of funds and staff to provide the service (check all that apply):
☐ Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
☐ Such service(s) are directly related to area agency on aging administrative functions; or
☐ The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.

Additional information or program description, if necessary:
Currently, evidence-health based program for older adults are very limited in the Thrive Alliance PSA. Currently, we have no programs in Brown or Jennings Counties. Thrive Alliance has implemented Bingocize which is currently serving Jackson, Bartholomew, and Decatur counties. Thrive Alliance also continues to provide Powerful Tools for Caregivers.

Position/Title of AAA staff to be involved:	Full Time	Part Time	% of time on administration of service
BIngocize facilitator	☐	☐	50
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.

List the names and addresses of providers who could provide this service to persons in the PSA. Do not limit your list to present providers or to those providers physically located in the PSA. Attach additional pages if you need more space.
Columbus Regional Health, 2400 17th Street, Columbus, IN 47201 MillRace Center, 900 Lindsey St, Columbus, IN 47201
Purdue Extension Offices
Brown County YMCA, 105 Willow St, Nashville, IN 47448
Decatur County Family YMCA Inc., 1301 W Kathy's Way, Greensburg, IN 47240
Decatur County Memorial Hospital, 720 N Lincoln St, Greensburg, IN 47240
Schneck Medical Center, 411 W Tipton St, Seymour, IN 47274
St. Vincent Jennings Hospital, 301 Henry St, North Vernon, IN 47265

Bartholomew Public Library Brown County Public Library Seymour Public Library Jennings County Public Library
Describe past activities aimed at recruiting or encouraging the development of other provider(s) of this service. Attach additional pages if you need more space. In the past, Thrive Alliance has collaborated programming with YMCAs, senior and community centers, senior nutrition sites, and assisted living facilities.
Describe proposed activities for the period covered by this plan aimed at recruiting or encouraging the development of other provider(s) of this service. Thrive Alliance plans to collaborate with local community-based organizations to train and implement more evidence based programs. Thrive Alliance is exploring the potential to do a Certified Aging in Place program (CAPs). Thrive Alliance also has two individuals on staff who are currently doing Bingocize in the community on an ongoing basis.
Attach proof of advertising aimed at recruiting alternative provider(s) of this service.
DA Management Approver and approval date: Click here to enter text. Approved for the period of: Click here to enter text.

APPLICATION FOR WAIVER FOR DIRECT PROVISION OF SERVICE

(Title III-B, C, D, and E; SSBG; CHOICE)

AAA Name: Thrive Alliance

Date Submitted: 4/30/2025

The Area Agency on Aging requests approval of the Division of Aging for the direct provision of:
Care Management
For funding source (check all that apply):

☐ Title III-B ☐ Title III-C1 ☐ Title III-C2 ☐Title III-D ☒Title III-E ☐ SSBG ☐CHOICE

By setting forth its justification for use of the funds and staff below and by describing the activities through which it has tried to recruit and develop other providers of this service. **A separate application for waiver is included for each service that the AAA or other agency with the same board of directors as the AAA wishes to provide. This form must be completed in full.**

Justification for the use of funds and staff to provide the service (check all that apply):
☒ Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
☒ Such service(s) are directly related to area agency on aging administrative functions; or
☒ The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.

Additional information or program description, if necessary:
Thrive Alliance is pursuing a Direct Service Waiver for Caregiver Public Information and Care Management.

Position/Title of AAA staff to be involved:	Full Time	Part Time	% of time on administration of service
Caregiver Care Management	☐	☒	20%
Caregiver Coordinator	☐	☒	15%
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.

List the names and addresses of providers who could provide this service to persons in the PSA. Do not limit your list to present providers or to those providers physically located in the PSA. Attach additional pages if you need more space.
Thrive Alliance will use the III-E funding for care management services and Public Information. Care managers will coordinate respite and supplemental services for the caregivers of older adults as well as the Aging Brain Care (ABC) Community program. Monthly newsletters are mailed and emailed to caregivers.

Describe past activities aimed at recruiting or encouraging the development of other provider(s) of this service. Attach additional pages if you need more space.
Thrive Alliance posts an RFP every 2 years for Older Americans Act funding.

Thrive Alliance continuously works to build partnerships with community agencies. Currently, OAA

funding is subgranted to our local Adult Day Service provider who provides a monthly support group for caregivers.
Describe proposed activities for the period covered by this plan aimed at recruiting or encouraging the development of other provider(s) of this service. Thrive Alliance will continue to work on building partnerships with agencies.
Attach proof of advertising aimed at recruiting alternative provider(s) of this service.
DA Management Approver and approval date: Click here to enter text. Approved for the period of: Click here to enter text.

Application for Waiver of Required Days of Operation for Home Delivered Nutrition Services (Title III-C2)	
Nature of Request: ☐ **New** ☐ **Continuation**	
AAA Name: Click or tap here to enter text.	
Regulation: OAA Sec. 336(1) On 5 or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods and, as appropriate, supplemental foods, and any additional meals that the recipient of a grant or contract under this subpart may elect to provide.	
Please complete the following information for consideration:	
1.	**Name of Route:** Click or tap here to enter text.
2.	**Daily Number of Participants**: Click or tap here to enter text.
3.	**Current Days and Hours of Route:** Click or tap here to enter text.
4.	**Proposed Frequency**: Click or tap here to enter text.
5.	**Reasoning for request of a lesser frequency:**Click or tap here to enter text.
6.	**If this is a continuation request; please provide your agency's plan to increase frequency to 5 days a week per the Older Americans Act:** Click or tap here to enter text.

*Note: a separate waiver is needed for each route.

Application for Waiver for Family Caregiver Support Services

AAA Name: Thrive Alliance
Date Submitted: 04/29/2025

§1321.91(b) requires that there is a plan to provide each of the services listed below in each planning and service area in accordance with a funds distribution plan for single planning and service area States, subject to availability of funds under the Act.

(1) Information to family caregivers about available services via public education;
(2) Assistance to family caregivers in gaining access to the services through:
    (i) Individual information and assistance; or
    (ii) Case management or care coordination.
(3) Individual counseling, organization of support groups, and caregiver training to assist family caregivers in those areas in which they provide support, including health, nutrition, complex medical care, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;
(4) Respite care to enable family caregivers to be temporarily relieved from their caregiving responsibilities; and
(5) Supplemental services, on a limited basis, to complement the care provided by family caregivers.

The Area Agency on Aging requests approval of the Division of Aging to limit Family Caregiver Support Services in the PSA.

Services not provided in the PSA:

☐ Caregiver Public Information
☐ Caregiver Information & Assistance and Caregiver Care Management
☐ Caregiver Counseling, Caregiver Support Groups, Caregiver Training
☐ Respite (In-Home Day, In-Home Overnight, Out-of-Home Day)
☐ Supplemental Services

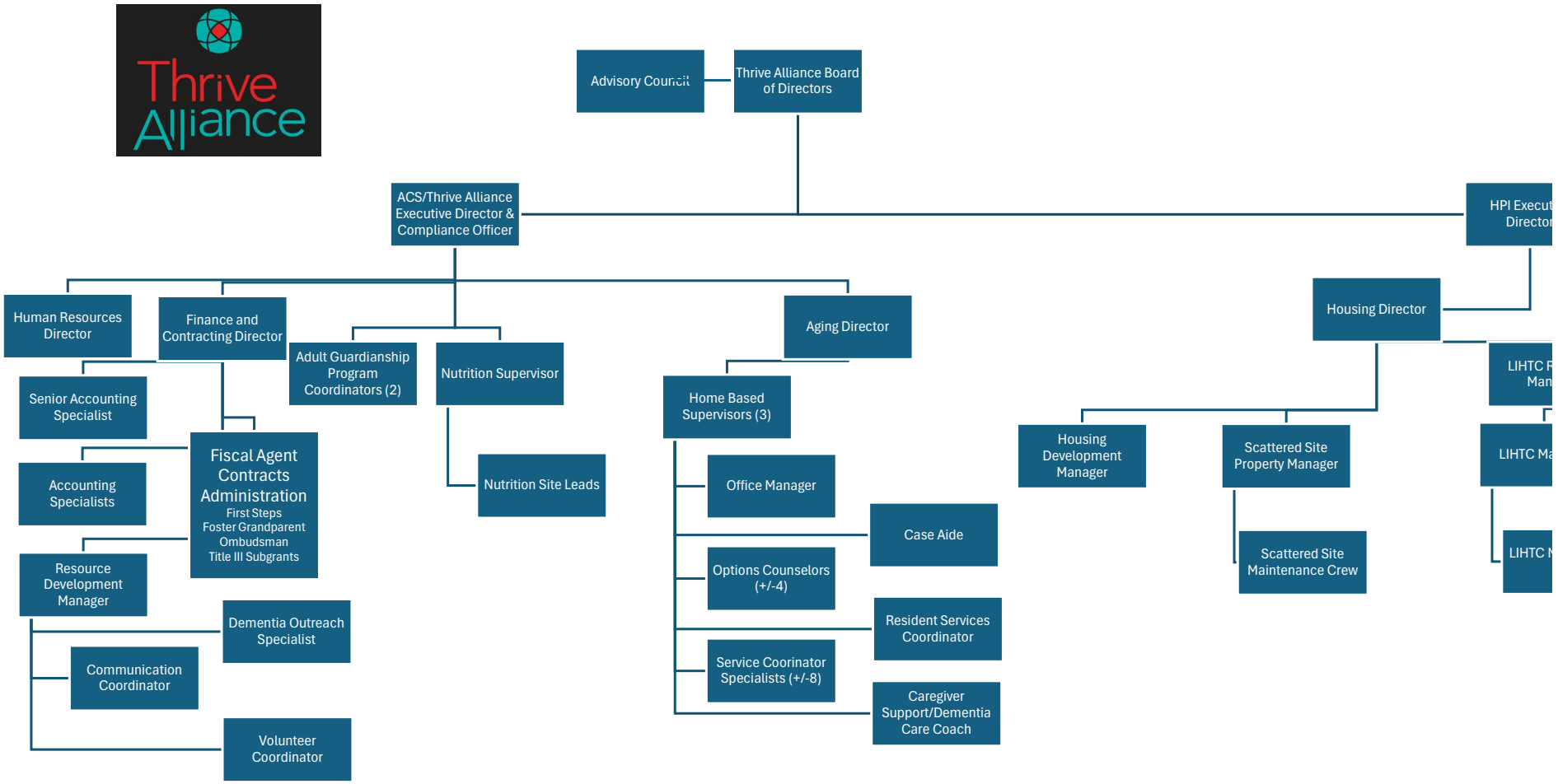
☒ **None of the above- all services are available in the PSA.**

Justification for omission of services: Click or tap here to enter text.

Please describe detailed plan to provide all required services in the PSA: Caregiver Public Information is provided in the forms of a caregiver newsletter, during public presentations and during healthfairs. Caregiver Care Management is provided as needed to individuals who are receiving Respite and/or Supplemental Services. Care

Application for Waiver for Family Caregiver Support Services

Managers are able to monitor an individual's needs and the needs of the caregiver and adjust supports provided in the home. Respite and Supplemental Services such as home delivered meals are offered help provide some relief to the primary caregiver. Services are authorized on an approved service plan. Thrive Alliance has staff members trained to provide caregiver training through the evidence-based program, Powerful Tools for Caregivers. Thrive Alliance strives to offer this course multiple times per year, however, in the last year, we have been unable to obtain the minimum number of participants needed to provide the course. Thrive Alliance will continue to try and offer Powerful Tools for Caregivers at various times of the day in order to find days and times that best meet local need.



Leadership: Lorenz, Johnson, Durnil, Stemm, Scherer

Line of Authority: Executive Director, HPI Executive Director, Finance and Contracting Director, Aging Director, and Human Resources Director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Maintenance
Crew

Attachment B

Congregate Nutrition Site Listing

1. Armoy Apartments, 646 Franklin Street, Columbus, IN 47201, 812-341-6823
2. Willow Manor Apartments, 72 Willow Street, Nashville, IN 47448, 812-720-1061
3. Crothersville Senior Center, 114 East Main Street, Crothersville, IN 47229, 812-793-0095
4. North Vernon Senior Housing, 45 Henry Street, North Vernon, IN 47265, 812-592-7462
5. Crossroads Apartments, 500 S Poplar St, Seymour, IN 47274, 812-366-9956
6. Hukill Flats, 200 E 3rd St, Seymour, IN 47274

COST ALLOCATION PLAN

FOR THE

AGING AND COMMUNITY SERVICES OF SOUTH CENTRAL INDIANA, INC.
dba: THRIVE ALLIANCE

October 1, 2023 – September 30, 2025

Created 3/22/2023
Revised 3/12/2025

PURPOSE

The purpose of this cost allocation plan is to summarize in writing the methods and the procedures that the Aging and Community Services of South Central Indiana, Inc. dba: Thrive Alliance (hereinafter referred to as the "agency") will use to allocate costs to programs, grants, contracts, and agreements during the period October 1, 2023 through September 30, 2025.

BACKGROUND

The agency is a private nonprofit corporation incorporated in Indiana and is a tax-exempt corporation under Internal Revenue Code section 501(c) (3). The agency operates programs to assist elderly persons in Bartholomew, Brown, Decatur, Jackson, and Jennings counties of Indiana. Also, the agency offers First Steps program in twenty-five counties, Bartholomew, Blackford, Brown, Dearborn, Decatur, Delaware, Fayette, Franklin, Hancock, Henry, Jackson, Jay, Jefferson, Jennings, Lawrence, Madison, Monroe, Ohio, Randolph, Ripley, Rush, Shelby, Switzerland, Union and Wayne counties.

Federal grants require that 2 C.F.R 200 & 45 C.F.R Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements) be complied with by the agency. In addition, various state and other grants require compliance with 2 C.F.R. 200 & 45 C.F.R. Part 75.

2 C.F.R. 200 & 45 C.F.R. Part 75 states that "(t)he total cost of an award is the sum of the allowable direct and allocable indirect costs less any applicable credits." Further, costs must be reasonable, necessary and documented.

According to 2 C.F.R. 200 & 45 C.F.R. Part 75, "(a) cost is allocable to a particular cost objective...in accordance with the relative benefits received." 2 C.F.R. 200 & 45 C.F.R. Part 75 further states, "direct costs are those that can be identified specifically with a particular final cost objective. Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective."

Only costs that are allowable in accordance with the cost principles and appropriate contract provisions will be allocated to benefiting programs by the agency.

GENERAL APPROACH

The general approach of the agency in allocating costs to particular grants and contracts is as follows:

A. All allowable direct costs are charged directly to programs, grants, etc. (including general and administrative costs).

B. All allowable joint or shared costs are prorated individually using a base most

appropriate to the particular cost being prorated. (Part I of Cost Allocation Plan).

C. All other allowable general and administrative costs are allocated to programs, grants, etc. using a base most appropriate to the cost being allocated. (Part II of Cost Allocation Plan).

PART I. ALLOCATION OF JOINT COSTS

Joint costs (not including general and administrative costs) are allocated to programs, grants, etc., using a base that is most appropriate to that particular cost. Considerations in determining an appropriate base include the relative benefits, the materiality of the cost, and the amount of time and cost to perform the allocation. Joint costs will be allocated to programs and to the general and administrative cost pool, which will then be allocated in accordance with Part II of this plan.

The following information summarizes the joint cost procedures that will be used by the agency during the period October 1, 2023 through September 30, 2025.

A. COMPENSATION FOR PERSONAL SERVICES - ALLOCATED BASED ON ACTUAL TIME SPENT.

1. The salaries and wages of staff assigned and working full time for a program are allocated to that program.

2. The salaries and wages of staff assigned and working for more than one program are allocated based upon that individual's timesheet time allocation with the supervisor's approval signature.

B. EMPLOYEE BENEFITS

Benefits include FICA, FUTA, Group Insurance, 403-B Match, and Worker's Compensation. These costs are to be allocated in the same manner as salaries and wages.

C. SPACE COSTS

Rent costs are allocated based upon usable square footage. A schedule is maintained that identifies the square footage being used by each individual. The resulting square footage distributions are divided by total square footage to arrive at percentage distributions for each individual. Space costs will be allocated to each program based upon the individual occupying the space.

D. TELEPHONE AND POSTAGE

1. Telephone: All telephone costs are allocated based upon the number of telephones assigned to an individual divided by the total number of telephones within the agency. The resulting telephone distributions are divided by the total number of telephones in use to arrive at percentage distributions for each individual. Telephone costs will be allocated to each program based upon the individuals using the telephones.

2. Postage: All postage costs are allocated based upon actual usage. A postage log will be maintained to record the amount of postage used by each program. At the end of each month, the postage log will be summarized by program and postage costs will be allocated on this basis.

E. CONTRACTS FOR SERVICES

1. Insurance: Cost for insurance will be allocated to benefited programs based upon what is being insured and the method used by the insurance company.

2. Professional Service Contracts: Each time consultants or contractors (including attorneys and auditors) are hired, it will be determined which programs are benefiting and the most reasonable method to assign the cost if more than one program receives benefits. A memo indicating the actual calculation will be included with the documentation supporting the payment of the consultant and contract services invoice.

3. All other contract for service costs will be allocated to agency programs and cost centers using an appropriate base for the cost. Supporting documentation identifying the method of calculation will be included with the invoice.

F. MATERIALS AND SUPPLIES

Materials and supplies will be allocated in two ways:

1. Supplies ordered for a specific program will be allocated to that program.

2. Common use office supplies will be stored in specified locations and made available to all agency employees. Supplies will be allocated to each program based upon a supply requisition log which will indicate the supply requisitioned, the quantity, and the program(s) which will benefit from the supply being requisitioned.

G. TRAVEL AND TRANSPORTATION

Allocated based on purpose of travel. All travel costs are charged directly to the program for which travel was incurred.

H. CAPITAL EXPENDITURES

Capital Expenditures are equipment that is purchased in the amount greater than five thousand dollars ($5,000.) Capital Expenditures are allocated according to the direct program(s), which it is utilized. After appropriate written funding source approval, equipment will be purchased in accordance with agency bidding and other purchasing requirements. The cost will then be allocated to the program ordering and using the equipment. When depreciation is recognized, it is recognized by the standards of the 2 C.F.R. 200 & 45 C.F.R Part 75. If more than one program uses the equipment then an allocation of the depreciation of the purchase cost will be based upon the usage of the particular equipment, unless all funding sources approve charging a share of the purchase cost to their grant.

PART II. ALLOCATION OF GENERAL AND ADMINISTRATIVE EXPENSES

The methodology for the allocation of general and administrative costs is the relative percentage of direct service labor hours within each program as compared to the agency as a whole. All general and administrative costs incurred by the agency are accumulated in a group of expense accounts maintained in an indirect cost pool.

The following positions are included in general and administrative costs:

Executive Director	Finance Director
Community Relations Manager	Communications Coordinator
Senior Staff Accountant	Human Resource Director
Compliance Coordinator	Office Coordinator
Accounting Specialist	Volunteer Coordinator

The procedures for allocating general and administrative expenses are as follows:

A. Actual direct service labor hours within each program is the basis of allocating general and administrative expenses to each program.

B. The costs associated with each general and administrative employee that cannot be charged directly to a specific program are routed to an indirect cost pool. From that pool, the relative percentage for each program is applied to the actual costs being

pooled.

Note that both the First Step Program and the Foster Grandparent Program are not allocated general and administrative expenses as both of those contracts have provisions for an indirect administrative fee.

Emergency Preparedness Plan

Thrive Alliance serves the Counties of Bartholomew, Brown, Decatur, Jackson and Jennings, providing Care Management, ADRC, and Nutrition services.

Disasters in these areas that could disrupt services include severe winter weather, flooding, and tornados. In the event of a disaster, Thrive Alliance will follow their Emergency Plan to continue to assist all persons served, and the general community, with these plans:

- Business Continuity – When unable to report to an office environment, staff will work remotely to access web-based client documentation and care plans. This includes all contact information for each client, their approved services, and responsible care giver contact. Non-service staff will remote into necessary programs to maintain administrative services.
- Client Assistance – Each client is provided with contact information for their assigned Case Manager and at least 2 back-up contacts.
- IT – Agency IT is managed by a consulting firm. They are responsible to the agency to maintain safe and secure access to all systems and to support the integrity of the system.
- Safety and security of staff – Thrive Alliance maintains emergency, and evacuation plans for each site and conducts drills to ensure staff safety in the event of a weather-related or building/area emergency.
- Each Department Manager will act as the contact point for their staff. The Executive Director will act as the main agency contact with the Deputy Director acting as his back-up.

Thrive Alliance regularly and thoroughly reviews their Emergency Preparedness plan for accuracy and reliability.

<u>In Case of Fire or Emergency Building Evacuation</u>

Alarms will sound throughout the building
in a continuous tone.
Go to nearest office exit then to nearest
Outside exit by following the EXIT signs from the
building. The Thrive Alliance meeting place is the
Far corner of the parking lot near Advantage HVAC

<u>In Case of Severe Weather</u>:

Alarms will sound throughout the building or management staff will announce.
Move immediately to the designated safe area.
DO NOT return to your office area until an all clear is announced.

Emergency and Disaster Contingency Plan

Policy:

Thrive Alliance ("Thrive Alliance") will establish and implement an emergency and disaster contingency plan to ensure continued successful agency operation and client care in the event of "emergencies," whether caused by a person(s) or occurring naturally. Thrive Alliance will establish and implement plans to access electronic Protected Health Information ("ePHI") while in emergency operation mode.

Purpose:

To have the necessary tools and information readily available to immediately respond to an emergency. To ensure Workforce Members are adequately educated on specific steps required to protect and restore business operations, ensure the safety of Workforce Members and clients, and protect Data Resources in the event of emergencies.

Definitions:

OneDrive: Each employee has a company provided OneDrive account to be used for their work files. This ensures that files on their device is automatically stored securely in the cloud. This prevents data loss or inaccessibility in the case of a disaster.

SharePoint: The company SharePoint is used to store company files securely in the cloud that can be shared to all or some employees based on project or department. This prevents data loss or inaccessibility in the case of a disaster.

Workforce Member: Any paid or unpaid individual performing work or acting on behalf of Thrive Alliance, such as an employee, intern, volunteer, temporary, or contracted worker.

Application and Data Criticality: The process of assigning levels of importance to applications and data related to the success and processes of Thrive Alliance's day-to-day workflow and operations.

Data Backup Plan: The process and procedures involved in making copies of data (such as files, programs, software, passwords) and storing them in a secondary location to protect against data loss.

Emergency and Disaster Recovery Plan: The policy and procedure designed to assist in executing recovery processes in response to a disaster to protect Thrive Alliance's IT infrastructure and promote recovery.

Emergency Mode Operation Plan: The process and procedures to take reasonable steps to ensure the continuation of critical business processes, while permitting necessary access to and use of ePHI, during and immediately following an emergency.

Data Resources: Includes all data, systems, and equipment comprising Thrive Alliance's Information Technology (IT) infrastructure. This includes computer systems or sets of components for collecting, creating, storing, processing, and distributing information, typically including hardware and software, system users, and the data itself.

ePHI: Electronic Protected Health Information ("ePHI") refers to any electronically stored or

transmitted identifiable information in the context of healthcare such as demographic and other information relating to the past, present, or future physical or mental health, condition of an individual, genetic information, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse. Examples include diagnoses, treatment information, medical test results, and prescription information.
Information Systems ("IS"): Computer systems or sets of components for collecting, creating, storing, processing, and distributing information, typically including hardware and software, system users, and the data itself.

Procedure:

1. Application and Data Criticality Analysis.

    a. Thrive Alliance Leadership Team will assess the relative Application and Data Criticality for purposes of developing the Data Backup Plan, Emergency and Disaster and Contingency Plan, Emergency and Disaster Recovery Plan, and Emergency Mode Operation Plan.

    b. Thrive Alliance's Leadership Team shall conduct an annual assessment of Application and Data Criticality in conjunction with the Security Officer's ("SO") or designee risk analysis to ensure that appropriate procedures are in place for data and applications at each level of risk.

2. Data Backup Plan.

    a. Thrive Alliance maintains a Data Backup Plan that identifies a process for creating, maintaining, and retrieving backups of all necessary ePHI, including ePHI housed by third party vendors. All files, records, images, voice, or video files that may contain ePHI must be included.

    b. The Data Backup Plan must require that all media used for backing up ePHI be stored in a secure cloud environment, such as a secure offsite storage facility or, if backup media remains on site, in a physically secure location, different from the location of the computer systems it backed up.

    c. A Business Associate Agreement must be in place with the vendor(s) for any offsite storage facility or backup service that is utilized to ensure appropriate safeguards are in place.

    d. Data backup procedures outlined in the Data Backup Plan must be tested annually to ensure that backups of ePHI are retrievable and accessible.

    e. Disaster Recovery Targets.

        i. As outlined in the Data Backup policy, Thrive Alliance has defined Recovery Time Objectives ("RTO") and Recovery Point Objectives ("RPO") plans that match the needs of the business and the Clients it serves.

        ii. **RPO:** The maximal targeted period in which data can be lost is one (1) day to support the needs of the business in the event of a disaster. Efforts should be

made to ensure less data loss is supported where feasible. This target should be revisited on a regular basis as the business requires.

iii. **RTO**: The maximal amount of time to restore service levels to pre-incident levels should be no greater than one (1) business day to support the needs of the business and its clients in the event of an incident or disaster. This target should be revisited on a regular basis as the business requires.

3. An Emergency Operation Mode Plan shall be created to ensure critical ePHI data can be accessed in the event of a disaster while the Disaster Recovery Plan is in effect.

4. Cloud data backups will be stored in a secure off-site facility.

5. Reporting of a Disaster or Security Incident. If an event occurs which has material impact to the course of running the business, to the privacy of members, or risks the privacy of partner data as determined by the CEO, SO or designee, or the Incident Commander, an incident must be declared. Clients and vendors should be notified when an incident has occurred, based on the Service Level Agreement ("SLA") and notification requirements of that Client. If a member of Thrive Alliance's Workforce is alerted to or discovers a potential Security Incident, the following steps must be taken:

   a. Report the potential Security Incident to Thrive Alliance's Managed Service Provider ("MSP") and Thrive Alliance leadership via an email marked urgent with all of the applicable information required to initiate a Security Incident investigation as soon as possible, but within twelve (12) hours of discovery of the potential Incident.

      i. The following information is the minimum information that must be included in the email:

         1. Date and time the security event was discovered

         2. Method of discovery

         3. Any actions taken by reporting individual upon discovery

         4. Summary of the security event, including IS and users impacted

6. If the MSP does not respond to such email within an additional two (2) hour timeframe after the email has been sent, the reporting individual must escalate the Incident by calling Thrive Alliance's SO.

7. On receipt of a report of a Security Incident or event, Thrive Alliance's responding individual must begin documenting all applicable information as well as perform an initial evaluation of the threat while treating the event as discovered with no repercussion. Incident investigation must be initiated within twenty-four (24) hours of the discovery of a potential Security Incident.

8. Based on findings during the initial investigation, the responding individual may determine whether to complete and close the Incident investigation due to no actual Security Incident occurring or that the threat is deemed credible, and a meeting of Thrive Alliance's leadership team is required to further escalate and manage the Incident.

9. The MSP will evaluate the threat in more detail and determine the root cause of the potential Incident, documenting all actions, risks, mitigations, etc. taken. At this time, the MSP must also determine whether to notify Thrive Alliance's leadership team of the Security Incident.

10. Thrive Alliance's leadership shall make the final determination as to whether law enforcement and additional regulatory bodies must be notified of the Security Incident. This determination should be made in consideration of certain information regarding the Incident (e.g., type of Incident, cause of Incident, cost of Incident, business impact of Incident, data compromised, accounts compromised, etc.). If any outside entities are impacted, Thrive Alliance's leadership team must be immediately notified of the situation and determine how to handle the notification outside of Thrive Alliance.

    a. If the Security Incident is deemed to be a reportable breach in accordance with applicable law by Thrive Alliance's leadership, all reports and communications regarding the Incident must be made without unreasonable delay and no later than thirty (30) days after discovery of the Incident (in accordance with applicable breach law). Such reports shall include a description of the event, the date of the breach and date of discovery, a description of the types of information involved, recommended steps for individuals or organizations affected by the incident, the steps the organization has or will take to address the incident or breach, and organizational point of contact information.

11. If, during the course of the Incident investigation, it has been determined that the Security Incident was caused by malicious insider activity, Thrive Alliance leadership must initiate the sanctions procedure detailed within Thrive Alliance's HIPAA Security Sanctions policy.

    a. The SO or designee will ensure, after completion of the corresponding Security Incident investigation, that all technical and non-technical information from the Incident is assessed to identify potential insider threat concerns moving forward.

12. The completed Incident investigation documentation must be retained by Thrive Alliance in accordance with Thrive Alliance's Document Retention and Destruction policy.

References:
45 CFR § 164.308(a)(7)(i)
45 CFR § 164.308(a)(7)(ii)(A)-(E)
45 CFR § 164.308(a)(8)

Related Policies/Forms:
Emergency Operation Mode Plan
Data Backup process
Document Retention and Destruction policy
Business Associate Agreements policy
HIPAA Security Sanctions policy

Effective Date	Review Date	Reason for Review	Identified Changes/Updates	Policy Owner	Approval Date
10.01.2023 CCHI	10.01.2023	Annual	n/a	Security Officer	10.01.2023

Policies and Procedures

03.20.2024	03.20.2024	Annual	N/A	Security Officer	03.20.2024

Emergency and Disaster Recovery Plan

Policy:

Thrive Alliance ("Thrive Alliance") will establish and implement an Emergency and Disaster Recovery Plan to ensure continued successful agency operation and Client care in the event of "emergencies," whether caused by a person(s) or occurring naturally.

Purpose:

To retrieve data from emergency sources which have been established in locations outside of the central office so that mission critical operations can continue in the event of a site-level outage or disaster (tornado, theft, equipment failure, etc.).

Definitions:

OneDrive: Each employee has a company provided OneDrive account to be used for their work files. This ensures that files on their device is automatically stored securely in the cloud. This prevents data loss or inaccessibility in the case of a disaster.

SharePoint: The company SharePoint is used to store company files securely in the cloud that can be shared to all or some employees based on project or department. This prevents data loss or inaccessibility in the case of a disaster.

Uninterruptible Power Supply ("UPS"): Provides electricity during power interruptions caused by problems in the public utility power grid.

Data Resources: Includes all data, systems, and equipment comprising Thrive Alliance's Information Technology ("IT") infrastructure. This includes computer systems or sets of components for collecting, creating, storing, processing, and distributing information, typically including hardware and software, system users, and the data itself.

Procedure:

1. Thrive Alliance's Leadership Team will review and update procedures on an annual basis.

2. Emergency and Disaster Recovery Plan.

    a. Thrive Alliance maintains an Emergency and Disaster Recovery Plan ("EDRP") that will enable the prompt restoration and/or recovery of all business-critical systems, such as systems containing electronic Protected Health Information ("ePHI") or other operational systems, in the event of an emergency or disaster.

    b. The EDRP includes procedures to log system outages, failures, and data loss to critical systems and procedures to train the support personnel to carry out the EDRP.

    c. Once an incident covered by this plan has been declared a disaster, the appropriate priority will be given to the recovery effort and the resources and support required as outlined in the Disaster Recovery Plan will be available.

    d. The content of this plan may be modified, and substantial deviation may be required

in the event of unusual or unforeseen circumstances. These circumstances are to be determined by the DERT under the guidance and approval of the Incident Commander and Incident Command Team.

e. The EDRP must be documented and easily accessible to necessary personnel at all times.

i. Members of the Disaster and Emergency Recovery Team ("DERT") must have a copy of the EDRP with them at all times, whether keeping it in their Thrive Alliance bag, home office, etc.

f. The Security Officer ("SO or designee") will be the first notified to respond to the disaster.

g. The Disaster Recovery Procedures outlined in the EDRP must be tested on a periodic basis to ensure that the business-critical systems needed to operate can be restored or recovered.

3. Containment.

a. Isolating the incident while ensuring no evidence destruction occurs

b. Possible software patches, service shutdown, network disconnection, etc.

4. Eradication.

a. Removal of any malicious software, accounts, systems, or other active sources of the event

b. Put measures in place to slow or stop further events from occurring. Firewall adjustments, security group enhancements, etc.

5. Data Back-up.

a. Managed Service Provider ("MSP") reviews data backup dashboard beginning each business day to ensure the backup routines ran successfully. MSP will also run weekly reviews of data backups. If any routines did not run, backup routines are initiated manually. If any issues are discovered, MSP will take appropriate action to resolve the issues. Network technician receives notifications of any issues and will log in and check backups.

6. Back-up Routine.

a. Daily Back-ups: Incremental backups of all servers and complete backups of the main application servers are performed every evening. Backup functions are completed using the COMPANY SPECIFIC SYSTEMS. Snapshots of the servers are taken periodically according to the Data Backup Process.

b. Back-up Storage: Backups are stored locally and remotely in the Unitrends cloud. COMPANY SPECIFIC SYSTEMS are cloud-based only.

c. Back-up Retention: Retention on backups varies based on the server per the Data Backup Process.

d. Back-ups of individual Workforce Member data: Individual Workforce Member data is backed up in the COMPANY SPECIFIC SYSTEM. Each Workforce Member is allocated COMPANY SPECIFIC INFORMATION of disk space.

7. Identification of Critical Data for Backup and Backup Recovery Point Objective ("RPO"). Thrive Alliance will identify and document all critical data so that it can be given the highest priority during the backup process where necessary.

a. Thrive Alliance's Leadership Team in collaboration with IT shall perform an Application and Data Criticality analysis to determine which systems, applications, and data are most vital for restoration, to determine which systems require the most focus.

8. Critical Application Recovery List maintenance.

a. Contact information for the responsible party for each service/ystem is located in fourteen (14) below.

b. Mission critical software which resides on servers will be recovered in the following order:

Responsible Party	**Service / System**	**Contains**	**Backup Location**	**Business Impact Criticality**
CaMSS Security Coordinator (Carla Kinman)	CaMSS	ePII, ePHI	Web based	Tier 1
Community Based Manager (Loretta Mize)	EMS	ePII, ePHI	Web Based	Tier 3
Community Based Manager (Loretta Mize)	Redcap	ePII, ePHI	Web Based	Tier 3
Home Based Services Manager (vacant)	Visionlink	ePII, ePHI	Web Based	Tier 3
Finance/HR Director	Paychex	ePII	Web Based	Tier 3
Finance Director	MIP	ePII	Web Based	Tier 3
Property Manager (Chad Malanoski)	Real Page	ePII	Web Based	Tier 3
First Steps Director (Becky Haymond)	EI Hub	ePII, ePHI	Web Based	Tier 1

9. The DERT will document the following information in a centralized location:
   - **a.** Contact information for key vendors, serial numbers
   - **b.** Specific emergency notification procedures, names, numbers of staff (phone tree)
   - **c.** Work around procedures, such as equipment, telephone, electricity
   - **d.** Information Technology (IT) procedures to bring up lost IT functions in the proper sequence and testing
   - **e.** Accountability during contingency operations
   - **f.** All emergency policies
   - **g.** Safety policies and procedures
   - **h.** Specific triggers to activate emergency procedures
   - **i.** Location of data backup
10. Copies of the EDRP will be stored in secure locations easily accessible to the DERT.
11. A list of designated DERT members shall be posted on Thrive Alliance's intranet and easily accessible to all Workforce Members.

Incident Commander	Executive Director	
Security Officer	HR Director	Midwest Computer Solutions
Incident Team	Leadership Team	

12. Training will be provided to the DERT members and drills will be performed and documented. Vendors will be contacted for their testing strategies and procedures for system failures.
13. Data Testing. The SO or designee will perform periodic reviews of Thrive Alliance's Data Resources, including operational data and ePHI.
14. Vendor Contact List Maintenance

Responsible Party	**Purpose**	**Contact Information**
CaMSS Security Coordinator	EMR-CaMSS	https://dmha.fssa.in.gov/helpdesk/?div=da&app=camss
Community Services Manager	EMS	General Support Email: emssupport@semapplications.com Wendy Dougan: wdougan@semapplications.com Office: 816-399-5004

Policies and Procedures

Community Services Manager	Redcap	IU Redcap Support Team: redcap@iu.edu Colin Hoffman: cwhoffma@iu.edu
Home Based Services Manager (vacant)	Visionlink	https://inadrc.communityos.org
Finance/HR Director	Paychex	Andrea Villamil (866)804-5728 x 5100008 avillamil@paychex.com
Chad Malanoski	Real Page	https://helpcenter.realpage.com/support
Finance Director	MIP	Elysse Landrum Elysse.landrum@communitybrands.com
First Steps Director (Becky Haymond)	EI Hub- Public Consulting Group for First Steps	INFirstSteps@pcgus.com Maggie.mccall@fssa.in.gov

15. Staff Contact List Maintenance.

a. Human Resources ("HR") will run a report through Paychex-HRIS for a list of contact information for all full-time and part-time Workforce Members.

16. Lessons Learned.

a. No later than two (2) weeks from incident end, perform a retrospective with relevant stakeholders.

b. Thrive Alliance's SO or designee or their designated representative will validate the effectiveness or otherwise of the established security controls implicated during the applicable Security Incident as well as the effectiveness or otherwise of this Incident Response Plan.

c. In the event a Security Incident is caused by a member of Thrive Alliance's Workforce, sanctions shall be fairly applied to such Workforce Member following violations of the information security policies once a breach is verified, in accordance with the Progressive Performance Improvement policy.

References:
45 CFR §164.308(a)(7)(ii)(A)
45 CFR §164.308(a)(7)(ii)(B)
45 CFR §164.308(a)(7)(ii)(C)
45 CFR §164.308(a)(7)(ii)(D)
45 CFR §164.308(a)(7)(ii)(E)
45 CFR §164.308(a)(6)(ii)

Related Documents/Policies:
Emergency and Disaster Contingency Plan policy

Policies and Procedures

Data Backup process
HIPAA Security Sanctions policy
Progressive Performance Improvement policy
Emergency Management and Safety Procedures

Effective Date	Review Date	Reason for Review	Identified Changes/Updates	Policy Owner	Approval Date
10.01.2023 CCHI	10.01.2023	Annual	n/a	Security Officer	10.01.2023
03.20.2024	03.20.2024	Annual	N/A	Security Officer	03.20.2024

Emergency Mode Operation Plan

Policy:

Thrive Alliance ("Thrive Alliance") is dedicated to implementing an emergency mode operation plan that establishes procedures to enable the continuation of critical business processes and protect the security on electronic Protected Health Information ("ePHI") across departments while operating in an "emergency", whether caused by a person(s) or occurring naturally.

Purpose:

To outline departmental needs in the event of an "emergency" as defined above in conjunction with the Emergency and Disaster Contingency Plan and the Emergency and Disaster Recovery Plan.

Definitions:

Workforce Member: Any paid or unpaid individual performing work or acting on behalf of Thrive Alliance, such as an employee, intern, volunteer, temporary, or contracted worker.

ePHI: Electronic Protected Health Information ("ePHI") refers to any electronically stored or transmitted identifiable information in the context of healthcare such as demographic and other information relating to the past, present, or future physical or mental health, condition of an individual, genetic information, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse. Examples include diagnoses, treatment information, medical test results, and prescription information.

Client: Any individual to whom Thrive Alliance provides services.

Procedure:

1. The following departments require ongoing access to ePHI in the event of an emergency:
    a. Service Coordinators
    b. Care Managers
    c. Aging and Disability Resources Staff
    d. Care Giver Support Staff
    e. Guardianship Staff
    f. Supervisors/Managers
    g. Nutrition Program Staff
    h. First Steps

2. The following departments do NOT require ongoing access to ePHI in the event of an emergency:
    a. Finance Department Staff
    b. Housing Partnerships Staff
    c. Administrative Staff

3. Critical Applications.

Application	Department
CaMSS	Home Based Services
CaMSS	Community Based Services
Redcap	Community Based Services
EMS	Community Based Services
EI Hub	First Steps

4. Manual Processes.
    a. The departments below have manual processes in place to perform critical business functions.
        i. Home Based Services
            1. Care Management
            2. Service Coordination
            3. Options Counseling
        ii. Community Based Services
            1. Adult Guardianship Services
            2. Caregiver Support Services
            3. Nutrition Services
        iii. Finance
            1. Payroll

2. Claims Processing

3. Accounts Payable

iv. Housing

1. Property Management

b. All departments have manual processes in place for critical business functions in the event of an emergency.

References:
§ 164.308(a)(7)(ii)(C)

Related Policies/Forms:
Emergency and Disaster Recovery Plan
Emergency and Disaster Contingency Plan
Crisis Communication Plan

Effective Date	Review Date	Reason for Review	Identified Changes/Updates	Policy Owner	Approval Date
10.01.2023 CCHI	10.01.2023	Annual	n/a	Security Officer	10.01.2023
03.20.2024	03.20.2024	Annual	N/A	Security Officer	03.20.2024