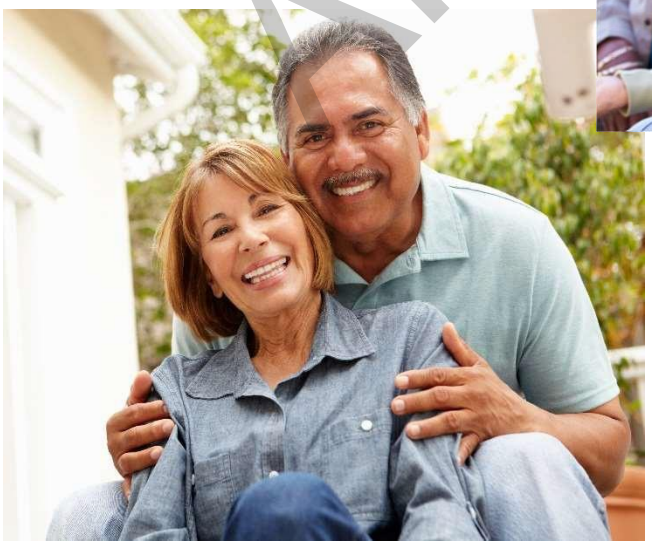
Area 12
Agency on Aging

Area Plan 2024-2028



Area 12
Agency on Aging
Your Senior Resource Connection

Table of Contents

2024-2028 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 5-1-24 only*

Section	Four-Year Area Plan Components	4-Year Plan
TL	Transmittal Letter – *Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov*	☐
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 & Identification of Priorities	X ☐
5	Needs Assessment & Targeting	X ☐
6	Priority Services & Public Hearings	X ☐
7	Area Plan Narrative Goals and Objectives:	X ☐
7	Title IIIB Funded Program Development (PD) Objectives	NA ☒
7	Title IIIB Funded Coordination (C) Objectives	NA ☒
7	System-Building and Administrative Goals & Objectives	X ☐
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	X ☐
9	Senior Centers and Focal Points	X ☐
10	Title III E Family Caregiver Support Program	X ☐
11	Legal Assistance	X ☐
12	Disaster Preparedness	X ☐
13	Notice of Intent and Request for Approval to Provide Direct Services	X ☐
14	Governing Board	X ☐
15	Advisory Council	X ☐
16	Multipurpose Senior Center Acquisition or Construction Compliance Review	NA ☒
17	Organization Chart	X ☐
18	Assurances	X ☐

PSA 12

AREA PLAN UPDATE (APU) CHECKLIST

Check one: ☐ **FY25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Use for APUs only

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	**A) Transmittal Letter-** *(submit by email with electronic or scanned original signatures**)***	☐
n/a	**B) APU-** *(submit entire APU electronically only)*	☐
2, 3, or 4	**C)** Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☐
6	**D)** Priority Services and Public Hearings	☐
n/a	**E)** Annual Budget, should match Org. Chart	☐
8	**F)** Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☐
11	**G)** Legal Assistance	☐

AP Guidance Section	APU Components (To be attached to the APU) ➢ ***Update/Submit the following only if there has been a CHANGE to the section that was not included in the 2024-2028 Area Plan:***	Mark C for Changed	Mark N/C for Not Changed
1	Mission Statement	☐	☐
5	Needs Assessment/Targeting	☐	☐
7	AP Narrative Objectives:	☐	☐
7	• System-Building and Administration	☐	☐
7	• Title IIIB-Funded Programs	☐	☐
7	• Title IIIB-Program Development/Coordination (PD or C)	☐	☐
7	• Title IIIC-1 or Title IIIC-2	☐	☐
7	• Title IIID-Evidence Based	☐	☐
7	• HICAP Program	☐	☐
9	Senior Centers and Focal Points	☐	☐
10	Title IIIE-Family Caregiver Support Program	☐	☐
12	Disaster Preparedness	☐	☐
13	Notice of Intent/Request for Approval to Provide Direct Services	☐	☐
14	Governing Board	☐	☐
15	Advisory Council	☐	☐
16	Multipurpose Senior Center Acquisition or Construction	☐	☐
17	Organizational Chart(s) (Must match Budget)	☐	☐
18	Assurances	☐	☐

TRANSMITTAL LETTER
2024-2028 Four Year Area Plan/ Annual Update
***Check one: X* FY 24-25 □ FY 25-26 □ FY 26-27 □ FY 27-28**

AAA Name: Area 12 Agency on Aging **PSA** 1 2

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. _____
(Director Frank Axe)

_____ _____
Signature: Governing Board Chair [1] Date

2. _____
(Lynne Standard Nightengale)

_____ _____
Signature: Advisory Council Chair Date

3. _____
(Kristin Millhoff)

_____ _____
Signature: Area 12 Agency on Aging Executive Director Date

[1] Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

Area 12 Agency on Aging strives 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 SERVICE AREA (PSA 12)

The Area 12 Agency on Aging's (A12AA) Area Plan for 2024-2028, required by the California Department of Aging, offers an opportunity to articulate strategies that will be carried out to address the growing needs and challenges faced by the Agency in the upcoming years.

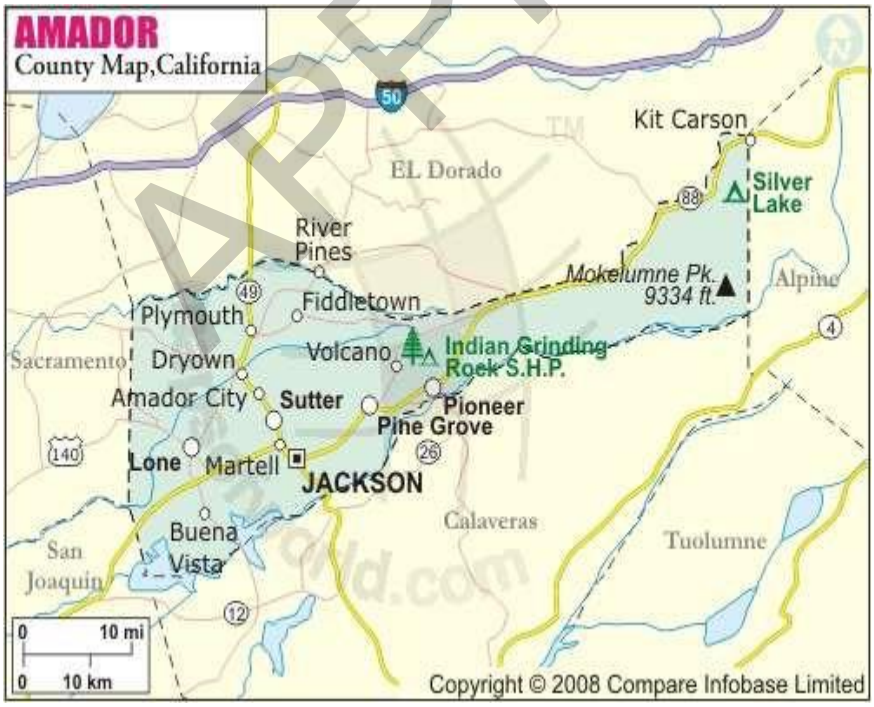
- Our Agency is increasingly resourceful as we maintain quality services. The mounting challenges associated with a greater demand for these services encourage the Agency and its Providers to seek unique and innovative approaches to address the demand.
- Greater collaboration between existing partnerships and providers, as well as new joint ventures with other agencies, offer the best opportunities for maintaining services in this current fiscal environment.
- Planning for the needs of an increasing population of older adults, persons with disabilities and caregivers, is an ongoing process.
- Partnered with the Disability Resource Agency for Independent Living (DRAIL) to create an Aging & Disability Resource Connection (ADRC). These steps paved the way for our Agency to implement the 'No Wrong Door' approach to providing services.
- 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 Powers Authority Board in serving the needs of the older adults, persons 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 portions of Yosemite National Park, Calaveras Big Trees, 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 located in Yosemite National Park.

Demographics

According to the 2018-2022 American Community Survey, Alpine County's population is 69.9% White. Native American/Native Alaska population is 21.9%. Hispanic or Latino is 11.4%. <2% is African American, Asian & Native Hawaiian or other Pacific Islander. Alpine County hosts the smallest population in the state of California.

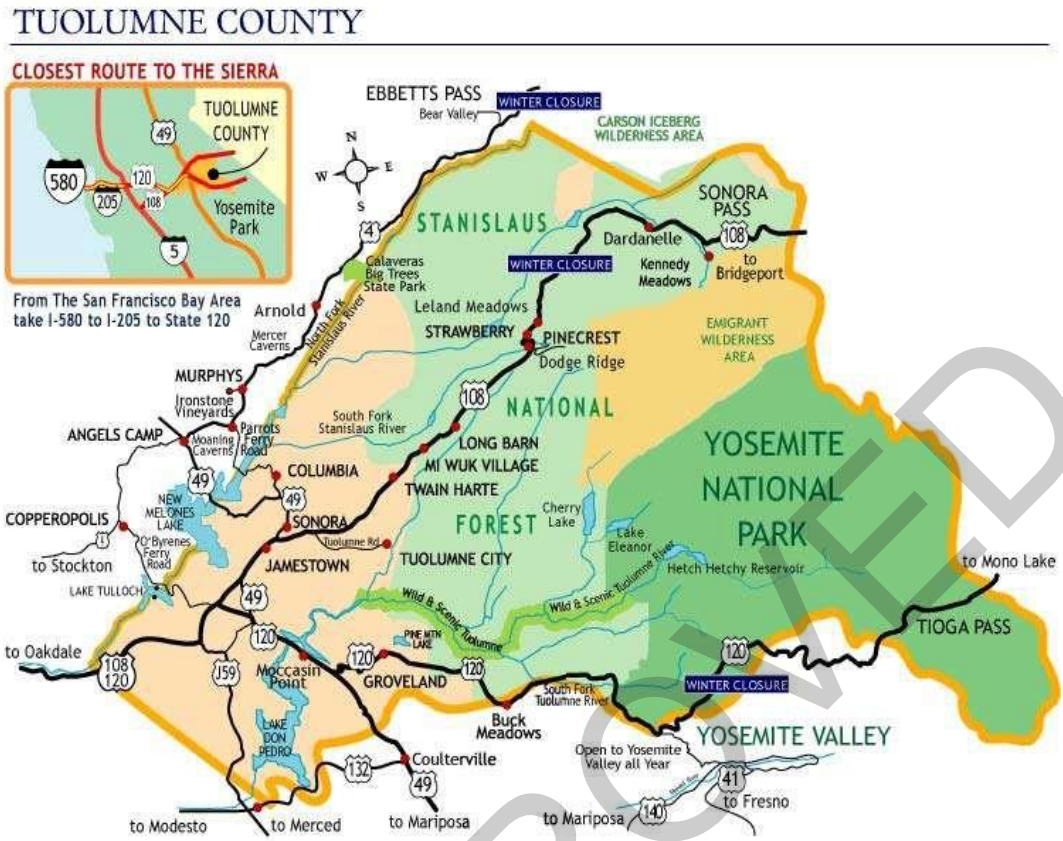


According to the 2018-2022 American Community Survey 5-year Estimates, Amador County's population consists of 89.7% White and 14.4% Hispanic or Latino. American Indian & Alaska Native - 2.3% and African American - 2.7%. Asian & Native Hawaiian and other Pacific Islander represent <2%.

Calaveras County has 90.3% White and 12.4% Hispanic or Latino. 3.9% are two or more races. African American, Asian, Native Hawaiian and Other Pacific Islander represent <2%.*

*2018-2022 American Community Survey.

According to 2018-2022 American community Survey, Mariposa County, 89.4% are White, while Hispanics comprise 11.6%. 3.4% are Native American or Alaska Native. <2% are African American, Asians, Native Hawaiian & Other Pacific Islanders. comprise 1.8%. African-American, Asians and Pacific Islanders represent >1% of the population. Persons of multi-race represent 2.6% of the population.



According to the 2018-2022 American Community Survey, Tuolumne County has 90.3% White and 12.7% Hispanic or Latino. Native American, Alaska Native come in at 2.3%. African American, Asian, Native Hawaiian & other Pacific Islander are <2% of the population.

Population Trends

As indicated in the chart below, five counties have over one third age 60+ older adults. According to the 2022 US Census Quick facts Estimates, PSA 12 is home to over 100,000 people. Older adults, age 60+ represent, on average, over 36% of the total population in the five counties.

Older Adults age 60+
Alpine, Amador, Calaveras, Mariposa & Tuolumne Counties

County	Total Population*	Population Age 60+**	% of County Age 60+
Alpine	1,141	454	40%
Amador	41,811	15,863	38%
Calaveras	46,565	18,557	40%
Mariposa	16,919	7,308	43%
Tuolumne	54,204	20,489	38%
Total	160,640	62,271	39%

*US Census, Quick Facts Estimates, 2018-2022 **CA DOF 2024 Population Demographic Projections

The following chart gives an estimate of the number of age 60+ in the PSA that are low income. The poverty guidelines published by the US Department of Health & Human Services 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	454	45	10%
Amador	15,863	1,595	10%
Calaveras	18,557	2,065	11%
Mariposa	7,308	590	8%
Tuolumne	20,489	2,125	10%

*2024 CA DOF Population Demographic Projections

The formula for the federal poverty threshold does not consider 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) and the UMass Boston Elder Index are recognized measures of the basic cost of living for individuals age 65^{+}. It is calculated by the UCLA Center for Health Policy Research and UMass Boston Gerontology Department. 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 – 2023				
County	**One-Person (renter)**	**Federal Poverty Guidelines****	**Median Social Security Payment*****	**$ Amount Income Gap**
Alpine	$26,760	$12,490	$17,532	$9,228
Amador	$28,872	$12,490	$17,532	$11,360
Calaveras	$27,984	$12,490	$17,532	$10,452
Mariposa	$27,360	$12,490	$17,532	$9,828
Tuolumne	$28,032	$12,490	$17,532	$10,500

*2023 Elder Index, UMass Boston **2023 Federal Poverty Guidelines
***SSA, Social Security Administration 2023

Elder Index* – One-Person Household – Owner (no mortgage) – 2023				
County	**One-Person (owner)**	**Federal Poverty Guidelines****	**Median Social Security Payment*****	**$ Amount Income Gap**
Alpine	$24,204	$12,490	$17,532	$5,508
Amador	$24,984	$12,490	$17,532	$1,824
Calaveras	$24,984	$12,490	$17,532	$5,436
Mariposa	$24,984	$12,490	$17,532	$3,348
Tuolumne	$24,984	$12,490	$17,532	$5,304

*2023 Elder Index, UMass Boston **2023 Federal Poverty Guidelines
***SSA, Social Security Administration 2023

Challenges and Successes

According to the Community Assessment Survey for Older Adults (CASOA), PSA 12 communities received a score of 77 positive livability score. This means that our communities are attractive and welcoming to older adults and provide the support necessary for residents to age in place. This has implications for service demand and delivery in the areas of housing, health care, and in home services.

Challenges

- Due to maximum use of in county medical transportation, providing out of county medical transportation is challenging.
- The need for home repair and home modification programs has increased. Currently the Aging in Place program and the A12AA Minor Home Repair program are the primary source of funding. Referrals are made to contractors, Habitat for Humanity Repair programs, ATCAA weatherization, DRAIL, and community organizations that administer programs in each counties.
- An area of concern for the older adult population on fixed incomes is the cost of living that continues to rise. Local community resources are stretched to the maximum capacity due to the rise in the cost of basic needs – food, gas, electricity, water, health needs.
- Another area of concern is the insurance companies that consistently raise their premiums for homeowner's insurance or drop homeowners' policies. County officials regularly hear from homeowners about skyrocketing fire related insurance rates.
- As the Agency conducts regular outreaches in local communities, the challenge is to get the information regarding services and programs to consumers who need them.

Successes

- The Agency participates in local community meetings and discussions regarding transportation options. Along with each county's transit and paratransit programs, organizations have started volunteer driver programs in two counties. The programs are active in providing rides for individuals who are not able to access public transit or paratransit programs because they do not meet the clearance required for a transit vehicle to access their place of residence.
- Other effective transportation programs are through Providers contracting with ModivCare or Access to Care to provide non-emergency medical transportation for Medi-Cal recipients.
- A unique challenge in the rural counties is the distance to provide quality services to geographically isolated persons with disabilities, older adults, and caregivers. The additional dollars provided by CDA through the Nutrition Infrastructure grant assisted contracted Providers to purchase vehicles to deliver home delivered meals to the individuals in isolated rural communities.
- The Aging & Disability Resource Connection (ADRC) created an online resource directory available 24/7. ADRC has set up 8 kiosks for consumers to access the online resource directory in strategic locations in four rural communities.
- The ADRC Extended Partnership service is continuing to grow and function as a consistent referral source.
- The Agency consistently explores various ways to distribute information using Facebook, the Advisory Council members, presentations at community organizations, health fairs, veteran's groups, newspaper, magazine, radio, and website advertising.
- The Family Caregiver Support Program partnered with experts in the field of Dementia and Alzheimer's and increased awareness of its programs and services, investing in the outlying rural communities, by providing a learning series and workshops to the consumers in those areas.
- The contracted Providers are consistently exploring ways to cut the cost of preparing meals for a growing number of older adults. With the Nutrition Infrastructure grant monies provided by CDA, several purchased Oliver machines to package fresh meals.
- Applying for national and local grant funds are ways contracted Providers are receiving additional funding.
- Providers are leveraging local goods – beef from ranchers, in season vegetables and fruits from farmers – keeping the cost reasonable to provide fresh meals to older adults (congregate, to go, home delivered meals).
- Providers used Intergenerational funding for several activities and events to include the entire community.

SECTION 3. DESCRIPTION OF THE AREA 12 AGENCY ON AGING

Leadership Role

- The Agency strives to work toward a comprehensive and coordinated system of home and community-based care for older adults. These systems may offer services available to everyone, regardless of income. Our systems of care should be coordinated to ensure that available public and private resources are expanded to capacity, and services are easily accessed through each organization.
- Gathering information for the Community Needs Survey, A12AA partnered with the Blue Zones Project conducting a series of focus groups in rural areas.
- PSA 12 is a public agency, governed by a Joint Powers Authority (JPA) Board with one representative Supervisor from each participating county Board of Supervisors.
- The Chair of the Advisory Council (AC) is represented on the Triple A Council of California - TACC.
- A12AA offers opportunities to engage older adults in purposeful volunteer activities. Members of the Advisory Council's Legislative, Nutrition, and Public Awareness committees have written objectives which consider the data from the Community Needs Survey.
- The AC Legislative committee raises public awareness by distributing proposed state bills related to senior issues to various groups and individuals. They conduct numerous presentations at community meetings regarding the bills.
- The AC Nutrition committee works with the providers to inform the community regarding the nutrition programs available, congregate dining and home delivered meals, and special events at the senior centers or in the community.
- The AC Public Awareness committee actively assists in their local communities with education, preparation, and distributing information from the Office of Emergency Services (OES). Also distributes information related to older adults – home health and hospice services, family caregiver services/events, focus group opportunities, and community surveys.
- A12AA Care Managers connect annually with participants in the FCSP and MSSP programs to review the participant's emergency evacuation plans ensuring the participants have signed up for the local OES County emergency alerts.
- Outreach team provides outreach to all counties. The Information & Assistance staff works with hospitals and clinics, rehab facilities, doctors and physical therapists in Amador, Calaveras, Mariposa, and Tuolumne counties to raise awareness of A12AA services.
- The A12AA Staff attend the Social Services Transportation Advisory Council

(SSTAC) and county transit meetings. They advocate for maintaining and increasing mobility options for the older adult population, persons with disabilities, and veterans.

- As the Agency receives inquiries regarding the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the Resource Specialists direct them to local resources and National organizations. The organizations' links are cited on the online resource directory. Agency staff and Provider staff received the required CDA training. A12AA Staff members are involved in LGBTQ meetings in the PSA.
- 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.
- MACT Health Board, Sonora Area Foundation, Chicken Ranch Casino, and A12AA FCSP sponsored a community wide workshop on Healthy Aging & Caregivers in Tuolumne County. 100 in attendance. Collaborated with UC Davis Director, CA Alzheimer's Disease Center's Division, Native Elder Care from Native Aging in Place Project, University of North Dakota, Tuolumne County Arts Council, Valley Caregiver Resource Center, Tamara Polley, J.D., LL.
- A12AA conducted 3 caregiver workshops in Amador, Calaveras, and Mariposa Counties with UC Davis Director, CA Alzheimer's Disease Center's Division, UCSF, Fresno, CA Alzheimer's Disease Center, Alzheimer's Association of Northern CA.
- FCSP partnered with Alzheimer's Association of Northern CA to conduct a caregiver learning series in four rural counites - managing money, understanding Alzheimer's and Dementia, effective communication strategies, healthy living for your brain and body, managing money: a caregiver's guide to finance.
- FCSP refers caregivers to Del Oro Caregiver Resource Center and Valley Caregiver Resource Center for additional support.
- FCSP sponsors several support groups in the rural counties using local vendors to conduct the support groups. Valley Caregiver Resource Center sponsors a support group once a month at the A12AA office.
- A12AA staff participates on the Executive Committee for the Tuolumne County Health Fair.
- The Agency is on the Advisory Board for the Adventist Health Community Needs Assessment attending quarterly meetings and conducting senior focus groups.
- A12AA Disaster Coordinator attends OES and Public Health Coalition meetings on a regular basis in Amador, Calaveras, and Tuolumne Counties. A12AA has three staff members with Incident Command System (ICS) and Standardized Emergency Management System (SEMS) certification. A12AA plays a

supportive role in the community agency response system.

- The ADRC Extended Partnership service is continuing to grow and function as a consistent referral source.
- The ADRC online resource directory and the ADRC Resource specialists link consumers with county programs and services to fit their needs.
- Nutrition providers, receiving Intergenerational funds, are partnering with local County OES to conduct Summer of Preparedness activities.
- The Health Insurance Counseling and Advocacy program (HICAP) continues to provide exemplary service with regards to Medicare recipients. Outreach is ongoing (community education) to service groups and health fairs throughout the service area.
- The Agency offers several exercise programs in the counties we serve. The yoga, strength training, Pilates, and Tai Chi exercise programs aid in fall prevention, improve balance, increase core strength, and are conducted in a group setting in person or virtually. These programs have seen positive results in improvement in the participant's strength and mobility.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

PSA 12 utilizes a planning process that involves three major components: Needs Assessment, Area Plan, Procurement Process. The **Community Needs Survey** was completed in fall of 2023, to better understand the challenges and issues older adults face as they age. The Agency compiled the results from the survey as they engaged this age group as reviewed in Section 5. The **Area Plan** reflects the Agency's' goals and priorities and describes the specific ways it intends to complete those goals over the next couple of years. Next, the AAA conducts a **Request for Proposal** process to contract with the organizations that would deliver the services to those individuals that would benefit from the Older Americans Act programs.

- 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.
- The contracted Providers service units are reviewed and discussed looking at the funding available, current units, trends, and county needs. The Administrative team meets to discuss available funding with the contracted Providers to determine the best possible outcome.
- Through the Public Hearing process, the Agency gathers public comments and records the most important needs for seniors. Before the public hearings, response sheets and a short survey regarding greatest needs were distributed to home delivered meals, congregate meals, and transportation participants. The survey was available online on the A12AA website, distributed to Advisory Council members, and A12AA staff.
- The information the Agency receives from the sources listed below serves as the foundation for evaluating and adjusting services. Organizations, activities, and documents include:

  JPA Governing Board meeting
  Community Needs Survey (Data Analysis)
  Demographic Reports
  Contracted Providers
  Advisory Council
  Public Hearings – public response sheets
  DRAIL
  Community agencies

- The adequate proportion of Title IIIB funds are focused on services prioritizing Access (65%), In-Home Services (7.5%), and Legal Assistance (2%). These percentages arise from a combination of the organizations and actions cited in

above Section 4. They are calculated using the population of age 60+ individuals in the PSA, the overarching mission of serving the greatest number of individuals with core services, and providing services to greatest economic need, greatest social need, isolated, at risk of being institutionalized, those in rural areas, limited English proficiency, and support services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction. They are entered into the budget by Fiscal and regularly monitored for correct distribution. The Agency responds appropriately when variations occur throughout the year due to changes in organizations or funding availability.

- Planning activities continue throughout the next three years. The Area Plan will be reviewed, evaluated, and updated as needed. 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, cost effectiveness, community input, and sustainability.

ESTABLISHING PRIORITIES

As the Agency sets priorities for the fiscal year, utilizing the Community Needs Survey results, it explores local priorities and constraints, available funding, and organizations that can possibly provide the targeted services. The Area Plan goals and objectives represent PSA 12's priorities. The following are the general priorities that guide the Agency toward service fulfillment and fiscal sustainability.

- **Home delivered meals** - The greatest expenditure of dollars in PSA 12 is for the Elderly Nutrition Program. We consider meals on wheels a critical service that should always be available to those who need them. Encouraging meals on wheels providers to utilize additional funding such as local foundations, Meals on Wheels of America, and fund raising to bolster their growing number of participants.
- **Congregate meals** - The Agency continues to partner with organizations that seek to serve participants in town and seek to serve outlying pocket communities with congregate lunch programs at least one day a week.
- **3B Supportive services** - In home services program continues to provide homemaker, chore, personal care, residential repair, and information and assistance to participants in need of these services. The various contracted vendors adhere to the required standards provided by the MSSP contracted vendor criteria. These services are necessary and are appreciated by the participants who use them.
- **3B Transportation** – PSA 12 contracts with local organizations in each county to

offer transportation for medically related trips for age 60+. This need came up as high through the focus groups, Advisory Council discussions, Community Needs Survey, greatest need survey, and discussion with Providers, as a critical need. Transportation in the rural areas is especially challenging because of the distance to medical facilities. This fiscal year one county transportation organization is providing rides with the local transit, Dial-a-Ride and three vans equipped with ramps.

- **3B Legal assistance** – The Agency has an MOU with a local organization that provides free legal advice to participants from each of the counties. The organization serves the public as well as the age 60+ population with free legal advice.

MASTER PLAN ON AGING IMPLEMENTATION

Goal Three: Equity & Inclusion, Not Isolation

'We will have lifelong opportunities for work volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect and exploitation.'

Strategy F: Leadership in Aging
Initiative 98: Build out No Wrong Door approach with Aging Disability Resource connection - ADRC

Area Agencies on Aging are one of several community organizations providing long term support services to older adults and persons with disabilities in our communities. Accessing the services can become a quagmire of bureaucratic requirements during a time of crisis. One of the challenges is to bring these organizations together to provide long term support services for individuals. The best available strategy is to connect the services together through a local No Wrong Door approach that is supported by the state and the federal government. The Aging & Disability Resource Connection (ADRC) provides the proven method to build such a network of organizations.

A12AA partnered with Disability Resource Agency for Independent Living (DRAIL), an Independent Living Center, and formed an Aging & Disability Resource Connection, ADRC of the Mother Lode. Through this partnership A12AA expanded outreach and strengthened coordination of services to persons with disabilities, physical or mental. A12AA implemented the 'No Wrong Door' approach which provides enhanced information, referral, and options counseling services. Each resource specialist is fully certified and trained with options counseling and enhanced Information & Assistance.

ADRCs provide a central source of current, reliable, and objective information about a broad range of programs or services available to older adults and persons with disabilities, regardless of income. The ADRC is part of a nationwide effort to empower

people to make informed decisions about their long term services and supports and to help people more easily access services. ADRCs are welcoming and accessible places where older adults, persons with disabilities, families, caregivers, and friends can obtain free, accurate, and unbiased information on several aspects of life, related to aging or living with a disability. These services help you or your loved ones make informed decisions about living independently with dignity in the setting of their choice.

The local access point to a “No Wrong Door” system where people of all incomes and ages can turn for the full range of long-term support options and smooth access to public programs and benefits. Our resource centered system functions as a person-centered system which can provide life changing services such as short-term care management component.

SECTION 5. NEEDS ASSESSMENT

The Agency is aware of the steady growth of age 60+ in our counties. The 2023 Community Needs Data Analysis compiled the results from the survey as they engaged this age group. The formal needs assessment is a process that determines the gaps between current outputs or outcomes and the required or desired outputs or outcomes. The survey provided the Agency with a current look and understanding of our aging population.

- Community needs surveys were available online as well as paper copies. Ads were placed in newspapers, FB, A12AA website, online news outlets, group newsletters. Hard copies were available at local libraries, local senior centers, senior apartment complexes, and congregate sites. The A12AA Outreach team distributed surveys at the outreach events.
- Commission on Aging's in several counties participated. A12AA Advisory Council members distributed surveys to various groups, service organizations, LGBTQ meetings, homeowner's associations, social groups, churches, and mobile home parks.
- One county partnered with the Blue Zones Project to develop questions and distribute surveys. The Agency and Blue Zones conducted 3 focus groups in outlying communities made up of low income and rural individuals.
- The A12AA Providers distributed surveys to the home delivered meal, congregate meal, transportation participants, and support groups.
- The surveys were completed by older adults age 50+, adult caregivers 18+ caring for those age 60+ and older relatives age 55+ caring for child.
- 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.

Results of Community Needs Survey

The results of the Community Needs Survey identified individuals experiencing the most difficulty with home repairs and maintenance. Our Agency's Minor Home Repair program strives to meet the needs of those with home repairs. If we are unable to meet the need due to the scope of the project, we supply participants with other local, state or federal organizations that assist with extensive home repairs.

Another percentage needed help with paying for dental care and household chores. Our resources specialists provide resources for those who need assistance with dental care. Our IIIB Chore services assist participants with outside chores and provide local resources for the organizations that are beyond the scope of the program.

Of those surveyed, 39% indicated concerns with having enough money to live on, 28% were concerned with falling, and over one quarter had crime concerns. Our Agency has the Aging in Place program which incorporates a component of fall prevention for

participants.

Added to the preceding concerns, issues of dealing with loneliness and depression threaten the well-being of the older population. Our rural counties have an especially high degree of isolated individuals due to the geography of the area. Social outlets for seniors are an important factor in their engagement and activity in the community. The congregate sites and senior centers provide a social outlet for rural individuals to encourage participation from all individuals. The resource specialists are familiar with the organizations that assist those dealing with age 60+ well -being.

Through the survey results, the Agency saw the need to invest in additional caregivers' activities. Caregiving exacts a heavy emotional, physical, and financial toll. Out of the many respondents, over 118 care for another person. Providing support services to an ever-growing population is challenging and requires collaboration with the aging network and community partners to provide support groups, respite, and other support services. The survey collected specific caregiver information but there is a considerable segment of those surveyed that did not identify themselves as 'caregivers'. They indicated they would use respite, a caregiver program, and in home private caregiver if it were available for them.

Meal programs participation was well documented in the survey. As a result of the survey the Agency gave additional support to its meal Programs. Respondents who were widowers, those who had serious difficulty preparing meals, or could not prepare meals alone were more likely to use home delivered meals. Not surprisingly, those who had serious difficulty with grocery shopping or could not do shopping alone, were more likely to receive home delivered meals. Over 55% of the respondents used home delivered meals in the past year. Sixty-five percent of the respondents who reported serious difficulty preparing meals and could not prepare meals on their own were receiving home delivered meals. This is a positive indication that the home delivered meal service is utilized by many consumers.

TARGETING

The Agency and its Governing Board are aware of the need to target and serve specific populations. Older Americans Act (OAA) services are available to people regardless of their race, ethnicity, gender identity, sexual orientation, citizenship, religion, abilities, limitations, education, socio-economic status, homeless status or employment status. The Agency uses these OAA designations to target eligible individuals with the greatest social and economic needs and isolated individuals, as a guideline for service and advocacy. This term refers broadly to people whose status or circumstance is likely to present barriers to their long-term care.

The Agency contracts with organizations (funded partners) that provide home delivered meals, congregate meals, transportation services, or ombudsman services for individuals in their rural communities. Funded Partners shall evaluate the needs of any **existing clients** who have been receiving services during the new contract cycle.

Existing clients whose needs are equal to or greater than those of new prospective clients are allowed to continue to receive services.

The statement "Prospective clients shall be eligible based solely on the eligibility criteria as determined through the screening and assessment process and program requirements. Priority is given to those who are frail, elderly, isolated, and with the greatest economic and social need," appears on printed materials, on A12AA's website and ADRC online resource directory.

Below are **special populations** used to identify the **target groups** in PSA 12.

- **Low income**: Older adults with low income are defined as at or below 100% of the federal poverty guidelines. The CDA DOF gave the figure of 10% of older adults in this category. The A12AA 2023 Community Needs Survey collected 17% that identified as low income. Our Agency serves this population.
  Response: A12AA and its funded partners continue to serve low income individuals with services. Ongoing required Outreach to social service organizations, hospitals, physical therapists, ATCAA, Interfaith Social Services, Manna House, CMCAA, that serve the low-income population.

- **Greatest need**: A12AA continues to reach out to seniors with the greatest social needs, including older adults with hiv, cancer, immunocompromised disorders, and economic need with emphasis on low-income, isolated individuals. A12AA sent out 600 '**Greatest Needs Survey**' to capture the greatest needs individuals. 57 individuals responded. The social and economic needs have the highest marks. Several respondents indicated dealing with diabetes, copd, heart attack, stroke, cancer, dementia, and/or Alzheimer's.
  Response: The Agency partners with local organizations and distributes information at outreach events sponsored by local clinics, community organizations, tribal organizations, homeless outreach efforts, LGBTQ+ groups, and health fairs to reach those with the greatest social and economic needs.

- **Persons with disabilities**: A12AA partnered with Disability Resource Agency for Independent Living (DRAIL), an Independent Living Center, and formed an Aging & Disability Resource Connection (ADRC).
  Response: Through this partnership A12AA expanded outreach and strengthened coordination of services to persons with disabilities, physical or mental. A12AA implemented the 'No Wrong Door' approach which provides enhanced information, referral, and options counseling services. Each resource specialist received options counseling and enhanced Information & Assistance training. Select staff members received Learn to Earn, Community Health Worker training offered by CalGrows.
- **Isolated individuals**: PSA 12's counties are considered rural and geographically isolated. The Federal RUCA codes consider all PSA 12 counties as rural.
  Response: The A12AA funded partners strive to provide services to the most isolated individuals in their service area, building relationships with community

organizations that serve isolated individuals to reduce social isolation. Thanks to the CDA Nutrition Infrastructure Grant, our contracted Providers received several hot shot trucks with four-wheel drive capability to deliver meals to the most isolated individuals. Our funded partners consistently look for ways to meet the need for nutrition in the pocket communities by offering congregate sites in the isolated area and offering home delivered meals to very rural participants.

- **Caregivers**: With approximately 70% of the current care recipients with Dementia or Alzheimer's, the Family Caregiver Support Program (FCSP) provided additional support groups to several counties.
  Response: The additional ARPA and MOCA funding from CDA was funneled toward respite services to those who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and other caregivers as well.
  Response: Caregiver workshops: The Agency partnered with the UC Davis CA Alzheimer's Disease Center, UCSF Alzheimer's Research Division, and Valley Caregiver Resource Center to conduct 2 caregiver workshops in Amador and Calaveras Counties. With over 100 in attendance these workshops gave caregivers tools and information regarding Dementia and the accompanying effects. In May 2024, a caregiver workshop is scheduled for Tuolumne County with room for approximately 100 attendees. FY23-24 and FY24-25, the A12AA FCSP and Alzheimer's Association of Northern CA sponsored a Caregiver learning series in four counties. Topics included 10 warning signs of Alzheimer's, understanding Alzheimer's and dementia, effective communication, and behavior strategies, managing money, healthy living for your brain and body. Each series was two hours of in person instruction.
- **Older adults**: Over 1,800 age 75+ served.
  Response: A12AA and our contracted Providers consistently provide outreach to organizations that provide services to individuals age 75+. Reached 7% of the total age 75+ population with services.

- **Frail**: Our MSSP program is actively involved serving approximately 100 residents who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; patients in hospitals and are at risk of prolonged institutionalization who need community-based services to return home.
  Response: The MSSP program attends groups and meetings that discuss client needs (idts, mdts, organizational meetings), and is in contact with social workers from each hospital to inform them of the care management component connected with the community-based services component.

- Barriers for rural residents:
  - No broadband available for rural individuals - Some rural individuals live on poverty or below fixed incomes and cannot afford the monthly fee associated with broadband services. Some individuals live in remote areas where there is no available broadband. Several counties are working on the broadband issue. As organizations move to digital applications to access services, it

becomes an unintended barrier for rural individuals to apply for any type of assistance.

- The survey revealed approximately 25% of age 60+ population have no access to internet services, no devices to access the internet, no available income to pay for installing or monthly internet fees, and no data plan on their phone. This is approximately over 12,000 older adults.
- Distance traveled to receive services: Rural communities have unique challenges because the health and human service organizations, doctors, hospitals, therapists, dialysis, and pharmacies are farther away than in the urban areas.
- Transportation programs: Paratransit and transit programs are not able to reach the most isolated individuals.

Greatest Social Need	PSA 12	Alpine	Amador	Calaveras	Mariposa	Tuolumne
Rural	62,671	454	15,863	18,557	7,308	20,489
% of total pop	39	40	38	40	43	38
Minority	8,260	101	2,128	2,564	1,021	2,446
% of 60+ pop	14	22	13	14	14	12
Non-English speaking	204	0	85	45	4	70
% of 60+ pop	<1	0	<1	<1	<1	<1
Has disability	1,126	0	204	290	158	474
% of 60+ pop	<1	0	1	2	2	2
*CA DOF 2024Population Estimates *US Census Quickfacts Estimates 2018-2022						

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 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[2] 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 2024-25 through FY 2027-2028

Access:

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

2024-25 ___65% 25-26_____% 26-27_____% 27-28_____%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day/Health Care, Alzheimer's, Residential Repair

2024-25__7.5% 25-26_____% 26-27_____% 27-28_____%

Legal Assistance Required Activities:[3]

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

2024-25 __2__% 25-26_____% 26-27_____% 27-28_____%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Justification: These percentages arise from the organizations and actions cited in Section 4. They are calculated using the population of age 60+ individuals in the PSA considering the overarching mission of serving the greatest number of individuals with core services, and providing services to greatest economic and social need, isolated, at risk of being institutionalized, those in rural areas, limited English proficiency, persons with disabilities, and support services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction. [(OAA 306(a)(2)] The Agency responds appropriately when variations occur throughout the year due to changes in organizations or funding availability.

[2] 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.

[3] Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?[4] Yes or No	Was hearing held at a Long-Term Care Facility?[5] Yes or No
2024-2025	2-29-24	Area 12 Agency on Aging 19074 Standard Rd. Sonora, CA 95370	0	No	No
2025-2026					
2026-2027					
2027-2028					

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. Public Notice placed in the five county newspapers. Outreach efforts included distributing hard copies of the Public Hearing flyer with the Greatest Needs Survey, to all home delivered meal clients, congregate clients, and transportation clients. A link to the public hearing greatest needs survey was available online on the A12AA website. Information was shared with each Senior Center.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

   ☐ Yes. Go to question #3

   ☒ 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

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

   ☒ 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. The power point explained the minimum percentages of adequate proportion of funding for priority services. No comments were made regarding this topic.

6. List any other issues discussed or raised at the public hearing. No other issues were discussed or raised because there were 0 attendees.

7. Note any changes to the Area Plan that were a result of input by attendees. There were no attendees at the Public Hearing. Throughout the year, the Agency conducted focus groups, sent out surveys, and discussed issues with various organizations that represent seniors in each community. Since written communication is just as critical as in person attendance, adjustments were made regarding the responses received through the focus groups, survey distribution and discussions with organizations. As the 'greatest needs survey' results were tallied, approximately 60 individuals responded. The following items were identified: Diabetes, COPD, living with a disability, Alzheimer's, heart attack, stroke, and cancer were health issues. The survey indicated economic and social barriers existed to receive services. Also the survey revealed that Senior Centers are a primary source of information with friends and support groups following.

4 A translator is not required unless the AAA determines a significant number of attendees require translation services.

5 AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

GOAL #1: The Agency employs various methods to distribute information and education regarding supportive services for older adults, persons with disabilities, and caregivers.			
Rationale: Information on accessing services, promoting independence, encouraging wellness, and a self-supporting lifestyle, while maintaining safety, is vital for older adults who desire to age in place. Ongoing efforts are made to reach those who would benefit from the services. We continue to be actively engaged in raising awareness and promoting the programs and services available to older adults, persons with disabilities, and caregivers.			
List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	**Projected Start and End Dates**	**Type of Activity and Funding Source[6]**	**Update Status[7]**
Objective #1: The A12AA Information & Assistance & FCSP staff will work with hospitals. clinics, discharge planners, home health agencies, doctor's offices, and other organizations in Amador, Calaveras, Mariposa, & Tuolumne Counties to improve awareness of available programs, services, and caregiver resources. Information shared at IDT, MDT, senior networks, ADRC Advisory Committee, and Extended Partners. **Outcome:** Organizations and individuals will receive current information on available services. **Measurement:** The number of organizations and number of individuals receiving information. **FY 24-25** – Projected 15 organizations and 400 staff.	7-1-24 -6-30-25	IIIB IIIE	New
Objective #2: A12AA staff will cultivate media contacts regarding A12AA's mission, programs, and services it provides. **Outcome:** The public will receive current information regarding A12AA services and programs. **Measurement:** The number of Public Information activities with circulation numbers. **FY 24-25 –** Projected 20 activities with 400,000 circulation.	7-1-24-6-30-25	IIIB IIIE	New

Objective #3: Outreach by A12AA staff will distribute current Agency information to individuals and organizations that provide services to age 60+ adults, caregivers, and persons with disabilities. **Outcome:** Broadened awareness on supportive services offered by A12AA in each community for older adults, caregivers, and persons with disabilities. **Measurement:** Number of outreach materials distributed. **FY 24-25 –** Projected 1,000 contacts.	7-1-24-6-30-25	IIIB IIIE	New

GOAL #2: The Agency will coordinate with and promote current programs to address unmet needs identified by older adults, caregivers, and persons with disabilities to live independently in the community.			
Rationale: The Agency recognizes that changes in the physical health of the older adult population may require adjustments or development of different types of services provided to older adults, caregivers, and persons with disabilities.			
List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	**Projected Start & End Dates**	**Type of Activity & Funding Source[6]**	**Update Status[7]**
Objective #1: A12AA offers physical fitness group activities teaching yoga, strength training, Pilates, conducted by a certified fitness professional. Classes are designed to improve physical health, balance, core strength, and mobility through a series of designed exercises, poses, and stretches. **Outcome:** Improved balance, aid in fall prevention, core strength, and increased mobility for participants. **Measurement:** Number of clients; numbers of units. **FY 24-25** – Projected 100 participants; 1,500 units.	7-1-24 -6-30-25	IIIB	New
Objective #2: A12AA staff will provide eligible clients with minor home repairs by contracting with local licensed, bonded contractors to provide residential repairs/modifications of homes that facilitate the ability of older adults to remain at home; Program allows repair problems which threaten participants health, safety, and independence. **Outcome:** Improved health and safety living space for participants. **Measurement:** The number of Residential repairs / modifications completed. **FY 24-25 –** Projected 80 modifications.	7-1-24-6-30-25	IIIB	New
Objective #3: A12AA offers 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. The trainers engage participants in T'ai Chi, Arthritis Foundation T'ai Chi Program developed by Dr. Paul Lam. **Outcome:** Clients build core strength, increase flexibility, and improve balance which improves overall physical fitness and aids in fall prevention. **Measurement:** Number of clients and number of units (hours) attended. **FY24-25 –** Projected 50 clients and 900 units.	7-1-24-6-30-25	IIID	New

Objective #4: A12AA staff will work with local licensed, bonded, contracted vendors to provide chore, homemaker, or personal care services to age 60+ clients. **Outcome:** Clients age 60+ will receive chore, homemaker, or personal care services to support client's quality of life and independence to remain in their homes. **Measurement:** Number of unduplicated clients served and number of units. **FY24-25 -** Projected 100 clients and 255 units.	7-1-24-6-30-25	IIIB	New
Objective #5: A12AA will establish relationships with Legal partners to serve age 60+ individuals with legal assistance. **Outcome:** Legal assistance for age 60+ individuals will be available. **Measurement**: Number of legal service units provided. **FY24-25 –** Projected 250 units.	7-1-24-6-30-25	IIIB NonOAA	New
Objective #6: A12AA will work with contracted Providers to assist clients age 60+ with transportation to and from their home to appropriate medical appointments, pharmacy, or medically related trips. **Outcome:** Clients age 60+ will receive transportation to allow them to continue to live independently. **Measurement:** The number of unduplicated clients served and the number of units. **FY24-25 –** Projected 400 clients and 5,000 units.	7-1-24-6-30-25	IIIB	New
Objective #7: A12AA will work with licensed, bonded contractors to provide minor home repairs necessary to facilitate the ability of age 60+ to remain in their homes. **Outcome:** Improved home repairs for residents and identification of local vendors. **Measurement:** The number of residential repair / modifications completed. **FY24-25 -** Projected 80 modifications.	7-1-24-6-30-25	IIIB	New

Objective #8: A12AA staff will collaborate with professionals in Amador, Calaveras, Mariposa, & Tuolumne Counties to conduct presentations on topics related to older adults and aging. **Outcome:** Participants will gain knowledge and information regarding aging. **Measurement:** The number of events and attendees. **FY24-25** – 8 events; 80 attendees.	7-1-24-6-30-25	IIIB	New

GOAL #3: The Agency will strengthen current services under the Family Caregiver Support program (FCSP) for caregivers to ensure older adults, persons with disabilities, their families or informal caregivers and older relatives caring for a child, receive information for self-determination, dignity and responsible choice.			
Rationale: The need for information and outreach, particularly in rural geographically isolated areas where caregivers have limited or no knowledge of available services, is critically important. To improve the quality and quantity of informal care, it is imperative for caregivers to be aware of available support and services and programs			
List Objective Number(s)_and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	**Projected Start & End Dates**	**Type of Activity & Funding Source[6]**	**Update Status [7]**
Objective #1: A12AA Family Caregiver Support Program (FCSP) will collaborate with older relatives in Amador, Calaveras, Mariposa, and Tuolumne to conduct outreaches and increase awareness of FCSP Support Groups, Case Management, Information Services, and Information & Assistance. **Outcome:** Older relatives will learn about FCSP services available for them. **Measurement:** The number of older relative contacts. **FY 24-25** – Projected 250 contacts.	7-1-24 -6-30-25	IIIE	New
Objective #2: A12AA FCSP staff will provide education to the hospital discharge planners, home health agencies, clinic staff, public agencies and community groups for an understanding and utilization of FCSP program and services. **Outcome:** Improved awareness of FCSP. **Measurement:** The number of agency contacts. **FY 24-25 –** Projected 15 organizations.	7-1-24 -6-30-25	IIIE	New
Objective #3: FCSP staff will collaborate with UC Davis, UCSF Fresno and Alzheimer's Association of Northern CA to conduct caregiver workshops and learning series related to Dementia and Caregiving for caregivers (COA only). **Outcome:** Caregivers will receive education and training regarding dementia and caregiving and be informed of the various services in their communities to support them in their role as caregivers. **Measurement:** The number of caregivers that attend training events. **FY24-25 –** Projected attendance - 100 caregivers.	7-1-24 -6-30-25	IIIE	New

Objective #4: FCSP staff will attend Health Fairs, Senior Expos, Senior Health Days, older adult related events and advertise in publications in Amador, Calaveras, Mariposa, and Tuolumne Counties to distribute information regarding the FCSP program. **Outcome:** Public awareness of FCSP services. **Measurement:** Number of events attended and contacts. **FY24-25 –** Projected 15 community education events with 3,000 contacts.	7-1-24 -6-30-25	IIIE	New
Objectives #5: FCSP staff will connect with caregivers in each county to provide updated and pertinent caregiving information. **Outcome:** Caregivers aware of resources available to assist them in dealing with identified issues. **Measurement:** Number of FCSP contacts. **FY24-25 –** Projected 3,000 contacts.	7-1-24 -6-30-25	IIIE	New
Objective #6: FCSP staff work with clients to provide **Support Services - Support Groups:** COA / ORC **Support Services** – Caregiver Training COA **Access**: Case Mgt. - COA / ORC **Access:** Information & Assistance: caregiver information & assistance, caregiver outreach for COA / ORC **Supplemental Services -** Caregiver Assessment: COA /ORC **Supplemental Services**: home modification, assistive technology COA, **Information Services**: public info on caregiving, community education on caregiving for COA / ORC. **Respite -** Out-of-home respite-overnight for COA **Respite -** Out-of-home day care-day for COA **Respite -** Other respite: Home chore, homemaker assist for COA **Respite -** In-home respite: in-home personal care for COA. **Outcome:** Caregivers have access to FCSP services to care for their care recipients. **Measurement:** The number of service units used by caregivers. **FY24-25 –** Projected 2,500 units.	7-1-24 -6-30-25	IIIE	New

GOAL #4: The Agency will continue to provide leadership in developing and coordinating services with emphasis on education on topics related to older adults; enhancement and integration of home and community-based services; provide education on services to encourage older adults to continue to live in the setting of their choice as long as safely possible.

Rationale: Information on accessing services, promoting independence, encouraging wellness, and a self-supporting lifestyle, while maintaining safety, is vital for older adults who desire to age in place.

Efforts are made to reach those who would benefit from the services, we continue to be actively engaged in raising awareness and promoting the programs and services available to older adults, persons with disabilities, and caregivers.

List Objective Number(s)___and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start & End Dates	Type of Activity & Funding Source[6]	Update Status[7]
Objective #1: The A12AA Information & Assistance program will assist callers, walk-ins, and event attendees to make the best decision for them through the options counseling process. **Outcome:** Public will be aware of A12AA services and receive appropriate referrals to best fit their needs. **Measurement:** Number of I & A calls and general data collection of topics. **FY24-25** – Proposed 3,000 contacts.	7-1-24 -6-30-25	IIIB	New
Objective #2: The Advisory Council Public Awareness committee will expand the information grid for older adults with regards to disaster preparedness, caregiver information, community surveys, events, presentations, and resources to enhance public awareness. **Outcome:** Older adults will increase their knowledge of options related to their situation. **Measurement:** The number of older adults receiving information. **FY24-25 –** Projected 400 participants.	7-1-24 -6-30-25	Admin – AC activities	New
Objective #3: The A12AA Advisory Council Legislative Committee will keep the Advisory Council informed on legislative issues affecting older adults. **Outcome:** Broadened awareness and advocacy on legislation regarding older adult issues. **Measurement:** The number of times information is distributed. **FY24-25** – Projected 6 times.	7-1-24-6-30-25	Admin AC activities	New
Objective #4: The A12AA staff will distribute	7-1-24-6-30-25	IIIB	New

disaster preparedness materials to older adults, persons with disabilities, and caregivers. **Outcome:** Broadened awareness of disaster preparedness. **Measurement:** The number of items distributed. **FY24-25** – Projected 100 products.			

GOAL #5: The Agency will develop and coordinate a comprehensive Community Education Program regarding information on each facet of Medicare and Medicare Savings program 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 HICSP staff and volunteer counselors will ensure Medicare options and supplemental insurance information is 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)] (Priority Service if applicable)	**Projected Start & End Dates**	**Type of Activity & Funding Source[6]**	**Update Status[7]**
Objective #1: The A12AA HICAP staff and volunteers will maintain annual training requirements. **Outcome:** Ensure clients receive confidential, current, and objective Medicare counseling. **Measurement:** The number of client intakes completed. **FY24-25** – Projected 1000 individuals counseled.	7-1-24 -6-30-25	HICAP	New
Objective #2: A12AA HICAP staff and volunteers will increase the number of Medicare beneficiaries served across the service area. **Outcome:** Expanded outreach activities. **Measurement:** The number of interactive public and media events (PAM) attended. **FY 24-25 –** Projected to host/attend 40 interactive public and media events.	7-1-24-6-30-25	HICAP	New
Objective #3: A12AA HICAP staff will increase the number of volunteers. **Outcome:** Increase recruitment and training opportunities. Employ retention tactics. **Measurement:** Number of registered HICAP volunteers. **FY24-25 –** Recruit – implement volunteer recruitment campaign via local newspapers, radio stations, Facebook, and Senior Center newsletters. Projected to recruit 2 new HICAP volunteer counselors. Train – 24 hours of initial training; plus 10 hours minimum internship for new HICAP volunteers. Retain – All HICAP counselors are projected to meet annual HICAP requirements by completing 12 hours of continued education and contributing a minimum of 40 hours of counseling annually to maintain their registration.	7-1-24 -6-30-25	HICAP	New

Objective #4: A12AA HICAP staff will improve program structure and organization. **Outcome:** Provide effective and efficient operations. **Measurement:** Create desk manuals for each position. **FY24-25 –** In the desk manual, each position will have a job description, step-by-step procedure description, essential functions and responsibilities related to their position. Each HICAP staff member will be cross-trained. Each HICAP staff member will receive training in SHARP/PEERPLACE for running reports and finalization.	7-1-24-6-30-25	HICAP	New
Objective #5: A12AA HICAP staff will improve program processes and activities to successfully position HICAP for changes. **Outcome:** Improve technology within remote locations for effective counseling. **Measurement:** Projected to counsel 1,100 clients, 650 in-person; 440 phone clients, and 10 zoom clients.	7-1-24-6-30-25	HICAP	New
Objective #6: HICAP staff and volunteers will assist several categories of clients: hard to reach, LIS, Rural, ESL, and Medicare recipients under age 65 with Medicare counseling. **Outcome:** Increased assistance with Medicare issues to groups described above. **Measurement:** Numbers of individuals in listed categories. **FY24-25 –** Projected: hard to reach – 1,350; LIS – 860 rural – 878; ESL–5, under age 65–250.	7-1-24-6-30-25	HICAP	New

GOAL #6: The Agency will coordinate services with the Ombudsman Program to protect and advocate for quality of care and quality of life for residents in long term care and residential care facilities.			
Rationale: The mission of A12AA is to support the Ombudsman program whose mission is to investigate and resolve complaints, provide information to residents, families, staff, and advocate for systemic changes to improve residents' care and quality of life.			
List Objective Number(s)_and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	**Projected Start & End Dates**	**Type of Activity & Funding Source[6]**	**Update Status[7]**
Objective #1: 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 mandated reporter trainings. **FY 24-25** – Projected 15 trainings.	7-1-24 -6-30-25	IIIB	New
Objective #2: The Elder Abuse Prevention Program Coordinator will collaborate with A12AA's Family Caregiver Program (Title IIIE) to educate caregivers on how to report elder abuse. **Outcome:** The IIIE family caregivers will be educated regarding the signs of elder abuse and how to report it. **Measurement:** The number of products distributed. **FY 24-25 –** Projected 60 flyers distributed.	7-1-24 – 6-30-25	VIIb	New
Objective #3: The Edler Abuse Prevention Program coordinator will collaborate with professionals from APS, DA, law enforcement and other agencies to the purpose of conducting Elder Abuse Prevention trainings. **Outcome:** Broadened awareness and clearer understanding of elder abuse prevention. **Measurement:** Number of trainings. **FY24-25** – Projected 12 trainings.	7-1-24-6-30-25	VIIb	New

[6] Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks.

[7] Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

GOAL #7: Eligible individuals will have access to nutrition services to reduce hunger and increase food security to those who are experiencing barriers to nutritionally balanced nutrition.

Rationale: Nutritionally balanced nutrition is essential to the health of older adults. Through the needs assessment process, it was revealed that congregate dining and home delivered meals are a high priority for older adults. Nutrition training will be provided to nutrition providers. Nutrition education is provided to meal recipients.

List Objective Number(s)_and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start & End Dates	Type of Activity & Funding Source[6]	Update Status[7]
Objective #1: A12AA will coordinate with nutrition providers to provide accurate and culturally sensitive nutrition education to participants. **Outcome:** Nutrition participants receive information that assists in maintaining their nutritional health. **Measurement:** Number of participants receiving nutritional information. **FY 24-25** – Projected 750 participants.	7-1-24 -6-30-25	IIIC1 & IIIC2	New
Objective #2: Participate in Senior Farmers' Market Nutrition Program. A12AA will distribute farmers' market vouchers/cards to eligible older adults to increase their access to fresh fruit and vegetables. **Outcome:** Eligible Nutrition participants have access to fresh fruit and vegetables, and herbs from Certified Farmer's Markets. **Measurement:** The number of booklets/cards distributed. **FY 24-25 –** Projected 400 booklets/cards distributed.	7-1-24 – 6-30-25	IIIC1 & IIIC2	New
Objective #3: A12AA will contract with Providers to provide congregate, or home delivered meals that are nutritionally balanced, and RD approved. **Outcome:** Eligible participants have access to nutritionally balanced meals. **Measurement:** Number of meals served. **FY24-25** – Projected number of meals: congregate 40,372; home delivered 91,862.	7-1-24-6-30-25	IIIC1 & IIIC2	New
Objective #4: A12AA staff will host, at a minimum, two nutrition provider meetings for the purpose of addressing nutrition updates or identified issues. **Outcome:** Nutrition providers will be informed of updates or changes concerning nutrition. **Measurement:** Number of meetings held. **FY24-25 –** Projected 2 nutrition provider meetings.	7-1-24-6-30-25	IIIC1 & IIIC2	New

Objective #5: Advisory Council Nutrition committee will keep participants informed of current changes or identified issues concerning nutrition. **Outcome:** Nutrition participants receive information regarding pertinent nutrition issues. **Measurement:** Number of surveys or information flyers. **FY24-25 –** Projected 1 survey and 1 information flyer.	7-1-24-6-30-25	IIIC1 & IIIC2 Admin AC	New

SECTION 8. SERVICE UNIT PLAN (SUP)

TITLE III/VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	15	2	4
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	100	2	4
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	100	2	4
2025-2026			
2026-2027			
2027-2028			

Home-Delivered Meal — Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	91,862	7	3
2025-2026			
2026-2027			
2027-2028			

Adult Day Care/ Adult Day Health (In-Home) — Unit of Service = 1 hour **NA**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

Case Management (Access) — Unit of Service = 1 hour **NA**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

Assisted Transportation (Access) — Unit of Service = 1 one-way trip **NA**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

Congregate Meals — Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	40,372	7	3
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling — Unit of Service = 1 hour **NA**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

Transportation (Access) — Unit of Service = 1 one-way trip

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,630	2	6
2025-2026			
2026-2027			
2027-2028			

Legal Assistance — Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	200	2	5
2025-2026			
2026-2027			
2027-2028			

Nutrition Education — Unit of Service = 1 session

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	32	7	1
2025-2026			
2026-2027			
2027-2028			

Information and Assistance (Access) — Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,000	4	1
2025-2026			
2026-2027			
2027-2028			

Outreach (Access) — Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000	1	1, 3
2025-2026			
2026-2027			
2027-2028			

2. OAAPS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved OAAPS Program service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were <u>not</u> reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB "Other" Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include**: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include**: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Device, Registry, Senior Center Activities, and Senior Center Staffing

All "Other" services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category IIIB Health Unit of Service 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	2	1
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category-IIIB Residential Repair/ Modification Unit of Service: 1 modification

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	80	2	2
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category IIIB Public Information Unit of Service: 1 activity

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	20	1	2
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category IIIB Disaster Preparedness Unit of Service: 1 product

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	100	1	2
2025-2026			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence Based

- Provide the specific name of each proposed evidence-based program.

Unit of Service = 1 contact

Evidence-Based Program Name(s): T'ai Chi

Add additional lines if needed.

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	900	2	3
2025-2026			
2026-2027			
2027-2028			

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 ensuring their dignity, quality of life, and quality of care.

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. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	66	82	80	85 % 2024-2025
2023-2024				_____% 2025-2026
2024-2025				_____% 2026-2027
2026-2027				_____% 2027-2028

Program Goals and Objective Numbers:

B. Work with Resident Councils (NORS Elements S-64 and S-65)

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended 7 FY 2024-2025 Target: 12
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

C. Work with Family Councils (NORS Elements S-66 and S-67)

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 2 FY 2024-2025 Target: 2
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54) Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2022-2023 Baseline: Number of Instances 102 FY 2024-2025 Target: 200
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

E. Information and Assistance to Individuals (NORS Element S-55) 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. Information and Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances 378 FY 2024-2025 Target: 500
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

F. Community Education (NORS Element S-68) 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. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2022-2023 Baseline: Number of Sessions 1 FY 2024-2025 Target: 3
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

G. Systems Advocacy (NORS Elements S-07, S-07.1)

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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 improve pain relief or increase access to oral health care, 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.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The systemic advocacy goal for the Mother Lode LTC Ombudsman Program in FY 2024-2025 is to work with the facilities to review the updated Emergency Preparedness procedures to ensure the safety of residents during an emergency situation. **Outcome:** Program Coordinator will review and discuss disaster plans and confirm the plans used worked.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: **FY 2025-2026 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2026-2027
Outcome of FY 2025-2026 Efforts: **FY 2026-2027 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2027-2028
Outcome of 2026-2027 Efforts: **FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) 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 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 5 divided by the total number of Nursing Facilities 6 = Baseline 83 %
FY 2024-2025 Target: 100%

2. FY 2023-2024 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 2025-2026 Target: _____

3. FY 2024-2025 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 2026-2027 Target: _____

4. FY 2025-2026 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 2027-2028 Target: _____

Program Goals and Objective Numbers: _____

B. Routine access: Residential Care Communities (NORS Element S-61) 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 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 8 divided by the total number of RCFEs 9 = Baseline 89 %

   FY 2024-2025 Target: 100%

2. FY 2023-2024 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 2025-2026 Target:_____

3. FY 2024-2025 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 2026-2027 Target:_____
4. FY 2025-2026 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 2027-2028 Target:_____
Program Goals and Objective Numbers: _____

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) 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 2022-2023 Baseline:__2___FTEs FY 2024-2025 Target: 2___FTEs
2. FY 2023-2024 Baseline: _____FTEs FY 2025-2026 Target: _____FTEs
3. FY 2024-2025 Baseline:_____FTEs FY 2026-2027 Target: _____FTEs
4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____FTEs
Program Goals and Objective Numbers: _____

D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers _4_____ FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers __4___
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____

4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

Outcome 3.
Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:
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 Reporting System (NORS) data reporting.

Some examples could include:

- 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.

Fiscal Year 2024-2025 – Train volunteer to enter data in NORS.
Fiscal Year 2025-2026
Fiscal Year 2026-2027
Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The program conducting the Title VII Elder Abuse Prevention work is:

[X]	Ombudsman Program Catholic Charities Diocese of Stockton
[ ]	Legal Services Provider
[ ]	Adult Protective Services
[ ]	Other (explain/list)

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. Activities 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 IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 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.

- **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.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	25			
Public Education Sessions	15			
Training Sessions for Professionals	2			
Training Sessions for Caregivers served by Title IIIE	1			
Hours Spent Developing a Coordinated System	25			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	450	Signs & Symptoms of Caregiver Burnout Elder Abuse Prevention Awareness Mandated Reporting
2025-2026		
2026-2027		
2027-2028		

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3**: Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

Direct and/or Contracted IIIE Services

CATEGORIES (16 total)	1	2	3
Family Caregivers- Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
Caregiver Case Management	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	1,000	3	6
2025-2026			
2026-2027			
2027-2028			

Caregiver Counseling	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Information and Assistance	**Total Contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	200	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	**# Of activities and Total est. audience (contacts) for above**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	**# Of activities:** 10 **Total est. audience for above:** 140,000	3	6, 4
2025-2026	**# Of activities: Total est. audience for above:**		
2026-2027	**# Of activities: Total est. audience for above:**		
2027-2028	**# Of activities: Total est. audience for above:**		
Caregiver Respite In-Home	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	1,200	3	6
2025-2026			
2026-2027			
2027-2028			

Caregiver Respite Other	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	250	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	0	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	0	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	55	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	150	3	6
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	**Total occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	**Total occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	10	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	**Total contacts**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	NA	NA	NA
2025-2026			
2026-2027			
2027-2028			

Caregiver Support Groups	Total sessions	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	600	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Training	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	10	3	3
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
Caregiver Case Management	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	8	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Counseling	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			

Caregiver Information and Assistance	Total Contacts	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	42	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	**# Of activities and Total est. audience (contacts) for above**	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	**# Of activities: 10 Total est. audience for above:** 610	3	4
2025-2026	**# Of activities: Total est. audience for above:**		
2026-2027	**# Of activities: Total est. audience for above:**		
2027-2028	**# Of activities: Total est. audience for above:**		
Caregiver Respite In-Home	**Total hours**	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	**Total hours**	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			

Caregiver Respite Out-of-Home Day Care	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	50	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Consumable Supplies	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	**Total contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	**Total sessions**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	50	3	6
2025-2026			
2026-2027			
2027-2028			
Caregiver Training	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026			
2026-2027			
2027-2028			

PSA 12

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
WIC § 9535(b)

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA HICAPs must coordinate with their "Managing" AAA to complete their respective PSA's HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The "Managing" AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- PM 1.1 Clients Counseled: Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM): Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts: Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts: Percentage of persons reached through events categorized as "interactive"
- PM 2.3 Medicare Beneficiaries Under 65: Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts: Percentage of one-on-one interactions with "hard-to-reach" Medicare beneficiaries designated as,
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts: Percentage of contacts with one or more qualifying enrollment topics discussed

HICAP service-level data are reported in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1,002	15
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	28	5
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	837 - 900	5
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	373 - 500	5
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	108 - 150	5
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1022	165	823	33	5
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	932-1000	5
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)[8] NA

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	NA	NA
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	NA	NA
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	NA	NA
2025-2026		
2026-2027		
2027-2028		

[8] Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
Amador County 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

Senior Center	Address
Murphys Senior Center	65 Mitchler Ave., Murphys, CA 95247
Calaveras County Senior Center	956 Mountain Ranch Rd., San Andreas, CA 95249

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020,

Section 373(a) and (b)

2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title IIIE and/or matching FCSP funds for both.

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 not provided is required in the space below.**

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Case Management	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐
Caregiver Counseling	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐
Caregiver Information and Assistance	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐
Caregiver Information Services	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract ☐ No	☐ Yes Direct Yes ☐ Contract ☐ No
Caregiver Respite In-Home	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐
Caregiver Respite Other	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐
Caregiver Respite Out-of-Home Day Care	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct Yes ☐ Contract No ☐

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Respite Out-of-Home Overnight Care	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Assistive Technologies	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Caregiver Assessment	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Caregiver Registry	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Consumable Supplies	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Home Modifications	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Legal Consultation	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Support Groups	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Training	☐ **X** Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct Yes ☐ Contract No ☐	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Case Management	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Counseling	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Information and Assistance	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Information Services	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Respite In-Home	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Respite Other	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Respite Out-of-Home Day Care	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Respite Out-of-Home Overnight Care	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Assistive Technologies	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Caregiver Assessment	☐ **X** Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Caregiver Registry	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Consumable Supplies	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Supplemental Services Home Modifications	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplemental Services Legal Consultation	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Support Groups	☐ **X Yes Direct** ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Training	☐ Yes Direct ☐ Yes Contract ☐ **X No**	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No

Justification: Not providing these services: Caregiver and Older Relative Caregiver: Caregiver Counseling, Caregiver Supplemental Services Consumable Supplies, Caregiver Supplemental Services Legal Consultation, Caregiver Training, Caregiver Registry, Older Relative Caregiver Respite – out of home and overnight, Supplemental Services Assistive technologies;

All the agencies or organizations cited below are listed on our ADRC online resource directory – www.adrcofthemotherlode.myresourcedirectory.com - as organizations that provide services. The A12AA staff updates the resource directory quarterly and as needed to confirm information is accurate and current. A12AA FCSP staff makes referrals to the resources and programs as needed.

Family Caregiver / Older Relative Caregiver – Caregiver Legal Consultation: Interfaith Legal Services, PO Box 5070, Sonora, CA 95370; this organization offers Legal services to caregivers and all individuals; we can refer family caregivers in need of legal assistance; entire PSA; Del Oro Caregiver Resource Center, 842 Auburn Blvd., Ste. 265, Citrus Hts., CA 95610; Amador & Calaveras Counties;

Family Caregiver / Older Relative Caregiver – Supplemental Services Consumable supplies – Shield Healthcare, www.shieldhealthcare services; online ordering of consumable supplies; entire PSA;

Family Caregiver / Older Relative Caregiver – Caregiver training, Caregiver counseling – provided by Valley Caregiver Resource Center, 5363 N Fresno St., Fresno, CA 93710; Mariposa & Tuolumne; Del Oro Caregiver Resource Center, 842 Auburn Blvd., Ste. 265, Citrus Hts., CA 95610; Alpine, Amador, Calaveras; offers regular caregiver trainings, and family counseling.

Family Caregiver Registry – Master Care, Caregiver Registry; MasterCarePlan.com; 855-836-6355 office; maintains caregiver list; A.Beck@MasterCarePlan.com

Older Relative Caregiver - Respite, Supplemental services, Home Modifications, Assistive Technologies for grandparents raising grandchildren were not identified needs in the Community Needs Survey.

Older Relative Caregiver – Respite, out of home daycare, Caregiver Registry, supplemental services - Tuolumne and Mariposa County: Respite services are available through ICES, First Five, HeadStart, Resource Connection or Social Services. ICES, 20993 Niagara River Dr., Sonora, CA 95370, 209-533-0377. www.icesagency.org; parents can access quality childcare and parenting education. Services include childcare resource and referral, childcare subsidies, recruitment and training of childcare professionals, parent education and support.

Calaveras and Amador Counties: Ama-Nexus Youth & Family Services, 601 Court St., Jackson, CA 95642, info@nexusyfs.org. 209-257-1980. Cal - Resource Connection, 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.; provides a Grandparent support and respite program to provide temporary relief for grandparents; provide information on childcare options, respite, parent education.

Alpine County – Specialties Choices for Children, www.choices4children-alpine.org, 1-530-694-2230, Alpine Social Services, 75-A Diamond Valley, Markleeville, CA 96120. provides a Grandparent support and respite program to provide temporary relief for grandparents; provide information on childcare options, respite, parent education.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)][12]. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** 2% of the Title IIIB funding is allocated to Legal Services.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:** Local need for legal services has increased in the past year. Legal services have seen an increase in landlord/tenant issues, preparing of wills, and dealing with contractor issues. The extra dollars received from CDA through non-OAA monies has been instrumental in allowing legal services to assist more clients.

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:** A12AA provides the legal service provider with a copy of the CA statewide Guidelines and instructs them to refer to it.

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:** The Agency meets with the Legal Services Program two times during the fiscal year to review prior year's issues, conduct training, discuss most commonly requested topics, increases or decreases on topics, and any type of problems or need that we can assist them with. The top four priority legal issues are wills/trust, advanced healthcare directive, landlord-tenant issues, and contractor issues: contractor not showing up, charging more than they bid, shoddy workmanship, and/or not completing the project.

5. How does the AAA collaborate with the Legal Services Provider to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** The LSP services are at a location that serves age 60+, those with limited income, individuals with poverty status, and the homeless. A12AA runs quarterly reports tracking poverty status, ethnicity, lives alone status, frail, and disabled to verify the LSP is serving these populations.

6. How many legal assistance service providers are in your PSA? **Complete table below.**

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	A12AA, 19074 Standard Rd., Sonora, CA 95370; MOU with: Interfaith Legal Services PO Box 5070, 18500 Striker Ct. Sonora, CA 95370	It did not change. Sent out two RFP cycles with no response from any organization.
2025-2026		
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using? **Discuss:** As the Interfaith Director attends various outreaches, they discuss the legal services provided. As A12AA outreach staff attend outreaches, they include the legal services provided by Interfaith Legal Services. The A12AA FB page, the A12AA website and the ADRC online resource directory includes Interfaith Legal Services. A12AA staff give out information at outreach events. As consumers call the A12AA requesting legal assistance, resource specialists provide the numbers and information regarding the program. Also refer clients to Legal Services of Northern CA and Central CA Legal Services.

8. What geographic regions are covered by each provider? **Complete table below:**

Fiscal Year	**Name of Provider**	**Geographic Region covered**
2024-2025	a. A12AA - MOU with Interfaith Legal Services b. c.	a. Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Discuss:** Currently age 60+ adults' access legal services by phone, drive up, in-person appts., or correspondence by mail. The volunteers give instructions to the client on how to proceed. Clients can receive assistance by phone, drive up and staying in their car, by in-person appts., and by mail exchange. The program has 3 volunteer attorneys, highly trained volunteers to assist the clients.

10. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area). **Discuss:**
The major types of legal issues include wills, power of attorney, advanced healthcare directive, landlord-tenant issues, evictions, real property issues, and contractor issues: contractor not showing up, charging more than they bid, shoddy workmanship, not completing the project. The LSP has had training on landlord-tenant issues and eviction notices.

11. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** Barriers to accessing legal services is the distance consumers travel to receive legal services. To meet the needs of legal consumers, the legal provider has incorporated a variety of ways to assist clients by phone appts., drive up appts., mail correspondence, and walk-in appts. The program has made various accommodations to reach consumers with legal services.

12. What other organizations or groups does your legal service provider coordinate services with? **Discuss:** Other community organizations include, but are not limited to, Interfaith Social Services, Mother Lode LTC Ombudsman Program, Tuolumne District Attorney's Office & Victim Witness, Sierra Senior Providers, Mariposa County Legal Aid, Amador County District Attorney's Office. The Legal services program works with many organizations in each county – APS, IHSS, Public Health, Health & Human Services, Sheriff Dept. The Legal Service Director states that if the Legal Services Program cannot assist the participant, they refer them to Central CA Legal Services, Northern CA Legal Services, or local attorneys with a negotiated reduced rate.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 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, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:
   - A12AA attends local OES meetings in various counties, special populations meetings or trainings, tabletop discussions with other organizations involved in disaster preparedness and participates in county wide drills. Community organizations, relief organizations, state and local governments, tribal organizations, and public health representatives attend these meetings.

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
Alpine County	Sheriff Tom Minder	Office 530-694-2231	tminder@alpinecounty.ca.gov
Amador County	Sgt. Jeff Belotti	Office 209-223-6384	jbellotti@amadorgov.org amadorsheriff@amadorgov.org
Calaveras County	Baljit Singh	Office 209-754-2890	baljitsingh@calaverascounty.gov
Mariposa County	Sgt. Wes Smith	Office 209-742-1306	wsmith@mariposacounty.org
Tuolumne County	Dore Bietz	Office 209-533-6396	dbietz@co.tuolumne.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Doreen Schmidt	Planner / Disaster Coor	Office: 209-532-6272	dschmidt@area12.org
Kristin Millhoff	Executive Director	Office: 209-532-6272	kristin@area12.org

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Provide up-to-date information & distribute information to individuals	**A** Regular contact with individuals, providers by phone, email, or in person with current disaster

impacted by the disaster to providers, agencies and organizations involved in disaster or emergency response efforts.	information to distributed to their clients; updates available on FB page or link to County OES or County Public Health FB page.
B Providers contact their participants by robocall system explaining the deviation from the regularly scheduled delivery or opening of a congregate site.	**B** Each Provider makes their decision of deviation of delivery and/or closing of congregate site. Provider in turn notified A12AA of the decision.
C Providers deliver shelf stable meals to hdm participants. They offer shelf stable meals available to congregate clients.	**C** Deliver shelf stable meals in a non-disaster timeframe; offer shelf stable meals available during a non-disaster timeframe.

List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

Critical Services	How Delivered?
A A12AA works with staff to secure their physical safety and well-being; includes staff's concern for families and homes; staff trained and prepared to operate under emergency / disaster response conditions.	**A** A12AA Ex Direct contacts Program Managers for them to contact staff and ensure their safety.
B A12AA contact SSPI for use of their space for temporary office set up.	**B** Several staff have access to laptops and information stored on the cloud. A12AA will contact IT company to assist.
C A12AA contact Tuol County for use of their office space.	**C** Exec Direct will contact Tuol County for set up in their office space.
D If A12AA facilities are impacted by disaster or emergency, the public, providers, other community organizations will be notified. If relocation to offsite facility is necessary, then the same sources will be notified of the change.	**D** A12AA has MOU with an offsite facility to operate and set up services from their facility.

5. List critical resources the AAA need to continue operations.
   - Tracking of expenses
   - Access to database for each program – Admin, MSSP, FCSP, HICAP, ADRC
   - Accounts payable
   - Payroll
   - Internet access

6. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

   Amador County Public Health Coalition, Calaveras and Tuolumne County Public Health Coalition. Sierra Senior Providers – MOU for office space, Tuolumne County-office space.

7. Describe how the AAA will:
   - Identify vulnerable populations: Care managers with MSSP/FCSP contacts impacted vulnerable clients and/or emergency contacts to ensure client needs are being addressed; if needed, care managers contact emergency service organizations, with strict adherence to HIPAA and private information protections, that operate in impacted areas to ensure client safety. Information & Assistance and Resource specialists give out current information as they receive inquiries. FB is updated frequently as the information flows into the Agency. A12AA is in contact with Social Services in each affected county regarding clients.
   - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.): MSSP clients – During annual review, emergency plans are reviewed and updated; during open of MSSP client, emergency plans are created with regards to county specific instructions, assist clients with signing up for Everbridge or Code Red – emergency sign ups;
     FCSP – During open phone call, create an emergency plan with caregivers; Distribute flyers regarding various disaster events to caregivers.
   - Follow up with vulnerable populations after a disaster event. Follow up with these vulnerable populations after a disaster or emergency event occurs. Care managers and family caregiver staff follow up with their clients to determine if needs are being met; post-disaster – care managers assess what type of planning or coordination could occur to ensure the safety of clients. A12AA staff connects with groups that assist with post-event relief and assist in any way possible: providing staff, water, depends, etc. ADRC / I & A Resource Specialists are up to date on agencies and organizations that clients can apply for disaster relief.
   - Once the governor makes the emergency declaration, resource specialists assist clients with completing applications for funding from FEMA, PG&E, insurance companies, and other organizations that provide funding for disaster relief. FEMA, PG&E, and other organizations instructions are outlined in the ADRC / I&A Manual.

8. How is disaster preparedness training provided?
   - AAA to participants and caregivers – A12AA distributes flyers to participants, caregivers, public, providers, provides training from CERT, County OES, flyers regarding emer prep;
   - Providers - A12AA distributes flyers to staff, provides training at staff meetings, reviews Provider office evacuation plans; reviews Nutrition disaster plans.
   - A12AA Staff – annually trained on disaster and evacuation plans for office. When disasters are predicted, staff is alerted and given specific information and flyers regarding the disaster.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a)(b)(c), W&I Code Section 9533(f), 42 USC Section 3027(a)(8)(C) Older Americans Act Reauthorization Act of 2020 Section 307(a)(8)

If 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 ensure 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	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information and Assistance	☒	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
Outreach X	☒	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**24-25**	**25-26**	**26-27**	**27-28**
☒ Health Promotion – Evidence-Based	☒	☐	☐	☐
Title IIIE[9]	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information Services	☒	☐	☐	☐
☒ Access Assistance	☒	☐	☐	☐
☒ Support Services	☒	☐	☐	☐
☒ Respite Services	☒	☐	☐	☐
☒ Supplemental Services	☒	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ 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 services to older adults, persons with disabilities, and caregivers with the greatest social and economic needs as well as low-income, minority individuals with services. Outreach is conducted at all nutrition sites, food banks, community events, rural gatherings, health fairs, senior expos, public health, service groups, veterans' organizations, food bank locations, information fairs, commission on aging, senior networks, and multi-disciplinary teams (mdt) to reach the targeted population. Referrals for services are provided from discharge planners, social workers, home health advocates, doctor's offices, physical therapists, home delivered meal assessors, food banks, service providers, and public health. Every effort is made to link individuals to the resources that best meet their needs. [8]Refer to CDA Service Categories and Data Dictionary.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Homemaker Services

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR
☒ More cost effective if provided by 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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, contracts with vendors, and ongoing relationships with referral partners. The service was presented for bid in the request for proposal process, but no organization bid for the service.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Personal Care Services

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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, contracts with vendors, ongoing relationship with referral sources. The service was presented for bid in the request for proposal process, but no organization bid for the service.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Health

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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 community connection with organizations that provide services. The service was presented for bid in the request for proposal process, but no organization bid for the service. This Health service provides exercise classes for several rural communities. In our Community Needs survey, exercise was one of the most used services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Chore Services

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Documentation for service: This service is offered 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, contract with vendors and ongoing relationship with referral sources. The service was presented for bid in the request for proposal process, but no organization bid for the service. In our Community Needs survey, outside chore work was a top identified need in the communities.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Residential Repair

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR
☒ More cost effective if provided by 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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, contract with vendors, and ongoing relationship with referral sources. The service was presented for bid in the request for proposal process, but no organization bid for the service. In the Community Needs Survey, this service was a top identified need for community members.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Legal Services

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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 ability to manage MOU with vendor. The service was presented for bid in the request for proposal process, but no organization bid for the service.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 Nutrition Education

Check applicable funding source:[9]

☐ IIIB

☐ IIID

☒ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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, MOU with registered dietitian. The service was presented for bid in the request for proposal process, but no organization bid for the service.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Outreach

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR
☒ More cost effective if provided by 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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 attendance at outreach events. The service was presented for bid in the request for proposal process, but no organization bid for the service.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Public Information

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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 advertising with local resources. The service was presented for bid in the request for proposal process, but no organization bid for the service.

7 Section 15 does not apply to Title V (SCSEP).
8 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIID Disease Prevention and Health Promotion

Check applicable funding source:[9]

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☒ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with instructors.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Support Services – Caregiver Support Groups COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Support Services - Caregiver Training COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Respite Care Services – Respite-In-Home COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Respite Care Services – Respite Other COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Respite Care Services – Out of Home Day Care COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Respite Care Services – Out of Home Overnight Care COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Supplemental Services – Assistive Devices COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Supplemental Services – Home Modifications COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Supplemental Services – Caregiver Assessment COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Access Assistance – Information & Assistance COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Access Assistance – Caregiver Case Management COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Information Services COA

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Support Services – Support Groups ORC

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Access Assistance – Caregiver Case Management ORC

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Access Assistance – Caregiver Info & Assistance ORC

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Information Services - ORC

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIE Supplemental Services – Caregiver Assessment ORC

Check applicable funding source:[9]

IIIB

IIIC-1

IIIC-2

IIID

X IIIE

VII

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 FY 24-25 **FY 25-26** **FY 26-27** **FY 27-28**

Documentation for service: This service is offered 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, advertising with local resources, and connection with community-based organizations that provide these services.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: IIIB Transportation Services

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR
☒ More cost effective if provided by 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.

☒ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Documentation for service: This service is offered directly in Calaveras County as no other organization stepped forward to fill the unexpected gap in contracted services. Through the Request for Proposal, no bids for the provision of transportation services in the Calaveras County area have been submitted. A12AA entered a partnership with the Calaveras County Cal Connect to offer bus tickets for the Dial-A-Ride and transit services. A12 will conduct the outreach to targeted population, provide tracking of units, and advertise with local organizations and facilities.

SECTION 15. GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: _____

Name and Title of Officers:	Office Term Expires:
Director Frank Axe, Chair	1/1/2025
Director Kathleen Haff	1/1/2025
Director Rosemarie Smallcombe, Vice-Chair	1/1/2025
Director Martin Huberty	1/1/2025

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

Each year, every Board of Supervisors decides which Supervisor will sit on our JPA Board.

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 29

Number and Percent of Council Members over age 60+ 17 2 < 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	89	96
Hispanic	4	1
Black	<1	0
Asian/Pacific Islander	<1	0
Native American/Alaskan Native	<1	0
Other	<1	0

Name and Title of Officers:	Office Term Expires:
Lynne Nightengale, Chair	1-1-2025
Denise Simpson, Vice-Chair	1-1-2025
Don Fox, Secretary	1-1-2025

Name and Title of other members:	Office Term Expires:
Barbara Long	3-21-26
Chris Kalton, Provider	11-12-28

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

Rich Corvello	12-31-25
Andrew Schleder	12-31-26
Marian Coahran	12-31-27
Susan Tomasich	12-31-27
Don Fox	4-26-26
Lydia Arre, Provider	1-26-25
Barbara Farkas	2-8-26
Denise Simpson	12-31-25
Dick Southern	2-28-26

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

Yes No

- ☐ ☒ Low Income Representative
- ☐ ☒ Disabled Representative
- ☐ ☒ Supportive Services Provider Representative
- ☐ ☐ Health Care Provider Representative
- ☐ ☐ Local Elected Officials
- ☐ ☒ Individuals with Leadership Experience in Private and Voluntary Sectors
- ☐ ☒ Family Caregiver, including older relative caregiver
- ☐ ☐ Tribal Representative
- ☐ ☒ LQBTQ Identification
- ☐ ☒ Veteran Status

Explain any "No" answer(s):

Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other? When the member's term expires, members are allowed to remain in their positions until reappointments are secured. A12AA regularly recruits new members.

Briefly describe the local governing board's process to appoint Advisory Council Members. When an individual requests to become an Advisory Council member, 1) they complete their County's committee member application. That application goes before the entire County Board of Supervisors for approval. 2) they fill out an A12AA application which is reviewed by the Membership and Recruitment committee for approval.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW [11]

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

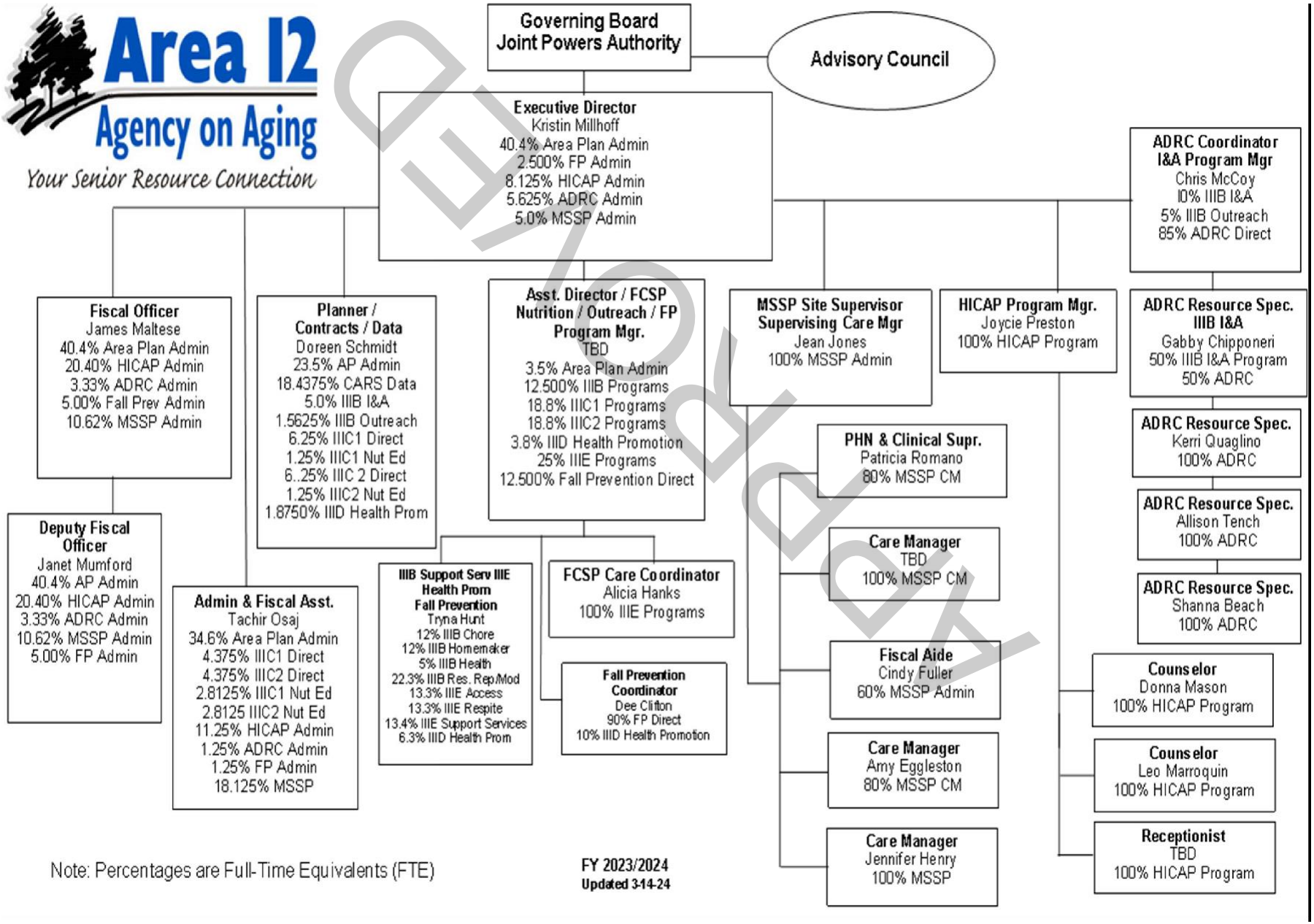
☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

9 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


Area 12
Agency on Aging
Your Senior Resource Connection
Governing Board
Joint Powers Authority
Advisory Council
Executive Director
Kristin Millhoff
40.4% Area Plan Admin
2.500% FP Admin
8.125% HICAP Admin
5.625% ADRC Admin
5.0% MSSP Admin
ADRC Coordinator
I&A Program Mgr
Chris McCoy
10% IIIB I&A
5% IIIB Outreach
85% ADRC Direct
Fiscal Officer
James Maltese
40.4% Area Plan Admin
20.40% HICAP Admin
3.33% ADRC Admin
5.00% Fall Prev Admin
10.62% MSSP Admin
Planner /
Contracts / Data
Doreen Schmidt
23.5% AP Admin
18.4375% CARS Data
5.0% IIIB I&A
1.5625% IIIB Outreach
6.25% IIIC1 Direct
1.25% IIIC1 Nut Ed
6..25% IIIC 2 Direct
1.25% IIIC2 Nut Ed
1.8750% IIID Health Prom
Asst. Director / FCSP
Nutrition / Outreach / FP
Program Mgr.
TBD
3.5% Area Plan Admin
12.500% IIIB Programs
18.8% IIIC1 Programs
18.8% IIIC2 Programs
3.8% IIID Health Promotion
25% IIIE Programs
12.500% Fall Prevention Direct
MSSP Site Supervisor
Supervising Care Mgr
Jean Jones
100% MSSP Admin
HICAP Program Mgr.
Joycie Preston
100% HICAP Program
ADRC Resource Spec.
IIIB I&A
Gabby Chipponeri
50% IIIB I&A Program
50% ADRC
ADRC Resource Spec.
Kerri Quaglino
100% ADRC
ADRC Resource Spec.
Allison Tench
100% ADRC
ADRC Resource Spec.
Shanna Beach
100% ADRC
Deputy Fiscal
Officer
Janet Mumford
40.4% AP Admin
20.40% HICAP Admin
3.33% ADRC Admin
10.62% MSSP Admin
5.00% FP Admin
Admin & Fiscal Asst.
Tachir Osaj
34.6% Area Plan Admin
4.375% IIIC1 Direct
4.375% IIIC2 Direct
2.8125% IIIC1 Nut Ed
2.8125 IIIC2 Nut Ed
11.25% HICAP Admin
1.25% ADRC Admin
1.25% FP Admin
18.125% MSSP
IIIB Support Serv IIIE
Health Prom
Fall Prevention
Tryna Hunt
12% IIIB Chore
12% IIIB Homemaker
5% IIIB Health
22.3% IIIB Res. Rep/Mod
13.3% IIIE Access
13.3% IIIE Respite
13.4% IIIE Support Services
6.3% IIID Health Prom
FCSP Care Coordinator
Alicia Hanks
100% IIIE Programs
Fall Prevention
Coordinator
Dee Clifton
90% FP Direct
10% IIID Health Promotion
PHN & Clinical Supr.
Patricia Romano
80% MSSP CM
Care Manager
TBD
100% MSSP CM
Fiscal Aide
Cindy Fuller
60% MSSP Admin
Care Manager
Amy Eggleston
80% MSSP CM
Care Manager
Jennifer Henry
100% MSSP
Counselor
Donna Mason
100% HICAP Program
Counselor
Leo Marroquin
100% HICAP Program
Receptionist
TBD
100% HICAP Program
Note: Percentages are Full-Time Equivalents (FTE)
FY 2023/2024
Updated 3-14-24

SECTION 19. ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

   (B) in-home services, including supportive services for families of older individuals with 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, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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 with limited English proficiency.

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

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

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

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

Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 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 2019 in carrying out such a program under this title;

(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

10. 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, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

11. 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;

12. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

13. 306(a)(15)

Provide assurances that funds received under this title will be used—

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

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

14. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency 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.

15. 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.

16. 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.

17. 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.

18. 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

19. 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.

20. OAA 307(a)(12)(A)

Any Area Agency on Aging, in carrying out such services will 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.

21. 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.

22. 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.

23. OAA 307(a)(26)
Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

24. 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, inter-agency 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 effective referral from agency to agency to assure that information or 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 persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. 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.

26. 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.

27. CFR [1321.53(c)]
Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

28. CFR [1321.53(c)]
Assure access from designated focal points to services financed under the Older Americans Act.

29. 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.

30. CFR [1321.61(b)(4)]
Consult with and support the State's long-term care ombudsman program.

31. 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.

32. 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.