Area 12
Agency on Aging

Area Plan Update 2026-2027

APPROVED

Area 12 Agency on Aging

Your Senior Resource Connection

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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 X 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
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: **FY 24-25 ☐ FY 25-26 X 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 Rosemarie Smallcombe)

_____ _____
Signature: Governing Board Chair [1] Date

2. _____
(Rich Corvello)

_____ _____
Signature: Advisory Council Chair Date

3. _____
(Joycelyn Preston)

_____ _____
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)

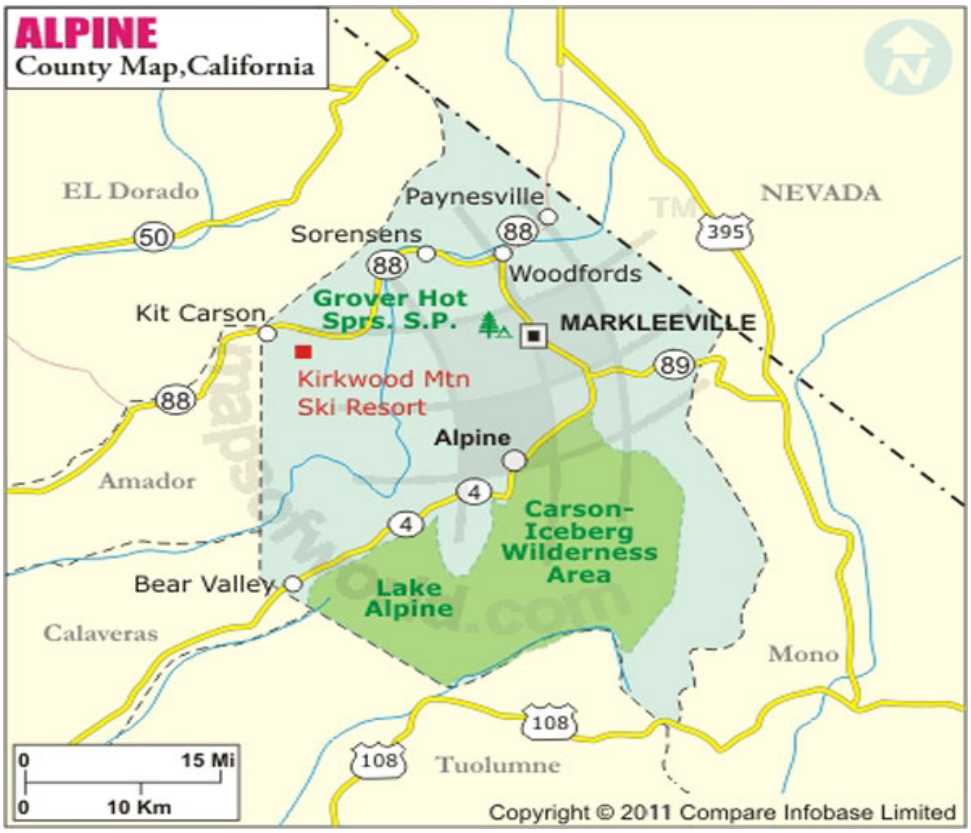
The Area 12 Agency on Aging's (A12AA) Area Plan Update for 2026-2027, required by the California Department of Aging, offers an opportunity to articulate strategies that will be carried out to address the growing needs and challenges faced by the Agency in the upcoming years.

- 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 and community-based organizations, offer the best opportunities for maintaining services in this current fiscal environment.
- Planning for the needs of a growing population of older adults, persons with disabilities and caregivers, is an ongoing process.
- The Agency 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 Update are the Goals, 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

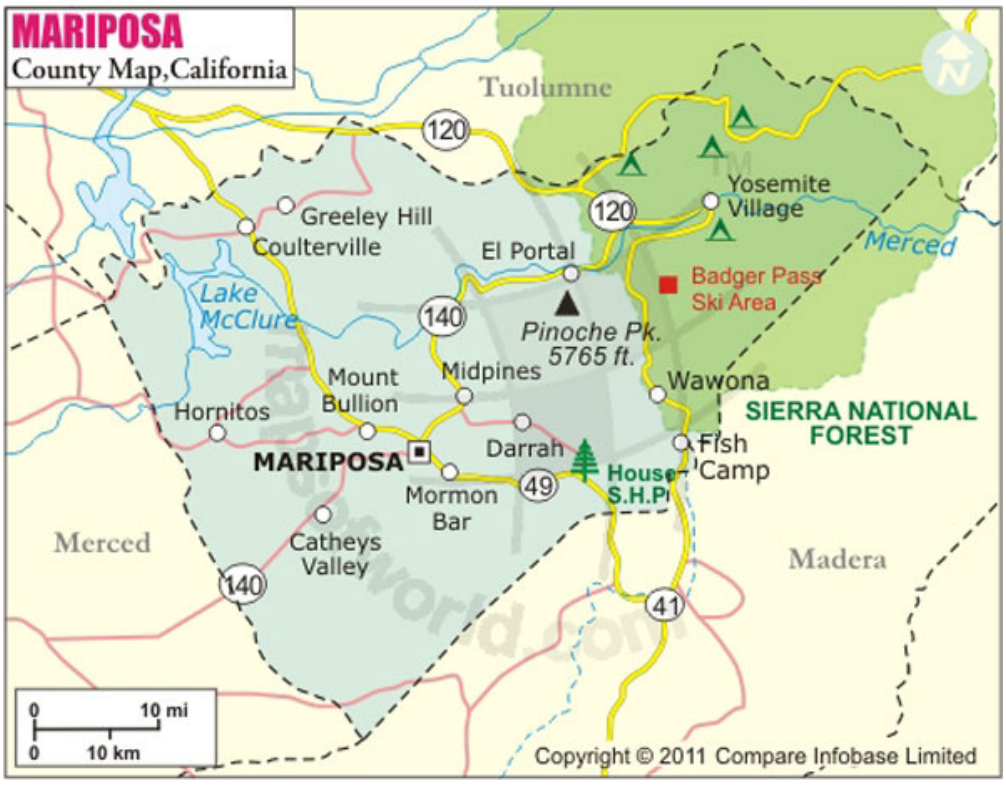


According to the 2024 American Community Survey 5-year estimates, Alpine County's population is 69% White. Native American/Native Alaska population is 22%. Hispanic or Latino is 14%. <2% is African American, Asian & Native Hawaiian or other Pacific Islander. Alpine County hosts the smallest population in the state of California.

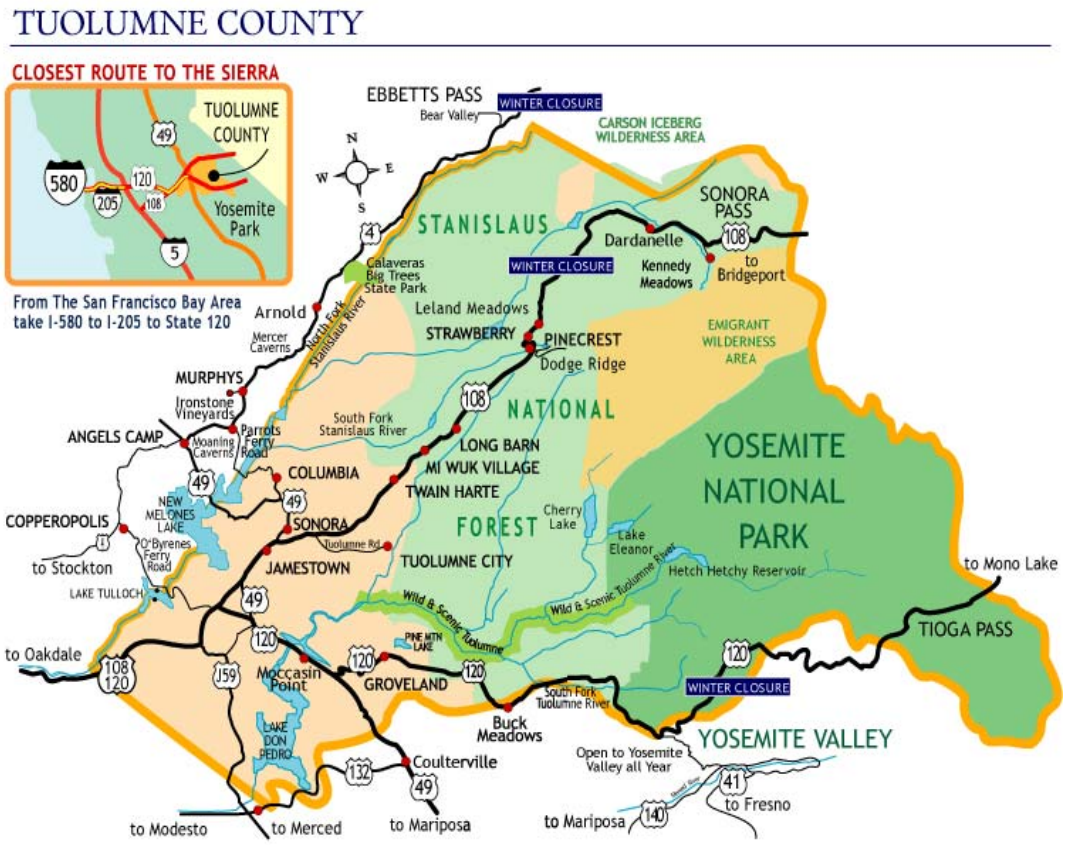
According to the 2024 American Community Survey 5-year Estimates, Amador County's population consists of 89% White and 17% Hispanic or Latino. American Indian & Alaska Native & Asian 2%, and African American - 3%. Native Hawaiian and other Pacific Islander represent <1% of the population.

Calaveras County has 90% White and 15% Hispanic or Latino. 3.9% are two or more races. Asian – 2%, Native American and Alaska Native at 2%, Native Hawaiian and Other Pacific Islander and other races represent <1% of the population.*

*2024 American Community Survey 5-year estimates.



According to 2024 American Community Survey 5-year estimates, Mariposa County, 89% are White, while Hispanics comprise 17%. 4% are Native American or Alaska Native. All other races are <2% of the population.



According to the 2024 American Community Survey 5-year estimates, Tuolumne County has 90% White and 14% Hispanic or Latino. Native American, Alaska Native, African American, Asian come in at 2%. Native Hawaiian & other Pacific Islander are <1% of the population.

Population Trends

As indicated in the chart below, five counties have over 35% age 60+ older adults. According to the 2024 American Community Survey, 5-year estimates, PSA 12 is home to over 150,000 people. Older adults, aged 60+, represent, on average, over 35% 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	1,204	491	41%
Amador	40,474	14,923	37%
Calaveras	45,292	17,682	39%
Mariposa	17,131	7,032	41%
Tuolumne	55,620	19,345	35%
Total	159,721	59,473	39%

*5-Yr Estimates American Community Survey 2024 **CA DOF 2026 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	491	25	5%
Amador	14,923	1,715	12%
Calaveras	17,682	2,485	14%
Mariposa	7,032	855	12%
Tuolumne	19,345	2,355	12%

*2026 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) is recognized measures of the basic cost of living for individuals age 65+. It is calculated by the UCLA Center for Health Policy Research. Components of the Index include housing, food, transportation, health care, and miscellaneous costs such as clothing, telephone, home repairs and furnishings. The chart below demonstrates the gap between the Elder Index and Federal Poverty Level for counties in PSA 12. The Elder Index is a county specific measure and includes all 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, UCLA **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 **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 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

- Transportation - Due to maximum use of in county medical transportation, providing out of county medical transportation presents challenges.
- Home repair - The need for home repair and home modification programs has increased. The A12AA Minor Home Repair program is the primary source of Agency funding. Referrals are made to contractors, Habitat for Humanity Repair programs, ATCAA weatherization, DRAIL, and community organizations that administer programs in each county.
- Rise in cost of living - An area of concern for the aging population on fixed incomes is the cost of living that continues to rise. Local community resources are stretched to maximum capacity due to the rise in the cost of basic needs – food, gas, propane, electricity, water, and healthcare costs.
- Rise in homeowners' insurance costs - Another immense area of concern is the insurance companies that consistently raise their premiums for homeowner's insurance or drop homeowners' policies.
- Information delivery - As the Agency attends outreaches in local communities, the challenge is to get information regarding services and programs for consumers who need them.

Successes

- Transportation - The Agency participates in local community meetings and discussions regarding transportation options. In two counties, organizations have started volunteer driver programs along with each county's transit and paratransit programs. The programs are active in providing rides for individuals who cannot access public transit or paratransit programs because they do not meet the clearance required for a transit vehicle to access their residence.
- Modivcare, Access to Care - Other transportation programs are through Providers contracting with Modivcare or Access to Care to provide non-emergency medical transportation for Medi-Cal recipients.
- Nutrition Infrastructure Grant - 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.
- ADRC online resource directory - The Aging & Disability Resource Connection (ADRC) created an online resource directory available 24/7. For 2025 over 5,000 users accessed the directory. ADRC set up 7 kiosks in rural locations for consumers to access the online resource directory.
- ADRC Extended Partnership service is continuing to grow and function as a consistent referral source.
- Advertising outlets – A12AA uses various methods to distribute information using Facebook, the Advisory Council members, presentations at community organizations, health fairs, veteran's groups, newspaper, ads on outside of transit buses, magazine, radio, and website advertising.
- FCSP – In Spring of 2026, the FCSP partnered with experts in the field of Dementia & Alzheimer's to increase awareness of its programs and services, investing in 4 outlying rural communities, by providing a learning series and workshops to the consumers in those areas.
- The contracted nutrition Providers are consistently exploring ways to cut the cost of preparing meals for a growing number of older adults. With the Nutrition Infrastructure grant money provided by CDA, two providers purchased Oliver machines to pack fresh meals.
- Applying for national and local grant funds are ways contracted Providers are receiving additional funding.
- Congregate sites added - Several Providers added congregate sites in outlying rural areas and have maintained them.

SECTION 3. DESCRIPTION OF THE AREA 12 AGENCY ON AGING

Leadership Role

- 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.
- The Chair of the Advisory Council (Adv Cl) 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 wrote objectives which consider the data from the Community Needs Survey.
- The Adv Cl Legislative committee raises public awareness by distributing proposed state bills related to senior issues to various groups and individuals.
- The Adv Cl Nutrition committee works with the providers to inform the community regarding the nutritional programs available, congregate dining and home delivered meals, and special events at the senior centers.
- The Adv Cl Public Awareness committee actively assists in their local communities with education, preparation, and distributing information from the various sources to aging adults in their communities. Several Advisory Council members manned booths at various fairs and events in their community.
- Emergency Preparedness - A12AA Care Managers connect annually with participants in the Family Caregiver Support Program. MSSP Care Managers annually review the participants' emergency evacuation plans ensuring the participants have signed up for the local OES County emergency alerts. When there are emergency situations, staff contact participants with information.
- Outreach team provides outreach to all counties. The team works with hospitals, 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 aging population, persons with disabilities, and veterans.
- As the Agency receives inquiries regarding the Lesbian, Gay, Bisexual and Transgender (LGBTQ) 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 community meetings and outreaches.

- 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 other IIIB in home support services.
- FCSP partnered with Alzheimer's Association of Northern CA for 2026, to conduct a caregiver learning series in four rural counties – communicating effectively, supporting individuals, exploring care and support services, building foundation for caregiving.
- FCSP refers caregivers to Del Oro Caregiver Resource Center and Valley Caregiver Resource Center for additional support for caregivers.
- 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.
- 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 two 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.
- Nutrition providers, received Intergenerational funds, & partnered with local County OES to conduct Summer of Preparedness activities (FY24-25).
- HICAP - The Health Insurance Counseling and Advocacy program 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. Staff trained to assist low Medicare beneficiaries complete LIS and MSP applications.
- The Agency offers exercise programs in the counties in our PSA. The yoga, strength training, Pilates, Tai Chi, and Walk w/Ease exercise programs aid in fall prevention, improve balance, increase core strength, and are conducted in a group setting in person or virtual. These programs have seen positive results in improvement in the participant’s strength and mobility.
- The ADRC online resource directory and the ADRC Resource Specialists link consumers with A12AA direct programs, county programs, and national programs to fit their needs.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

- The planning process for next year is a collaborative effort with the contracted Providers and the Agency Administrative staff.
- The contracted Providers service units are reviewed looking at the available funding, 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 'Medicare' 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, available at Senior Centers, and A12AA staff distributed.
- 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
  Community Needs Survey (Data Analysis)
  Demographic Reports
  Contracted Providers – nutrition, transportation
  Advisory Council
  Public Hearings – public response sheets and in person attendees
  Staff meetings
  DRAIL
  Community agencies
  Master Plan for Aging Profile data sheets

- 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 the 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 is achieved by providing services to greatest economic and social, isolated, at risk of being institutionalized, rural persons, minorities, and support services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction. The proportions are monitored in the budget by Fiscal and reviewed 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 this year and the next year. 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

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 gap 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.

- **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 be available to those who need them. Meals on wheels providers are encouraged to gather additional funding from 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 rural outlying pocket communities with congregate lunch programs.
- **3B Supportive services** – In home services program provides 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 appreciated by the participants who use them.
- **3B Transportation** – PSA 12 contracts with local organizations in each county to provide transportation for medically related trips for age 60+. This critical need came up as high through discussions in the focus groups, Advisory Council discussions, Community Needs Survey, greatest need survey, and discussion with Providers. Transportation in the rural areas is 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 vans equipped with ramps.
- **3B Legal Assistance** – The Agency maintains an MOU with a local organization that provides free legal advice to participants for all the counties we serve. The organization serves the age of 60+ population and the public.
- **3E FCSP** – PSA 12 provides Family Caregiver Support Program by contracting with home care agencies to directly provide in-home services. The cost of caregiving services and reduced availability in rural areas leaves families and loved ones to rely on each other for in-home help. This program, as well as support groups, helps reduce stress and burnout for unpaid family caregivers, including Older Relative Caregivers caring for young relatives.

- **HICAP** – The Agency's HICAP provides free and unbiased information to Medicare recipients having difficulty navigating their insurance. During open enrollment staff and volunteer counselors see the highest need for assistance. This year, many Medicare Advantage plans left the area so the staff and counselors opened their appointment book to assist those with a special enrollment period. Staff and volunteer counselors stay up to date on specific changes that affect Medicare recipients. They relay the updated information to the consumers.

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 gap 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.
- Tuolumne 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 and Advisory Council distributed surveys to the home delivered meal, congregate meal, transportation participants, and support groups.
- The surveys were completed by older adults aged 50+, adult caregivers 18+ caring for those age 60+ and older relatives age 55+ caring for children.
- 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 provide 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 private caregiver in home 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 shop alone were more likely to receive home delivered meals. Over 55% of the respondents who used home delivered meals in the past year. Sixty-five percent of the respondents reported serious difficulty preparing meals and could not prepare meals on their own received home delivered meals. This is positive reinforcement 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. The Agency uses Older American Act (OAA) that is 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 evaluate the needs of any existing clients who have been receiving services during the new contract period. The Agency partners with other community organizations to receive referrals for individuals

in need of services. Existing clients with 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 targeted populations in PSA 12.

- **Lower income**: Older adults with lower income are defined as at or below 100% of the federal poverty guidelines. The CDA DOF 2026 gave the figure of 13% of older adults in this category. The A12AA 2023 Community Needs Survey collected, 17% identified as lower income. **Response**: The Agency serves over 19% minority and 8% are low-income.
- **Minority population**: Grown to over 17%. Our agency serves this population. In FY25-26, we served 15% of this population. The agency has bilingual staff to assist clients with connections to community resources.
- **Greatest need:** A12AA continues to reach out to seniors with the greatest social needs, including older adults with hiv status, cancer, immunocompromised disorders, and economic need with emphasis on low-income, isolated individuals. **Response:** February – March 2025, A12AA sent over 800 ‘Accessing Help’ surveys to residents in the 5-county area; 70 responded. The social and economic needs have the highest marks. Several respondents indicated dealing with diabetes, cop, heart attack, stroke, cancer, dementia, and/or Alzheimer’s.
- **Native American:** A12AA continues to connect with the tribal organizations in our counties. Over 100 individuals were served this FY25-26. A tribal medical clinic serves on the ADRC Advisory Committee. Outreach is provided at tribal events.
- **LGBTQ+:** 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.
- **Persons with disabilities**: FY25-26, A12AA served <1% persons that identified as disabled. 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. A12AA implemented the ‘No Wrong Door’ approach which provides enhanced information, referral, and options counseling services. Each resource specialist received enhanced Information & Assistance training. Two staff are slated to receive UMass Boston Options Counseling training course in FY26-27. Select staff members received Learn to Earn, Community Health Worker training offered by CalGrows.
- **Isolated individuals**: PSA 12’s counties are rural & geographically isolated. The

Federal RUCA codes consider all PSA 12 counties as rural. **Response:** The A12AA Providers provide services to the most isolated individuals in their service area and build 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 to deliver meals to the most isolated individuals.

- **Caregivers:** FY25-26: 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 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:** FY25-26: In May 2026, the FCSP partnered with Northern CA Alzheimer's Association to provide 4 workshops for caregivers in the rural counties.
- **Older adults:** FY25-26 – Approximately 1,700 aged 75+ served; **Response:** A12AA and contracted Providers consistently provide outreach to organizations that provide services to individuals age 75+. Reached 8% of the total age 75+ population.
- **Frail:** The MSSP program is actively involved serving this population, serving approximately 100 residents, aged 60+, who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; Patients returning home from hospital stay are at risk of prolonged institutionalization and need community-based services to continue to live at home.

- Barriers for rural residents:
    - Broadband – Broadband is sparse for rural individuals. Those who identify as poverty level or have fixed incomes cannot afford the monthly fee associated with broadband services. Others live in remote areas where there is no broadband available. Several counties are working on the 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 or access any records. According to the 2025 Tuolumne County Community Needs Health Assessment (CHNA), "technology is a big hurdle for our senior community. If online is the only way they can ascertain medical care, you can guarantee they will not do that."
    - The CNHA 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. The number surveyed is >12,000.
    - 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 cannot reach the most isolated individuals because of single lane roads with no turn around spot and limited number of fixed route transit. A12AA continues to reach out to rural counties by providing contracted transportation services and direct transit vouchers.

Greatest Social Need	PSA 12	Alpine	Amador	Calaveras	Mariposa	Tuolumne
Rural	59,473	491	14,923	17,682	7,032	19,345
% of age 60+ pop	39	41	37	39	41	35
Minority	10,269	103	2,263	3,444	1,321	3,138
% of 60+ pop	17	22	16	19	19	17
Disabled/SSI	1,234	0	228	309	180	521
% of 60+ pop	2	0	2	2	3	3
*CA DOF 2026 Population Estimates *US Census Quickfacts Estimates 2018-2024						

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, input received via surveys and in person attendees at Public Hearings, low-income population, minority population, and rural designation population on the Area Plan Update.

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_____65% 26-27_____65% 27-28_____%

In-Home Services:

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

2024-25__7.5% 25-26_____7.5% 26-27_____7.5% 27-28_____%

Legal Assistance Required Activities:[3]

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

2024-25 __2__% 25-26_____2% 26-27_____2% 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 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	2-27-25	Area 12 Agency on Aging 19074 Standard Rd. Sonora, CA 95370 In person & Zoom invite	5	No	No
2026-2027	3-12-26	A12AA 1074 Standard Rd. Sonora, CA 95370 In person & Zoom invite	5	No	No
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 over 900 hard copies of the Public Hearing flyer regarding HICAP services, to hdm, congregate, transportation, and Advisory Council members. A link to the public hearing HICAP services survey was available online on the A12AA website. Information was shared with each Senior Center. We received approximately 75 surveys back from the distribution.

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. No questions were asked regarding these percentages. The power point explained the minimum percentages of adequate proportion of funding for priority services. The CASOA survey and the A12AA

Community survey verified adequate proportion targeted areas – low income, isolated, minority, older individuals residing in rural areas. Our data management information system records confirm we are serving these populations.

6. List any other issues discussed or raised at the public hearing. Response: Over 70 individuals responded in written form through the survey. The following issues were identified regarding HICAP services: would like more information regarding Medicare and would like to have phone assistance; other topics were need for transportation, meals on wheels, outside chore work. Senior Centers are a primary source of information and socialization. The members of the public that attended the hearing raised concerns regarding the unmet transportation need in one county we serve.

7. Note any changes to the Area Plan that were a result of input by attendees. There were no changes to the Area Plan because of input by attendees. There were 5 at the Public Hearing. Outreach and efforts will be made to reach isolated individuals with information regarding A12 services.

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 orgs and 400 individuals. Actual: 15 orgs, >400 individuals. FY25-26 – Projected 15 organizations and 400 staff. Actual: 8 orgs, 130 **FY26-27** – Projected 15 organizations: 400 individuals.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIE IIIB / IIIE **IIIB / IIIE**	New Cont **Cont**
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. Actual 20 activities, 14,000. FY25-26 – Projected 20 activities with 400,000 circulation. Actual 44 activities; 6,778 circulation, less advertising on radio because of cost.	7-1-24-6-30-25 7-1-25-6-30-26	IIIB IIIE IIIB / IIIE	New Cont

FY26-27 – Projected 20 activities; 15,000 in circulation.	**7-1-26-6-30-27**	**IIIB / IIIE**	**Cont**
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 of 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. Actual 2,100. FY25-26 – Projected 2,500 contacts. Actual 1,227. **FY26-27** – Projected 1,000 contacts.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIE IIIB / IIIE **IIIB / IIIE**	New Cont. **Cont.**

6 If not a program specific goal, indicate if the objective is Administration (Admin.) Program Development (PD) or coordination ©. If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For the program specific goals and objectives please identify service category where applicable.

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

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, and 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. FY25-26 – Projected 100 participants: 1,500 units **FY26-27 –** Projected 100 participants; 1,000 units	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 59 modifications. FY25-26 – Projected 80 modifications. Actual 16 modifications. **FY26-27** – Projected 85 modifications.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont **Cont**
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; Walk w/Ease through the Arthritis Foundation. **Outcome:** Clients build core strength, increase flexibility, and improve balance which improves overall	7-1-24-6-30-25	IIID	New

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. Actual 82 clients; 529 units. FY25-26 – Projected 50 clients and 900 units. Actual 67 clients; 44 units. **FY26-27** – Projected 60 clients and 44 units.	7-1-25-6-30-26 **7-1-26-6-30-27**	IIID **IIID**	Cont. **Cont.**
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 services, 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. Actual 38 clients; 231 units. FY25-26 – Projected 100 clients and 250 units. 58 clients; 365 units. **FY26-27** – Projected 100 clients and 230 units	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 500. FY25-26 - Projected 250 units. Actual 250. **FY26-27** – Projected 200 units.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 281 clients; 6,736 trips FY25-26 – Projected 400 clients and 5,000 units. Actual 235 clients; 4,564 trips. **FY26-27** – Projected 250 clients and 6,602 units.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**

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; Actual 30. FY25-26 – Projected 80 modifications. Actual 16. **FY26-27** – Projected 80 modifications.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 8 events; 100+ attendees. FY25-26 – 8 events; 80 attendees. Actual 8 events; 130 attendees. **FY26-27** – 10 events; 200 attendees	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIE IIIB / IIIE **IIIB / IIIE**	New Cont. **Cont.**

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 can learn about FCSP services available for them. **Measurement:** The number of older relative contacts. FY24-25 – Projected 250 contacts. FY25-26 – Projected 250 contacts. Actual 142 contacts **FY26-27** – Projected 250 contacts.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE IIIE **IIIE**	New Cont. **Cont.**
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. FY24-25 **–** Projected 15 organizations. Actual 15 orgs. FY25-26 – Projected 15 organizations. Actual 9 orgs. **FY26-27** – Projected 15 organizations.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE IIIE **IIIE**	New Cont. **Cont.**
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. **Outcome:** Caregivers will receive education 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 events. FY24-25 – Projected attendance - 100 caregivers. Actual 25 caregivers. FY25-26 – Projected attendance – 50 caregivers. 16	7-1-24 -6-30-25 7-1-25-6-30-26	IIIE IIIE	New Cont

caregivers; 4 more events scheduled at 80 caregivers. **FY26-27** – Projected attendance - 50 caregivers.	**7-1-26-6-30-27**	**IIIE**	**Cont**
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. Actual 15 events; 2,500 contacts. FY25-26 – Projected 15 community education events with2,500 contacts. 17 events; 1227 **FY26-27 –** Projected 20 events; contacts 2500	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE IIIE **IIIE**	New Cont **Cont**
Objectives #5: FCSP staff will connect with caregivers in each county to provide updated and pertinent caregiving information. **Outcome:** Inform caregivers of resources available to assist them in dealing with identified issues. **Measurement**: Number of FCSP contacts. FY24-25 – Projected 3,000 contacts; Actual 2,500 contacts FY25-26 – Projected 2,500 contacts.2,597 contacts. **FY26-27** – Projected 2,500 contacts	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE IIIE **IIIE**	New Cont **Cont.**
Objective #6: FCSP staff work with clients to provide **Support Groups**, **Case Management**: Caregiver assessment **Information & Assistance**: Caregiver information & assistance, caregiver outreach **Supplemental Services**: Home modification, assistive technology **Information Services**: Public info on caregiving, community education on caregiving **Other respite**: Home chore, homemaker assistance, **In-home respite**: in-home personal care. **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. Actual 2,500. FY25-26 – Projected 2,500 units. Actual 2,208; **FY26-27** – Projected 3,475 units.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE IIIE **IIIE**	New Cont **Cont.**
Objective #7: FCSP will work with older relative caregivers and the public in each county to provide: **Support Services:** support groups **Access Assistance:** information & assistance and outreach **Information Services:** public information on caregiving and community education on caregiving	7-1-24-6-30-25	IIIE	New

Outcome: Older Relative Caregivers have access to FCSP services to care for their younger relatives. **Measurement:** The number of service units used by older relative caregivers. FY 24-25 – Projected 110 units. Actual 222 units. FY 25-26 – Projected 110 units. Actual 132 units. FY 26-27 – Projected 110 units.	7-1-25-6-30-26 **7-1-26-6-30-27**	IIIE **IIIE**	Cont. **Cont.**

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. Actual 6,048 contacts. FY25-26 – Proposed 3,500 contacts. Actual 2,729 contacts. **FY26-27** – Proposed 3,000 contacts.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 100 participants. FY25-26 – Projected 200 participants. Actual 180 participants. **FY26-27** – Projected 200 participants.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	Title III Title III **Title III**	New Cont. **Cont.**
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	7-1-24-6-30-25	Title III	New

distributed. FY24-25 – Projected 6 distributions. Actual 3 distributions. FY25-26 – Projected 4 distributions. Actual 6 distrib. **FY26-27** – Projected 4 distributions.	7-1-25-6-30-26 **7-1-26-6-30-27**	Title III **Title III**	Cont. **Cont.**
Objective #4: The A12AA staff will distribute 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. Actual 60 fire blankets were distributed to consumers; nutrition providers provided shelf stable meals for extreme winter weather, PSPS events, or wildfire. FY25-26 **–** Projected 100 products. Actual 100 products. **FY 26-27** – Projected 100 products.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**

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 HICAP 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 require 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 meet 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. Actual 890 counseled. FY25-26 – Projected 1003 individuals counseled. Actual 923 counseled. **FY26-27** – Projected 1202 individuals counseled.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP HICAP **HICAP**	New Cont. **Cont.**
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. Actual 22 events. FY25-26 – Projected to host/attend 25 interactive public and media events. Actual 7 events. **FY26-27** – Projected to host/attend 25 interactive public and media events.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP HICAP **HICAP**	New Cont. **Cont**
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.	7-1-24 -6-30-25	HICAP	New

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. Actual 5 added. FY25-26 – Continued recruitment. Actual 4 added. **FY26-27 –** Continued recruitment.	7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP **HICAP**	Cont. **Cont.**
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. Actual – Reception Desk Manual created, working on others. FY25-26 **–** Continued desk manual development. **FY26-27 – Continued desk manual development.**	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP HICAP **HICAP**	New Cont. **Cont.**
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:** Number counseled. FY24-25 - Projected to counsel 1,100 clients, 650 in-person appts.; 440 phone, and 10 zoom. Actual 890 counseled; 472 in person; 416 phone; 2 Zoom. FY25-26 **-** Projected to counsel 904 clients, 479 in person appts.; 423 phone and 2 by Zoom. **FY26-27 –** Projected to counsel 905 clients, 480 in-person appts; 424 phone appts. and 1 by Zoom.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP HICAP **HICAP**	New Cont. **Cont.**
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. Actual: hard to reach 1060 LIS 154; Rural 904; ESL 2; <65 97. FY25-26 – Projected: hard to reach - 1100 ; LIS – 180; Rural - 918; ESL - 2; < 65 - 100. **FY26-27 –** Projected: hard to reach–2078; LIS-421;	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	HICAP HICAP **HICAP**	New Cont. **Cont.**

Rural-1596; ESL-61; <65-93;			

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 training. FY 24-25 – Projected 15 trainings. NA FY25-26 – Projected 10 trainings. Actual 10 trainings. **FY26-27** – Projected 3 trainings.	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIB IIIB **IIIB**	New Cont. **Cont.**
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. Actual 40. FY25-26 – Projected 60 flyers distributed. Actual 35. **FY26-27** – Projected 1 session and 35 flyers distributed.	7-1-24 – 6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	VIIb VIIb **VIIb**	New Cont. **Cont.**
Objective #3: The Elder Abuse Prevention Program coordinator will collaborate with professionals from APS, DA, law enforcement and other agencies to conduct Elder Abuse Prevention trainings. **Outcome:** Broadened awareness and clearer understanding of elder abuse prevention. **Measurement:** Number of trainings. FY24-25 – Projected 12 trainings. Actual: 1 training FY25-26 – Projected 2 trainings. Actual 10 trainings. **FY26-27** – Projected 11 trainings.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	VIIb VIIb **VIIb**	New Cont. **Cont.**

[7] 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.

[8] 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 sessions & participants receiving nutritional information. FY24-25 – Projected 32 sessions & 750 participants: Actual 33 sessions & 4,502 participants FY25-26 – Projected 32 sessions & 800 participants. Actual 9 session & 944 participants **FY26-27 -** Projected 32 sessions & 800 participants	7-1-24 -6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIC1 & IIIC2 IIIC1 & IIIC2 **IIIC1 & IIIC2**	New Cont. **Cont.**
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 – Received 230 booklets from CDA; 230 booklets distributed. FY25-26 – Projected 230 cards distributed. Received 230 **FY26-27 -** Projected 230 cards distributed.	7-1-24 – 6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIC1 & IIIC2 IIICI & IIIC2 **IIIC1 & IIIC2**	New Cont. **Cont.**
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; actual – 45,034; home delivered 91,862; actual 134,518. FY25-26 – Projected number of meals: congregate – 31,817; home delivered – 54,029 (March 2026) **FY26-27** – Projected congregate meals – 40,820; home	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIC1 & IIIC2 IIIC1 & IIIC2 **IIIC1 & IIIC2**	New Cont. **Cont.**

delivered – 88,115			
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. 2 Nutrition Provider meetings. FY25-26 – Projected 2 nutrition provider meetings. 2 provider meetings. **FY26-27** – Projected 2 nutrition provider meetings.	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	IIIC1 & IIIC2 IIIC1 & IIIC2 **IIIC1 & IIIC2**	New Cont. **Cont.**
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 activities. FY24-25 **–** Projected 1 activity, Actual 9 activities FY25-26 – Projected 1 activity, Actual 5 activities **FY26-27 –** Projected 1 activity;	7-1-24-6-30-25 7-1-25-6-30-26 **7-1-26-6-30-27**	Title III Title III **Title III**	New Cont. **Cont**

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.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work.

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10	2	4
2025-2026	10	2	4
2026-2027	10	2	4
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	100	2	4
2026-2027	100	2	4
2027-2028			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	120	2	4
2025-2026	100	2	4
2026-2027	120	2	4
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	84,121	7	3
2026-2027	88,115	7	3
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	36,570	7	3
2026-2027	40,820	7	3
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	6,630	2	6
2026-2027	6,602	2	6
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	200	2	5
2026-2027	200	2	5
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	32	7	1
2026-2027	32	7	1
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	3,000	4	1
2026-2027	3,000	4	1
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	1,000	1	1, 3
2026-2027	1,000	1	1, 3
2027-2028			

3. 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 not 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	1,000	2	1
2026-2027	1,000	2	1
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	85	2	2
2025-2026	85	2	2
2026-2027	85	2	2
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	20	1	2
2026-2027	20	1	2
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	4	4
2025-2026	100	4	4
2026-2027	100	4	4
2027-2028			

3.Title IIID/Health Promotion—Evidence Based

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

Unit of Service = 1 session

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	32	2	3
2026-2027	32	2	3
2027-2028			

4.Title IIID/Health Promotion—Evidence Based

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

Unit of Service = 1 session

Evidence-Based Program Name(s): Walk with Ease

Add additional lines if needed.

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	NA		
2025-2026	12	2	3
2026-2027	12	2	3
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 ACL 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	44	68	65	70 % 2025-2026
2024-2025	3	8	38	70 % 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 10 FY 2025-2026 Target: 10
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended 33 FY 2026-2027 Target: 15
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____

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 0 FY 2025-2026 Target: 1
3. FY 2024-2025 Baseline: Number of Family Council meetings attended 1 FY 2026-2027 Target: 1
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____

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 94 FY 2025-2026 Target: 90
3. FY 2024-2025 Baseline: Number of Instances 44 FY 2026-2027 Target: 90
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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 344 FY 2025-2026 Target: 300
3. FY 2024-2025 Baseline: Number of Instances314 FY 2026-2027 Target: 300
4. FY 2025-2026 Baseline: Number of Instances FY 2027-2028 Target:

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 0 FY 2025-2026 Target: 3
3. FY 2024-2025 Baseline: Number of Sessions 17 FY 2026-2027 Target: 10
4. FY 2025-2026 Baseline: Number of Sessions FY 2027-2028 Target:

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.

Please provide information for the Table 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. **Outcome:** Program Coordinator will review and discuss disaster plans and confirm the plans used worked.

FY 2025-2026

Outcome of FY 2024-2025 Efforts: Outcome – Program Coordinator position was not filled from June 2024 to January 2025. The previous Program Coordinator started to review disaster plans from the various facilities but was unable to complete the review. Current Program Coordinator could not review disaster plans. In effort to follow up, the new Ombudsman Coordinator is working on reviewing the facilities' LIC 610E form – Emergency and Disaster Plan. They are reviewing the form and plans with the Assisted Living and Residential Care facility administrators to assist with the safety and wellbeing of residents in these facilities during times of disaster. Follow-up: Catholic Charities has collected the 610E forms and based on the facilities 610E form for all facilities, we are going to review the updated 610E form (9 pages). We will meet with administrator of each facility and review the detailed information on the 610E form. We will bring the issues to their attention and refer them to their Licensed Program Analyst (LPA) for additional technical assistance.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts). Research what resources are available to residents and distribute information to residents in Assisted Living communities, Residential Care Facilities, and Skilled Nursing Facilities. Residents in facilities generally do not have access to online resources. If they had access, the residents would need someone to assist them with the research. One of the difficulties is the resources vary from county to county. The Phone Number Resource Guide would consist of local and 1-800 numbers that are important including local police department, Adult Protective Services (APS), legal services, post office, local and state government officials, Long Term Care services and licensing agencies, HHSA in each county, mental health transportation and other essential numbers that would benefit long-term care residents.

FY 2026-2027

Outcome of FY 2025-2026 Efforts: Mother Lode Ombudsman Program researched and collected community resources, that will be helpful in long-term care facility as a resource at a glance and empowering resident through autonomy. The initial community resource information was to be collected to create community resource guide, a change was made to separate the one community resource guide to four guides for each of the counties, this would make it simpler and less complex for residents to reference.

The Community Resource Guide will benefit long-term residents, by providing resources at a glance when they need services to meet their needs.

FY 2026- 2027 Systems Advocacy Effort(s): (Efforts continued from previous years)
The review of the facility Emergency Disaster Plans, form 610E efforts are planned for this fiscal year, and will include an additional 9 pages that were added to the forms. The next step is to meet with administrators of these facilities and discuss our review of the detailed information on the 610E form. We will bring any questions or concerns to the administrator's attention and, when applicable, refer them to their Licensed Program Analyst (LPA) for additional technical assistance.

For this fiscal year we are planning to complete the Community Resource Guide and design the arrangement and organization of the contact's information in the guide.

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) – The Mother Lode Ombudsman volunteer base has reduced to one volunteer for the program. The Mother Lode Ombudsman program plan is to endeavor in seeking 4-6 additional volunteers within the next two years to assist in covering the counties of: Amador, Calaveras, Tuolumne, and Mariposa.
In order to seek new volunteers, the program will use different type of platforms to advertise Ombudsman volunteer opportunities; such as: handing out LTCOP flyers and brochures at community events, in-person conversation with staff, volunteers, family/friends; advertising in newspapers or other publications, utilizing social media resources such as the Catholic Charities Facebook page; and providing in-service presentations given by staff or volunteers. Additional volunteers will increase the number of routine access visits and residents being encountered by Ombudsman during non-compliant facilities visits to build relationships and educate residents about the Ombudsman program, services, discuss or assist residents with their concerns, and possibly identify systemic issues.
Volunteers will assist with participating in month and bi-monthly Multi-Disciplinary Team Meetings (MDT) with other community and state agencies, where they will provide feedback, assist or collaborate with other agencies with related issues in long-term care facilities, or simply build their knowledge about other community services that can assist with residents living in long-term care facilities.
With more volunteers it will increase Ombudsman participation in resident council meetings, or assist in establishing new resident councils, a setting where residents voice their satisfaction and dissatisfactions to facility staff and increases collaboration that will assist in creating a positive setting to improve resident's quality of life.

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 4 divided by the total number of Nursing Facilities 6 = Baseline 67%

FY 2025-2026 Target: 90%

3. FY 2024-2025 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 2026-2027 Target: 85%

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:

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 8 divided by the total number of RCFEs 11 = Baseline 73 %

   FY 2025-2026 Target: 90%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 6 divided by the total number of RCFEs 9 = Baseline 67 %

   FY 2026-2027 Target: 85%

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:_____

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: 1 FTEs
   FY 2025-2026 Target: 1.5 FTEs
3. FY 2024-2025 Baseline: 1 FTEs
   FY 2026-2027 Target: 1.5 FTEs
4. FY 2025-2026 Baseline: _____FTEs
   FY 2027-2028 Target: _____ FTEs

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 3
   FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 4
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers 2
   FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 4
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____
   FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

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©]

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), now called ODIN, 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 ODIN.
Fiscal Year 2025-2026 – Check ODIN weekly, for accuracy, consistency, and timeliness for activities and cases. If the data is not up to NORS standards, technical assistance and/or training provided to Ombudsman and volunteers.
Fiscal Year 2026-2027 – Check ODIN 2-3 times per week for accuracy, consistency, and timeliness for activities and bases. Maintain technical assistance and/or training provided to Ombudsman and volunteers.
Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

☒	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 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 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	400	400	
Public Education Sessions	15	10	6	
Training Sessions for Professionals	2	2	11	
Training Sessions for Caregivers served by Title IIIE	1	1	1	
Hours Spent Developing a Coordinated System	25	25	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	400	Signs & Symptoms of Caregiver Burnout Elder Abuse Prevention Awareness General Scams & Red Flags of Elder Abuse Mandated Reporting
2026-2027	400	Signs & Symptoms of Caregiver Burnout Elder Abuse Prevention Awareness General Scams & Red Flags of Elder Abuse Mandated Reporting
2027-2028		

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

The Title IIIE Service Unit Plan (SUP) uses the five federally mandated service categories below encompass 17 subcategories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Servies
4. Supplemental Services
5. Support Services

At least on sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from **Section 7 Area Plan Narrative Goals and Objectives.**

Direct and/or Contracted IIIE Services – Caregivers of Older Adults (COA)

Provided to family caregivers of adults age 60+ or of individuals of any age with Alzheimer's diseases or a related disorder.

SUB-CATEGORIES (16 total)	**1**	**2**	**3**
Caregiver of Older Adults (COA)	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
COA Caregiver Access Case Management	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	1,000	3	6
2025-2026	1,000	3	6
2026-2027	1,000	3	6
2027-2028			
COA Caregiver Access Information & Assistance	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	200	3	6
2025-2026	200	3	6
2026-2027	200	3	6

2027-2028			
COA 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:** 10 **Total est. audience for above:** 120,000	3	6, 4
2026-2027	**# Of activities:** 10 **Total est. audience for above:** 120,000	3	6, 4
2027-2028	**# Of activities: Total est. audience for above:**		
COA Caregiver Support Training	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	10	3	2, 3
2025-2026	10	3	2, 3
2026-2027	10	3	2, 3
2027-2028			
COA Caregiver Support Groups	**Total Hours**	***Required*** **Goal #**	***Required*** **Objectives #**
2024-2025	600	3	6
2025-2026	600	3	6
2026-2027	600	3	6
2028-2029			
COA Caregiver Support Counseling	**Total Hours**	***Required*** **Goal #**	***Required*** **Objectives**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
COA Caregiver Respite In-Home	**Total hours**	***Required*** **Goal #**	***Required*** **Objective #**
2024-2025	1,200	3	6
2025-2026	1,200	3	6

2026-2027	1,200	3	6
2027-2028			
COA Caregiver Respite Out-of-Home Day Care	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
COA Caregiver Respite Out-of-Home Overnight Care	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
COA Caregiver Respite Other	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	250	3	6
2025-2026	250	3	6
2026-2027	250	3	6
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		

2025-2026	NA		
2026-2027	NA		
2027-2028			
COA Caregiver Supplemental Services Home Modifications	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	10	3	6
2025-2026	10	3	6
2026-2027	10	3	6
2027-2028			
COA Caregiver Supplemental Services Assistive Technology	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	55	3	6
2025-2026	55	3	6
2026-2027	55	3	6
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	150	3	6
2025-2026	150	3	6
2026-2027	150	3	6
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	**Total contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers ORC	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
ORC Caregiver Access Case Management	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Access Information & Assistance	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	50	3	7
2025-2026	50	3	7
2026-2027	50	3	7
2027-2028			
ORC 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	7
2025-2026	**# Of activities:** 10 **Total est. audience for above:** 600	3	7
2026-2027	**# Of activities: 10 Total est. audience for above:** 600	3	7
2027-2028	**# Of activities: Total est. audience for above:**		
ORC Caregiver Support Training	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			

ORC Caregiver Support Groups	Total hours	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	50	3	7
2025-2026	50	3	7
2026-2027	50	3	7
2027-2028			
ORC Caregiver Support Counseling	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Respite In-Home	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Respite Other	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**

2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Legal Consultation	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Consumable Supplies	**Total occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Home Modifications	**Total contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Assistive Technologies	**Total sessions**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Assessment	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**

2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	NA		
2025-2026	NA		
2026-2027	NA		
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 complete the service unit plan with targets 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/

Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions.

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	1,000	5
2025-2026	1,116	5
2026-2027	1,202	5
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	150	5
2025-2026	25	5
2026-2027	25	5
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	800	5
2025-2026	736	5
2026-2027	1,646	5
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	3,000	5
2025-2026	1,653	5
2026-2027	5,408	5
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	200	5
2025-2026	50	5
2026-2027	93	5
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	1,350	154	878	5	5
2025-2026	987	195	757	35	5
2026-2027	2,078	421	1,596	61	5
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1,093	5
2025-2026	852	5
2026-2027	1,801	5
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	
2025-2026	NA	
2026-2027	NA	
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	
2025-2026	NA	
2026-2027	NA	
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	
2025-2026	NA	
2026-2027	NA	
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. This must be completed and updated annually.

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 at least one service subcategory for each of the five main categories, a justification for each service not provided is required in the space below.**

Caregiver of Older Adult (COA) Services – Provided to family caregivers of adults aged 60+ of individuals of any age with Alzheimer's diseases or a related disorder.

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access √ **Case Mgt.** √ **Information & Assistance**	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Information Services √ **Information Serv.**	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Support Training √ **Support Groups** Counseling	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Respite √ **In Home** √ Out of Home (day) √ Out of Home (overnight) √ **Other**	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Suppleme Legal Consultation Consumable suppl √ **Home modification** √ **Assistive Technolo** Other (Assessm) Other (Registry)	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract No ☐

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access Case Mgt. √ **Information & Assistance**	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Information Services √ **Information Services**	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Support Training √**Support Groups** Counseling	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☒ **Yes Direct** ☐ Contract ☐ No	☐ Yes Direct ☐ Contract ☐ No
Caregiver Respite In Home Out of Home (day) Out of Home (overnight) Other	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ Yes Contract ☐ No
Caregiver Supplem Legal Consultation Consumable suppl Home modification Assistive Technol Other (Assessm) Other (Registry)	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ Contract ☒ **No**	☐ Yes Direct ☐ 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 the 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 the information is accurate and current. A12AA FCSP staff make 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, 209-694-3481; 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, www.deloro.org, 916-728-9333; Amador & Calaveras Counties; Amador Senior Center, 229 New York Ranch Rd, Jackson, CA 95642, 209-223-0442 offers free legal advice and preparation and execution of simple legal documents to caregivers and all individuals for Amador County residents.

Family Caregiver / Older Relative Caregiver – Supplemental Services Consumable supplies – Shield Healthcare, www.shieldhealthcare services; online ordering of consumable supplies; entire PSA; Aids for Daily Living Inc., https://adlhealthcaresupplies.com/ 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; L.McClung@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. Head Start ATCAA offers child enrichment, education, health, nutritional and developmental services as well as parent education and involvement opportunities. 427 N Hwy 49, Suite 202, Sonora, CA 95370 209-533-0361,

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, 209-754-1075 or 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. Head Start ATCAA for Amador County offers child enrichment, education, health, nutritional and developmental services as well as parent education and involvement opportunities. 151 Shopping Dr, Jackson, CA 95642, 209-223-7333.

Alpine County – First 5 Alpine County, https://first5alpine.org/, 530-694-2230 ext. 224, 100 Foothill Rd, #4 Markleeville, CA 96120; provides families with support for children including childcare centers, mobile family resource center, developmental screenings, story time & literacy activities, and welcome new baby kits. Alpine County Office of Education and Unified School District, 43 Hawkside Dr, Markleeville, CA 96210, 530-694-2230, alpineparentsgroup@gmail.com; holds an Alpine Parents Group for parents and guardians of students, staff, and any community members who want to help support the students and staff of Diamond Valley Elementary School. Meetings are held the third Thursday of each month from 5:15pm – 6:15pm in the Diamond Valley Elementary School library.

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. Does the LSP(s) in your area solicit voluntary contributions from recipients? If yes, considering 42 U.S.C. §3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA. Interfaith Legal Services sends the client a letter. In that letter they state "the legal program welcomes voluntary contributions from clients and their families. These contributions are directed back into the legal program." They also state "services are available at no cost. Voluntary contributions are accepted. No eligible individual will be denied services because of an inability to contribute." All funds received are funneled back into the legal program.

3. Please indicate whether the AAA provides the LSP a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines? A12AA provides the legal service provider with a copy of the CA statewide Guidelines and this year a link with instructions to refer to it. The Agency is in monthly contact with the legal services provider through in-person meetings, phone calls, emails, and training. The Guidelines are cited in the Agreement as a reference tool with the legal provider. The Chief Attorney relays the intakes are reviewed by Agency staff to ensure target population and topic requirements are within the requirements with the guidelines. The legal provider sends out surveys to clients after legal services are received. The survey results are reviewed by the Chief Attorney and relayed to volunteers for any improvement.

4. Please describe the partnership work between the AAA and LSP (e.g., quarterly meetings, coordinated outreach efforts, etc.). Please identify any topics, priorities, and/or trainings addressed in your discussions. Our Agency is in contact with the legal program on a regular basis. The legal services coordinator meets with the Planner on a monthly basis to discuss any issues, problems, or discussions around the legal program. Topics discussed: growing the legal program to accommodate the need, purchasing an updated tracking system to streamline client intakes, what type of cases are reviewed (increase or decrease). At the annual training we discuss ways to streamline the intake process and tracking of the time spent with clients. If there are intake updates, we discuss those. We listen to the volunteers and volunteer attorneys and discuss any issues that need to be addressed.

5. What are the top four (4) legal areas the LSP prioritizes in your PSA? Do the AAA and

LSP work jointly to identify the priority areas? The top four priority legal issues are wills/trust, advanced healthcare directives, landlord-tenant issues, and contractor issues Contractor issues are not showing up, charging more than they bid, shoddy workmanship, not completing the project. We review the number of legal cases as we place the information in the aggregated case report for CARS. We review the number and types of cases handled by the LSP. If there are any trainings that are available we forward those trainings to the legal provider.

6. Please describe any trends or changes in your local needs over the past year. What resources (funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends? Since the legal provider saw an increase during previous years in landlord tenant issues, they conducted a landlord tenant training with their volunteers and lawyers. A lawyer with years of experience surrounding landlord tenant issues, conducted the training. Housing issues and evictions are a regular occurrence within the PSA.

7. What are the target groups in your PSA? Do the AAA and LSP work jointly to identify the target groups? 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, live alone status, frail, minority status, isolated, socially isolated, and disabled to verify the LSP is serving these populations.

8. What methods of outreach is the LSP using to reach the target groups? As the Interfaith Director attends various outreaches, they promote the legal services provided. The LSP attend community fairs, health fairs, and other community outreaches. They also have a printed brochure which is distributed in the county. 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. As consumers call the Agency requesting legal assistance, resource specialists provide the number and information regarding the program. In addition to the local program, we refer clients to Legal Services of Northern CA and Central CA Legal Services.

9. Discuss how older adults access legal services in your PSA and whether they can receive assistance remotely, virtual legal clinics, phone, usps, etc. The age 60+ individuals access legal services by phone, drive up and park, 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 2 volunteer attorneys, and several volunteers.

10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers. 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.

11. 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	No change. Sent out two RFP cycles with no response from any organization.
2025-2026	A12AA, 19074 Standard Rd., Sonora, CA 95370; MOU with Interfaith Legal Services PO Box 5070, 18500 Striker Ct. Sonora, CA 95370	No change.
2026-2027	A12AA, 19074 Standard Rd., Sonora, CA 95370; MOU with Interfaith Legal Services, PO Box 5070, 18500 Striker Ct., Sonora, CA 95370	No change. Conducted a Request for Proposal 2026 February including IIIB legal services. No bids were received for legal services.
2027-2028		

12. 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. A12AA-MOU with Interfaith Legal Services b. c.	a. Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties b. c.
2026-2027	a. A12AA-MOU w/Interfaith Legal Services b. c.	a. Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties b. c.
2027-2028	a. b. c.	a. b. c.

13. 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, Inc., 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. If the Legal Services Program cannot assist the participants, they refer them to Central CA Legal Services, Northern CA Legal Services, or local attorneys. HICAP is another organization that refers to the legal services program. The HICAP program is a Direct service through the Agency. HICAP refers clients that need legal assistance to the legal services program. If the issue is related to Medicare (and legal) then HICAP would collaborate with the legal services program. A12AA HICAP collaborates with the Senior Medicare Patrol for additional assistance.

12 For guidance questions related to Legal Services, contact Legal Services Developer at LegalServices@aging.ca.gov

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, tabletop discussions with other organizations involved in disaster preparedness and participants in county wide drills. Community organizations, relief organizations, state and local governments, and public health representatives attend these meetings. When we receive updated or new information, we insert the information into our disaster plan. As personnel change and take positions, we update our plan accordingly. When projects apply to our organization we develop a plan. For example, we developed a Closed POD plan suggested by Public Health and ran a 'fake' scenario.

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. Matthew Girton	Office 209-223-6384	mgirton@amadorgov.org amadorsheriff@amadorgov.org
Calaveras County	Captain Tim Sturm	Office 209-754-2890 Direct 209-754-6417	tsturm@calaverascounty.gov
Mariposa County	Sgt. Tim Rumfelt Raquel Sandoval	Office 209-966-3615 Office 209-966-3615	trumfelt@mariposacounty.org rsandoval@mariposacounty.org
Tuolumne County	Dore Bietz	Office 209-533-6395	oes@co.tuolumne.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Gabby Chipponeri	Planner	Office: 209-532-6272	gchipponeri@area12.org
Joycelyn Preston	Executive Director	Office: 209-532-6272	jpreston@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 Information & Assistance - Provide up-to-date information & distribute information to	**A** Regular contact with individuals, providers by phone, email, or in person with current

individuals impacted by the disaster to providers, agencies and organizations involved in disaster or emergency response efforts	disaster information to distributed to their clients, updates available on FB page or link to County OES or County Public Health FB page Assist clients with local, state, or federal Assistance applications.
B Congregate meals - change of schedule - 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 the decision of deviation of delivery and/or closing of congregate site. The provider in turn notifies A12AA.
C Home Delivered Meal Delivery - Providers deliver shelf stable meals to hdm participants before actual events (when able); offer shelf stable meals to congregate clients.	**C** The AAA's contracted meal providers have emergency service plans that include shelf stable meals if needed; connecting with organizations (CHP, local sheriff dept) that deliver meals if roads are open and passable.
D Wellness Checks - A12 Staff contact FCSP/MSSP clients in affected areas; may arrange for services; checks on clients before, during and after to arrange for services.	**D** Contact by phone; if client unavailable, contact is made with emergency contact; if unable to contact, send out wellness check

5. List critical internal functions and operational services your AAA must maintain to keep your organization running after a disaster and describe how these functions will be carried out. (consider: staff needs, office disruption, remote or alternative worksite). Do not list client-facing services here. This section is about your AAA's internal operations and continuity of business.

Critical Services	How Delivered?
A Training - 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 Executive Director contacts Program Managers for them to contact staff and ensure their safety.
B A12AA contact SSPI (provider in Tuolumne County) for use of their space for temporary office set up.	**B** Several staff have flash drives, laptops and information stored on the cloud. A12AA will contact IT company to assist.
C A12AA contact Tuolumne County for use of office space.	**C** Exec Direct will contact Tuolumne 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.

6. 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
   - Meal production (contracted providers)

- Internet access

7. 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, Tuolumne County, Red Cross.

8. Describe how the AAA will:
   - Identify vulnerable populations: Contracted providers meal delivery clients; 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 relay 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 connect with groups that assist with post-event relief and assist in any way possible: providing staff, water, depends, and other supplies. 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.

9. 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 sends flyers to staff, provides training at staff meetings, reviews Provider evacuation plans; reviews Nutrition disaster plans; in regular contact during disas.
   - A12AA Staff – annually trained on disaster and evacuation plans for office. As disasters are predicted, staff are alerted with 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 it does not provide 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	☒	☒	☒	☐
☐ 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 w/ disabilities, and caregivers with the greatest social and economic needs and low-income, isolated and 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 received from discharge planners, social workers, home health advocates, doctor's offices, physical therapists, home delivered meal assessors, food banks, service providers, ADRC extended partners, and public health. 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.

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.

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. 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. 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. 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: IIIB Disaster Preparedness Materials_____

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 attendance at outreaches.

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.

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.

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

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

Identify Service Category: IIIE Support Services – Caregiver Support Groups COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Respite Care Services – Respite In-Home COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Support Services – Caregiver COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Respite Care Services – Respite Other COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Supplemental Services – Assistive Devices COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Supplemental Services – Home Modifications COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Supplemental Services – Caregiver Assessment COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Access Assistance – Information & Assistance COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Access Assistance – Caregiver Case Mgt. COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Information Services COA

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Support Services – Support Groups ORC

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Access Assistance – Caregiver Case Mgt. ORC

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**

Justification for service deletion: The need for case management has not been expressed by the participants. Participants have the option to tap into other resources for support. This category can be added back in for the older relative support group participants as the need arises.

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

Identify Service Category: IIIE Access Assistance – Caregiver Info & Assistance ORC

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Information Services - ORC

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 community-based organizations that provide these services.

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

Identify Service Category: IIIE Supplemental Services – Caregiver Assessment ORC

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**

Justification for service deletion: The need for case management has not been expressed by the participants. Participants have the option to tap into other resources for support. This category can be added back in for the older relative support group participants as the need arises.

SECTION 14. NOTICE OF INTENT & REQUEST FOR APPROVAL TO PROVIDE 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 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 directly in Calaveras County as no other organization stepped forward to fill the unexpected gap in contracted services. Through the Request for Proposal process, no bids were submitted for transportation services in Calaveras County. A12AA entered a partnership with Calaveras County Connect to offer bus tickets for 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 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: HICAP

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, attendance at outreaches, and volunteer coordination.

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 Rosemarie Smallcombe, Chair	1/1/2026
Director Dan Epperson, Vice Chair	1/1/2026
Director Ryan Campbell	1/1/2026
Director Martin Huberty	1/1/2026

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) 26

Number and Percent of Council Members over age 60+ 12 1 < 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	87	85
Hispanic	13	14
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:
Rich Corvello, Chair	2-1-2027
Don Fox, Vice-Chair	2-1-2027
Cathie Peacock, Secretary	2-1-2027

Name and Title of other members:	Office Term Expires:
Barbara Long	4-13-2030
Chris Kalton, Provider	4-13-2030
Andrew Schleder	12-31-2026
Marian Coahran	12-31-2027
Susan Tomasich	12-31-2027
Don Fox	5-30-2030
Lydia Arre, Provider	2-26-2029
Barbara Farkas	3-24-2030
Denise Simpson	3-3-2030
Dick Southern	3-3-2030
Leon Casas	1-31-2027

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 conducts ongoing recruiting.

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.

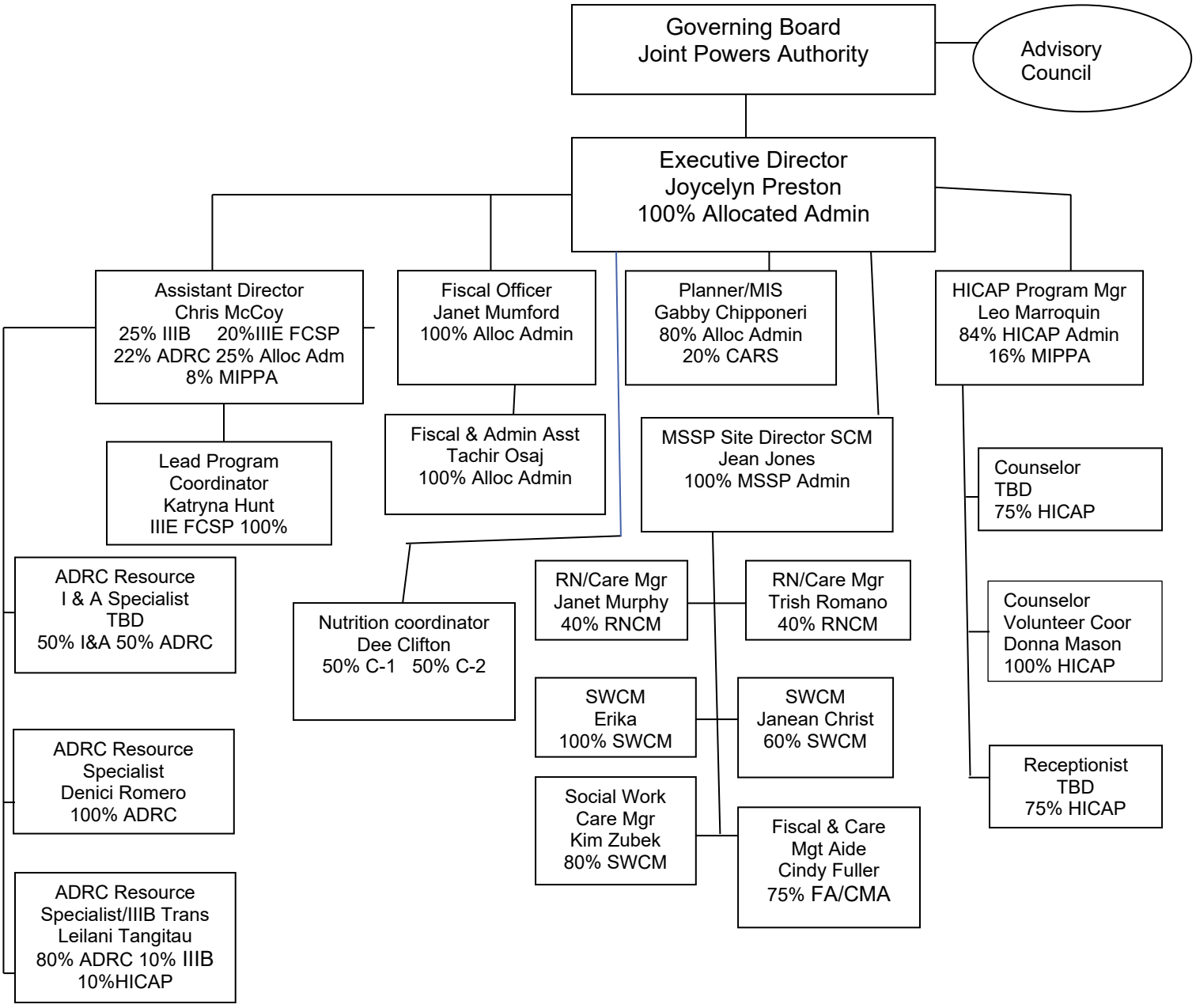
☐ Yes. Title IIIB funds used for Acquisition or Construction.

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

SECTION 18. ORG CHART



SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

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

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

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

(B) in-home services, including supportive services for families of older individuals 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each

focal point so designated;

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

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

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(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 clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on

the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

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

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis

in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove

barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) be coordinated with services described in subparagraph (A); and (C) be provided by a public

agency or a nonprofit private agency that—

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

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

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

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

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than 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) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

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

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

(B) disclose to the Assistant Secretary and 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;

(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;

(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 paragraph (4)(A)(i); and

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

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

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

(18) provide assurances that the area agency on aging will collect data to determine— (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

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

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

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

(2) Such assessment may include—

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

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

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

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal

organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

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

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

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

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

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph

(1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

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

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

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

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

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

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

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

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.

A. 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.

ATTACHMENT A. **PSA 12**
AAA AREA PLAN SUMMARY OF CHANGES **Area 12 Agency on Aging**
Area Plan Current Year: FY26-27

Section	Pages	Excerpt Prior Year Content in AP	Excerpt Current Year Content in AP
Section 2	8-12 12-13	Population & Demographics Challenges / Successes	Updated Population & Demographics Updated Challenges & successes
Section 4	17 18	Establishing Priorities Establishing Priorities	Added FCSP target description Added HICAP target description
Section 5	22	Added FCSP Caregiver event	Added FCSP May 2026 Caregiver Series
Section 6	24-26	Priority Services / Public Hearing	Updated figures from Public Hearing and added narrative
Section 7	27-41	Objectives	Updated estimate in objectives
Section 8	42-71 52	Categories in required order Systems Advocacy - Ombudsman	Updated categories and service units Updated Outcome of FY 2024-2025 & 2025-2026 Efforts
FCSP Section 10	73-74 74-76	Former Tracking Older Relative Caregiver Services Justification	Updated to new Format & Templates Updated justification and resource information
Section 11	77-80	Legal Services section updated	Updated legal services to reflect current information; added new CDA legal contact; Updated legal assistance template
Section 12	81-83	Disaster Prep updates	Updated contacts; provider procedures
Section 14	91 107 110 112	IIIB-Disaster Preparedness Materials IIIE-Caregiver Case Management ORC IIIE-Caregiver Assessment ORC HICAP	Added to Section Justification for service deletion Justification for service deletion Added to Section
Section 15	113	Governing Board	Updated board information
Section 16	114-115	Advisory Council	Updated board information
Section 18	117	Org Chart	Updated
Attach A	131	Summary of Changes	
Attach B	132	OCA Modernization Supple Summary	Updated
Attach C	134	Local MPA Supplemental Summary	Updated

ATTACHMENT B.

Older Californians Act (OCA) Modernization Supplemental Summary Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization Programs.

Description of Program Being Funded: OCA Modernization Nutrition program funding was used to provide home delivered meals in FY2023-2024 and FY2024-2025. It has been a tremendous boon for older adults. Providers provided home delivered meals as well as shelf stable meals for the psps events and extreme weather conditions our counties experience.

Services Provided: Home delivered meals

Category	2023-2024	2024-2025	2025-2026
Total served	324	371	382
Live alone	192	200	215
Veteran	63	54	55
Veteran dependent	48	46	46
Hispanic/Latino	10	27	25
Age 75+	185	192	213
Poverty	130	143	133
Disabled	57	52	64
High nutrition risk	309	337	361
Rural	324	371	382

Description of Program Being Funded: OCA Modernization program funding was used for Family Caregiver Support Program.

Category	2023-2024	2024-2025	2025-2026
Total served	62	25	48
Veteran	23	3	4
Veteran dependent	39	5	4
Age 75+	17	17	18
Poverty	8	3	6
Disabled	4	2	6
Rural	62	25	49

Services Provided: In-home respite personal care and respite other services.

Description of Program Being Funded: OCA Modernization program funding was used for Aging in Place.

Category	2023-2024	2024-2025	2025-2026
Total served	71	104	66
Live alone	37	59	40
Veteran	8	9	4
Veteran dependent	9	15	4
Hispanic/Latino	4	10	4
Age 75+	47	64	41
Poverty	18	36	33
Disabled	22	33	25
Rural	71	104	66

Services Provided: Emergency call systems, lighting products, ramps, ramp repair, stair repair, grab bar installation, flooring replacement, eye exams and glasses, handheld shower heads, and educational materials.

ATTACHMENT C.
Local Master Plan for Aging Supplemental Summary

California's Master Plan for Aging (MPA) is a multi-sector 'blueprint' providing a comprehensive framework to address and plan for the current, emerging, and future needs of California's aging population. California's' MPA is a national model that has inspired communities across California to engage in similar efforts at the local level (e.g., county, city, town). California communities report actively engaging in the planning, development, or implementation of a multi-sector aging and disability action plan. To support these efforts, the state created a Local Playbook to inform the development of a Local MPA at the community level.

An Area Plan is complementary to a Local MPA. Some communities have leveraged the identified priorities, objectives, and activity in their Area Plans to include in their community's Local MPA.

This optional supplemental summary is available for the AAA to describe how their organization is involved in any Local MPA efforts. The narrative summary should include the roles/responsibilities, partnerships and actions being undertaken by the AAA to support the planning, development, or implementation of a Local MPA in their planning and service areas – a sample of activities are below and listed in stages. Note that the narrative response should focus on the AAA's involvement and work related to their Local MPA activities, not the state-level MPA.

- **Stage 1:** Raising Awareness & Community Education on Aging and Disability – how the AAA is involved in developing educational materials; hosting educational webinars and events; or meeting with local aging and disability leaders, multi-sector partners, and/or elected officials.
- **Stage 2:** Planning – how the AAA is involved in forming or participating in a local Advisory Committee; conducting a community needs assessment; reviewing local data; or participating in planning and priority-setting sessions.
- **Stage 3:** Development – how the AAA is involved in identifying community-level goals, objectives, and activities toward the development of a Local MPA; sharing the draft Local MPA with stakeholders and the public for feedback or finalizing the Local MPA.
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- **Stage 5:** Evaluation – how the AAA is involved in tracking the progress of the Local MPA's goals, objectives, and activities to measure the community impact of the Local MPA; publishing and promoting findings or outcomes of the Lord MPA; or updating/revising the Local MPA for continuous improvement.

Using Stages 1-5 listed above, in your narrative response:

- Identify the geographic location that the Local MPA is serving (e.g. county, city, town). As needed, you may submit multiple responses for each Local MPA that the AAA is supporting within your planning and service area.
- Describe the AAA's role/responsibilities, partnerships, and action in a local MPA for the planning and service areas.
- Summarize any of the AAA's prior year's work and accomplishment.
- Outline any of the AAA's planned future work.

2025-2026 Local Master Plan for Aging Summary for A12AA

Local Master Plan for Aging project is in various stages.

Aging & Disability Resource Connection - ADRC

Area 12 Agency on Aging participated in developing the AARP Age-Friendly Community project. A12AA was involved in Stage 1-3 and plans to be involved in the next phases.

Mission: To enhance the well-being of people of all ages by fostering inclusive, accessible, and livable communities through collaboration, innovation, and investment with respect to Tuolumne County's diverse rural character and values.

Vision: In Tuolumne County, people of all life stages thrive in a safe, healthy, and welcoming community, designed to support vibrant living.

Stage 1: Raising Awareness & Community Education on Aging and Disability – how the AAA is involved in developing educational materials; hosting educational webinars and events; or meeting with local aging and disability leaders, multi-sector partners, and/or elected officials.

Stage 1 - A12AA/DRAIL – The ADRC of the Mother Lode brought awareness of the ADRC and it's core services to all communities in our service area. Staff attended health and wellness fairs, senior fairs, resource fairs, conducted presentations, developed a social media series, advertised in the newspapers, formulated radio ads and sent flyers to Public Health offices in each county. Staff conducted Advocacy and Community Education monthly meetings which were attended by members of the public and organizations.

Stage 2: Planning – how the AAA is involved in forming or participating in a local Advisory Committee; conducting a community needs assessment; reviewing local data; or participating in planning and priority-setting sessions.

Stage 2 - A12AA/DRAIL – A12AA staff worked with DRAIL to set priorities and planning sessions. The following items were covered: No Wrong Door system, online resource directory, person centered options counseling, ADRC Core services, kiosk distribution, build extended partnerships, operate Advisory Committee,

Features of ADRC No Wrong Door System:

1) Enhanced Information & Assistance – ADRC Core Service provides comprehensive information to person of any age, disability type and income level/source. Includes a warm handoff and follow-up to ensure quality referrals.
2) Person-Centered Options Counseling – ADRC Core Services – Personal interview to discover the consumers' strengths, values, and preferences; decision support including fact finding and the weighing or information resulting in facilitate decision making; personalized action steps detailing consumers goals; and follow-up to evaluate action plan success or the need for changes/plan adjustments.
3) Short-term service Coordination – ADRC Core Service – Personalized service coordination for the purpose of stabilizing a situation for individuals whose health, safety and welfare are at risk; assistance to prevent unnecessary admittance to emergency department of institutional placement.
4) Transition support – ADRC Core Service – Support a person with information, decision support and coordination of multiple services to successfully move from a health care facility back to a community home. Includes both hospital/acute care to home, as well as nursing facility to home.
5) Plan to develop online resource directory so consumers have access to resources 24/7.

Stage 3: Development – how the AAA is involved in identifying community-level goals, objectives, and activities toward the development of a Local MPA; sharing the draft Local MPA with stakeholders and the public for feedback or finalizing the Local MPA.

Stage 3 - A12AA/DRAIL – A12AA staff continued to discuss and implement several strategies to build the ADRC.

- Online resource directory – A12AA staff and DRAIL discussed and developed the online resource directory through A12AA's vendor WellSky. This online resource directory allows consumers to access resources anytime during day or night – 24/7 access. The online resource directory received a total of 1,733 consumers using it during the first year.
- Kiosk distribution - Developed a plan to place 6 kiosks in the 4 counties; developed instructions for each location for the assigned point person to teach public how to use the kiosk; delivered a printer for consumers to print materials online.
- Extended partnerships – A12AA discussed and developed a shared intake, release of information and MOU to attract extended partners.
- No Wrong Door system – A12AA and DRAIL developed a shared intake, release of information and MOU for the purpose of building our extended partnerships and implementing the No Wrong Door system. Several A12AA staff members received options counseling training.

- ADRC Advisory Committee is made up of 12 representatives from Tribal Health Clinic, Amador, Mariposa HHSAs, Adventist Health Sonora, and DRAIL representatives that meet quarterly.

Stage 4: Implementation: involved or led the public release of the Local MPA; worked with partners across sectors to implement the objectives of the Local MPA; or raised public awareness to promote the local MPA.

Stage 4 – A12AA/DRAIL – A12AA along with DRAIL continued to expand the ADRC footprint by attending events and outreaches, advertising in several media outlets, conducting presentations across the 5 counties to the public and county jurisdictions.

- Online resource directory continues to be accessed by 3,147 consumers. Implemented a plan to quarterly update the information on the directory.
- Kiosks – continue to be used in the 4 counties; 1 additional kiosk in Amador County; total of 7 kiosks.
- Extended partnerships – A12AA and DRAIL continue to build the extended partnerships, adding essential organizations to streamline services for consumers in the 5 counties;
- No Wrong Door system – A12AA staff completes the Boston University Options Counseling Certification course and the Inform USA – AIRS certification courses. A12AA has added additional staff. Between both core partners, during FY 23-24, 6,069 calls have been completed.
- ADRC Advisory Committee added 3 additional members – consumer with disability, community member and Tribal Government; 15 members total that meet quarterly.

Stage 5: Evaluation – how the AAA is involved in tracking the progress of the Local MPA's goals, objectives, and activities to measure the community impact of the Local MPA; publishing and promoting findings or outcomes of the Local MPA; or updating/revising the Local MPA for continuous improvement.

Stage 5 – A12AA / DRAIL – The evaluation process is an ongoing activity that occurs regularly. A12AA/DRAIL completes form 7039 quarterly reports to CDA to track progress. The ADRC staff creates specific tracking reports from the WellSky database to ensure the specific numerical and demographic target goals are met. The A12AA Staff serves on several community committees reporting on the ADRC activities. Most current tracking reports the ADRC received over 5,000 calls, over 84,000 searches on the resource directory with over 3,600 users.

ATTACHMENT C.
Local Master Plan for Aging Supplemental Summary

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An Area Plan is complementary to a Local MPA. Some communities have leveraged the identified priorities, objectives, and activity in their Area Plans to include in their community's Local MPA.

This optional supplemental summary is available for the AAA to describe how their organization is involved in any Local MPA efforts. The narrative summary should include the roles/responsibilities, partnerships and actions being undertaken by the AAA to support the planning, development, or implementation of a Local MPA in their planning and service areas – a sample of activities are below and listed in stages. Note that the narrative response should focus on the AAA's involvement and work related to their Local MPA activities, not the state-level MPA.

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- Describe the AAA's role/responsibilities, partnerships, and action in a local MPA for the planning and service areas.
- Summarize any of the AAA's prior year's work and accomplishment.
- Outline any of the AAA's planned future work.

2025-2026 Local Master Plan for Aging Summary for A12AA

Local Master Plan for Aging project is in various stages.

AARP Age-Friendly Overview

Area 12 Agency on Aging participated in developing the AARP Age-Friendly Community project. A12AA was involved in Stage 1-3 and plans to be involved in the next phases.

Mission: To enhance the well-being of people of all ages by fostering inclusive, accessible, and livable communities through collaboration, innovation, and investment with respect to Tuolumne County's diverse rural character and values.

Vision: In Tuolumne County, people of all life stages thrive in a safe, healthy, and welcoming community, designed to support vibrant living.

- **Stage 1:** Raising Awareness & Community Education on Aging and Disability – how the AAA is involved in developing educational materials; hosting educational webinars and events; or meeting with local aging and disability leaders, multi-sector partners, and/or elected officials.

Stage 1 - A12AA - In Fall, 2022, the Tuolumne County Board of Supervisors and the Sonora City Council both adopted Age-Friendly Resolutions making the commitment to our community to support Age-Friendly concepts. In January 2025, the local aging and disability leaders, multisector partners, and A12AA viewed a presentation introducing the AARP Age-Friendly Community process. The first step was to secure a commitment from elected officials to support the Age-Friendly process. A12AA participated with the Blue Zones Project, Adventist Health Sonora, and Tuolumne County Public Health by providing aging demographics for the presentation.

Stage 2 - Planning – how the AAA is involved in forming or participating in a local Advisory Committee; conducting a community needs assessment; reviewing local data; or participating in planning and priority-setting sessions.

Stage 2 - A12AA - In April 2025, the Agency is part of the Core Workgroup (meeting monthly). Brief overview of work:

- Wrote Mission & Vision statements
- Created an Age-Friendly Logo

- Reviewed Community needs assessment data from the following:
  A12AA 2023 Community Needs Survey Data Analysis
  Adventist Health Sonora CHNA and CHIS reports
  Tuolumne County Public Health Community Health Needs Assessment Supplement 2023
  Tuolumne County Community Improvement Plan 2024
- Captured top 3 needs – Access to care: Financial Sustainability, Mental Health/Social Connection
- Participated to create a draft of Age-Friendly Action Plan

Stage 3: Development – how the AAA is involved in identifying community-level goals, objectives, and activities toward the development of a Local MPA; sharing the draft Local MPA with stakeholders and the public for feedback or finalizing the Local MPA.

Stage 3 - A12AA – Reviewed and discussed each strategy, key steps, partner and resources, and outcomes in the plan and made a few adjustments per the group discussions. Added Food Insecurity to goals. The Blue Zones Project is transitioning the coordination and management of this project to the Tuolumne County Behavioral Health Department. A12AA is leading several subcommittees:

- Communicate, Information, & Education - Expand Medicare Plan information and enrollment support and build awareness of Medicare plan scams.
- Access to healthcare services – address technology access and digital literacy barriers for telehealth services and reduce that impacts of the digital divide; to identify technology support opportunities for seniors and to connect seniors with available programs and services; to increase digital literacy for older adult through local digital literacy training options..
- Access to healthcare services – identify options for affordable prescription drug plans and manufacturer assistance programs and develop outreach process to inform the community.

Stage 4: Implementation – how the AAA is involved in publicly releasing the Local MPA; raising public awareness to promote the Local MPA; working in a lead capacity on identified goals, objectives, and strategies of the Local MPA.

Stage 5: Evaluation – how the AAA is involved in tracking the progress of the Local MPA's goals, objectives, and activities to measure the community impact of the Local MPA; publishing and promoting findings or outcomes of the Lord MPA; or updating/revising the Local MPA for continuous improvement.

Stage 4 & Stage 5 – A12AA - In development.