

**AREA 12 AGENCY ON AGING**



2016-2020

*AREA PLAN*

*S*



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**Overview**





**2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST**

**To ensure all required components are included, “X” mark the far-right column boxes.**

**Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5/1/16 only***

|  |  |  |
| --- | --- | --- |
| Section | **Four-Year Area Plan Components** | **4-Year**  **Plan** |
|  | Transmittal Letter – *must have original, ink signatures or official signature stamps- no photocopies* | X |
|  |  |  |
| 1 | Mission Statement | X |
| 2 | Description of the Planning and Service Area (PSA) | X |
| 3 | Description of the Area Agency on Aging (AAA) | X |
| 4 | Planning Process / Establishing Priorities | X |
| 5 | Needs Assessment | X |
| 6 | Targeting | X |
| 7 | Public Hearings | X |
| 8 | Identification of Priorities | X |
| 9 | Area Plan Narrative Goals and Objectives: |  |
| 9 | Title IIIB Funded Program Development (PD) Objectives | N/A |
| 9 | Title IIIB Funded Coordination (C) Objectives | N/A |
| 9 | System-Building and Administrative Goals & Objectives | X |
| 9 | Title IIIB/VII A Long-Term Care Ombudsman Objectives | X |
| 9 | Title VII Elder Abuse Prevention Objectives | X |
| 10 | Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes | X |
| 11 | Focal Points | X |
| 12 | Disaster Preparedness | X |
| 13 | Priority Services | X |
| 14 | Notice of Intent to Provide Direct Services | X |
| 15 | Request for Approval to Provide Direct Services | X |
| 16 | Governing Board | X |
| 17 | Advisory Council | X |
| 18 | Legal Assistance | X |
| 19 | Multipurpose Senior Center Acquisition or Construction Compliance Review | N/A |
| 20 | Title III E Family Caregiver Support Program | X |
| 21 | Organization Chart | X |
| 22 | Assurances | X |

**TRANSMITTAL LETTER**

**2016-2020 Four Year Area Plan/ Annual Update**

***Check one:***  **FY 16-20** **FY 17-18**  **FY 18-19**  **FY 19-20**

**AAA Name:** Area 12 Agency on Aging **PSA 12**

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director 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.

(John Carrier)

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Director John Carrier, Governing Board Chair **[[1]](#footnote-1)** Date

2.

(Phillip Sherwood)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phillip Sherwood, Advisory Council Chair Date

3.

(Kristin Millhoff)

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Kristin Millhoff, Executive Director Date

**SECTION 1. MISSION STATEMENT**

The responsibility of Area 12 Agency on Aging is to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

**SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICES AREA (PSA 12)**

The Area 12 Agency on Aging’s (A12AA) four year Area Plan, mandated by the California Department of Aging, offer an opportunity to articulate strategies that will be carried out to address the growing needs and challenges faced by the Agency in the next four years.

Since federal funding from the Older American Act (OAA) has not kept pace with the rapidly growing older adult population in our five counties, we are increasingly resourceful as we maintain quality services. The mounting challenged associated with greater demand for these services and flat line funding has mandated the Agency and its providers seek unique and innovative approaches to address the demand. Greater collaboration between existing partnerships and provers as well as new joint ventures with other agencies where partnership appear likely, offer the best opportunities for maintaining services in this current fiscal environment.

Planning for the needs of an increasing population of older adults, adults with disabilities and caregivers is an ongoing process, one which reflects both the economic climate and the impact of decreased funding for programs at the local, state and federal levels.

Presented in this Area Plan are the Goals and Objectives and Service Unit Plans that will guide the staff, Advisory Council members, Providers and Joint Power Authority Board in serving the needs of the older adults, adults with disabilities and caregivers throughout the designated service area of Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties.

Physical Characteristics

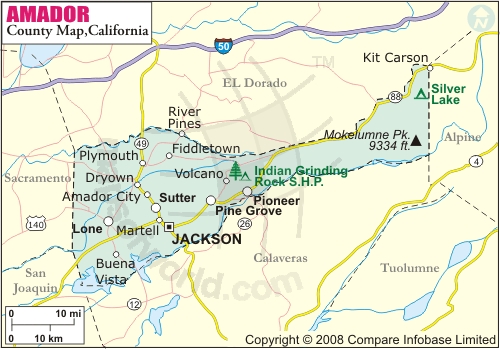
PSA 12 covers a large geographic area of over 6,000 square miles in the Sierra Nevada region of the state, stretching from Alpine County to the north down to Mariposa County at the southern tip. It encompasses portion of Yosemite National Park, Calaveras Big Tress and Columbia State Historic Park. The counties are home to diverse geographical features, including many lakes, rivers, mountains, forests and smaller farms. The rich gold mining history is seen in the town settings and historical state parks. The highest point of elevation is Mount Lyell, 13,120 feet and is located in Yosemite National Park.

Demographics

The U.S. Census 2010 provides the demographic make-up of the five counties PSA 12 serves.

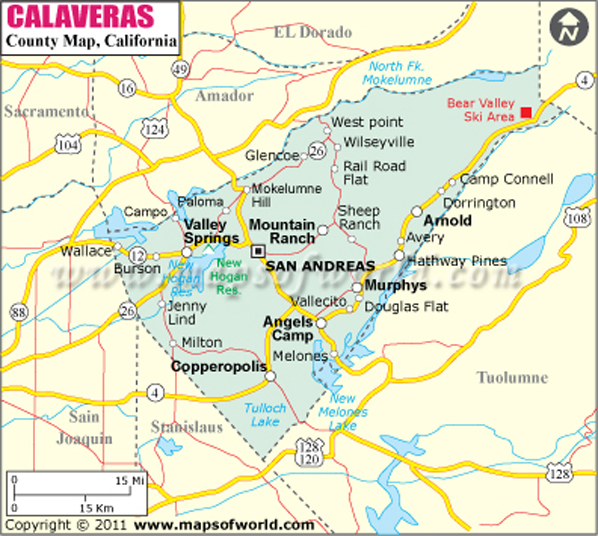


According to the 2010 U.S. Census, Alpine County’s age 60+ population has a high 8.7% Native American/Native Alaskan population. 88% of this age group is White. The remainder of individuals comprises 2.2% Hispanic with African-Americans, Asians, Pacific Islanders and other races representing less than 1%.

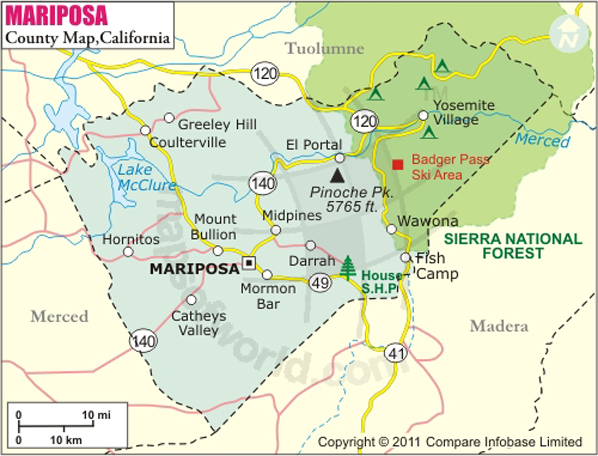


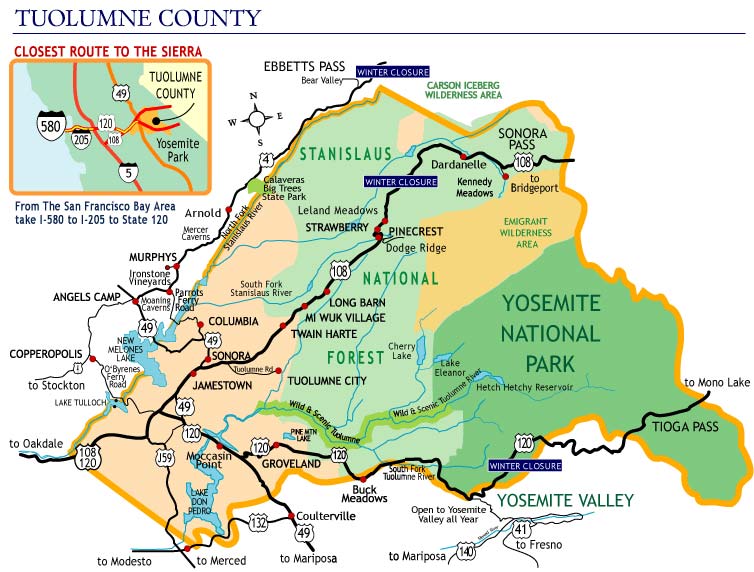
Amador County consists of 95% White and 4.6% Hispanic population. Native Americans, African-Americans and the Multi-race population represent 1% or less.

|  |
| --- |
| Calaveras County has a large age 60+ population. 94% are White, 5.5% are Hispanic. Native Americans, African-Americans, Asians, Pacific Islanders and Multi-race population represent 1% or less of this age group. |



|  |
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| In Mariposa County 93% are White, while Hispanics comprise 4.5%. Native Americans comprise 1.8%. African-Americans, Asians and Pacific Islanders represent less than 1% of the population. Persons of Multi-race represent 2.6% of the population. |





According to the U.S. Census 2010, Tuolumne County has 92% White with 4.5% Hispanic population. Black or African-American is <1%. Native American and Alaska Native make up 1.5%. African-American, Asian, Native Hawaiian and other Pacific Islanders, and other race is <1%.

Map from Tuolumne County Visitors Bureau

Tuolumne County is home to a local Mi-Wuk American Indian tribe. Although they represent only 1.5% of the population, they are a significant cultural group in the county.

An interesting observation recorded by the Tuolumne County 2013 Community Data Report is:

*‘The age distribution in Tuolumne County is weighted toward older residents. This is also true of surrounding counties in the Gold Country region, due to their appeal as retirement locations. Over thirty-seven percent (37.5%) of the county residents are age 55 and older, as compared to 22% statewide. The percentage of residents age 75+ is 9.2%, as compared to 5.3% statewide. This age distribution has implications for service demand and delivery in the areas of housing, health care and senior services.’*

Population

As indicated in the chart below, five counties have one third age 60+ older adults. According to the CA Department of Finance E-2 County Population statistics for 2015, PSA 12 is home to 155,529 people. Older adults, age 60+ represent, on average, over 37% of the total population of the five counties.

|  |  |  |  |
| --- | --- | --- | --- |
| **Older Adult age 60+ Population by County –**  **Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties (PSA 12)** | | | |
| **Name of County** | **Total County**  **Population\*** | **Population**  **Age 60+\*\*** | **% of County**  **Age 60+** |
| Alpine | 1,121 | 450 | 40% |
| Amador | 36,312 | 12,765 | 35% |
| Calaveras | 45,668 | 16,763 | 37% |
| Mariposa | 17,791 | 6,520 | 37% |
| Tuolumne | 54,337 | 18,389 | 34% |
| **TOTAL** | **155,229** | **54,887** | **37%** |

\*2015 E-1 CA Dept. of Finance CA County Population Estimates \*\*2016 CDA DOF Demographic Estimates

The following chart gives an estimate of the number of age 60+ in our PSA who are low income. The poverty guidelines published by the U. S. Department of Health and Human Service are used to determine eligibility for government programs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Low Income Adults (PSA 12)\*** | | | |
| **County** | **Total Population**  **Age 60+** | **Age 60+**  **Low-income** | **% of 60+**  **Low-income** |
| Alpine | 450 | 30 | 6.7% |
| Amador | 12,765 | 1,090 | 8.5% |
| Calaveras | 16,763 | 1,735 | 10.4% |
| Mariposa | 6,520 | 675 | 10% |
| Tuolumne | 18,389 | 1,605 | 8.7% |

\*2016 CA Department of Aging Demographic Estimates

The formula for the federal poverty threshold does not take into account costs of housing, clothing, medical care, transportation, or utilities, and does not recognize regional differences in these costs. The California Elder Economic Security Standard

Index (Elder Index) is a new recognized measure of the basic cost of living for individuals age 65+. It is calculated by the UCLA Center for Health Policy Research. Components of the Index include housing, food, transportation, health care, and miscellaneous costs such as clothing, telephone, home repairs and furnishings. The chart below demonstrates the gap between the Elder Index and Federal Poverty Level for counties in PSA 12. The Elder Index is a county specific measure and includes all of a senior’s basic costs (food, housing, medical care, and transportation).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Elder Index\* – One-Person Household – Renter – 2013** | | | | |
| **County** | **One-Person**  **(renter)** | **Federal Poverty**  **Guidelines\*\*** | **Median Social Security Payment** | **$ Amount Income**  **Gap** |
| Alpine | $21,792 | $11,880 | $12,800 | $8,992 |
| Amador | $23,352 | $11,880 | $12,800 | $10,552 |
| Calaveras | $22,176 | $11,880 | $12,800 | $9,376 |
| Mariposa | $21,240 | $11,880 | $12,800 | $8,440 |
| Tuolumne | $22,488 | $11,880 | $12,800 | $9,688 |

\*2013 CA Elder Economic Security Standard Index \*\*2016 Federal Poverty Guidelines

The minority population in our five counties tends to be lower than the average in the state of California for age 60+. But each county has a minority presence that is steadily rising.

Another important economic factor in our rural area is the large amount of geographically isolated age 60+ individuals. These individuals offer unique challenges due to the long distance from services. According to the chart below, over half of the population, living in four counties, is geographically isolated.

Challenges and Successes

The country’s largest philanthropic health foundation, the Robert Wood Johnson Foundation, recently released the 2015 county health report and found Tuolumne County second in the state for quality of life. Amador, Calaveras and Mariposa Counties also ranked in the top 20. Since the foothill communities are a desirable place to live for retirees this has implications for service demand and delivery in the areas of housing, health care and senior services.

As the older individuals in our counties become elderly and frail, home repairs become an issue. The Residential Repairs/Modifications program continues to provide minor home repairs for these consumers. The minor home repairs are necessary to facilitate the ability of older individuals to remain at home. As the foothill population continues to age, the need for home repair programs assisting older adults will be needed. In addition to the A12AA Residential Repair program, one county has started ‘the Village’ concept in their neighborhood. As a nonprofit organization, this village is operated by board members and volunteers. They service a specific geographic area, providing members assistance with home maintenance, daily activities, transportation and social gatherings to build neighborhood friendships.

The Agency has been active in participating in community meetings and discussions regarding volunteer driver programs. In the past three years, three counties have started volunteer driver programs. The programs have been active in providing rides for individuals who are not able to access public transit or paratransit programs. There continues to be challenges in providing ‘out of county’ medical transportation.

The collaboration between organizations that deliver services to older individuals in the rural areas is increasing. The Agency partnered with California Highway Patrol to give safe driving presentations at educational events. Catholic Charities Diocese of Stockton, the Agency and several organizations collaborated together to provide an Elder Abuse Awareness training for professionals and the public. For the next couple of years, U.C. Davis Alzheimer’s Division has agreed to partner with the Family Caregiver Support Program to conduct educational forums with regards to dementia. Agency staff are in regular contact with contracted providers, county public health organizations, and health and human services organizations through community involvement.

The challenges the Agency faces are similar to other AAAs. Flat line funding of programs has affected the Agency’s ability to keep pace with the growing older adult population in our rural counties. A unique challenge in the rural counties is the distance to provide quality services to geographically isolated older adults and caregivers. Community resources have been stretched to the limit especially in rural areas affected by the wildfire. The cost of living that continues to rise and the recent state fire tax that unduly burdens low-income individuals in our rural areas, is concerning for the older adult population.

Although the Agency regularly conducts outreaches in the various communities, it continues to be a challenge to get the information regarding services and programs to consumers who need them. The Agency is consistently exploring various means to distribute information using the website, Facebook, the Advisory Council members, presenting at community organizations, health fairs, partnering with veteran’s groups, newspaper and magazine advertisement and even attending children’s fairs to capture the grandparents raising grandchildren audience. To reach the Agency’s targeted population, outreach efforts will continue at food banks, veteran’s mobile clinics, health fairs, senior expos, partnering with low-income health vans, senior centers, support groups, social service organizations, service organizations and public health organizations.

Additional challenges are revealed through the information in the Elder Index. The Index records the actual cost of living in the surrounding counties. There is a great gap between the income individuals receive and the ‘real’ cost of living for individuals. This cost disparity is cause for concern as older adults, adults with disabilities desire to age in place.

**SECTION 3. DESCRIPTION OF THE AREA 12 AGENCY ON AGING**

Leadership Role

A12AA offers opportunities to engage older adults in purposeful volunteer activities. Members of the Advisory Council’s Transportation & Housing, Legislative, Nutrition and Public Information committees have written objectives which consider the data from the recent Needs Assessment Survey.

The Transportation committee members are active in their respective communities attending various transportation related meetings: Social Services Transportation Advisory Council – SSTAC and county transit meetings. They advocate for maintaining and increasing mobility options for the older adult population.

The Legislative committee has raised public awareness by posting proposed state bills related to senior issues on the A12AA website. They have conducted numerous presentations at senior and county meetings regarding the proposed state bills. One of the California Senior Legislature Senators from our PSA introduced a proposal to the Legislature regarding probate. It became a new California state law that will save people time and money by assisting them in the way they attribute their residential property rights to others upon their death. The new law called the Transfer on Death Deed, was in effect January 1, 2016.

The Public Information committee attended numerous meetings in their respective counties to raise awareness about A12AA services and senior needs. Because of the sprawling geography in our rural area and the isolated nature of rural living, the committee gather information packets and distributed over 500 to isolated seniors.

The Nutrition committee works with the providers to inform the community regarding the nutrition programs available – congregate dining, restaurant dining and home delivered meals. One the projects they conducted to support the nutrition program was sending meals-on-wheels flyers to the out of county skilled nursing facilities and hospitals to information those facilities of the home delivered meals program.

The A12AA staff continues to provide current and quality Management Information System (MIS) training to its Providers and staff, as well as A12AA staff. As MIS issues arise, A12AA staff is available to resolve issues in a timely manner. Harmony (MIS) training for both contracting providers and staff will be ongoing in the next four year cycle of the Area Plan.

In an effort to provide community outreach to all the counties, the Information & Assistance staff works with hospitals and clinics in Amador, Calaveras, Mariposa and

Tuolumne counties to raise awareness of A12AA services available to hospitals and clinic attendees.

As our Agency receives inquiries regarding the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the Information & Assistance staff directs them appropriately. Local resources and National organizations are listed on the County Resources List. A booklet regarding legal basics and local resources is kept in the Information & Assistance file.

The Family Caregiver Support Program (FCSP) provides education to hospital discharge planners, home health agencies and clinic staff members for the purpose of awareness, understanding and utilization of caregiver programs and services. The caregiver support groups cover topics such as dementia, grandparents raising grandchildren and related topics to support their roles as caregivers. FCSP sponsored an education day collaborating with U. C. Davis Alzheimer’s division and for the next several years, the FCSP program will partner with U. C. Davis Alzheimer’s division to provide caregiver training and education.

In two counties, A12AA sponsored a Men’s Health Lunch & Learn series to focus on men and their health. They collaborated with local lawyers and doctors, California Highway Patrol speaking about safe driving, HICAP organization making consumer aware of Medicare fraud, registered dieticians giving information on nutrition from a dietician’s perspective, self-defense issues as individuals age and chiropractic care. Some of the topics discussed were health insurance counseling, adaptive equipment, dental health, exercise demonstration, chronic conditions and medication interactions.

Agency staff participated in the organization of Tuolumne County’s annual Health Fair. A12AA staff was responsible for organizing the 100+ health and educational booths at the two-day events that brought over 4000 consumers. This collaboration will continue into the next four year cycle.

Our Disaster Coordinator attends OES and Public Health disaster trainings on a bi-annual basis in Tuolumne County. A12AA has two staff members with Incident Command System (ICS) and Standardized Emergency Management System (SEMS) certification. When there is an emergency situation, our Agency is in regular contact with providers to ensure their staff and clients are evacuated safely and to be notified if services are interrupted. A12AA staff continues to play a supportive role in the community agency response system.

In September, 2015, two of our counties dealt with a large wildfire. The Butte Fire burned over 75,000 acres, destroyed over 545 homes, displaced over 12,000 residents and took out power to up to 15,000 people. The community came together to provide shelter for those individuals who were evacuated. The providers that service the two counties did an exemplary job with communication, tracking their clients, continuing services when and where possible and overall assistance to the community of seniors as well as the community at large. Many of the employees were evacuated but continued to provide every service they could. Our Agency played a support role to the providers, the OES and the shelters set up in the two counties.

During the Butte Fire, our contracted provider in both of the counties contacted their clients to be assured of the client’s ability to self-evacuate to a relative’s home or a nearby shelter. If they were not able to evacuate the provider called local groups to assist with their evacuation. At the Agency, the care managers in the FCSP and MSSP programs contacted their clients to inquire after their status. Care managers facilitated several clients’ evacuation by arranging transportation or locating a place to stay. Several of our employees visited the shelters set up in Amador and Calaveras Counties to deliver depends, chucks, medi-sets and dietary supplements. When the Coordinated Disaster Center was set up, several employees and Advisory Council members volunteered to work to provide assistance in filling out forms, referrals to correct agencies and other tasks as assigned. A12AA staff coordinated with Calaveras Public Health and the Calaveras Food Bank to assist in any way possible. We were in regular contact with our providers to monitor the interruption of services and to support them in any way we could.

The past few years have brought several Emergency Declarations to several of the counties we serve. On January 17, 2014, Governor Brown proclaimed a Drought State of Emergency as the State is experiencing the most severe drought in history with four years of below average rain and snow. On November 3, 2015, the Tuolumne County Board of Supervisors voted to extend the local state of emergency declaration related to the drought. Tuolumne County’s OES had contacted Cal-OES and together they provided bottled water, temporary water tanks or connected homes temporarily to the local water system. Because of the severity of the situation, Tuolumne County set up a task force to monitor the situation and to find a way to help people stay in their homes. The County’s Residential Water Safety Net program helps local residents receive the water they desperately need. The CSAC has recognized the Task Force as a Best Practice. Tuolumne County OES stated there were no additional wells that reportedly went dry in December, 2015, but the County started receiving referrals each week in January, 2016. To date, 238 wells and 11 springs have gone dry during the drought, and 346 homes have been impacted and several of these homes are occupied by seniors.

On September 18, 2015 the Tuolumne County Board of Supervisors proclaimed a local state of emergency due to pervasive tree mortality. On October 30, 2015 Governor Brown issued a State of Emergency proclamation, which recognizes and addresses the need for tree removal of dead and dying trees throughout the State and authorized California Disaster Assistant Act (CDAA) funding to provides up to 75% reimbursement for all eligible costs related to removal of hazard trees that threaten public infrastructure. The County has assembled a Tree Mortality Task Force to develop a response plan for removing hazard trees. The goal of the Tuolumne County Tree Mortality Task Force is to collaborate with local, as well as private and public partners to identify and remove dead and dying trees which threaten public safety and infrastructure – power lines, water systems, roads/highways, communication lines, etc. County staff continue to work towards mitigating the threat of dead and dying trees with their partners. The first step is to identify and prioritize areas where dead trees need to be removed to protect public infrastructure and then to develop a work plan, including public and private partners, for removal of those trees. Tuolumne County OES hosted a series of Community Forums with partner agencies to discuss the Tree Mortality epidemic, and to inform Tuolumne County residents of upcoming tree removal projects. Many homeowners including seniors, have trees down on their properties and are unable physically as well as financially to dispose of the wood. Our Agency is working with the Task Force to explore various ways to find funding, national groups or community organizations to assist with the removal of the dead trees.

The Health Insurance Counseling and Advocacy program (HICAP) surpassed many of their goals and are prepared to continue their efforts. Staff completed 2,126 intakes and made 4,540 client contacts to date with the intent to increase those numbers over the next year. In addition to the client contacts, the program saved consumers over $1.6 million dollars since 7-1-15. Outreach with the Sonora Regional Medicare Center’s HOPE free Medical Van, food banks, community education to service groups and health fairs throughout the service area will be ongoing. Over 5000 reminder postcards were delivered to Medicare beneficiaries to encourage them to reassess their Medicare Part D benefits in 2015. The program anticipates sending out an increased number in the next year of the planning cycle. During the Part D Open Enrollment period, drop-in clinics were well attended. To increase their outreach efforts, the program hired an Outreach Specialist and they will increase their outreach efforts to inform the public of the options Medicare beneficiaries can receive.

As the older individuals in our counties become elderly and frail, home repairs become an issue. The Residential Repairs/Modifications program continues to provide minor home repairs. These minor repairs are necessary to facilitate the ability of older individuals to remain at home and are not available through other programs. As the foothill population continues to age, the need for home repair programs that assist older adults will increase.

The new IIID Health Promotion requirements given by the Administration for Community Living (ACL) have been implemented for fiscal year 2016-17. The program meets the new highest level criteria (guidelines) established and is considered to be evidence-based by the ACL. The T’ai Chi program offered by A12AA is led by two certified fitness professionals who received training through the approved training program from Dr. Paul Lam, T’ai Chi for Arthritis Program through the T’ai Chi for Health Institute. This program is considered to be evidence-based by the ACL. Currently two T’ai Chi classes are offered.

The Agency offers other exercise programs in several counties. Yoga classes are offered in Calaveras, Mariposa and Tuolumne counties. The exercise programs aid in fall prevention, improving balance and increasing core strength and are conducted in a group setting. The participants fill out pre- and/or post- surveys, evaluating their progress regarding their balance, their movements, hand-eye coordination and physical improvement. These programs have been tested for positive results in improving the participant’s strength and mobility. Many of the individuals give personal testimony to the improvement in their strength, balance and flexibility. Having a community full of healthy seniors is a plus for everyone.

A12AA is an active partner with community organizations focused on meeting the need for offering a family of mobility options for seniors, adults with disabilities, caregivers and veterans. In Tuolumne County, a volunteer driver reimbursement transportation program, is in operation and able to provide transportation for adults age 60+, adults with disabilities and veterans. Through contracting with the Agency, four counties in the PSA are providing transportation to medical appointments, grocery shopping, and errands. A provider in Calaveras County started a congruent transportation program to meet the need for rides in the geographically isolated area of Calaveras County. Recently, Amador County started a volunteer driver program. Our transportation representative is continuing to work with several organizations to continue to explore a wide array of mobility options to an ever increasing age 60+ population.

Chronic diseases, such as heart disease, heart attack, high blood pressure, high cholesterol, diabetes, cancer or arthritis, can have serious consequences if not carefully managed or left untreated. For the last few year, the Agency partnered with the Tuolumne County Public Health Department’s Community Transformation Grant in providing Chronic Disease Self-Management classes.

Nutrition providers offered congregate dining, restaurant dining (two counties) and home delivered meal options. The Registered Dietician works alongside the nutrition managers in each location to reduce sodium, add nutritional content and modify the menus to bring each meal to the optimum recommended daily intake for older individuals. Salad bars are in operation at congregate sites to attract diners and provide nutritious choices for participants. Our providers are always looking for new dining sites to serve the needs of their communities. In FY 2015-16 one new site was opened in Tuolumne County two sites have been opened in Calaveras County.

Nutrition education is an ongoing program the Agency provides on a quarterly basis. *Healthy Eating, Five Easy Ways to get your Vegetables and Diabetes and Food Choices*are titles of the brochures distributed to congregate and home delivered meal clients. The *Dietician Is In* is a program conducted regularly by the registered dietician. The dietician conducts a brief informational presentation at key locations (congregate sites and senior centers) regarding nutrition topics such as hydration, whole grains,

essential oils and fats or portion distortion. The Nutrient of the Month program started this fiscal year with information distributed to congregate and home delivered meal clients regarding folic acid, cholesterol, iron, calcium and other nutrients.

The Restaurant dining program in Calaveras County will no longer be offered as a congregate dining choice beginning in FY15-16. Several factors contributed to the discontinuation of the program: 1) the lack of client participation, 2) the restaurant sites inability to comply with Nutrition program guidelines and standards, 3) the difficulties with the menu items meeting the Elderly Nutrition Program in Title 22 and 4) the high-cost of administrating the program. The funding for the C-1 congregate restaurant program in Calaveras County was funneled to the C-1 Congregate program. This lowered the proposed service units in Section 10-Service Unit Plan Objectives.

In keeping with the growth in social media and providing our clients and the public with current information, A12AA maintains a Facebook page. During FY15-16, the Agency highlighted various events including the Medicare D Drop-in Clinics, the exercise programs available, nutrition education pieces and pertinent articles for older adults. Also highlighted were various articles regarding health, volunteer opportunities available and current community events. This new venue keeps the public informed of Agency and community events and allows them an opportunity to voice their comments and concerns.

The A12AA website continues to be a source of information for consumers. Through the Needs Assessment survey data analysis, the data supported that 7 in 10 older consumers use the computer. With this in mind, the Agency performed a major upgrade in the structure, look and content of the website. The general traffic has increased. Since July 1, 2015, over 3,600 users have viewed over 13,000 pages. The pages most viewed are Information & Assistance, Support Services, about Area 12, Caregiver, Senior Centers, MSSP, Nutrition and Medicare.

In June of 2015, Catholic Charities collaborated with the Mi-Wuk Indian tribe, Area 12 Agency on Aging, Tuolumne County district attorney’s office, and California Department of Aging to host an Elder Abuse Awareness Conference. The speakers gave detailed insight into the issue of elder abuse, not only in our state, but narrowed it down to our communities. Our communities were given a quality presentation that focused on the responsibility we have to protect the vulnerable elderly population.

In 2016, the Tuolumne County district attorney’s office will be appointing a task force to address the growing number of elder abuse cases in the county. A staff member from our Agency will be involved with the task force.

**SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES**

The planning process for the next year is a joint effort with the contracted Providers and the Agency. Extensive planning with the administrative staff is done within the Agency. Specific activities include breakout sessions with the Advisory Council, A12 Staff and providers. The contracted Providers service units are reviewed and discussed looking at the current units and trends.

Through the Public Hearing process the Agency gathers public comments and records the most important needs for seniors. Before the public hearings, the response sheets are distributed to home delivered meal, congregate and transportation clients to ensure homebound consumers are heard. The response sheets were also available through the library system in the counties, on the A12AA website and other key locations where older adults gather. They were collected and compiled and considered when making service related decisions.

The information the Agency receives from the sources listed below, serve as the foundation for evaluating and adjusting services. Organizations, activities and documents include:

JPA Governing Board meeting

Needs Assessment Surveys (Data Analysis)

Demographic Reports

Contracted Providers

Advisory Council

Public Hearings

Staff meetings

Community agencies

Planning activities continue throughout the next four years. The Area Plan will be reviewed, evaluated and updated as necessary. When reevaluating the outcomes of the goals and objectives in the Area Plan, special consideration is given to the quality of services provided, client satisfaction, staff assessments, and cost effectiveness.

**SECTION 5 - NEEDS ASSESSMENT**

Realizing that every day, 10,000 people turn 65, the Agency is keenly aware of carefully considering the results from the needs assessment survey from 2014. Supporting older adults in our communities as they age requires a broad range of services. The survey provided the Agency with a clearer understanding of our aging population and confirmed the services we are providing are needed. The needs assessment is a formal process that determines the gaps between current outputs or outcomes and the required or desired outputs or outcomes. It can also prioritize the gaps and give data to support the most important gaps to be addressed.

The distribution process included connecting with organizations, individuals and providers in the five counties. The Advisory Council was a tremendous partner in distributing the surveys in their communities by supplying libraries, homeowner’s associations, service clubs, social groups, mobile home parks and other key locations with the surveys. Senior apartment complexes, social services, senior centers, churches, veteran services and public health organizations were given a supply of the surveys. The Agency placed ads in the newspaper in five counties and placed information on free website locations to advertise the survey. It was placed on the A12AA Facebook page and a copy was available on the A12AA website.

The surveys were filled out by older adults age 50+, adult caregivers 18+ caring for those age 60+ and grandparents age 55+ caring for their grandchildren. The survey housed both quantitative and qualitative variables and covered demographic information, health and wellness, activities, needs and concerns, services used by consumers, staying healthy and a section for caregivers.

Surveys were collected and compiled by the Agency. An independent organization, the San Joaquin Co-Op, reviewed the surveys, conducted data entry into Microsoft Excel, and moved the data into the Statistical Package for the Social Sciences (SPSS) for analysis. Additional qualitative analysis was conducted in Excel. In the data analysis we offered descriptive, cross-tabulated and qualitative analyses. Chi-square analysis was used which resulted in cross tabulations which showed significant relationship between sets of variables.

The survey addressed the LGBT population with some multiple choice questions. The responses from the survey respondents did not reveal an identified unmet need. The Agency continues to provide resources for this vulnerable population.

Our target population includes age 60+ older adults, adults with disabilities and caregivers who are low-income, minorities and geographically isolated. Often these individuals live in rural areas and are generally located a far distance from services or resources. One finding supporting the rural nature of the PSA is the average distance traveled one way for medical appointments is 20 miles. The rolling hills and rugged terrain are challenges because sometimes there is no access to affordable internet or cell phone services.

Home repairs and home maintenance presented as an existing and pressing need for older adults. These respondents desire to age in place but are faced with home repairs they can no longer physically perform or afford. The Agency has a minor home repair program available for age 60+ individuals who own their homes. If the home repairs are beyond the scope of the Agency program, our Information & Assistance shares the local, state and federal resources available for homeowners. The constraints on addressing the home repair needs is the issue of adequate funding sources. As the need for these types of services increase, there needs to be a source of adequate funds to meet the increased demand.

The Agency sponsors several exercise classes to encourage older adults to attend and exercise to aid in fall prevention. These exercise classes increase mobility, develop core strength and flexibility, all which aid in fall prevention. Addressing the large percentage of consumers concerned about severe weather, we plan to increase our distribution of information regarding severe weather and emergency preparedness by posting related links on the Facebook page, placing flyers in the lobby and distributing tips regarding weather to hdm and congregate clients. FCSP and MSSP clients receive an emergency prep packet when they are opened to the program. The MSSP care manager reviews the emergency plan once a year.

One of the barriers in preventing access to available services is the rural nature of the communities we serve. The Information & Assistance and HICAP staff attend various events in the counties to distribute A12AA information regarding services. We also receive phone calls, walk-ins and our community partners make referrals to the Agency. These referrals are important for the consumer to receive those services. Senior Networks, multi-disciplinary teams and in person staff trainings are excellent platforms for the exchange of the information regarding offered services. Our Agency is active in each of the four counties sharing our programs and resources with members of these and many other organizations.

The survey found the majority of those who need care and support are relying on family, friends and neighbors. The family caregiver is an unpaid family member who provides

regular care for a relative or loved one. This segment of the population is responsible for the physical, emotional, spiritual, economic and legal concerns of the other person. The community of caregivers experience stress related to emotional drain or isolation they feel as they care for someone else. The Agency regularly sponsors support groups, seminars and events focusing on the caregiver. Through the Family Caregiver Support Program, a caregiver can receive counsel and support regarding caregiving.

**MINIMUM PERCENTAGE OF TITLE IIIB FUNDS TO BE EXPENDED FY2016-17**

Legal 2% In-Home Services 7.5%

Access 65%

**SECTION 6. TARGETING**

The Agency and the JPA Governing Board are aware of the need to target specific populations. The Agency uses the Older Americans Act (OAA) designations of special populations, particularly low income, minority, highest social and economic needs and disabled populations, as a guidelines for service and advocacy. The OAA retained the targeting provisions for low-income minorities and added focus on older individuals residing in rural areas. The additional National Family Caregiver Support Program provides a means of addressing the growing needs of caregivers.

The original means used to identify the targeted populations in the PSA was the 2010 Census. Below are special populations identified in the OAA with some of the methods used by A12AA to reach these groups in PSA 12.

* Low-income minority older individuals: as identified in the section describing the PSA 12, minority populations comprise close to 4% of the total senior population in five counties with 4% Hispanic, 2.7% American Indian/Alaskan Native. The African American, Asian, Native Hawaiian and Other Pacific Islander and other ethnic groups each represents less than 1%.

* Older individuals with income at or below poverty level: Low income is defined as at or below 100% of the federal poverty guidelines.
* Targeting seniors with greatest social economic needs: A12AA will continue to target seniors in the greatest social and economic need with emphasis on low-income, geographically isolated individuals.
* Frail, older individuals and their caregivers.

The Agency has an Info Van that is utilized to reach out to low-income individuals who reside in geographically isolated areas. Through review of demographic information, the Agency’s priorities are consistent with those of the Older Americans Act. The Agency’s priority is dealing with older adults, adults with disabilities and caregiver issues.

**SECTION 7. PUBLIC HEARINGS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Public Hearings**  **2016-2017** | | | | |
| Date | Location | # of  Attendees | Presented  In language  Other than  English | Was hearing  Held at Long-term  Care facility?  Yes or No XX |
| 2-16-16  3-3-16  3-8-16  4-7-16 | Cal-Works  509 E. St. Charles  San Andreas, CA  95249  Mariposa Sr. Ctr.  5246 Spriggs Ln.  Mariposa, CA  95338  A12AA Office  19074 Standard Rd.  Sonora, CA  95370  County Admin. Ctr.  810 Court St.  Jackson, CA  95642 | 38  11  8  6 | No  No  No  No | No  No  No  No |
| 2017-2018 |  |  |  |  |
| 2018-2019 |  |  |  |  |
| 2019-2020 |  |  |  |  |
|  |  |  |  |  |

**The following must be discussed at each Public Hearing conducted during the planning cycle:**

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

Outreach efforts included advertising the Public Hearing in each county’s local

newspaper, announcement flyers with response sheets at key locations where seniors gather and distributing flyers and response sheets to all home delivered meal, congregate meal clients and community groups. Response sheets were available at the Public Hearing. Response sheets were gathered, reviewed and documented by A12AA.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed? **Not applicable.**

Yes. Go to question #3

X Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C NA

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services. **Not applicable.**

X Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

Since the Title IIIB funds provide services to consumers, attendees were interested in what services were available to them in their counties. These services were outlined in the presentation and clarified during the public comment section of the presentation.

6. List any other issues discussed or raised at the public hearing.

A12AA discussed the new requirement for the IIID Health Promotion funds giving detailed documentation of the new requirements and the way A12AA has met those requirements.

7. Note any changes to the Area Plan which were a result of input by attendees.

The topics discussed by the attendees at the public hearings were the topics and issues the Agency has identified as needs in the communities we serve. The top concerns from individuals were transportation (29), assistance with house cleaning (10), caregiver support (10), yard clean up (7), technology assistance (6), affordable and accessible housing (6), out of county transportation (6), information about services (5), need for a senior center in area (6), exercise programs (5), and home delivered meals (5). The input from the response sheets and the individuals who attended the hearings gave documentation to support the areas the Agency has identified as priority services.

**SECTION 8 - IDENTIFICATION OF PRIORITIES**

A12AA identified service priorities prior to the release of requests for proposal (RFP). Several methods were utilized to assess these priorities including the use of the Needs Assessments and informal surveys in the various communities. As previously discussed, the needs assessment is a formal process that reveals the gaps between current outputs or outcomes and the required or desired outputs or outcomes. It can also prioritize the gaps and give data to support the most important gaps to be addressed. In addition, data compiled by the Information and Assistance Program (I & A), input from the A12 Advisory Council as well as specific information involving service providers, recipients, and the general public collectively serve as the foundation for evaluating and adjusting services that establish the service priorities for PSA 12. They include, in alphabetical order:

Priority 1: Care Management, Chore services, Congregate Meals, Elder Abuse Prevention, Family Caregiver Support Program, Health, Health Promotion, Health Insurance Counseling and Advocacy Program (HICAP), Home Delivered Meals, Homemaker, Information and Assistance, Legal Assistance, Nutrition education, Ombudsman Program, Personal Care services, Residential Repair/Modification services, Restaurant Meal Program and Transportation.

Priority 2: These programs are considered very important, and while they are not recommended for funding for 2016-2020, these areas would be eligible to apply for one-time-only or additional funds should they become available: Senior Housing and Out-of-County Transportation.

The funding percentage of adequate proportion reflects the current level of service. The A12AA proposes to serve Amador, Calaveras, Mariposa and Tuolumne counties with nutrition programs, and all areas with chore, homemaker, personal care, legal services and transportation. Information and Assistance and Legal Services will be provided to every community within the PSA.

While there is a need to serve the findings in the Needs Assessment and targeting those specific areas, the challenge to use funds efficiently and effectively while maintaining quality will bring the Agency, the contracted Providers, Governing Board and the Advisory Council to a new level of planning and decision making.

The following attached material includes updated information regarding the Goals and Objectives and the Service Unit Plans relating to services offered to seniors, caregivers, and disabled adults in the Planning and Service Area.

**SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 12**

**2016-2017 Area Plan**

**(2016-2020 Four Year Area Plan Cycle)**

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| **Goal #1: The Agency will employ various methods to distribute information and education regarding supportive services for older adults, adults with disabilities and caregivers.** | | | |
| **Rationale:** Information on how to access services, promoting independence, encouraging wellness and a self-supporting lifestyle is vital for older adults who desire to age in place as safely as possible. A12AA will continue to advocate ‘aging in place’ for older adults, adults with disabilities and caregivers.  The Agency will continue to raise awareness and promote the programs and services available to older adults in an effort to reach those who would benefit from the services but are unaware of the supportive programs in their communities. | | | |
| **List Objective Number(s) \_\_\_\_ and Objective(s)**  **[Refer to CCR Article 3, Section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[2]](#footnote-2)**  **N/A** | **Update**  **Status[[3]](#footnote-3)** |
| **Objective #1:** On a quarterly basis the Information & Assistance staff will work with hospitals, clinics, discharge planners, and home health agencies in Amador, Calaveras, Mariposa and Tuolumne counties to improve awareness of senior programs, services and caregiver resources for clinic attendees.  **Outcome:** Staff and clients who attend hospital clinics in Amador, Calaveras, Mariposa and Tuolumne counties will receive educational information regarding the local resources and become better informed of available services.  **Measurement:** The number of clinics contacted and the number of staff that attend the presentation. | 7-1-16-6-30-17 |  | New |

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| **Objective #2:** A12AA staff will cultivate media contacts regarding A12AA’s mission, programs and services it provides, as well as creating opportunities for Agency staff to give informational interviews.  **Outcome:** The public will receive the most current information regarding A12AA services and programs.  **Measurement:** The number of Community education presentations and Public Information activities completed and the number of circulation. | 7-1-16-6-30-17 |  | New |
| **Objective #3:** The Advisory Council Legislative committee and the CA Senior Legislators will coordinate, at a minimum, one educational meeting a year for Advisory Council members, A12AA staff and Providers to distribute information and updates on senior issues and proposed and/or enacted legislation affecting seniors.  **Outcome:** Broadened awareness and advocacy on legislation for seniors and related organizations regarding senior issues.  **Measurement:** Presentation of material at publicized meeting. | 7-1-16-6-30-17 |  | New |
| **Objective #4:** The A12AA Advisory Council Legislative Committee and the CA Senior Legislators will complete individual presentations to Commissions on Aging, service organizations and senior groups in their respective counties, to distribute information and updates on senior issues and proposed and/or enacted legislation affecting seniors.  **Outcome:** Broadened awareness and advocacy on legislation regarding senior issues.  **Measurement:** The number of presentations and number of attendees at presentations. | 7-1-16-6-30-17 |  | New |
| **Objective #5:** The A12AA Advisory Council Legislative Committee and the CA Senior Legislators will keep committee members and the public informed regarding updates on senior issues and proposed and/or enacted legislation by e-mail, newsletter or pertinent links posted on A12AA website and/or Facebook.  **Outcome:** Broadened awareness and public education on legislation regarding senior issues using internet and social media venues.  **Measurement:** The number of times information is posted. | 7-1-16-6-30-17 |  | New |
| **Objective #6:** The Advisory Council Housing committee will identify and appoint representatives to attend related housing meetings in their respective counties to promote accessible housing and ensure older adult issues are addressed.  **Outcome:** County planners and developers will receive information to support the need for accessible and affordable housing for seniors in their communities.  **Measurement:** The number of meetings attended by appointed representatives. | 7-1-16-6-30-17 |  | New |
| **Objective #7:** The Advisory Council Transportation committee members will research and develop a transportation chart of available transportation for each county. The chart will be distributed to individuals and organizations in each participating county.  **Outcome:** Consumers in the four counties will be aware of available transportation options.  **Measurement:** The number of transportation charts distributed. | 7-1-16-6-30-17 |  | New |
| **Objective #8:** The Advisory Council Public Information Committee will identify key locations in each community for distribution of information to reach pocket communities that have limited access to internet and cell phone services. This includes geographically isolated individuals.  **Outcome:** Consumers will have access to current information at identified key locations in each community.  **Measurement:** The number of identified key locations in each county and number of information distributed at locations. | 7-1-16-6-30-17 |  | New |

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| **GOAL #2: The Agency will strengthen existing partnerships with community groups and endeavor to establish new partnerships with compatible community organizations to continue to provide community based services.** | | | |
| **Rationale:** The increase in population of older adults, age 60+, in our PSA is growing at a more rapid rate than the funding received from federal, state and county governments. To develop a coordinated, integrated system of care, it is imperative to partner with compatible agencies to work on issues to provide critical services for older adults, adults with disabilities and caregivers. | | | |
| **List Objective Number(s) \_\_\_\_ and Objective(s)**  **[Refer to CCR Article 3, Section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C**  **N/A** | **Update**  **Status** |
| **Objective #1:** A12AA staff will collaborate with the California Highway Patrol in Amador, Calaveras, Mariposa and Tuolumne counties to conduct safe senior driving presentations.  **Outcome:** Older adults will be provided with training and information to assist them in evaluating their driving skills.  **Measurement:** The number of attendees at events. | 7-1-16-6-30-17 |  | New |
| **Objective #2:** A12AA staff will collaborate with health professionals in Amador, Calaveras, Mariposa and Tuolumne counties to conduct presentations on topics related to chronic disease.  **Outcome:** Participants will gain knowledge on chronic diseases.  **Measurement:** The number of attendees at events. | 7-1-16-6-30-17 |  | New |
| **Objective #3:** The A12AA Advisory Council will appoint representatives to attend the Social Services Transportation Advisory Council (SSTAC) meetings and other transportation related meetings in their respective counties to promote improved services to seniors and adults with disabilities, particularly for geographically isolated individuals.  **Outcome:** Each representative will be informed regarding available transportation services and will advocate for senior transportation issues.  **Measurement:** The number of meetings (SSTAC and other transportation related meetings) attended by appointed representatives. | 7-1-16-6-30-17 |  | New |
| **Objective #4:** The Advisory Council Public Information Committee will establish a set of guidelines to Advisory Council members to actively participate in Commission on Aging (COA) meetings in each county.  **Outcome:** COA organizations in each county will have increased Advisory Council participation and representation.  **Measurement:** The number of Advisory Council members who attend COA meetings and the number of meetings attended. | 7-1-16-6-30-17 |  | New |
| **Objective #5:** Advisory Council Public Information Committee and A12AA will develop a template and process to advertise the regular meetings of the Advisory Council in newspapers, publications or websites to invite the general public to attend.  **Outcome:** The Advisory Council meetings will be advertised for the general public.  **Measurement:** The number of advertisements in newspapers, publications or online websites. | 7-1-16-6-30-17 |  | New |
| **Objective #6:** The Advisory Council Housing Committee and A12AA staff will present integrating senior housing options to county planning departments, planning commissions, housing advisory committees and developers to encourage consideration of senior housing options in each county General Plan and Housing Plan.  **Outcome:** County planning departments, planning commissions and developers will receive information to support the need for accessible and affordable housing options for senior community members to age in place.  **Measurement:** Number of presentations made and number of meetings attended. | 7-1-16-6-30-17 |  | New |

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| **GOAL #3: The Agency will develop and coordinate a comprehensive Community Education Program regarding information on each facet of Medicare and Medicare Savings programs for eligible seniors, adults with disabilities and caregivers, to ensure they have access to current information when making necessary Medicare related decisions.** | | | |
| **Rationale:** The A12AA HICAP staff and volunteer counselors will ensure Medicare options and supplemental insurance information are accessible and understandable for Medicare recipients. These options include information on the Medicare Part D drug coverage, Low Income Subsidy (LIS), Medicare Savings Program, Medicare Advantage programs and Supplemental insurance. These programs are complex which requires community education and a significant amount of one-on-one counseling to enable Medicare recipients to make pertinent and accurate choices. | | | |
| **List Objective Number(s) \_\_\_\_\_\_\_ and Objective(s)**  **[Refer to CCR Article 3, section 7300 (c)]** | **Projected Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[4]](#footnote-4)**  **N/A** | **Update**  **Status** |
| **Objective #1:** A12AA HICAP staff will conduct Preventive & Wellness Education in collaboration with the other Agency programs as they conduct a series of educational events in the PSA.  **Outcome:** Medicare beneficiaries will be educated on how to access preventive and wellness services and meet eligibility requirements.  **Measurement:** The number of attendees at each event receiving information. | 7-1-16 –  6-30-17 |  | **New** |
| **Objective #2:** A12AA HICAP volunteer base will be expanded in Calaveras and Tuolumne counties.  **Outcome:** Increased offering and availability of one-on-one counseling services in local communities.  **Measurement:** Increase in the number of clients served. Increase in number of counseling hours. Increase in number of volunteer counselors. | 7-1-16 –  6-30-17 |  | New |
| **Objective #3:** A12AA HICAP staff will conduct Medicare Part D Drop-in Clinics in Amador, Calaveras, Mariposa and Tuolumne counties. HICAP staff will collaborate with local pharmacies to provide flu shots at each site.  **Outcome:** Increased local accessibility to rural areas for enrollment assistance with Medicare Part D. LIS screening to all clients attending enrollment events and increased client knowledge of Part D options.  **Measurement:** The number of events held. The number of clients counseled at each event. The number of clients assisted with Part D enrollment. The number of LIS applications completed. | 7-1-16 –  6-30-17 |  | New |
| **Objective #4:** A12AA HICAP staff will maintain and expand rural counseling sites. One new site will be established in each of the following counties: Calaveras County, Tuolumne County  **Outcome:** Increased accessibility to HICAP services in rural areas for clients who are limited by transportation.  **Measurement:** The number of new sites opened and the number of clients counseled at new sites. | 7-1-16 –  6-30-17 |  | New |
| **Objective #5:** A12AA HICAP staff will use technology to broaden education opportunities and communication with the boomer generation. HICAP will start using Facebook to inform the public of events and pertinent topics. A12AA staff will regularly update A12AA HICAP website page with information and events. Additionally, staff will continue to expand the use of e-mail capability on the webpage for instant communication and education.  **Outcome:** The boomer generation and other beneficiaries will have an instant medium for information and education.  **Measurement:** The number of hits on webpage and the number of emails sent from website page. | 7-1-16 –  6-30-17 |  | New |
| **Objective #6:** A12AA HICAP staff will 1) expand both Community education and outreach by partnering with Sonora Regional Medical Center’s (SRMC) Hope Health Van and attending local food banks targeting low-income dual eligible clients.  2) During Part D enrollment, HICAP will have a volunteer available to answer questions for walk-in clients.  3) HICAP staff will conduct a marketing campaign to ensure doctor’s offices within the PSA have knowledge of HICAP services and receive HICAP brochures.  4) HICAP staff will partner with Advisory Council members to distribute pertinent Medicare information in their communities.  **Outcome:** Medicare beneficiaries and low-income dual eligible beneficiaries will be better educated about HICAP services and how the program can assist them.  **Measurement:** The number of Community Education and Outreach events attended. The number of Medicare and pre-Medicare and dual eligible beneficiaries reached. | 7-1-16-  6-30-17 |  | New |

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| GOAL #4: The Area 12 Agency on Aging will continue to provide leadership in developing and coordinating services with emphasis on education on topics related to older adults; enhancement and integration for home and community based services for individuals who desire to age in place; provide education on services to encourage older adults to continue to live in their residences safely. The Agency will coordinate with the Ombudsman program for residents in long term care facilities to maintain their dignity and independence. | | | |
| Rationale: The mission of A12AA is to support maximum independence for older adults, adults with disabilities to prevent unnecessary placement in facilities.The Agency will coordinate services with the Ombudsman program to protect the dignity of individuals who are in facilities. | | | |
| **List Objective Number(s) \_\_\_\_\_\_\_ and Objective(s)**  **[Refer to CCR Article 3, section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[5]](#footnote-5)**  **N/A** | **Update**  **Status** |
| **Objective #1:** Ombudsman staff will advocate ensuring the dignity, quality of life and caring for all residents in Skilled Nursing facilities and Residential Care facilities for the elderly. Staff and volunteers will monitor, conduct complaint investigations, and when necessary, make reports to appropriate licensing agencies, APS and local law enforcement.  **Outcome:** Advocacy for all residents residing in Skilled Nursing and Residential Care facilities.  **Measurement:** Number of facilities monitored, investigations completed, and reports forwarded to appropriate agencies. | 7-1-16-6-30-17 |  | New |
| **Objective #2:** Ombudsman staff and volunteers will attend Resident Council Meetings when invited.  **Outcome:** Residents will be more aware of Ombudsman services and self-advocacy measures will be improved.  **Measurement:** The number of Resident Councils attended. | 7-1-16-6-30-17 |  | New |
| **Objective #3:** Ombudsman staff and volunteers will attend Family Council meetings when invited.  **Outcome:** Family members will become better acquainted with Ombudsman services and self-advocacy measures will be improved.  **Measurement:** The number of Family Councils attended. | 7-1-16-6-30-17 |  | New |
| **Objective #4:** Ombudsman staff and volunteers will conduct program presentations at monthly facility staff meetings to familiarize facility staff with Ombudsman program’s mission and purpose.  **Outcome:** Improved communication between Ombudsman staff and volunteers and facility staff.  **Measurement:** The number of appropriate referrals made by facility staff. | 7-1-16-6-30-17 |  | New |
| **Objective #5:** Ombudsman staff and volunteers will conduct facility presentations for mandated reporter training.  **Outcome:** An expanded awareness and reporting of mandated reporting responsibilities.  **Measurement:** Number of abuse reports made to program and mandated reporter trainings conducted. | 7-1-16-6-30-17 |  | New |
| **Objective #6:** Ombudsman staff and volunteers will conduct Ombudsman program and Elder Abuse awareness presentations to community organizations.  **Outcome:** An expanded awareness of program and abuse dangers.  **Measurement:** Post surveys at each presentation and the number of presentations conducted. | 7-1-12-6-30-17 |  | New |
| **Objective #7:** Scheduled facility visits by Ombudsman staff and volunteers to work with staff, residents, and family members to reduce mistreatment and stress by caregiver.  **Outcome:** Caregivers will recognize stress and mistreatment of clients and staff.  **Measurement:** Number of trainings conducted. | 7-1-16-6-30-17 |  | New |
| **Objective #8:** Ombudsman staff will regularly attend National Ombudsman Reporting System (NORS) and ODIN offered by the State Long-Term Care Ombudsman Office.  **Outcome:** Increased accurate reporting.  **Measurement:** Staff and Ombudsman volunteers will have increased accurate reporting in the ODIN system. | 7-1-16-6-30-17 |  | New |
| **Objective #9:** Legal Advocacy staff and advocates will increase pro bono attorneys and volunteer advocates in order to provide older adults, adults with disabilities and caregivers with legal assistance.  **Outcome:** An increase in legal assistance in the service area.  **Measurement:** Increase in number of clients served. | 7-1-16-6-30-17 |  | New |
| **Objective #10:** The Elder Abuse Prevention Program coordinator will collaborate with professionals from APS, District Attorney Offices, local law enforcement, and other agencies for the purpose of conducting Elder Abuse Prevention trainings.  **Outcome:** The local health care professionals and advocates will have a clearer understanding of elder abuse.  **Measurement:** The number of trainings conducted. | 7-1-16-6-30-17 |  | New |
| **Objective #11:** The Elder Abuse Prevention Program Coordinator will collaborate with A12AA’s Family Caregiver Program staff to educate caregivers on reporting responsibilities, and where and how to report elder abuse.  **Outcome:** Family caregivers will be aware of the signs of elder abuse and how to report it.  **Measurement:** Number of abuse cases reported by family caregivers and number of educational trainings conducted. | 7-1-16-6-30-17 |  | **New** |
| **Objective #12:** Ombudsman staff will maintain funding in order to keep current staffing level.  **Outcome:** Maintain or increase program efficiency.  **Measurement:** Increased number of additional complaints investigated and general visits conducted. | 7-1-16-6-30-17 |  | **New** |
| **Objective #13:** Ombudsman staff will conduct a training(s) for volunteer recruitment.  **Outcome:** Stronger program advocacy and increased system advocacy by volunteers for facility residents.  **Measurement:** Increase in number of trained volunteers. | 7-1-16-6-30-17 |  | **New** |
| **Objective #14:** A12AA MSSP Care Managers and Registered Nurse (RN) will provide education to clients regarding medication management to prevent medication mismanagement through missed doses, drug interactions, improperly timed or double doses.  **Outcome:** Clients will have enhanced medication management skills and safely administer their medications.  **Measurement:** The number of Medi-sets delivered yearly. The number of Files for Life distributed yearly. The number of clients who receive medication management services. | 7-1-16-6-30-17 |  | **New** |
| **Objective #15:** MSSP Program Manager will coordinate Mariposa and Tuolumne counties Multi-Disciplinary Team (MDT) meetings including an educational component to encourage participation with other agencies. The Care Managers will attend Calaveras MDT meetings on a regular basis. **Outcome:** Improvement of client care coordination and organization communication.  **Measurement:** The number of meetings held per year and number of participants. | 7-1-16-6-30-17 |  | **New** |
| **Objective #16:** A12AA MSSP staff will partner with local Red Cross agency to ensure eligible clients receive updated Emergency Preparedness packets. Care Managers will assist clients in developing evacuation and emergency preparedness plans and reviewing plans on a yearly basis.  **Outcome:** Eligible clients will have updated emergency preparedness packet and yearly review plan.  **Measurement:** The number of packets given out and the number of clients who review emergency plans. | 7-1-16-6-30-17 |  | **New** |
| **Objective #17:** A12AA staff will work with local licensed, bonded agencies and contracted Providers to provide chore services – assistance with heavy housework, yard work or sidewalk maintenance; homemaker services – assistance with preparing meals, shopping for personal and household items, managing money, using the telephone or doing light housework; or personal care services – personal assistance, stand-by assistance, supervision or cues to maintain activities of daily living such as eating, bathing, oral hygiene, grooming, dressing, toileting, transferring in/out of bed/chair, walking, dressing, grooming (non-medical personal services) to functionally impaired age 60+ clients.  **Outcome:** Clients age 60+ will receive chore, homemaker, and personal care services to support client’s quality of life and independence to remain in their homes.  **Measurement:** The number of unduplicated clients served. | 7-1-16-6-30-17 |  | **New** |
| **Objective #18:** A12AA staff will work with contracted Providers in PSA 12 to assist clients age 60+ with transportation (one-way trips) to and from their home to appropriate medical appointments, local errands, pharmacy and from one location to another .  **Outcome:** Clients age 60+ will receive transportation to appropriate medical appointments and appropriate errands allowing them to continue to live independently.  **Measurement:** The number of unduplicated clients served. Number of one-way trips provided. | 7-1-16-6-30-17 |  | **New** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GOAL #5: The Agency will coordinate with and promote current programs to address important unmet needs identified by older adults, caregivers and adults with disabilities to live independently in the community.** | | | | |
| **Rationale:** The Agency recognizes that changes in the characteristics of the population may require adjustments or development of different ways services are provided to older adults, caregivers and adults with disabilities. | | | | |
| **List Objective Number(s) \_\_\_\_ and Objective (s)**  **[Refer to CCR Article 3, Section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[6]](#footnote-6)**  **N/A** | | **Update**  **Status** |
| **Objective #1:** A12AA will offer a physical fitness group activity teaching yoga, conducted by a certified fitness professional designed to improve physical health and improve balance, core strength, mobility through a series of designed yoga poses and stretches.  **Outcome:** Improved balance to aid in fall prevention, core strength and mobility for participants.  **Measurement:** Pre- and/or post- surveys. | 7-1-16-6-30-17 |  | | **New** |
| **Objective #2:** A12AA will provide eligible clients with minor home repairs by contracting with local licensed, bonded contractors to provide residential modifications of homes that are necessary to facilitate the ability of older adults to remain at home; includes minor repairs/renovations in order to meet safety, health issues and code standards; to repair problems which threaten their health, safety and independence.  **Outcome:** Improved home repair services for PSA residents and identification of local vendors.  **Measurement:** The number of modifications performed. | 7-1-16-6-30-17 | |  | **New** |
| **Objective #3:** A12AA will offer an evidence based physical fitness program to improve physical health, build core strength, and improve balance by coordinating a series of sessions instructed by a certified fitness professional trained through T’ai Chi for Arthritis for Fall Prevention, Dr. Paul Lam T’ai Chi for Health Institute. The trainers take the clients through the movements and exercises associated with T’ai Chi. The IIID Health Promotion activity of T’ai Chi meets the new highest level criteria (guidelines) established by the Administration for Community Living (ACL). The ACL has determined the program:  1)Demonstrated through evaluation the program is effective for improving health and well-being or reducing the disability and/or injury among older adults.  2)Proven effective with older adult population having used an experimental or quasi-experimental.  3)Have research/evaluation results published in a peer-reviewed journal.  4)Implemented at the community level with fidelity to the published research and shown to be effective outside a research setting.  5)Includes program manuals, guides, and/or handout that are available to the public.  **Outcome:** Clients will build core strength, increase flexibility and improve balance which improves overall physical fitness and increase their ability to stay independent.  **Measurement:** Pre- and/or post- surveys. | 7-1-16-6-30-17 | |  | **New** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal #6:** **The Agency will strengthen current services under the Family Caregiver Support program (FCSP) for caregivers in order to ensure older adults, adults with disabilities, their families or informal caregivers and grandparents raising grandchildren, receive information for self-determination, dignity and responsible choice.** | | | |
| **Rationale:** The need for information and outreach, particularly in this rural, geographically isolated area where caregivers have limited or no knowledge of the available services is critically important. In order to improve the quality and quantity of informal care, it is imperative for caregivers to be aware of available support services and programs. | | | |
| **List Objective Number(s) \_\_\_\_ and Objective (s)**  **[Refer to CCR Article 3, Section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[7]](#footnote-7)**  **N/A** | **Update Status** |
| **Objective #1:** A12AA Family Caregiver Support Program (FCSP) will collaborate with grandparent groups in Amador, Calaveras, Mariposa and Tuolumne to conduct outreach and increase awareness of FCSP Access, Information Services and Support services. Respite and Supplemental services for grandparents raising grandchildren were not identified needs in the Needs Assessment survey. Respite and Supplemental services for grandparents raising grandchildren are available through community organizations such as ICES, First Five, HeadStart, Resource Connection or Social Services.  **Outcome:** Grandparents will learn about FCSP services available for them.  **Measurement:** The number of grandparents contacted. | 7-1-16 – 6-30-17 |  | New |
| **Objective #2:** A12AA FCSP staff will provide education to hospital discharge planners, home health agencies and clinic staff members for the purposes of awareness, understanding and utilization of A12AA FCSP program and services.  **Outcome:** An improved understanding and increased awareness of the FCSP.  **Measurement:** The number of agency contacts completed. | 7-1-16 – 6-30-17 |  |  |
| **Objective #3:** Over the next four years,FCSP staff will collaborate with UC Davis educators to conduct a caregiver workshop on Dementia and Caregiving for caregivers.  **Outcome:** Caregivers will receive education regarding forms of dementia and tools to assist them with living with dementia. Caregivers will be better informed of the various services in their communities to encourage them in their role as caregiver.  **Measurement:** The number of caregivers who attend the event. | 7-1-16 – 6-30-17 |  | New |
| **Objective #4:** FCSP staff will attend Health Fairs, Senior Expos, Senior Health Days and senior related events in Amador, Calaveras, Mariposa and Tuolumne Counties to distribute information regarding the FCSP program.  **Outcome:** The public will be made aware of services FCSP can offer caregivers.  **Measurement:** The number of events attended and participants reached. | 7-1-16 – 6 -30-17 |  | New |
| **Objective #5:** FCSP staff will work with caregivers in each county to provide them with updated and pertinent information on topics related to caregiving. Caregivers identified areas of concern (caregiver stress, emergency prep and others) on the recent needs assessment survey.  **Outcome:** Caregivers will be more aware of resources available to assist them in dealing with the issues they have identified.  **Measurement:** The number of FCSP contacts made. | 7-1-16-6-30-17 |  | New |
| **Objective #6:** FCSP staff will work with clients to provide them with Support Services: caregiver assessment, counseling, support group, training, case management; Respite Care: in-home supervision, homemaker assistance, in-home personal care, home chore, out-of-home daycare; Supplemental Services: assistive devices, home adaptations, emergency cash/material aid.  **Outcome:** Caregivers will have access to FCSP services to care for their loved one as long as safely possible.  **Measurement:** The number of service units used by caregivers. | 7-1-16-6-30-17 |  | New |

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal #7: Older adults, adults with disabilities and caregivers in PSA 12 will have access to nutrition services to maintain or improve the physical, psychological and/or social well-being of eligible individuals by providing appropriate nutrition services.** | | | |
| **Rationale:** Access to Nutrition services are a basic need for frail, vulnerable, disabled and older individuals that can be addressed through providing congregate dining, restaurant dining or home delivered meals that are nutritionally approved with the recommended 1/3 daily nutritional intake. Nutrition training will be provided to the nutrition providers on a regular basis. Nutrition education will be provided to the recipients of congregate dining, restaurant dining or home delivered meal services. | | | |
| **List Objective Number(s) \_\_\_\_ and Objective (s)**  **[Refer to CCR Article 3, Section 7300 (c)]** | **Projected**  **Start and**  **End Dates** | **Title IIIB Funded**  **PD or C[[8]](#footnote-8)**  **N/A** | **Update**  **Status** |
| **Objective #1:** Advisory Council Nutrition Committee, Providers, and A12AA staff will develop an outreach program to educate rehab facilities in local and surrounding areas about the availability of the Meals on Wheels Program in A12AA service area.  **Outcome:** Rehab facilities in the four counties will be aware of MOW programs which will assist clients to receive proper nutrition while recuperating at home.  **Measurement:** The number of contacts with rehab facilities. | 7-1-16 – 6-30-17 |  | New |
| **Objective #2:** A12AA staff will host two nutrition provider meetings for the purpose of promoting and maintaining coordination and referral with other supportive and health services as well as nutrition training for providers.  **Outcome:** Nutrition participants will be informed of services that would be beneficial in maintaining their independence and ability to age in place.  **Measurement:** The number of meetings held. | 7-1-16 – 6-30-17 |  | New |
| **Objective #3:** A12AA staff will coordinate with nutrition providers to provide accurate and culturally sensitive nutrition information and education to participants to promote better health as it relates to nutrition.  **Outcome:** Nutrition participants will receive information that will assist in maintaining their health and independence.  **Measurement:** The number of participants who receive nutritional information. | 7-1-16– 6-30-17 |  | New |
| **Objective #4:** A12AA staff will ensure that low-income older adults age 60+ have access to fresh fruit, vegetables and herbs from Certified Farmer’s Markets by providing Farmer’s Market coupon booklets when available.  **Outcome:** Nutrition participants will have access to fresh fruit, vegetables and herbs from Certified Farmer’s Markets.  **Measurement:** The number of coupon booklets distributed. | 7-1-16 – 6-30-17 |  | New |
| **Objective #5:** Advisory Council Nutrition Committee will appoint a committee member to interview 2 participants at the nutrition sites on a quarterly basis. **Outcome:** Nutrition information from participants will be communicated to the Providers to improve nutrition services.  **Measurement:** The number of interviews and visits conducted quarterly. | 7-1-16-6-30-17 |  | New |
| **Objective #6:** A12AA will contract with Providers to provide congregate dining, restaurant dining or home delivered meals that are nutritionally approved with the recommended 1/3 daily nutritional intake.  **Outcome:** Eligible participants will have access to nutritional meals.  **Measurement:** The number of meals served. | 7-1-16-6-30-17 |  | New |

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report (SPR)](http://www.aging.ca.gov/aaa/guidance/NAPIS_SPR_Form.pdf)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](http://www.aging.ca.gov/ProgramsProviders/AAA/Planning/Docs/2011/Service_Categories_Data_Dictionary_rev_6-26-11.xls) and the National Ombudsman Reporting System (NORS) Instructions.

Report the units of service to be provided with **ALL** **funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA.

**SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES** **PSA 12**

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES**

**CCR Article 3, Section 7300(d)**

**1. Personal Care (In-Home) Unit of Service = 1 hour**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 8 | 4 | 17 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**2. Homemaker (In-Home) Unit of Service = 1 hour**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 570 | 4 | 17 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**3. Chore (In-Home) Unit of Service = 1 hour**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 325 | 4 | 17 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**4. Home-Delivered Meal Unit of Service = 1 meal**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 127,350 | 7 | 1, 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**5. Adult Day/ Health Care (In-Home) Unit of Service = 1 hour N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**6. Case Management (Access) Unit of Service = 1 hour N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**7. Assisted Transportation (Access) Unit of Service = 1 one-way trip N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**8. Congregate Meals Unit of Service = 1 meal**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 41,300 | 7 | 5, 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**9. Nutrition Counseling Unit of Service = 1 session per participant N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**10. Transportation (Access) Unit of Service = 1 one-way trip**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 6,715 | 4 | 18 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**11. Legal Assistance Unit of Service = 1 hour**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 250 | 4 | 9 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**12. Nutrition Education Unit of Service = 1 session per participant**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 3,700 | 7 | 2, 3 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**13. Information and Assistance (Access) Unit of Service = 1 contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 5,536 | 1 | 1 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**14. Outreach (Access) Unit of Service = 1 contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers (if applicable) |
| 2016-2017 | 2,500 | 1 | 1 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Other Supportive Service Category-Elder Abuse Prevention, Education & Training** **Unit of Service = Session**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers |
| 2016-2017 | 10 | 4 | 10, 11 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Other Supportive Service Category** – **Elder Abuse Prevention, Education Materials** **Unit of Service = Product**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers |
| 2016-2017 | 400 | 4 | 10, 11 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Other Supportive Service Category - IIIB Health** **Unit of Service = Hour**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers |
| 2016-2017 | 2,500 | 5 | 1 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Other Supportive Service Category** – **Public Information** **Unit of Service = Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers |
| 2016-2017 | 20 | 1 | 2 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Other Supportive Service Category – Residential Repairs/Modifications**

**Unit of Service = Modification**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers |
| 2016-2017 | 115 | 5 | 2 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**16. Title IIID/ Disease Prevention and Health Promotion**

**Instructions for Title IIID Disease Prevention and Health Promotion:** Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

**Unit of Service = 1 contact**

**Service Activities: T’ai Chi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year | **Proposed**  Units of Service | Goal Numbers | Objective Numbers  (Required) |
| 2016-2017 | 2,370 | 5 | 3 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**2016–2020 Four-Year Planning Cycle**

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program’s last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3),(5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate** (AoA Report, Part I.E, Actions on Complaints)

The average California complaint resolution rate for FY 2013-2014 was 73%.

|  |
| --- |
| 1. FY 2014-2015 Baseline Resolution Rate:  Number of complaints resolved **94** + Number of partially resolved complaints **45** divided by the Total Number of Complaints Received **208** = Baseline Resolution Rate **67**%  FY 2016-17 Target Resolution Rate **67**% |
| 2. FY 2015-2016 Baseline Resolution Rate:  Number of complaints resolved  + Number of partially resolved complaints  divided by the Total Number of Complaints Received  = Baseline Resolution Rate %  FY 2017-18 Target Resolution Rate % |
| 3. FY 2016-2017 Baseline Resolution Rate:  Number of complaints resolved  + Number of partially resolved complaints  divided by the Total Number of Complaints Received  = Baseline Resolution Rate %  FY 2018-19 Target Resolution Rate % |
| 4. FY 2017-2018 Baseline Resolution Rate:  Number of complaints resolved  + Number of partially resolved complaints divided by the Total Number of Complaints Received  = Baseline Resolution Rate %  FY 2019-20 Target Resolution Rate % |
| Program Goals and Objective Numbers: **4:1** |

**B. Work with Resident Councils** (AoA Report, Part III.D.8)

|  |
| --- |
| 1. FY 2014-2015 Baseline: number of Resident Council meetings attended **48**  * FY 2016-2017 Target: **48** |
| 2. FY 2015-2016 Baseline: number of Resident Council meetings attended  FY 2017-2018 Target: |
| 3. FY 2016-2017 Baseline: number of Resident Council meetings attended  FY 2018-2019 Target: |
| 4. FY 2017-2018 Baseline: number of Resident Council meetings attended  FY 2019-2020 Target: |
| Program Goals and Objective Numbers: **4:2** |

**C. Work with Family Councils** (AoA Report, Part III.D.9)

|  |
| --- |
| 1. FY 2014-2015 Baseline number of Family Council meetings attended **6**  FY 2016-2017 Target: **6** |
| 2. FY 2015-2016 Baseline number of Family Council meetings attended  FY 2017-2018 Target: |
| 3. FY 2016-2017 Baseline number of Family Council meetings attended  FY 2018-2019 Target: |
| 4. FY 2017-2018 Baseline number of Family Council meetings attended  FY 2019-2020 Target: |
| Program Goals and Objective Numbers: **4:3** |

**D. Consultation to Facilities** (AoA Report, Part III.D.4) Count of instances of ombudsman representatives’ interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

|  |
| --- |
| 1. FY 2014-2015 Baseline: number of consultations **7**  FY 2016-2017 Target: **7** |
| 2. FY 2015-2016 Baseline: number of consultations  FY 2017-2018 Target: |
| 3. FY 2016-2017 Baseline: number of consultations  FY 2018-2019 Target: |
| 4. FY 2017-2018 Baseline: number of consultations  FY 2019-2020 Target: |
| Program Goals and Objective Numbers: **4:1,2,3,7** |

**E. Information and Consultation to Individuals** (AoA Report, Part III.D.5) Count of instances of ombudsman representatives’ interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

|  |
| --- |
| 1. FY 2014-2015 Baseline: number of consultations **60**  FY 2016-2017 Target: **60** |
| 2. FY 2015-2016 Baseline: number of consultations  FY 2017-2018 Target: |
| 3. FY 2016-2017 Baseline: number of consultations  FY 2018-2019 Target: |
| 4. FY 2017-2018 Baseline: number of consultations  FY 2019-2020 Target: |
| Program Goals and Objective Numbers: **4:1,2,3,4,7** |

**F. Community Education** (AoA Report, Part III.D.10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

|  |
| --- |
| 1. FY 2014-2015 Baseline: number of sessions **8**  FY 2016-2017 Target: **8** |
| 2. FY 2015-2016 Baseline: number of sessions  FY 2017-2018 Target: |
| 3. FY 2016-2017 Baseline: number of sessions  FY 2018-2019 Target: |
| 1. FY 2017-2018 Baseline: number of sessions  * FY 2019-2020 Target: |
| Program Goals and Objective Numbers: **4:4,5** |

**G. Systems Advocacy**

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents’ quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

|  |
| --- |
| **Systemic Advocacy Effort(s) for the current fiscal year 2016-17:** The staff and volunteers of Catholic Charities Long Term Care Ombudsman Program will actively support the legislative efforts currently under consideration in Sacramento to improve dementia care and reduce the inappropriate use of antipsychotic medications in long-term care (LTC). The local Long Term Care Ombudsman Program will work with the State Long-Term Ombudsman in the approach to accomplish the goal of improving care for individuals with dementia that includes raising public awareness, strengthening regulatory oversight and education. |

**Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Facility Coverage (other than in response to a complaint),** (AoA Report, Part III.D.6)

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

|  |
| --- |
| 1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **3** divided by the total number of Nursing Facilities **6** = Baseline **50**%  FY 2016-2017 Target: **100**% |
| 2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint  divided by the total number of Nursing Facilities  = Baseline %  FY 2017-2018 Target: % |
| 3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint  divided by the total number of Nursing Facilities  = Baseline %  FY 2018-2019 Target: % |
| 4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint  divided by the total number of Nursing Facilities  = Baseline %  FY 2019-2020 Target: % |
| Program Goals and Objective Numbers: **4:4** |

**B. Facility Coverage (other than in response to a complaint)** (AoA Report, Part III.D.6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

|  |
| --- |
| 1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **4** divided by the total number of RCFEs **14** = Baseline **29**%  * FY 2016-2017 Target: **100**% |
| 1. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint  divided by the total number of RCFEs  = Baseline%  * FY 2017-2018 Target: % |
| 1. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint  divided by the total number of RCFEs  = Baseline %  * FY 2018-2019 Target: % |
| 1. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint  divided by the total number of RCFEs  = Baseline%  * FY 2019-2020 Target:  % |
| Program Goals and Objective Numbers: **4:1** |

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

|  |
| --- |
| 1. FY 2014-2015 Baseline: **1.67** FTEs  FY 2016-2017 Target: **1.50** FTEs |
| 2. FY 2015-2016 Baseline: FTEs  FY 2017-2018 Target:  FTEs |
| 3. FY 2010-2011 Baseline: FTEs  FY 2013-2014 Target:  FTEs |
| 4. FY 2010-2011 Baseline: FTEs  FY 2014-2015 Target:  FTEs |
| Program Goals and Objective Numbers: **4:12** |

**D. Number of Certified LTC Ombudsman Volunteers** (AoA Report Part III. B.2. – Staff and Volunteers)

|  |
| --- |
| 1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers **10**   FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers **8** |
| 1. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers   FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers |
| 3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers  FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers |
| 1. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers   FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers |
| Program Goals and Objective Numbers: **4:13** |

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

* Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
* Hiring additional staff to enter data
* Updating computer equipment to make data entry easier
* Initiating a case review process to ensure case entry is completed in a timely manner

|  |
| --- |
| For the 2016-2017 year, Catholic Charities Diocese of Stockton will increase the accuracy, consistency and timeliness of the National Ombudsman Resource System (NORS) data reporting having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO. |

**PSA 12**

**TITLE VIIA ELDER ABUSE PREVENTION**

**SERVICE UNIT PLAN OBJECTIVES**

**Units of Service: AAA must complete at least one category from the Units of Service below.**

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title IIIE Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year’s numbers and the resources available. Activates reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

* **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
* **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
* **Training Sessions for Caregivers Served by Title IIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.spacer image
* **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
* **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may

include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

* **Number of Individuals Served –**Indicate the total number of individuals expected to be reached by any of the above activities of this program.

**PSA 12**

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: Catholic Charities Diocese of Stockton.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year** | **Total # of Public Education Sessions** |  | **Fiscal Year** | **Total # of Training Sessions for Professionals** |
| 2016-2017 | 10 |  | 2016-2017 | 1 |
| 2017-2018 |  |  | 2017-2018 |  |
| 2018-2019 |  |  | 2018-2019 |  |
| 2019-2020 |  |  | 2019-2020 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year** | **Total # of Training Sessions for Caregivers served by Title IIIE** |  | **Fiscal Year** | **Total # of Hours Spent Developing a Coordinated System** |
| 2016-2017 | 2 |  | 2016-2017 | 25 |
| 2017-2018 |  |  | 2017-2018 |  |
| 2018-2019 |  |  | 2018-2019 |  |
| 2019-2020 |  |  | 2019-2020 |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Total # of Copies of**  **Educational Materials to be Distributed** | **Description of Educational Materials** |
| 2016-2017 | 725 | Elder Abuse Prevention materials, Physical, mental and verbal abuse materials, Sparrow brochure, Program brochures which include CalFresh, VetFam, Ombudsman, Legal Advocacy Program, Elder Abuse Prevention program information |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |
| --- | --- |
| **Fiscal Year** | **Total Number of Individuals Served** |
| 2016-2017 | 100 |
| 2017-2018 |  |
| 2018-2019 |  |
| 2019-2020 |  |

**PSA 12**

**TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**

**CCR Article 3, Section 7300(d)**

**2016–2020 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALLbudgeted funds.

**Direct and/or Contracted IIIE Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORIES** | **1** | **2** | **3** |
| **Family Caregiver Services**  **Caring for Elderly** | ***Proposed***  **Units of Service** | ***Required***  **Goal #(s)** | ***Optional***  **Objective #(s)** |
| **Information Services** | **# of activities and**  **Total est. audience for above** |  |  |
| 2016-2017 | # of activities: 30  Total est. audience for above: 20,000 | 6 | 6: 2, 4 |
| 2017-2018 | # of activities:  Total est. audience for above: |  |  |
| 2018-2019 | # of activities:  Total est. audience for above: |  |  |
| 2019-2020 | # of activities:  Total est. audience for above: |  |  |
| **Access Assistance** | **Total contacts** |  |  |
| 2016-2017 | 1,800 | 6 | 6: 4, 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Access Assistance** | **Total contacts** |  |  |
| **Support Services** | **Total hours** |  |  |
| 2016-2017 | 670 | 6 | 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |
| **Respite Care** | **Total hours** |  |  |
| 2016-2017 | 2,500 | 6 | 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |
| **Supplemental Services** | **Total occurrences** |  |  |
| 2016-2017 | 10 | 6 | 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**Direct and/or Contracted IIIE Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grandparent Services**  **Caring for Children** | ***Proposed***  **Units of Service** | ***Required***  **Goal #(s)** | ***Optional***  **Objective #(s)** |
| **Information Services** | **# of activities and**  **Total est. audience for above** |  |  |
| 2016-2017 | # of activities: 15  Total est. audience for above: 20,000 | 6 | 6:1, 4 |
| 2017-2018 | # of activities:  Total est. audience for above: |  |  |
| 2018-2019 | # of activities:  Total est. audience for above: |  |  |
| 2019-2020 | # of activities:  Total est. audience for above: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Grandparent Services**  **Caring for Children** | ***Proposed***  **Units of Service** | ***Required***  **Goal #(s)** | ***Optional***  **Objective #(s)** |
| **Access Assistance** | **Total contacts** |  |  |
| 2016-2017 | 250 | 6 | 6:4, 6 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |
| **Support Services** | **Total hours** |  |  |
| 2016-2017 | 100 | 6 | 6:1 |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |
| **Respite Care** | **Total hours** |  |  |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |
| **Supplemental Services-Not providing** | **Total occurrences** |  |  |
| 2016-2017 |  |  |  |
| 2017-2018 |  |  |  |
| 2018-2019 |  |  |  |
| 2019-2020 |  |  |  |

**PSA 12 Not Providing** [[9]](#footnote-9)

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

List all SCSEP monitor sites (contract or direct) where the AAA

provides SCSEP enrollment services within the PSA (Do not list host agencies)

|  |
| --- |
| Enrollment Location/Name (AAA office, One Stop, Agency, etc.): |
| Street Address: |
| Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): |
| Number of paid staff       Number of participant staff |
| How many participants are served at this site? |

|  |
| --- |
| Enrollment Location/Name (AAA office, One Stop, Agency, etc.): |
| Street Address: |
| Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): |
| Number of paid staff       Number of participant staff |
| How many participants are served at this site? |

|  |
| --- |
| Enrollment Location/Name (AAA office, One Stop, Agency, etc.): |
| Street Address: |
| Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): |
| Number of paid staff       Number of participant staff |
| How many participants are served at this site? |

**PSA 12**

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)**

**SERVICE UNIT PLAN**

**CCR Article 3, Section 7300(d)**

**MULTIPLE PSA HICAPs**: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**HICAP PAID LEGAL SERVICES**: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS**: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

**Section 1. State Performance Measures**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 1.1 Clients Counseled (Estimated)** | **Goal Numbers** |
| 2016-2017 | 2,273 | 3:2, 3, 4, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 1.2 Public and Media Events (PAM) (Estimated)** | **Goal Numbers** |
| 2016-2017 | 89 | 3:1, 5, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

**Section 2: Federal Performance Measures**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.1** **Total Client Contacts (Estimated)** | **Goal Numbers** |
| 2016-2017 | 2,743 | 3:1, 2, 3, 4, 5, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.2** **Persons Reached at PAM Events (Estimated)** | **Goal Numbers** |
| 2016-2017 | 2,515 | 3:1, 3, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)** | **Goal Numbers** |
| 2016-2017 | 325 | 3:3, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)** | **Goal Numbers** |
| 2016-2017 | 868 | 3:3, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)** | **Goal Numbers** |
| 2016-2017 | 2,383 | 3 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)** | **Goal Numbers** |
| 2016-2017 | 1,676 | 3:3, 4, 6 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **PM 2.7 Total Counseling Hours (Estimated)** | **Goal Numbers** |
| 2016-2017 | 1,646 | 3:3, 4 |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

**Section 3: HICAP Legal Services Units of Service (if applicable) [[10]](#footnote-10) Not applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fiscal Year**  **(FY)** | | **3.1 Estimated Number of Clients Represented Per FY (Unit of Service)** | | **Goal Numbers** | |
| 2016-2017 | | NA | |  | |
| 2017-2018 | |  | |  | |
| 2018-2019 | |  | |  | |
| 2019-2020 | |  | |  | |
| **Fiscal Year**  **(FY)** | | **3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)** | | **Goal Numbers** | |
| 2016-2017 | | NA | |  | |
| 2017-2018 | |  | |  | |
| 2018-2019 | |  | |  | |
| 2019-2020 | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Fiscal Year**  **(FY)** | **3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)** | **Goal Numbers** |
| 2016-2017 | NA |  |
| 2017-2018 |  |  |
| 2018-2019 |  |  |
| 2019-2020 |  |  |

**SECTION 11 - FOCAL POINTS PSA 12**

**COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

|  |  |
| --- | --- |
| **Designated Community Focal Point** | **Address** |
| Amador Senior Center | 229 New York Ranch Rd., Jackson, CA 95642 |
| Mariposa County Senior Center | 5246 Spriggs Lane, Mariposa, CA 95338 |
| Tuolumne County Senior Center | 540 Greenley Rd., Sonora, CA 95370 |

**SECTION 12 - DISASTER PREPAREDNESS PSA 12**

**Disaster Preparation Planning** Conducted for the 2016-2020 Planning CycleOAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25,Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: A12AA coordinates its disaster preparedness plans and activities with local emergency response agencies by attending local OES meetings in various counties, special populations meetings, tabletop discussion with other government organizations involved in disaster preparedness and participating in CAHAN drills. A12AA reviews local provider’s disaster preparedness plans during the monitoring process.
2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

**Name Title Telephone email**

|  |  |  |  |
| --- | --- | --- | --- |
| Amador County  Sgt. John Silva | OES Coordinator | Office: 209-223-6384 | jsilva@co.amador.ca.us |
| Calaveras County  Sgt. Whitney | OES Coordinator | Office: 209-754-2895 | wwhitney@co.calaveras.ca.us |
| Mariposa County  Don Florence | OES Coordinator | Office: 209-742-1706 | dflorence@mariposacounty.org |
| Tuolumne Cty.  Tracie Riggs | OES Coordinator | Office: 209-533-5500 | triggs@co.tuolumne.ca.us |

1. Identify the Disaster Response Coordinator within the AAA:

**Name Title Telephone email**

|  |  |  |  |
| --- | --- | --- | --- |
| Doreen Schmidt | Planner | Office: 209-532-6272  Cell: 209-640-2503 | dschmidt@area12.org |

1. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

**Critical Services**  **How Delivered?**

|  |  |
| --- | --- |
| **a** Provide up-to-date information and actively distribute information to individuals impacted by the disaster to providers, agencies and organizations involved in disaster response efforts.  **b** A12AA will work with staff to secure their physical safety and well-being; include staff’s concern for families and homes; staff will be trained and prepared to operate under emergency/disaster response conditions.  **c** If A12AA facilities are impacted by disaster, relocate offsite to continue to provide services. | **a** Regular contact with providers by phone, e-mail or in person with current disaster information to distribute to their clients.  **b** A12AA willcontactstaff to ensure safety; A12AA staff will contact vulnerable clients and/or emergency contacts to ensure client safety; emergency information collected from clients will be made available to appropriate government agencies in event of disaster, within the confines of HIPAA regulations.  **c** A12AA has MOU with an offsite facility to set up services and operate from their facility. |

1. List any agencies with which the AAA has formal emergency preparation or response agreements. MOU with Tuolumne County Public Health – to keep informed regarding mutual clients; Sierra Senior Providers. Inc. – to use their facility in case of emergency and continue services.
2. Describe how the AAA will:

* Identify vulnerable populations. Care managers with Multipurpose Senior Services Program (MSSP) will contact impacted vulnerable clients and/or emergency contacts to ensure client needs are being addressed; family caregiver staff contact vulnerable clients to ensure needs are being addressed. Care managers will contact emergency service organizations (with client’s permission) that operate in impacted areas to ensure safety of client.
* Follow-up with these vulnerable populations after a disaster event. Care managers and family caregiver staff will follow up with their clients after a disaster to determine if needs are being met; post disaster – care managers will assess what type of planning or coordination could occur to ensure safety of client.
* A12AA staff will contact the Public Health Officers in each county.
* A12AA staff will coordinate with programs that currently identify special populations in each county: Mariposa County-SAFE; Calaveras County-Code Red; Tuolumne County-Evergreen; Amador County-Code Red.

**SECTION 13 - PRIORITY SERVICES PSA 12**

**2016-2020 Four-Year Planning Cycle**

**Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[[11]](#footnote-11) listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

**Access:**

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

2016-17 65% 17-18      % 18-19      % 19-20      %

**In-Home Services:**

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2016-17 7.5% 17-18      % 18-19      %19-20      %

**Legal Assistance Required Activities:[[12]](#footnote-12)**

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

2016-17 2% 17-18      % 18-19      % 19-20      %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The allocations above are substantiated by looking at the performance data from the last three years in PSA 12. The units of service justify providing the Access, In-Home and Legal Assistance services. All the funding is used assisting the maximum number of clients. The Needs Assessment survey data also drives the decision to incorporate these as priority services. The priority services were discussed at the Public Hearings and comments were recorded that these particular services are a main concern in the PSA.

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES** **PSA 12**

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

Check if not providing any of the below listed direct services.

Check applicable direct services Check each applicable Fiscal Year

**Title IIIB 16-17 17-18 18-19 19-20**

X Information and Assistance X X X X

Case Management

X Outreach X X X X

Program Development

Coordination

Long-Term Care Ombudsman

**Title IIID 16-17 17-18 18-19 19-20**

X Disease Prevention & Health Promo. X X X X

**Title IIIE [[13]](#footnote-13) 16-17 17-18 18-19 19-20**

X Information Services X X X X

X Access Assistance X X X X

X Support Services X X X X

X Respite Services X X X X

X Supplemental Services X X X X

**Title VIIA 16-17 17-18 18-19 19-20**

Long-Term Care Ombudsman

**Title VII 16-17 17-18 18-19 19-20**

Prevention of Elder Abuse, Neglect

and Exploitation

**Describe methods to be used to ensure target populations will be served throughout the PSA.** A12AA has set specific objectives throughout this plan to provide seniors, caregivers and disabled individuals with the greatest social and economic need as well as low income, minority individuals with services. Outreach is accomplished through the Info Van that is used for outreach at all nutrition sites, community events and other appropriate rural gatherings. In addition, outreach is extensively conducted in the four county area collaborating with health fairs, senior expos, public health, service groups, veterans organizations, community events, food bank locations, information fairs, commission on aging, senior networks and multi-disciplinary teams (mdt) to reach the targeted population. A12AA staff seeks to assist older adults, caregivers and disabled older adults to remain safe and independent in their homes. Referrals for services are provided from discharge planners, social workers, home health advocates, doctor’s offices, physical therapists, home delivered meal in-home assessments, food banks, service providers, and public health organizations. Special effort is made to link individuals to the resources that best meets their need.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Chore**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A), to ensure clients receive information for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Homemaker**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A), to ensure clients receive information for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Personal Care**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A), to ensure clients receive information for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Residential Repair/Home Modification**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is provided in Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A), to ensure clients receive correct information for the Residential Repair programs and coordinated efforts with other local, state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Information & Assistance**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

X More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A), to ensure clients receive current information and referrals for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Outreach**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A) to ensure clients receive information for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Health**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Public Information**

Check applicable funding source:

X IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Information & Assistance and IIIB staff are Certified Information & Referral Specialists for Aging (CIRS-A) to ensure clients receive information for local programs and clients are screened for state or federal programs.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Health Promotion**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

X IIID

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This program is contracted by A12AA. A12AA has met the Administration on Community Living (ACL) requirements starting July 1st of fiscal year 2016-17, by using a program approved by ACL. The cost benefit in A12AA providing this service substantiates the Agency continuing to provide this quality service.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: IIIC Meals**

Check applicable funding source:

IIIB

X IIIC-1

X IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** A12AA has been providing IIIC-1 and IIIC-2 Direct services since 2001 due to the difficulty with obtaining registered dieticians in rural communities and the inconsistency with required monitoring. Under the Direct services the registered dietician conducts, at a minimum, quarterly monitoring at each of the Agency’s contracted Provider’s elderly nutrition central kitchens, satellite dining sites, restaurant sites and home-delivered meal routes to ensure safe food handling and sanitation practices.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Nutrition Education**

Check applicable funding source:

IIIB

X IIIC-1

X IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The registered dietician is fully aware of the CDA nutritional education requirements and implements those requirements.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Health Insurance Counseling and Advocacy Program (HICAP)**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

X HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This program is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and trained volunteers). The staff and volunteers are efficiently and effectively trained and aware of the current information available from Medicare.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Information Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing, and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Access Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Support Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Respite Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Supplemental Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Grandparent Information Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Grandparent Access Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA 12**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: FCSP Grandparent Support Services**

Check applicable funding source:

IIIB

IIIC-1

IIIC-2

Nutrition Education

X IIIE

VIIA

HICAP

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

X 2016-17 X 2017-18 X 2018-19 X 2019-20

**Justification:** This service is contracted in Alpine, Amador, Calaveras, Mariposa and Tuolumne counties by A12AA. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts). The Family Caregiver Program (FCSP) staff are efficiently trained and aware of the current local, state and national resources available in the rural service area.

**SECTION 16 - GOVERNING BOARD PSA 12**

**GOVERNING BOARD MEMBERSHIP**

**2016-2020 Four-Year Area Plan Cycle**

CCR Article 3, Section 7302(a)(11)

**Total Number of Board Members: 4 members**

**Name and Title of Officers: Office Term Expires:**

|  |  |
| --- | --- |
| Director John Carrier, Chair, Mariposa County | 1/1/2017 |
| Director Sherri Brennan, Vice-Chair, Tuolumne County | 1/1/2017 |
| Director Lynn Morgan, Amador County | 1/1/2017 |
| Director Steve Kearney, Calaveras County | 1/1/2017 |

**SECTION 17 - ADVISORY COUNCIL PSA 12**

**ADVISORY COUNCIL MEMBERSHIP**

**2016-2020 Four-Year Planning Cycle**

OAA 2006 306(a)(6)(D)

45 CFR, Section 1321.57

CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 31

Number of Council Members over age 60 23

% of PSA's % on

60+Population Advisory Council

**Race/Ethnic Composition**

White 92.4% 87.5%

Hispanic 4.3% 8.3%

Black <1% 0

Asian/Pacific Islander <1% 4%

Native American/Alaskan Native 1% 0

Other <1% 0

**Name and Title of Officers: Office Term Expires:**

|  |  |
| --- | --- |
| Phil Sherwood, Chair, Calaveras County | 12/2018 |
| Elizabeth Thompson, Vice-Chair, Calaveras County, Provider | None |
| George Fry, Secretary, Calaveras County | 12/2017 |

**Name and Title of other members: Office Term Expires:**

|  |  |
| --- | --- |
| Joan Bowen, Amador County | 12/2018 |
| Thelma Clancy, Amador County | 6/2018 |
| Floy Goulart, Amador County | 4/2018 |
| Skip Schaufel, Amador County | 11/2017 |
| Janet Clark, Calaveras County | 12/2018 |
| Barbara Grogan, Calaveras County | 12/2017 |
| Susan Rich, Calaveras County | 12/2018 |
| Don Fox, Mariposa County | 03/2018 |
| Niarja Marchand, Mariposa County | 5/2017 |
| Dale Silverman, Mariposa County | 3/2017 |
| Terri Peresan, Mariposa County, Provider | 1/2017 |
| Larry Bodiford, Tuolumne County | 2/2018 |
| Jim Grinnell, Tuolumne County | 11/2016 |
| Ruth Perrine, Tuolumne County | 1/2018 |
| Michael Pierce, Tuolumne County | 6/2017 |
| Carol Southern, Tuolumne County | 3/2017 |
| Dick Southern, Tuolumne County | 2/2015 |
| Marge Warner, Tuolumne County | 9/2018 |
| Leon Casas, Tuolumne County, Provider | 12/2018 |
| Marnelle White, CA Senior Legislator, Calaveras County | 4/2018 |
| Rex Whisnand, CA Senior Legislator, Calaveras County | 4/2018 |

**Indicate which member(s) represent each of the “Other Representation” categories listed below.**

**Yes** **No**

Low Income Representative X

Disabled Representative X

Supportive Services Provider Representative X

Health Care Provider Representative  X

Family Caregiver Representative X

Local Elected Officials X

Individuals with Leadership Experience in

Private and Voluntary Sectors X

Explain any **"No"** answer(s): There has been no interest from Health Care Providers among those recruited or those responding to the advertisements placed by each county to obtain council members.

Briefly describe the local governing board’s process to appoint Advisory Council members:

One Advisory Council member is appointed by each County Board of Supervisors for every 6,000 people residing in the respective counties provided no county shall have less than one member. Supervisors choose the person they determine will best represent the interest of the older adults, adults with disabilities and caregivers within their district.

Fifty percent or more of the member selected shall be member of the Commission on Aging from the appointing county and one member appointed by each Board of Supervisors representing the service provider(s) of the county. Such appointments shall be made after considering any recommendations put forth by service providers form within each respective county.

**SECTION 18 - LEGAL ASSISTANCE PSA 12**

**2016-2020 Four-Year Area Planning Cycle**

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.**[[14]](#footnote-14)**

1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: The portion of the A12AA mission statement ‘to develop community-based systems of care that provide services which support independence’ gives direction to the Legal Assistance provider for the residents in our five county area. Legal advice and counseling by an attorney supports the client’s quality of life and protects their independence. Providing this service makes it possible for residents age 60+ to have access to affordable legal advice and counsel concerning legal issues which can be difficult to ascertain for adults who are aging.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 2% of the Title IIIB funding is allocated to Legal Services.
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). Because of current funding levels our legal services is limited to legal issues involving simple wills, letters to creditors, power of attorney or estate planning documents. Current trends are showing an increase of the clients that need help with estate planning.
4. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes both A12 and Catholic Charities received, reviewed and are following the Guidelines dated April, 2015.
5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? The top four legal issues are estate planning/wills/trusts, advanced directive-health, other miscellaneous estate planning issues and housing.
6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion: The legal services provider conducts outreaches to age 60+ organizations, to low-income, minorities and geographically isolated individuals. They keep their brochures at key locations where seniors gather.
7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The brochure is always available at key locations where seniors gather. Outreach is conducted on a consistent basis. The legal services program sends out brochures to various organizations and conducts outreaches in various counties.
8. How many legal assistance service providers are in your PSA? Complete table below.

|  |  |
| --- | --- |
| Fiscal Year | # of Legal Assistance  Services Providers |
| 2016-2017 | 1 |
| 2017-2018 |  |
| 2018-2019 |  |
| 2019-2020 |  |

1. Does your PSA have a hotline for legal services? Clients are given the legal hotline for the Sacramento area: 1-800-222-1753 – Legal Services of Northern California.
2. What methods of outreach are Legal Services providers using? Discuss: The Legal Service provider sends out brochures to many organizations, attends health fairs and senior expos. Representatives speak to various organizations about the legal services available.
3. What geographic regions are covered by each provider? Complete table below.

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Name of Provider** | **Geographic Region covered** |
| 2016-2017 | Catholic Charities  88 Bradford St.  Sonora, CA 95370  b.  c. | a. Alpine, Amador, Calaveras, Mariposa and Tuolumne counties.  b.  c. |
| 2017-2018 | a.  b.  c. | a. .  b.  c. |
| 2018-2019 | a.  b.  c. | a.  b.  c. |
| 2019-2020 | a.  b.  c. | a.  b.  c. |

1. Discuss how older adults access Legal Services in your PSA: Older adults can access legal services by telephone, walk-in and appointments at the legal services provider’s location.
2. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): The major types of issues covered by the legal services is estate planning, wills, trusts, advanced healthcare directives, landlord-tenant issues, other housing, real property, home loans, foreclosures and reverse mortgages.
3. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? There has been an increase in consumers who, with the assistance of the attorney in the program, have been able to collect the money they are owed by companies or individuals.
4. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The barriers to accessing legal assistance is the geographic distance consumers have to travel to receive legal assistance. To overcome the geographic barrier, the legal assistance provider is flexible in scheduling appointments and phone appointments. Outreaches are conducted in several counties and brochures are sent out to many organizations.
5. What other organizations or groups does your legal service provider coordinate services with? Discuss: The Legal Assistance provider Catholic Charities coordinates services with Area 12 Agency on Aging, Gianelli and Polley law offices, Young, Ward, and Lother law offices and the local Ombudsman Program.

**PSA 12 Not providing**

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW [[15]](#footnote-15)**

CCR Title 22, Article 3, Section 7302(a)(15)

**20-year tracking requirement**

No. Title IIIB funds not used for Acquisition or Construction.

Yes. Title IIIB funds used for Acquisition or Construction.

**Complete the chart below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title III Grantee and/or Senior Center | Type Acq/Const | IIIB Funds Awarded | % of Total Cost | Recapture Period MM/DD/YY Begin Ends | | Compliance Verification  (State Use Only) |
| Name:  Address: |  |  |  |  |  |  |
| Name:  Address: |  |  |  |  |  |  |
| Name:  Address: |  |  |  |  |  |  |
| Name:  Address: |  |  |  |  |  |  |

**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM PSA 12**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services**

**Older Americans Act Section 373(a) and (b)**

**2016–2020 Four-Year Planning Cycle**

Based on the AAA’s review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services\* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide a service, a justification for each service is required in the space below.**

**Family Caregiver Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **2016-2017** | **2017-2018** | **2018-2019** | **2019-2020** |
| Family  Caregiver  Information  Services | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Family  Caregiver  Access  Assistance | X Yes No  **X** Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Family  Caregiver  Support  Services | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Family  Caregiver  Respite Care | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Family  Caregiver  Supplemental  Services | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |

**\*Refer to PM 11-11 for definitions for the above Title IIIE categories.**

**FCSP Grandparent Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **2016-2017** | **2017-2018** | **2018-2019** | **2019-2020** |
| Grandparent  Information  Services | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Grandparent  Access Assistance | X Yes No  **X** Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Grandparent  Support Services | X Yes No  X Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Grandparent  Respite Care | Yes X No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |
| Grandparent  Supplemental  Services | Yes X No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract | Yes No  Direct Contract |

\*Refer to PM 11-11 for definitions for the above Title IIIE categories.

**Justification:** For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

Justification for not providing services: Respite and Supplemental services for grandparents raising grandchildren were not identified needs in the Needs Assessment survey. Respite and Supplemental services for grandparents raising grandchildren are available through community organizations such as ICES, First Five, HeadStart, Resource Connection or Social Services. Through outreach events Area 12 is in regular contact with these organizations.

Tuolumne and Mariposa counties: ICES, 20993 Niagara River Dr., Sonora, CA 95370, 209-533-0377. [www.icesagency.org](http://www.icesagency.org) - All parents in the community should have access to quality child care and parenting education. Services include child care resource and referral, child care subsidies, recruitment and training of child care professionals and parent education and support.

Calaveras and Amador counties: Resource Connection, [www.trcac.org](http://www.trcac.org), Calaveras County –209- 754-1075, 206 George Reed Dr., San Andreas, CA 95249; Amador county, 430 Sutter Hill Rd., Sutter Creek, CA 95685, 209-223-1624 or email [rrinfo@trcac.org](mailto:rrinfo@trcac.org). They provide a Grandparent support and respite program. It is designed to provide temporary relief for grandparents. They also provide information on child care options or respite to help make the best choices for your children or grandchildren.

Alpine County – Choices for Children, [www.choices4children-alpine.org](http://www.choices4children-alpine.org), 1-530-694-2230, Alpine Social Services, 75-A Diamond Valley, Markleeville, CA 96120.

**Governing Board**

**Joint Powers Authority**

**Executive Director**

89.00% Admin.

10.00% Alloc. Admin.

1.00% HICAP Admin.

**Fiscal Officer**

60.00% Admin.

28.75% Alloc. Admin.

2.00% IIIB Direct

1.25% MSSP Admin

**Planner & MIS**

71.50% Admin.

11.00% Alloc. Admin.

1.50% IIIB Direct

6.75% IIIC-1 Direct

6.75% IIIC-2 Direct

1.50% IIID Health Promotion

1.00% IIIE FCSP

**Fiscal & Administrative Asst.**

71.750% Admin.

12.500% Alloc. Admin.

0.125% IIIB Direct

5.250% IIIC-1 Direct

10.250% IIIC-2 Direct

0.125% IIID Health Promotion

**Assistant Director**

**Program Manager**

**Nutrition, FCSP, I&A/Outreach**

10.00% Admin.

47.00% IIIB Direct

15.25% IIIC-1 Direct

11.75% IIIC-2 Direct

3.00% IIID Health Promotion

13.00% IIIE Direct

**MSSP RN Site Director-**

**Clinical Supervisor**

10% MSSP Admin.

50% MSSP NCM

**HICAP Program Mgr.**

100% HICAP

**Volunteer Coordinator/**

**Counselor.**

100% HICAP

**Counselor**

100% HICAP

**MSSP-Supervising Care Mgr.**

65% MSSP Admin.

35% MSSP SCM

**MSSP Care Manager**

80% MSSP CM

**MSSP Care Manager/Aide**

55% MSSP Admin.

45% MSSP CM

**Senior-FCSP Care Coordinator, IIIB I&A Specialist, IIIB Support Services Specialist**

50.65% IIIB Direct

49.35% IIIE Direct

**FCSP Care Coordinator, IIIB I&A Specialist, IIIB Support Services Specialist**

56.84% IIIB Direct

0.31% IIID Direct

42.85% IIIE Direct

**FY 2016/2017 12-Month Original**

Note: Percentages are Full-Time Equivalents (FTE)

100% HICAP



**SECTION 22 - ASSURANCES**

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 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, clear**health services (including mental health services)**clear outreach, information and assistance, clear**(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)**clear 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;

2. OAA 306(a)(4)(A)(i)(I-II)

(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 (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

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, clear**older individuals with limited English proficiency,**clear 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, clear**older individuals with limited English proficiency,**clear 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, clear**older individuals with limited English proficiency,**clear and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals 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 assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(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 clear**with limited English proficiency;**clear

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

**(VII) older individuals at risk for institutional placement; and**clear

(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;

6. OAA 306(a)(4)(C)

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;

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, clear**and individuals at risk for institutional placement**clear with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(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, 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) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) 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.

10. OAA 306(a)(13)(A-E)

(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 the 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 contract or such relationship;

(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 contract or such relationship; and

(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;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

F**unds received under this title will be used—**

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide

assurance, determined adequate by the State agency, that the area agency on aging will

have the ability to develop an area plan and to carry out, directly or through contractual or

other arrangements, a program in accordance with the plan within the planning and service

area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi‑dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision‑making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effectivereferral from agency to agency to assure that informationor assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A‑122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

1. Original signatures or official signature stamps are required. [↑](#footnote-ref-1)
2. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-2)
3. Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted. [↑](#footnote-ref-3)
4. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-4)
5. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-5)
6. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-6)
7. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-7)
8. Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks. [↑](#footnote-ref-8)
9. If not providing a Title V program, then enter PSA number followed by “Not providing”. [↑](#footnote-ref-9)
10. Requires a contract for using HICAP funds to pay for HICAP Legal Services. [↑](#footnote-ref-10)
11. Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund. [↑](#footnote-ref-11)
12. Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar. [↑](#footnote-ref-12)
13. Refer to PM 11-11 for definitions of Title III E categories. [↑](#footnote-ref-13)
14. For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov) [↑](#footnote-ref-14)
15. 14 Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center. [↑](#footnote-ref-15)