



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.

Enter your Area Agency on Aging

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

Executive Summary

The Southwestern Indiana Regional Council on Aging, known as SWIRCA & More, is a 501(c)(3) nonprofit that serves as the Area Agency on Aging for Area 16 in Indiana. SWIRCA & More is governed by a diverse Board of Directors made up of local health care leaders, regional business delegates and community representatives. SWIRCA & More also has as an Advisory Council, which offers strategic consultation and program review. SWIRCA & More serves six counties—Vanderburgh, Warrick, Perry, Spencer, Posey and Gibson—with a combined population of approximately 344,000 residents. Nearly one fifth of these residents are aged 65 or older, and many face social isolation and senior poverty rates that exceed 20 percent.

Grounded in robust data and community engagement, the Area Plan draws on CASOA benchmarks, local surveys, client feedback, partner roundtables, and public forums to align services with real-world needs. This approach ensures our narrative goals and strategies respond to demographic shifts, economic disparities, and service gaps across the region.

Goals & Strategies

- **Expand Access to Home- and Community-Based Services.** Increase outreach by 15%; conduct quarterly dementia-care trainings; partner with Memory Cafés; and grow TCARE referrals and caregiver assessments by 10% to deliver timely support from our ADRC and Dementia Outreach Specialist
- **Strengthen Older Americans Act Core Programs.** Deepen Nutrition Services-Care Management collaboration; raise annual home modifications from 77 to 90; and achieve 90% compliance in nutrition counseling and safety interventions to enhance independence
- **Protect Rights & Prevent Abuse.** Revise legal-assistance outreach to boost awareness by 5%; hold quarterly meetings with our Legal Services partner; and maintain regular Ombudsman visits to long-term care settings for resident advocacy 26-27 AAA Area Plan
- **Re-engage Outer-County Advisory Councils.** Host quarterly events in Posey, Spencer, and Perry counties; recruit local advisory members; and tailor programming to ensure equitable access and strengthen regional ties.

Through these targeted initiatives and the guidance of our governing and advisory Boards, SWIRCA & More will fortify service quality, foster community resilience, and uphold our commitment to dignity, independence, and strategic stewardship for all older adults and caregivers in Area 16.

Section 1 - Narrative

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

At SWIRCA & More, we are proud to embark on a renewed mission: Building stronger, age-friendly communities where individuals can thrive with dignity, independence, and support. As our region faces a rising senior population and deepening economic disparities, our work has never been more essential.

Our Vision: We envision a future where individuals regardless of age or ability are embraced with opportunities for independence and celebrated within a compassionate community. In an ideal community, people of all ages and abilities are not only accepted but celebrated, and older adults are supported to live independently, remain active, and stay connected within their communities.

Stewardship – We honor and responsibly manage the gifts, talents, and resources entrusted to us by our donors, partners, volunteers, and staff.

Empowerment – We uplift individuals and communities by recognizing strengths and helping them achieve meaningful goals.

Strategic Thinking – We act with purpose and plan with intention, striving for sustainable, long-term impact.

Compassion – We walk alongside those facing life’s challenges, offering support grounded in empathy and care.

Accountability – At SWIRCA & More, we are proud to embark on a renewed mission: building stronger, age-friendly communities where individuals can thrive with dignity, independence, and support. In a time marked by a rising senior population and widening economic disparities, our work has never been more critical. Our mission is more than a statement—it’s a commitment to ensuring that every individual, regardless of age or ability, is empowered to lead a meaningful and supported life.

Guided by Core Values

Our work is anchored in a steadfast set of core values that guide our decisions, shape our strategies, and reflect our unwavering commitment to the communities we serve:

Integrity – We uphold the highest ethical standards in every interaction, building trust through consistency and professionalism.

Dignity – Every person we serve is treated with the inherent respect and worth they deserve.

Who We Serve

SWIRCA & More serves individuals across all ages and abilities throughout six southwestern Indiana counties: Vanderburgh, Warrick, Perry, Spencer, Posey, and Gibson. According to the U.S. Census Bureau (2024), the total population of this service area is approximately 344,343 individuals, with 19.22% aged 65 or older. The region reflects a predominantly White demographic (88.92%), with growing racial and ethnic diversity and a notable population of veterans (5.46%). Nearly 11% of individuals under 65 live with a disability, and 3.46% speak a language other than English at home, indicating a community with diverse needs and strengths.

Meeting the Needs of an Aging and Changing Population

Our service area is undergoing significant demographic shifts. Some counties are experiencing steady growth, like Warrick County, while others face population decline, especially in rural areas. At the same time, more than 17% of the population is already aged 65 or older, and in some counties, over 20% of seniors are living in poverty. These realities bring critical challenges—such as economic instability, limited access to affordable healthcare, and social isolation.

In response, SWIRCA & More is taking action:

Expanding Medicare outreach and education to help more seniors access essential benefits.

Broadening outreach and partnership of financial assistance programs to ease economic burdens.

Promoting access to affordable, high-quality healthcare, especially for those who are uninsured or underinsured.

Fostering aging-in-place initiatives to allow seniors to remain in their homes and communities safely and comfortably.

Planning for the Future

Looking ahead to 2040, demographic projections show diverging trends in our region. While Warrick County anticipates population growth, counties like Vanderburgh, Gibson, Perry, Posey, and Spencer are expected to see declines. These shifts emphasize the need for strategic regional planning to:

Address rural outmigration

Improve access to affordable housing and transportation

Expand economic opportunity and support services

Ensure inclusive, community-based care models

Dementia Support and Caregiver Advocacy

SWIRCA & More is also a leader in promoting awareness and support for individuals living with Dementia, with prevalence rates across our counties ranging from 5.7% to 7.4%. We employ a dedicated outreach specialist to educate the public and professionals alike, ensuring individuals and families receive the resources and knowledge they need.

In addition, we champion the invaluable contributions of caregivers. According to research, Indiana is home to 790,000 informal caregivers, providing an estimated 740 million hours of care annually—a contribution valued at over \$10.8 billion. We offer vital support services for these caregivers, who are often the unsung heroes of our communities.

Listening and Responding to Community Needs

Through ongoing surveys and community feedback, we've identified key areas where older residents seek more support:

Improving the overall quality of physical health

Ensuring individuals feel their voices are heard in community planning

Providing more engaging and inclusive social events and activities

We are committed to addressing these concerns by expanding programming, increasing community engagement, and fostering inclusive spaces for connection and participation.

SWIRCA & More remains a pillar of advocacy, support, and innovation. With a revitalized mission, a clear and compassionate vision, and deeply held values, we are ready to meet the evolving needs of our region. We look forward to continuing this journey—empowering every individual we serve with heart, wisdom, and unwavering resolve.s through evidence-based practices, transparent outcomes, and continuous improvement.

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

At SWIRCA & More, our commitment to responsive, inclusive service delivery is grounded in a robust process of data-driven planning and community engagement. We understand that to effectively serve a diverse and evolving population, we must actively listen to the voices of those we serve and incorporate their feedback into every stage of our program and strategic development.

Our planning process integrates multiple sources of input to ensure that our strategies are reflective of real community needs, preferences, and experiences. These sources include:

1. Review of the Community Assessment Survey for Older Adults (CASOA)

We utilize the CASOA survey as a foundational tool in our planning process. This nationally benchmarked survey captures a comprehensive view of the experiences and perceptions of older adults in our region. It assesses critical areas such as health and wellness, safety, community involvement, transportation, and aging-in-place readiness. The CASOA provides comparative data that allows us to identify regional strengths and areas needing improvement, ensuring our services are aligned with both national standards and local realities.

2. Regional and Local Population Surveys

In addition to CASOA, we analyze a wide range of demographic and population-based surveys. These include U.S. Census data, Indiana state projections, and county-specific population trends. These insights help us anticipate emerging needs, plan for shifts in service demand, and prioritize initiatives in areas with the most pressing demographic changes—such as counties with high senior poverty rates or growing caregiver burdens.

3. On-Site Community Event Surveys

We actively engage with community members during on-site events and outreach activities. Attendees are encouraged to complete short, targeted surveys designed to gather feedback in real time. These surveys capture immediate impressions about our services, identify gaps in programming, and solicit suggestions for future offerings. This informal yet valuable input gives voice to individuals who may not otherwise participate in formal assessments, especially those in underserved or rural communities.

4. Client Satisfaction Surveys

Client satisfaction surveys are conducted regularly across all departments and service areas. These surveys assess the quality, accessibility, and impact of our programs from the client’s perspective. Questions focus on service responsiveness, staff professionalism, ease of access, and personal outcomes. Feedback is aggregated and reviewed by leadership to inform quality improvement initiatives, staff training needs, and program redesign where necessary.

Turning Input into Action

We do not collect data for the sake of reporting—it directly shapes our decisions. Input gathered from these various surveys is synthesized into actionable insights through:

Annual program reviews and evaluations

Strategic planning sessions with staff and board members

Public forums and community partner roundtables

Internal performance dashboards and quality benchmarks

Each piece of feedback is treated as a valuable contribution to our shared mission. Whether it comes from a veteran attending a wellness fair, a caregiver participating in a support group, or an older adult completing the CASOA survey, their input informs the way we shape, improve, and deliver services.

Through this comprehensive, inclusive approach to planning, SWIRCA & More ensures that our services are not only relevant and effective, but also reflective of the lived experiences of the individuals and communities we are honored to serve.

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

SWIRCA & More’s Quality Management function is anchored by three dedicated roles: a Quality Assurance and Compliance Director, an Accreditation and Compliance Coordinator, and a Care Management Trainer.

The Quality Assurance and Compliance Director ensures adherence to all state and federal requirements—including CHOICE guidelines—serves as the direct line for any complainants, manages escalations that Care Managers or supervisors cannot resolve, and safeguards our accreditations.

The Accreditation and Compliance Coordinator acts as the department’s data analyst, producing monthly, quarterly, and annual reports on service delivery.

The Care Management Trainer leverages those reports to onboard new Care Managers and Options Counselors and deliver targeted refresher training when performance gaps emerge.

Although not part of the Quality Assurance (QA) department, Team Leaders for Care Managers and Options Counselors serve as the first line of quality defense—identifying issues in real time and reporting them to their departmental supervisors.

Our QA process unfolds in two complementary phases. At the front end, Team Leaders monitor day-to-day operations and escalate any concerns to their supervisors. On the back end, QA conducts scheduled reviews of in-home care plans to verify completeness, accuracy, and client-goal alignment, systematically gathers client and caregiver feedback on respectfulness, timeliness, and effectiveness, and tracks key provider metrics.

All provider complaints are logged centrally with the QA Director; those suitable for frontline resolution are assigned to Care Managers, while more complex or unresolved matters are investigated in depth by QA. By resolving issues beyond the reach of Care Managers or supervisors and maintaining a direct line for complainants, this layered, data-driven framework ensures rapid corrective action, consistent service quality, and ongoing compliance with accreditation standards.

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 Outreach Specialist (DOS)

Aging and Disability Resource Center (ADRC)

Care Management

Tailored Caregiver Assessment and Referral (T-Care)

Caregiver Care Manager (CCM)

Aging Matters, Memory Café

Dementia Friendly Communities and Dementia Friends of Southwester (SW) Indiana

Strategies:

In FY24 the Aging and Disability Resource Center found that 49.14% pursued services. Taking this number and then multiplying it by the estimated number of persons 21,496 would result in 10,563.13 persons. This is the maximum potential population that could come onto services based on available data.

Increase number of outreach events by 15%. This could be accomplished by making sure our Dementia Outreach Specialist (DOS), caregiver case manager (CCM), or Supervisor over dementia programs attend all outreach events that the ADRC normally attends to provide information. Current means by which we are spreading dementia information: Dementia Outreach Specialist, Dementia Friends Indiana, Dementia Friendly Communities (Spencer County in particular), TCARE, Memory Café, Caregiver Support Group. Better tracking of outreach events resulting from these programs would be beneficial.

We have a partnerships with Evansville Central Library and collaborate on PasTimes Activities for Adults publications that contain dementia resource information. We have a partnership with Red Bank Library and are collaborating on Memory Café. We are in talks with Ascension Healthcare to start a Memory Café in rural Spencer county/Warrick county.

Increase TCARE referrals by 10% by educating OCs and ongoing CMs on caregiver stress and

TCARE program. If we entered the Caregiver Assessment in CaMSS on everyone who has a TCARE assessment and service plan, it would increase identified caregivers. T-Care program has been growing since implementation in November 2023. There have been 75 referrals and 37 caregivers assessed. Currently there have been 28 referrals for FY 2025 and 14 assessed. Through the T-Care program referrals are made to Dementia Friends, Aging Matters and for possible T3E funds.

Increase services to Persons Living with Dementia (PLWD) and their care partners by 10% by better identification by ADRC and Options Counselors. Increase the amount of Caregiver Assessments by 5% by OCs.

DOS doing quarterly trainings for SWIRCA & More staff

Aging and Disability Resource Center (ADRC) will continue to attend outreach events in the community. Potential goal is to participate in these twice a month. The ADRC will also screen and/or complete a caregiver assessment for identified caregivers at the initial phone call through the ADRC to target caregivers quickly.

The LCAR handoff is to be determined as there hasn't been clear directions on how this will look yet in the next fiscal year. The goal will be to follow policy and procedure for this task.

Caregiver assessment for all identified caregivers in camss system structured family care (SFC) and public partnership (PPL) update policy.

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	TBD	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	To provide support for caregivers and provide timely data that support efforts to identify utilized and needed services for caregivers and individuals with dementia	70%	Annually

<p>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.</p>			
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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:

Home Delivered Meals/Meals on Wheels/Nutrition Department

Dementia Outreach Specialist (DOS)

Care Management

Area Councils on Aging

Strategies:

Continued working relationship between Care Management and Nutrition for continued to complete annual assessments for nutrition risk of individuals and communicate this with Nutrition for targeted nutrition education.

When an individual is enrolled in at a site, demographic information is collected and a nutrition survey is completed to assess nutritional risk.

A dietician is consulted on monthly menus to ensure nutritional goals are met. There are also two monthly nutritional newsletters provided to participants.

Increase home modification projects completed budget dependent from 77 projects completed in FY 2024 to projected 90.

Per State Authorities all activities relating to the service plan and related activities are required to

be maintained within the State Approved Software system. A system audit will be completed annual to ensure records are complete.

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.	90%	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.	90 projects	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.	10%	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.	75%	Quarterly

<p>Percentage of missing data points: poverty status, household status, and nutrition risk score for congregate participants below 10%.</p>	<p>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.</p>	<p>20%</p>	<p>Quarterly</p>
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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:

Care Management, ADRC
Legal Services, Ombudsman

Strategies:

In Area 16, the Ombudsman are standalone agencies operating outside the purview of SWIRCA & More. These agencies include VOICES and Indiana Legal Services. They are supported by Title 3, Title VII, and State Funds

For Indiana Legal services, we will be making a concerted effort to meet more frequently to determine if their might be additional opportunities for our two agencies to engage.

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	N/A	Quarterly
Recruit and train new certified volunteer Ombudsmen by the end of the federal fiscal year	To enhance Ombudsman program reach and advocacy efforts	N/A	Quarterly
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GOAL 4 (AAA GOAL):

Re-engage relationships with the Council on Aging that are located in the outer PSA

Agency programs and services that address Goal 4:

Dementia Outreach Specialist

SHIP representatives

SWIRCA Activities Center programs (for example- "Matters of Balance", "Drums Alive", "Bingo-cize")

SWIRCA & More leadership

Strategies:

Survey results are collected and analyzed to identify common themes and emerging interests across various groups, locations, and demographics. This process helps us understand whether participants are expressing curiosity about particular topics.

We connect with each site to explore the possibility of having a representative serve on the Board, contributing ideas and offering support. We also discuss opportunities to bring relevant activities and programs directly to each location.

Once priority topics are identified, our program team conducts targeted research to ensure that the information we present is accurate, relevant, and accessible. To enhance the quality of our programs and incorporate diverse perspectives, we actively seek and invite qualified guest speakers and subject matter experts to present on topics of interest.

For each topic, we also develop complementary activities designed to encourage participation, build skills, and foster social connection. These may include demonstrations, hands-on workshops, or interactive discussions.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Schedule with a PSA local facility whether a COA or a stand alone community building to host an event	Skill building and social connection in PSA	Quarterly events	Quarterly
Schedule within a PSA a social outing	Encourage social connection and community exploration	Quarterly events	Quarterly
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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: 23

Name	Title	County	Term Dates MM/YYYY – MM/YYYY
Shelby Bass	Com(s)- Development, Business: Board Chair	Warrick	7/2020-7/2026
Linnzi Baumann	Com(s)- Special Events, Development (Vice-Chair), Business	Vanderburgh	7/2019-7/2025
Wendy Chinn	Com(s)- HR	Vanderburgh	8/2022-7/2029
Randall Craig	Com(s) - Governance (Chair), PR; Director Emeritus	Vanderburgh	Emeritus
Brad Elpers	Vice Chair	Vanderburgh	2/2023- 2/2029
Jonathon Estes	Com(s)- Governance	Click here to enter text.	2/2023-2/2029
Michelle Georgette	Com(s) - Development	Vanderburgh	7/2024-2/2029
April Goebel	Com(s) - Development	Warrick	7/2022-7/2028
Basher Hamami	Com(s) - Development, Business	Vanderburgh	5/2023-5/2029
Braden Herendeen	Com(s) - HR, Finance	Vanderburgh	7/2024-7/2029
Linda Kincheloe	Com(s)- Development, Special Events, HR	Vanderburgh	7/2019-7/2025
Sandy Lasher	Com(s) - Development	Vanderbrugh	7/2020-7/2026
Cindy Ledbetter*	Com(s)- Governance	Warrick	7/2019-7/2025
Lisa Melliff	Com(s) - Finance	Vanderburgh	7/2021-7/2027
Dillon Mulherin	Treasurer	Vanderburgh	7/2021-7/2027
Janice Richardson	Com(s) - Development	Warrick	1/2024-1/2030
Kelsey Sellers	Com(s) - Governance	Vanderburgh	7/2020-7/2026
Vicki Simmons	Com(s) - HR; Secretary	Vanderburgh	7/2020-7/2026
Julie Vandever	Com(s) - Development	Vanderburgh	3/2023-3/2026
Andrew Wurdeman	Com(s) - Finance	Vanderbrugh	7/2024-7/2029
Breanna Wyman	Com(s) - HR	Vanderburgh	7/2024-7/2029

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Annual Board Meeting Schedule	
Date	Location/Address
7/23/2024 8/27/2024 9/24/2024	3:00 p.m. SWIRCA & More Activity Center
10/22/2024 11/26/2024 12/24/2024	3:00 p.m. SWIRCA & More Activity Center
1/28/2025 2/25/2025 3/25/2025	3:00 p.m. SWIRCA & More Activity Center
4/22/2025 5/27/2025 6/24/2025	3:00 p.m. SWIRCA & More Activity Center

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

Terms are being renewed at individual's request unless it so happened they did not fulfill the essential requirements of the Board. In July, and number of Board Members will be coming to term. Our President/CEO is always actively recruit for new board members with the goal of diversifying both through socioeconomic factors and skill sets new board members to bring to the table.

Section 4 - Advisory Council

Provide the following details regarding AAA Advisory Council members.

Total number of Advisory Board members (including vacancies) = 9

N/A	Information	Total
<input type="checkbox"/>	Total number of members over 60 years of age*	3
<input type="checkbox"/>	Total number of family caregivers, which may include older relative caregivers*	2
<input checked="" type="checkbox"/>	Total number of Title III recipients*	0
<input checked="" type="checkbox"/>	Total number of elected public officials (or their designee)*	0
<input type="checkbox"/>	Total number of health care provider representatives, including providers of veterans' health care (if appropriate)*	1
<input type="checkbox"/>	Total number of Veteran health care providers (separate from above)	1
<input type="checkbox"/>	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 *	3
<input type="checkbox"/>	Total number of persons with leadership experience in private or volunteer sector*	4
<input checked="" type="checkbox"/>	Total number of local elected officials*	0
<input type="checkbox"/>	Total number of older adult advisory council members that reside in rural areas	4
<input type="checkbox"/>	Percentage of minority older adults on advisory council (vs. total advisory council members)	0
	Frequency of Advisory Council meetings	Monthly

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.

The AAA16 Advisory Council is constantly seeking participants who to serve in all necessary categories under the OAA. AAA 16 has begun a Differences, Equality, and Belonging (DEB) for the entire organization whose role will include among other things recruiting employees, activity center members, Governing Board members, and Advisory Council Members. Our goal is to enhance this campaign within our senior sites and congregate meals sites to attempt to engage members to participate on Advisory. Target date of 12/1/2025.

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.

The AAA16 Advisory Council is constantly seeking participants who serve in all necessary categories under OAA. We have written endorsement of the Mayor of Evansville, however that office was unable to allocate time for the council. We reach out to on a regular basis to local elective offices asking for a representative to join the council. We are always open and recruiting new Advisory Council members and hope to increase representation in the necessary categories. One member of our current Board of Directors is actively engaged in our Title III B senior center, Title IID, and Title III-C1 activities. She has verbally agreed to switch to Advisory when her other term is over. We will continue to reach out to local elected officials with the goal of attaining a representative by 12/1/2025.

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

SWIRCA & More's mission is to enhance opportunities for independent living. As an Advisory Council member, you play a vital role in meeting our mission. We need your help to build and strengthen our mission by serving as a voice for the community, strengthening current programs and services, improving community relationships and developing collaboration among other community businesses.

Advisory Council Outcomes:

Our outcomes are a statement of the impact and value we have in our communities. In other words, our services and initiatives are not ends in themselves; they improve the lives of older adults, those individuals that are disabled and the overall quality of life in our communities.

SWIRCA & More impacts the communities we serve in the following ways: We provide information to empower disabled individuals and older adults in making their own decisions

- **We support disabled individuals and older adults in their homes and communities**
- **We serve as a catalyst in promoting and creating elder-friendly communities**

How do our outcomes relate to your role as an advisory council member? First of all, they provide an understandable introduction to what we do. It can be confusing to list all the services we provide, as we are much more than services. Second, they provide a framework for prioritizing how you can best promote, encourage, and assist the mission of SWIRCA & More in your community.

What We Are Looking for In A Member

An Advisory Council member should be a primary link to the community. Clearly articulating the agency mission, accomplishments, and goals to the public, as well as garnering support from important members of the community are all important elements of our comprehensive strategy. Council members should:

- Ask questions, take responsibility, and follow-through on given assignments.
- Help to open doors in the community
- Possess honesty, sensitivity to and tolerance of differing views, a friendly, responsive, and patient approach, community-building skills, personal integrity and concern for our agency's development

Recruitment and Expectations:

Council members are asked to join on a referral basis determined by current council need. The Council consist of a minimum of ten (10) and maximum of fourteen (14) members from our six-county area. The Council should strive to ensure that at least one representative is chosen from each county we serve. Members shall have an interest in furthering the mission of the agency and supporting the aging and disabled community, consistent with the requirements listed in the Older Americans Act.

Membership term limits will be as follows: Newly elected members of the Council who have not served before shall serve an initial two-year term. After the initial two-year term, members may be elected to serve additional two year terms as voted on by Advisory Council members.

Advisory Council Officers shall be elected to serve two year terms.

The number of Members shall be fixed from time-to-time by a vote from the Advisory Council but shall consist of no less than ten (10) nor more than fourteen (14) including officers.

Time Commitment:

There are 12 Council meetings per year, which are held on the 1st Tuesday of each month at 10:00 am and are held in the SWIRCA & More conference room.

Council members are expected to attend all regularly scheduled meetings. To provide the best leadership, attendance in person whenever possible is critical. No more than two unexcused absences within a 12-month period is acceptable. If there are more than two missed meetings your role with the council will be reviewed.

Participation is encouraged in focus groups, retreats, committees, special events, and additional functions as they arise.

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

The Advisory Council plays a key role in the development of SWIRCA & More's Area Plan by providing community-based insight, feedback, and guidance on priorities, goals, and strategies. Composed of older adults, service providers, caregivers, and other stakeholders from across the service area, the council ensures that the plan reflects the real needs and perspectives of the population served. In relation to the public hearing, the Advisory Council helps promote transparency and community engagement. They assist in encouraging public participation, review feedback received during the hearing, and incorporate relevant suggestions into the final version of the Area Plan. This process ensures that the plan is both inclusive and accountable, and that it reflects the voices of those it is designed to support.

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.

Populations	Sub populations to consider at minimum	Who in this population category has been identified as having Greatest Social & Economic Need?
Age Older adults, age 60+ and their caregivers	N/A	Those whom are socially isolated. Those whom are caregivers to an individual over the age of 60. The CDC (2022) PLACES Data reflects that overall, for the six county area, social isolation prevalence is 31.35%. The Family Care Alliance (2023) estimates that there are 790,000 informal caregivers in the state of Indiana who provide 740,000,000 hours of caregiving services. This is valued at 10.8 million dollars.
Describe in detail current and proposed outreach activities for this population: Targeted outreach using social media and printed material. Possible outreach at community gatherings such as neighborhood or county fairs.		
Gender	N/A	The United States Census Bureau (2024) estimated that the total population for the six county area in 2024 was 344,343 persons. Of these persons, 50.31% identified as female.
Describe in detail current and proposed outreach activities for this population: Targeted outreach using social media and printed material. Possible outreach at community gatherings		
Race including minority older adults and their caregivers	<ul style="list-style-type: none"> ● Black/African American ● American Indian/Alaskan Native ● Asian ● Native Hawaiian/PI ● White/Caucasian 	Older adults whom identify in a racial minority group The United States Census Bureau (2024) estimated that the total population for the six county area in 2024 was 344,343 persons. Of these persons, 5.46% identified as Veteran, 88.92% identified as White, 6.51% identified as Black, .34% identified American Indian/Alaskan Native, 1.45% identified as Asian, .24% identified as

		Native Hawaiian or Other Pacific Islander, and 2.52% identified as two or more races. There were 3.19% that identified as Hispanic/Latino.
Describe in detail current and proposed outreach activities for this population: Outreach activities and educational sessions		
Ethnicity including older minority adults and their caregivers	<ul style="list-style-type: none"> Hispanic/Latino Non-Hispanic/Latino 	Older adults whom identify in a ethical minority group The United States Census Bureau (2024) estimated that were 3.19% that identified as Hispanic/Latino.
Describe in detail current and proposed outreach activities for this population: Outreach activities and educational sessions		
Religious Affiliation including survivors of the Holocaust and their caregivers	N/A	Per the United States Religion Census Data (n.d.) 96.59% of congregations in the six county area identify as some form of Christianity, 1.07% identify as Mormons, 1.07% identify as Jehovah’s Witnesses, .43% identify as Jewish, .43% identify as Islamic, .21% identify as Hinduism, and .21% as Buddhism.
Describe in detail current and proposed outreach activities for this population: Possible guest speaking about Dementia Friends.		
Native American Identity and their caregivers	N/A	The United States Census Bureau (2024) estimated that .34% identified American Indian/Alaskan Native.
Describe in detail current and proposed outreach activities for this population: Outreach activities and educational sessions		
Health Conditions	<ul style="list-style-type: none"> Physical Disabilities including older adults with severe disabilities and their caregivers Mental Disabilities HIV Status Chronic Conditions 	It was found that 10.86% of individuals were under 65 and living with a disability. United States Census Bureau (2024). The total population of a person living with a disability across all ages in the six county area is 48,297 people (Rural Institute, n.d.). Within that population, 30.44% were noted to have a hearing disability, 34.24% had a cognitive disability, 52.07% had an ambulatory disability, and 14.68% disability related to self-care. The Rural Institute (n.d.) found that in the six county area 12.49% of the area’s veterans have a disability. 18.73% of the individuals with disabilities live in poverty. There are an estimated 3,215 people with a disability living in a NF. The Kaiser

		Family Foundation [KFF] (2023) reports that 59.0% of residents in Indiana between the ages of 18-64 have at least 1 chronic condition and 13.9% have 3 or more chronic conditions.
Social Needs	<ul style="list-style-type: none"> • Housing instability • Food insecurity • Availability of reliable and clean water • Availability of transportation • Utility assistance needs 	Considering social needs and in particular the environment, every county within the six county area had a higher score of particulate matter for air pollution as compared the United States per County Health Rankings (2025). The United States has a 7.3 score while Gibson County scored an 8.6 for air pollution, Posey County scored 8.7, Warrick County scored 8.7, Vanderburgh County scored 9.1, Perry County scored 8.7, and Spencer County scored 8.0. Three out of six counties had water violations indicating an issue with the drinking water at least one time, these counties with violations were Posey, Warrick, and Perry Counties. The CDC (2022) PLACES Data reflects that overall, for the six county area, social isolation prevalence is 31.35% and food insecurity prevalence is 11.87%.
Describe in detail current and proposed outreach activities for this population:		
Targeted outreach using social media and printed material. Possible outreach at community gatherings		
Rural Location and their caregivers (for this section “rural” is defined using RUCA codes)	<ul style="list-style-type: none"> • Rural • Non-Rural 	Outer plan service counties: Posey, Spencer and Perry specifically. Completing presentations with the Dementia Out Reach Specialist and T-Care programs. County Health Rankings (2025) reflected that 100% of Spencer County residents lived in a rural area, 74.7% of residents in Gibson, 70.4% of residents in Posey County, 54.3% of residents in Perry County, 26.7% of residents in Warrick County, and 8.0% of residents in Vanderburgh County.
Describe in detail current and proposed outreach activities for this population:		
Target outreach opportunities in these PSA such as senior centers or COA.		
Language barriers including those with limited	N/A	There was 3.46% of individuals spoke a language other than English in the six county area per the United States Census Bureau (2024).

English proficiency and their caregivers		
Describe in detail current and proposed outreach activities for this population: Educational sessions and supportive services		
Economic Needs	<ul style="list-style-type: none"> • 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 	<p>Individuals with a lower income that feel that they cannot meet basic needs. The United States Census Bureau (n.d.) reviewed that as of 2023, 12.5% of individuals in a six county area were living at or below the poverty level. KFF (2024) shows that the state of Indiana has 167,797 people who have full Medicare and Medicaid. There are 70,378 who receive partial benefits (this is often people who benefit from programs like Medicare Savings Program). The CDC (2022) PLACES Data reflects that overall, for the six county area, food insecurity prevalence is 11.87%. County Health Rankings (2025) highlights the percentage of the population who is uninsured for each county. Vanderburgh County showed the uninsured rate at 8%, Warrick is at 5%, Gibson is at 7%, Posey is at 6%, Perry is at 6% and Spencer is at 7%.</p>
Describe in detail current and proposed outreach activities for this population: Encourage partnerships and outreach events to target individuals in their neighborhoods.		
Older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and their caregivers	N/A	<p>Individuals with diagnosis of neurological disorders and their caregivers. For the counties SWIRCA & More serves, the NORC at the University of Chicago (2024) found that the prevalence of Dementia for each of our counties is as follows: Vanderburgh 7.4%, Warrick 7.2%, Gibson 6.3%, Spencer 6.1%, Perry 5.8%, and Posey 5.7%.</p>
Describe in detail current and proposed outreach activities for this population: Educational sessions and supportive services		
Older relative caregivers (age 55+) of children under 18 or adults age 18-59 with a disability	N/A	<p>Older caregivers in the community. The Family Caregiver Alliance (2023) estimates that there are 1,116,000 are over the age of 65 years. For those caring for others 28.8% are in a rural area. For those receiving care 11.9% are between the age of 18 and 64 living with a disability and 33.6%</p>

		<p>are over the age of 65 with a disability. Strange (2018) reviews that at the time of the article at least 35% of the grandparents caring for grandchildren were at least 60 years old, 63% were female, 25% were living with a disability, and 17% were at or below the poverty level. Looking at country level grandparents caring for grandchildren reflected 1.8% of the population in Perry County, 1.6% in Vanderburgh County, 1.3% in Warrick County, 1.4% in Posey County, 1.6% in Spencer County, and 1.2% in Gibson County.</p>
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Describe in detail current and proposed outreach activities for this population:
Educational sessions and supportive services

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.

We partner with community organizations, faith-based groups, housing authorities, and healthcare providers to identify hard-to-reach individuals and ensure services are extended to underserved neighborhoods and rural communities. Outreach staff and case managers use field data and community input to continuously refine targeting efforts. Aging and Disability Resource Center (ADRC) will continue to attend outreach events in the community. Potential goal is to participate in these twice a month. Increase number of outreach events by 15%. This could be accomplished by making sure our Dementia Outreach Specialist (DOS), caregiver case manager (CCM), or Supervisor over dementia programs attend all outreach events. Continue to receive referrals from the community through ADRC.

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Strange, R. (2018). What the American Community Survey tells us about grandparents who are raising their grandchildren in Indiana. Sept-Oct 2018. Vol. 19, No.5. Retrieved May 21, 2025 from [What the American Community Survey tells us about grandparents who are raising their grandchildren in Indiana \(Sept-Oct 2018\)](#)

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
Posey County Council on Aging	611 W 8th St. Mt. Vernon, IN 47620	Posey County	<input type="checkbox"/>
Perry County Council on Aging	645 Main St, Tell City, IN 47586	Perry County	<input type="checkbox"/>
Gibson County Council on Aging	212 S Richland Crerk Dr, Princeton, In 47670	Gibson County	<input type="checkbox"/>
Spencer County Council on Aging	421 Main St Ste E, Rockport, IN 47635	Spencer County	<input type="checkbox"/>
Warrick County Council on Aging	3120 W State Route 62, Boonville, IN 47601	Warrick County	<input type="checkbox"/>

Name of Focal Point	Address	Counties of Service	Check if Virtual Options
SWIRCA & More	16 W Virginia St, Evansville, IN 47710	Vanderburgh, Posey, Perry, Spencer, Warrick, Gibson	<input type="checkbox"/>
Carver Community Center	400 SE 8th St, Evansville, IN 47713	Vanderburgh, Posey, Perry, Spencer, Warrick, Gibson	<input type="checkbox"/>
BOLDAGE PACE Indiana	700 E Walnut St, Evansville, IN 47713	Gibson, Posey, Vanderburgh, and Warrick	<input type="checkbox"/>
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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	21%	N/A%	N/A	N/A	24%	N/A%	0%	100%
Operational	30%	N/A%	N/A	N/A%	6%	N/A%	0%	100%
Direct Services	49%	100%	100%	100%	76%	00%	0%	100%
Total	100%	100%	100%	100%	100%	100%	0%	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.	N/A

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
Environmental Modification Assessor Inspection	Specifications
Goal Engagement (CAPABLE)	Handy Chore
Health Promotion Evidence-Based	Health Promotion Non-Evidence-Based
Home & Community Assistance	Home Delivered Meals
Home Health Aide	Home Health Supplies
Information & Assistance	Integrated Health Care Coordination
Interpreter	Legal Assistance
Medication Dispenser Installation	Medication Dispenser Monitoring
Nutrition Counseling	Money Management
Nutritional Supplements	Nutrition Education
Options Counseling	Ombudsman
Outreach	Other
Personal Emergency Response System	Personal Emergency Response System Installation
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	3/18/25	5/5/23	5/5/23
Days Cash on Hand	120	300	180
Accounts Receivable Ratio	9:12	9:12	9:12
Average Days to Payment on Invoices Received	If we include the delay in getting contracts executed its about 160 days	46	67
Number of months of operating expenses through other financing arrangements (<i>such as loans, lines of credit, credit cards, charge accounts, etc.</i>)	4	8	6
Percent of Total Revenue from FSSA - DA	62	61	62

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: 10/8/2024

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.

The Continuity of Operations Plan is a strategic blueprint designed to guide the organization through disruptive events—whether natural disasters, technological failures, or other crises—while maintaining mission-critical functions and protecting essential personnel and assets.

At its core, the plan outlines mission-essential functions, ensuring that the most vital services remain operational under any condition. In the event of leadership incapacitation, clearly defined orders of succession and delegations of authority guarantee continuity in decision-making and operational oversight.

Should primary facilities become unusable, the COOP details a structured relocation strategy, identifying alternative work sites and resources needed to sustain operations. These locations are equipped and prepared in advance to facilitate a seamless transition with minimal downtime.

A key element of the plan is the coordination of activities across departments and partner agencies. This is achieved through predefined communication protocols, including redundant systems and chains of contact to maintain real-time collaboration. Coordination teams are designated to manage cross-functional responsibilities, ensuring unity of effort and clarity during high-pressure situations.

The COOP also lays out a comprehensive human resources and logistics approach, addressing staff support, equipment access, and information systems. It underscores the importance of safeguarding both people and property while keeping operations running.

In addition to addressing immediate response needs, the plan places a strong emphasis on the development of long-range emergency preparedness plans. This involves ongoing risk assessments, interagency partnerships, resource planning, and the integration of lessons learned from drills and real events. Continuous improvement is built into the plan, with periodic reviews, staff training, and simulated exercises to test readiness and adaptability.

Finally, the COOP provides a clear roadmap for the reconstitution of normal operations, ensuring a smooth and timely return to standard workflows once the crisis has passed.

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	to carry out, review,and implement person-centered services as directed by support plan, advocate for client’s needs, make community referrals as needed, perform quarterly visits to check up on clients well- being.
Options Counseling	Options counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long term services and supports (LTSS). The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual.
Information & Assistance	An Information and Referral Specialist links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services. Provide basic information and assistance to consumers to assist them with their unique situation, offers education materials and emotional support.
Other: Interpreter	Contracted services that facilitates communication in the language that is most comfortable for the individual.
Other: Outreach	proactive effort to connect individuals, families, and communities with the resources, services, and support systems they need to thrive.
Other: Public Information	N/A
Other: Senior Center	serves as a vibrant hub of activity, connection, and support for older adults across our service region. It is a welcoming, inclusive space where individuals can maintain their independence and enhance their well-being
Assisted Transportation	N/A
Transportation	N/A
In-Home Services (Title III-B, CHOICE,SSBG)	Description/Overview
Adult Day Care	N/A
Personal Care	To provide care for the care recipient (CR) to provide independent living and meet the client’s needs in a safe and feasible environment for the client being with in home services.
Home & Community Assistance	Assist the client with cleaning, providing the client a home that is free of hazards helping to ensure their safety and well-being.

Chore	Handychore is not intended to be a regular maintenance to the home and should be focused to address issues like a broken step, broken window, or broken door are all examples of safety hazards. Extensive projects are not within the scope of handychore, this would include structural repairs, major electric, major plumbing, or significant roof repairs.
Other Services (e.g. HOMI, NUTS, PRSM, SUPP)	Supplemental services provided on case-by-case basis dependent on need and situation. Supplemental services could be nutrition supplement, home modification, personal alert devices, etc)
Elder Rights	Description/Overview
Legal Assistance	Legal services focus on non-criminal, civil matters that are critical to maintaining independence, safety, and well-being.
Ombudsman	serve as neutral, confidential advocates, ensuring that those in care facilities have a trusted voice and that their concerns are heard and addressed.
Nutrition Services (Title III-C, CHOICE, SSBG)	Description/Overview
Congregate Nutrition	Congregate meal programs offer not only a healthy meal for older adults but also offer opportunities for social engagement, learning, and volunteering.
Congregate Nutrition – Grab n Go	This will be a new service offering and will be limited primarily to events of inclement weather, but not so bad a state of emergency has been declared. Offering to individuals based on a nutritional assessment or occasional need will be used sparingly until we can determine what the demand would be. It will be piloted at 3 sites.
Home Delivered Nutrition	to provide well-balanced and nutritious meals for the client to ensure that once a day five days a week they are getting a healthy and well-balanced meal.
Home Delivered Nutrition – Grab n Go	N/A
Nutrition Counseling	N/A
Nutrition Education	Nutrition education is a health service that guides and supports individuals in making healthy and sustainable changes to their diet and lifestyle. It aims to help individuals achieve optimal health and well-being through improved nutrition.

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

2 Monthly nutritional educational handout is provided.

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.

N/A

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:**
Having the additional option of Grab and go reached participants who “aren’t homebound but feel uncomfortable, for a variety of reasons, in eating in a dine-in setting, and also those who don’t have the time to stay to eat but need a nutritional afternoon meal.”
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:**
SWIRCA and More is the designated provider, delivering meals directly to home-delivered meal participants and/or to each identified meal site. SWIRCA will develop a tracking system—utilizing either the state-approved database, the MealTracker system, or a manual log—to ensure accuracy and accountability.
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):** As grab and go options are explored, only three sites will be targeted as pilot sites. This will ensure that the utilization of grab and go meals will not exceed 25%. Every grab and go meals will receive a copy of the meal menu and the monthly schedule for the activity center. Grab-n-go meals will initially be primarily be provided during times of inclement weather.

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:** Individual would still have to be enrolled into the nutritional program and have a completed nutritional screening on file. The application and screening would then be reviewed by the nutritional director for tracking purposes.
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:** The pilot sites selected for this meal option are the same locations identified as having the greatest economic and social need within our PSA.

Health and Well-Being	Description/Overview
Health Promotion: Evidence-Based (Title III-B; Title III-D)	developing, implementing, and planning health programs adapted from tested models or interventions to best address health issues in an ecological context. Current offerings include Matter of Balance, Bingocize, Drums Alive, and Arthiti wexercies.
Health Promotion: Non Evidence-Based (Title III-B)	designed to support the overall well-being of older adults in engaging, accessible, and socially enriching ways. While these activities may not meet the formal criteria of evidence-based programs, they play a valuable role in encouraging physical activity, reducing isolation, and improving mental and emotional health.
Individual Socialization (Title III-B)	N/A
Group Socialization (Title III-B)	N/A

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)

Caregiver of Older Adult Services (Title III-E)	Description/Overview
Caregiver Respite, In-Home	Respite care provides temporary, short-term support for individuals in the home who typically receive full-time care from a family member or other unpaid caregiver. Its purpose is to give the primary caregiver time to rest, manage personal affairs, or simply take a much-needed break

Caregiver Respite, Out- of- Home (day)	N/A
Caregiver Respite, Out- of- Home (overnight)	N/A
Caregiver Care Management	Assist in identifying the needs, desires, and goals of the participants and their caregivers to develop holistic action plans to meet the service needs of the participants while simultaneously reducing the potential for caregiver burnout.
Caregiver Counseling	specialized service that provides emotional support and practical advice for daily activities and to reduce burn out.
Caregiver Training	N/A
Caregiver Training – ABC Community	N/A
Caregiver Supplemental Services	N/A
Caregiver Support Groups	A way for caregivers at different stages or forms of providing care to share experiences, insights, and encouragement for one another.
Caregiver Information and Assistance	A trained individual to answer questions and provide information, assistance or referral to local, state and federal services and benefits available
Caregiver Public Information Services	N/A

Older Relative Caregiver Services (Title III-E)	Description/Overview
Caregiver Respite, In-Home	Respite care provides temporary, short-term support for individuals in the home who typically receive full-time care from a family member or other unpaid caregiver. Its purpose is to give the primary caregiver time to rest, manage personal affairs, or simply take a much-needed break
Caregiver Respite, Out- of- Home (day)	N/A
Caregiver Respite, Out- of- Home (overnight)	N/A
Caregiver Care Management	Assist in identifying the needs, desires, and goals of the participants and their caregivers to develop holistic action plans to meet the service needs of the participants while simultaneously reducing the potential for caregiver burnout.
Caregiver Counseling	specialized service that provides emotional support and practical advice for daily activities and to reduce burn out.
Caregiver Training	N/A
Caregiver Training – ABC Community	N/A
Caregiver Supplemental Services	N/A

Caregiver Support Groups	A way for caregivers at different stages or forms of providing care to share experiences, insights, and encouragement for one another.
Caregiver Information and Assistance	trained to answer questions and provide information, assistance or referral to local, state and federal services and benefits available
Caregiver Public Information Services	N/A

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)
Attendant Care/Personal Care	Vanderburgh	4	14.5
Attendant Care/Personal Care	Posey	2	4
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.	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.

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)	6405	1762	0	960,265
Options Counseling (hour)	8,256	1,752	0	450,000
Information & Assistance (contact)	15,000	11,250	0	24,128
Other: Interpreter (hour)	12	8	600	0
Other: Outreach (contact)	15	355	0	34,333
Other: Public Information (activity)	19	75	0	495
Other: Senior Center (persons served)	8,724	750	9,652	260,000
Assisted Transportation (one-way trip)	0	0	0	0
Transportation (one-way trip)	8,500	580	121,142	0
In-Home Services (Title III-B, CHOICE, SSBG)				
Adult Day Care (hour)	0	0	0	0
Personal Care (hour)	23,816	78	902,270	0
Home & Community Assistance	8,500	580	121,142	-

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)	8	2	2,000	0
Other Services	N/A	N/A	80,000	0
Elder Rights				
Legal Assistance (hour)	481	93	17,000	0
Ombudsman	N/A	N/A	\$45,000	0
Ombudsman: State Assisted Living	N/A	N/A	17,000	0
Ombudsman: Elder Abuse	N/A	N/A	30,000	0
Nutrition Services (Title III-C, CHOICE, SSBG)				
Congregate Nutrition (meal)	85,000	1,600	0	940,700
Congregate Nutrition – Grab n Go (meal)	500	350	0	5,534
Home Delivered Nutrition (meal)	4217	269	0	4,427
Home Delivered Nutrition – Grab n Go (meal)	0	0	0	0
Nutrition Counseling (hours)	0	0	0	021,4
Nutrition Education (sessions)	21,489	1,829	0	183
Health and Well-Being				
Health Promotion: Evidence-Based (unduplicated persons)	N/A	350	5,000	22,730
Health Promotion: Non Evidence-Based (unduplicated persons)	N/A	727	10,000	98,744
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)	6,707	19	134,110	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)	450	50	0	134,500
Caregiver Counseling (hour)	0	0	0	0
Caregiver Training (hour)	0	0	0	0
Caregiver Training – ABC Community (hour)	0	0	0	0
Caregiver Supplemental Services	N/A	N/A	0	0
Caregiver Support Groups (session)	12	12	0	1,200
Caregiver Information and Assistance (contact)	0	0	0	0
Caregiver Public Information Services (activity)	16	115	0	493
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)	0	0	0	0

Caregiver Supplemental Services	N/A	N/A	Click here to enter text.	0
Caregiver Information and Assistance (contact)	0	0	0	0
Caregiver Public Information Services (activity)	0	0	0	0

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 accordance with 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.