

**Live Long, Live Well:  
Area Agency on Aging Area  
Plan 2012–2016**

**Fiscal Year 2013-2014  
Update**

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Aging and Adult Services  
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**TRANSMITTAL LETTER  
Area Plan Update  
Fiscal Year 2013-2014**

**AAA Name:** Marin County Division of Aging and Adult Services    **PSA Number**   5  

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. Judy Arnold

\_\_\_\_\_  
President, Marin County Board of Supervisors

\_\_\_\_\_  
Date

2. Marjorie Belknap, M.D.

\_\_\_\_\_  
Chair, Marin County Commission on Aging

\_\_\_\_\_  
Date

3. Annette Balter

\_\_\_\_\_  
Program Manager, Division of Aging and Adult Services

\_\_\_\_\_  
Date

# **LIVE LONG, LIVE WELL: MARIN COUNTY AREA PLAN FOR AGING 2012-2016, FISCAL YEAR 2013–2014 UPDATE**

## **EXECUTIVE SUMMARY**

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Every four years, the Older Americans Act requires Area Agencies on Aging (AAA) to submit an Area Plan that reflects strategies and activities to best serve the needs of older adults and family caregivers in their designated Planning and Service Area (PSA). The Marin County, Division of Aging and Adult Services (DAAS), designated as PSA 5, is one of 33 PSAs in California. The Division is responsible for the planning, coordination, administration, and monitoring of programs and services for older adults in Marin County. The *Live Long, Live Well: Marin County Area Plan for Aging 2012–2016, Fiscal Year 2013–14 Update* is the first update of the current four-year planning cycle. It presents strategies that will be carried out by the AAA, to effectively address and respond to the needs of a rapidly aging community in Marin.

The planning process undertaken to develop the Area Plan identified critical priority areas for the AAA and the Marin County Commission on Aging (COA), its advisory council. Key areas of concern included: health promotion and prevention services; services to isolated elders; nutrition and food security; activities for older adults; volunteer and civic engagement; special needs of the LGBT older adult population; improvements in accessing information and resources; and the need for an expanded and well-coordinated service delivery system.

New local data reflecting health indicators and cultural/language needs are presented in this update. Improvements in the service system achieved through collaboration with community partners and continued integration of the Division of Aging and Adult Services are also described. Information presented in this update will inform funders, service providers, and members of the community about the needs and opportunities to improve the quality of life, and sustain the independence, of older persons in Marin County.

# PLANNING PROCESS/ ESTABLISHING PRIORITIES

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Each year, the AAA works with the Commission’s Planning Committee to develop an Annual Area Plan Update. Analysis of any new local data related to older adults is completed, a review of the previous year’s objectives is undertaken, and strategic objectives for the coming year are developed.

## NEW DEMOGRAPHIC DATA

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Marin County has seen a significant growth in the number of older adults, between 2000 and 2010 the number of persons over 60 increased by 38%, from 44,647 to 61,454. In 2010, people over the age of 60 made up almost 25% of the Marin population, and that number is expected to grow.<sup>1</sup> According to the American Community Survey (ACS), approximately 5% of all Marin residents over the age of 65 (2,046 residents) were at 100% of the Federal Poverty Level in 2011<sup>2</sup>, a mere \$10,890 for a single person that year. Perhaps a better indicator of economic insecurity is the “elder economic index.” The Elder Economic Planning Act of 2011, mandated AAAs to use the “Elder Economic Security Standard Index” in planning efforts, a measure of costs to older adults that takes into account local variations between California’s counties. In Marin, about 7,000 older adults have incomes above the federal poverty level, but below the elder economic index (\$27,334 a year in Marin<sup>3</sup>); taken together, about a quarter of Marin’s seniors are considered ‘poor.’

In 2012, the Healthy Marin Partnership issued, “Pathways to Progress 2013: Assessing the Health care Needs of Marin County,” an extensive local survey, looking at a variety of indicators to assess community health, wellness, and equity. This report frames priorities for the County and community partners. For instance, while heart disease, cancer and stroke are the leading causes of death in Marin, Marin has higher death rates due to Alzheimer’s disease than California or the nation, and Marin’s binge drinking rates are also higher than the rest of the state. The report also highlighted the issue of falls for Marin’s older adults, discussed below.

## Falls

Fall incidents and associated costs are increasing as the older population in America increases. The CDC estimates that the associated costs for falls was \$19 billion in 2000 and this number will grow to \$55

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<sup>1</sup> U.S. Census Bureau. (2010). State & County Quickfacts: Marin County, CA. Retrieved from <http://quickfacts.census.gov/qfd/states/06/06041.html>.

<sup>2</sup> U.S. Census Bureau, 2007-2011 American Community Survey.

<sup>3</sup> UCLA Center for Health Policy Research and the Insight Center for Community Economic Development, [http://www.insightcced.org/uploads/eesi/2010%20county%20pages/Marin/marin\\_es.pdf](http://www.insightcced.org/uploads/eesi/2010%20county%20pages/Marin/marin_es.pdf)

billion in 2020.<sup>4</sup> Healthy Marin Partnership analyzed Emergency Medical Services (EMS) calls across the county, revealing that falls were the primary reason for all calls. EMS calls are a way to measure acute and traumatic injuries. Fall rates averaged over three years, from 2009 to 2011, showed that countywide, the overall fall rate for all ages was 7.1 per 1,000. For those over age 65, it was 25.8 falls per 1,000. Novato has one of the highest percentages of older adults in Marin County and subsequently one of the highest numbers of falls.<sup>5</sup>

In Fiscal Year 12/13, the Fall Prevention Task Force examined intrinsic and extrinsic factors leading to falls in the senior community, focusing on Novato. The Task Force is also looking at how to develop follow-up protocols for seniors who are assisted by EMS after a fall, but do not go to the hospital. Dominican University staff and study consultants are analyzing coded narrative responses from Patient Care Reports as well as conducting focus groups and follow-up surveys regarding depression and other mitigating factors, such as poly-pharmaceutical use and dementia, and how these might affect fall rates. This report will be completed by the close of 12/13 and will inform interventions and best practices in the future.

## **Alzheimer's and Dementia**

Alzheimer's is the fifth leading cause of death in California, claiming the lives over 10,000 people in 2010. Approximately one third of all seniors who die each year have Alzheimer's or another dementia. In America today, over 5 million people are living with Alzheimer's and that number is expected to triple by 2050. According to the Alzheimer's Association, the cost of caring for those with Alzheimer's and other dementia in the United States is estimated to total \$203 billion in 2013 and to climb to \$1.2 trillion by 2050. Caregivers are providing even more unpaid care and there will be higher costs associated in the next 20 years.<sup>6</sup>

In Marin, Alzheimer's is the third leading cause of death, accounting for 35 deaths per year, higher than the state or national rate.<sup>7</sup> Marin is ranked 46 out of 58 counties, with a death rate of 34.6 compared to California at 30.5.<sup>8</sup> Applying national prevalence rates for Alzheimer's disease to the population of Marin results in an estimate of almost 2,000 cases, of which 1,100 would be moderate or severe. The total number of cases is expected to double by 2030. It is a disease with significant costs and extensive effects on families and the community.<sup>9</sup>

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<sup>4</sup> Centers for Disease Control. Costs of Falls Among Older Adults. Retrieved from: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html>

<sup>5</sup> Healthy Marin Partnership, Pathways to Progress 2013, Assessing the Health Care Needs of Marin County.

<sup>6</sup> Alzheimer's Association. "California Alzheimer's Statistics." Retrieved from : [http://www.alz.org/alzheimers\\_disease\\_facts\\_and\\_figures.asp#quickFacts](http://www.alz.org/alzheimers_disease_facts_and_figures.asp#quickFacts)

<sup>7</sup> County of Marin, Vital Statistics.

<sup>8</sup> Health Status Profiles on Alzheimer's.

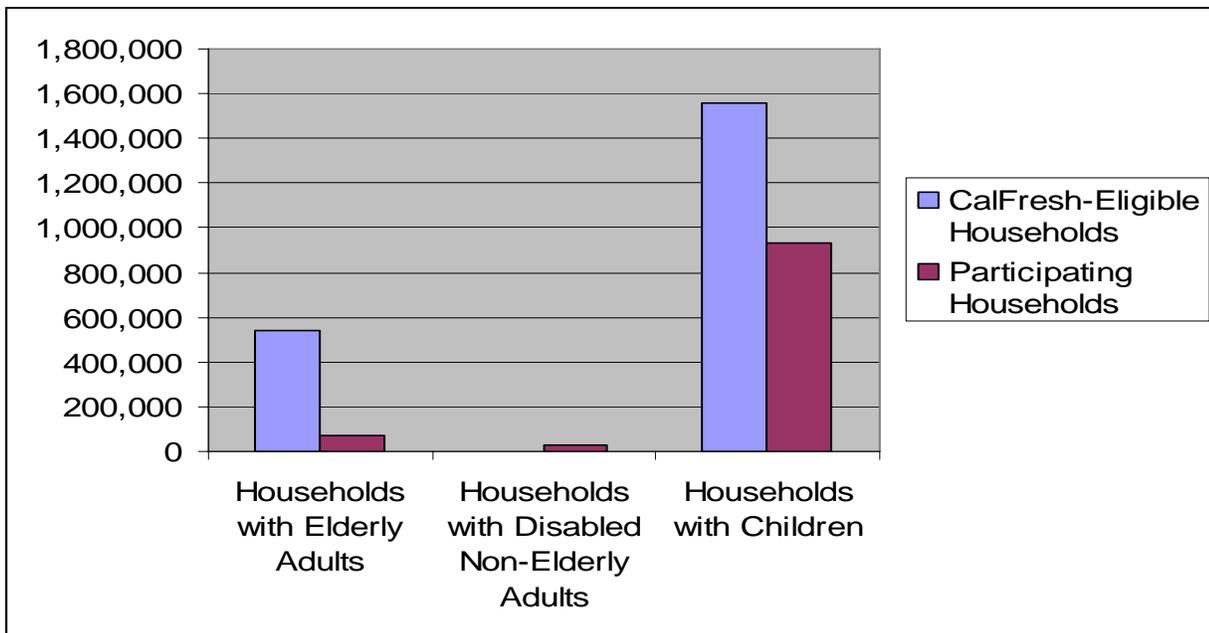
<sup>9</sup> Strategic Plan Data Focus Report, Marin County Division of Aging and Adult Services, 2007.

## CalFresh

Data from the 2012 California Food Policy Advocates Report<sup>10</sup> revealed that only 14% of households with elderly adults that are eligible for CalFresh are utilizing benefits. In comparison, 60% of all households with children eligible for CalFresh are enrolled in the program. There are several factors that contribute to lack of participation in the program among seniors, including: stigma, lack of knowledge about the program, and complicated application process. See section “Nutrition and Food Insecurity,” in Identification of Priorities, for how this will impact the work of the AAA.

2012: Household Composition: Cal-Fresh Eligible Households and Participating CalFresh Households

Household Composition	CalFresh-Eligible Households	Participating Households	Percent of Eligible Households that Participate
Households with Elderly Adults	541,000	73,000	13.5%
Households with Disabled Non-Elderly Adults	122,000	25,000	25.0%
Households with Children	1,559,000	934,000	59.9%



<sup>10</sup> California Food Policy Advocates. “CalFresh Characteristics Report: February 2013.” Retrieved from : <http://cfpa.net/CalFresh/CFPAPublications/CalFresh-Characteristics-FullReport-2012.pdf>

## **MAJOR CHANGES IN THE PSA**

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Cuts in Older Americans Act funding in early 2013, affecting both FY 12/13 and FY 13/14 due to federal ‘sequestration,’ reminded us once again that funding for older adult services is still uncertain. Marin County saw a \$22,240 cut in funding in FY 12/13 and it is estimated that \$54,376 will be cut in FY 13/14; these programs have seen little growth in funding in decades. If sequestration cuts are not rescinded or revised, they will remain in place for the next ten years. In 2011, the Government Accounting Office (GAO) issued a report “examining unmet need for OAA Title III services showing that many older adults who may be in need of meals or home-based care may not receive assistance from Title III programs or from other sources. Despite the growing need for these services as the population ages, it is anticipated that the funding level for these programs at the federal level will remain relatively flat in fiscal year 2013--as it has for at least the last 9 years.”<sup>11</sup> The GAO called for increased targeting of services to those in greatest need. Budgetary constraints will likely continue to challenge the work of the Division and its contracted providers this fiscal year. The OAA’s last re-authorization expired in 2011. It is imperative that the OAA is re-authorized, and funding increased, to meet the needs of an aging society.

The congregate meal and home-delivered meal programs funded through the Older Americans Act provide a vital link to maintaining the health and independence of the aging population in the county. In addition to the well-balanced nutritious meals provided through this program, the social connection fostered in a congregate setting and the contact drivers make to frail, home-bound seniors receiving meals-on-wheels are vital to reduce social isolation. The demand for nutrition services in PSA 5 has seen a dramatic increase in the past five years. While these programs have seen very little increase in funding, the cost of maintaining services due to the regulatory, reporting, and monitoring requirements has been a challenge for providers. Marin has had three different providers for home-delivered meal services in the past six years. In an attempt to capitalize on the strengths of different organizations, and to stabilize the program, Marin divided its home-delivered meal program into three components: meal production, meal delivery; and intake/eligibility and assessment when the Request for Proposal was issued for services beginning FY 12/13. Since there was no bid received for intake/assessment, the Division assumed this responsibility. Meal delivery is contracted to Whistlestop and West Marin Senior Services.

In the middle of FY 12/13, Revolution Foods, the contractor for meal production, gave notice to terminate its contract at the end of the fiscal year. Another RFP for meal production was released in March 2013. FY 13/14 will provide new challenges in integrating the components of the program with another new provider.

Additionally, at the end of December 2012, Meals of Marin, a local agency providing home-delivered meals to chronically or terminally ill patients, typically with AIDS or cancer, announced its closure. The County of Marin used its own reserves to fund home-delivered meals through the Division’s aging contracts to provide food to an additional 60 clients. Funding was secured through the County through the end of the fiscal year, but FY 13/14 brings the challenge of finding appropriate services for this vulnerable population, many of whom are under 60 years of age and therefore ineligible for continued

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<sup>11</sup> Older Americans Act Options to Better Target Need and Improve Equity, Government Accounting Office, November 2012, <http://www.gao.gov/assets/660/650451.pdf>.

assistance through the federal home-delivered meals program. Many of those who are eligible for federal nutrition programs will be placed on a waiting list.

The nutrition program is an essential program for older adults in Marin. Supporting the nutritional health of older adults in the county will remain a priority for the AAA. Finding ways to locally address the issues of food insecurity in the county will remain a long-term strategic focus.

The Division issued a mid-cycle RFP for Title IIIB Supportive Services during FY 12/13. As a result of this competitive bidding process, there were newly funded services for an eight month contract period that will be issued with a 12-month contract renewal in FY 13/14: senior center activities, visiting, telephone reassurance, personal care, and homemaker. However, several services are no longer funded through the AAA in FY 13/14: registry; transportation in Novato, and adult day health care. The County supported adult day health care services in FY 12/13 by providing a \$50,000 grant to Lifelong Medical to supplement MediCal participant days and fund a business sustainability plan. The County also continues to fund Jewish Family & Children's Services case management services for older adults.

Finally, the organizational structure within the County underwent several changes. The position of the Director of the Division of Aging and Adult Services became vacant and has not yet been replaced. The Department of Health and Human Services leadership structure was re-organized, and the Assistant Director for Social Services is now responsible for the Division of Aging and Adult Services. This is detailed in the organization chart included in this Plan.

## **FY 13/14 PRIORITIES**

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The AAA is a major funder of services to serve the needs of older adults in Marin. A little over \$1 million in state funds and federal Older Americans Act funds is awarded to Marin. Over 75% of this funding is contracted to community-based organizations that are providing services directly to older adults locally. The County of Marin provides an additional \$1 million to fund senior programs.

In FY 2013-14, the AAA is contracting with various community-based organizations to provide the following programs and services:

- Assisted transportation
- Case Management
- Congregate Meal Program
- Family Caregiver Support Programs
- Home-delivered Meal Program
- Legal Assistance
- Outreach
- Personal care/Homemaker
- Senior Center Activities
- Senior Community Service Employment Program
- Telephone Reassurance
- Visiting

In addition to contracted services, the AAA will directly provide the following services to address the needs of its client population:

- Elder Abuse Prevention
- Health Insurance Counseling and Advocacy Program
- Health Promotion and Disease Prevention
- Information and Assistance
- Program Development and Coordination Activities

Marin County is facing some fiscal challenges to its programs and services for older adults as a result of the federal "sequestration cuts. Unless Congress takes action to rescind or revise the sequestration, these cuts will be in place for the next ten years.

Aging and Adult Services will continue to find ways to create a robust service infrastructure to meet the needs of older persons, adults with disabilities, and family caregivers in Marin. Increased collaboration, both with internal and external partners, and better coordination of resources is vitally important to ensure that older and disabled adults have access to critical services. The three major strategies presented in the Area Plan 2012-16 will continue as a focus for FY 2013/14.

The Division of Aging and Adult Services will continue to find ways to create a robust service infrastructure to meet the needs of older persons, adults with disabilities, and family caregivers in Marin.

Increased collaboration, both with internal and external partners, and better coordination of resources is vitally important to ensure that older and disabled adults have access to critical services. The three major strategies presented in the Area Plan 2012-16 will continue as a focus for FY 2013/14.

## **I. Promoting a Comprehensive Service System**

### **Volunteers**

The Division has increased the use of volunteers across programs. The Project Independence program utilizes baccalaureate and master-level volunteer nursing students to work with isolated individuals being discharged from local hospitals. Volunteer Ombudsmen are certified and trained to investigate complaints, find resolutions, and serve as advocates for residents at long-term care facilities.

The Financial Abuse Specialist Team (FAST), a group of volunteers with financial and legal expertise organized by the AAA in 2010, has been assisting APS, law enforcement, and the District Attorney in examining cases of fraud and financial abuse of older adults. FAST volunteers have also helped analyze existing representative payee cases and assisted with the establishment of a budget for high users of the system in order to enable the Public Guardian's Office to expand their capacity to take on additional representative payee cases. The lack of representative payee resources in Marin has presented a major resource gap over the last several years, and the utilization of volunteers in this capacity has been an innovative solution to address this serious need. Overall, there are 100 active volunteers in the Division of Aging and Adult Services working in programs such as the Financial Abuse Specialist Team, Long-Term Care Ombudsman, and Project Independence. Over 50% of all volunteers are seniors. In FY 12/13, DAAS staff created a Volunteer Development Plan to recruit, train, recognize, and retain volunteers. Strategies developed will be implemented in FY 13/14 (Objective 11).

### **Collaboration**

All DAAS programs are built on internal and external partnerships capitalizing on community strengths and organizational knowledge. Over the past fiscal year, Marin DAAS has been building upon its internal collaborations and utilizing the expertise of county staff to inform programs and policies. County Public Health Nurses are working with DAAS to provide medication management services and chronic disease self-management classes in low-income senior housing complexes. Close proximity and excellent relationships with Adult Protective Services and In-Home Support Services have allowed DAAS to identify at-risk and eligible seniors for our Stay Connected telephone reassurance program. In FY 13/14, DAAS will develop a plan to provide health promotion programs to seniors in the community, utilizing evidence-based best practices (Objective 1g).

### **Fall Prevention**

The Portrait of Marin data revealed that falls were the primary reason for EMS calls in Marin. In collaboration with Kaiser, Marin General Hospital, Fire Departments, Dominican University Occupational Therapy, and other stakeholders, DAAS continues to partner with the Fall Prevention Task Force. This is staffed by the AAA and includes representatives from the COA Health and Nutrition Committee. The Task Force meets quarterly to discuss best practices and determine new interventions.

In FY 13/14, the Task Force will analyze and report on the statistical analysis of the causes of falls in Novato to promote prevention strategies and best practices. This will be used to identify and implement interventions in collaboration with the Novato Fire Department. After exploring pilot programs in Novato, these prevention strategies will be expanded to all of Marin. In addition, a community event focused on education and prevention strategies is planned for FY 13-14 (Objective 3b).

## **Community Care Transitions**

In early 2012, the AAA, in collaboration with Marin General and Novato Community Hospitals, was awarded one of 12 nationwide grants by the Centers for Medicare/Medicaid Services, to implement the Community Care Transitions Program (CCTP). The program uses a coaching model to transition those at risk successfully to home, with the goal of reducing hospital re-admissions. The program was successfully implemented in FY 12/13. The goal in FY 13/14 is to increase referrals into the program by continuing to work on hospital staff acceptance of newly developed electronic medical record technology, and to partner with community agencies and skilled nursing facilities to expand the program's reach into the community.

## **II. Improving Access to Services, Resources, and Information**

### **Nutrition & Food Insecurity**

Supporting the nutritional health of older adults remains a priority for the AAA. In 2012, the DAAS conducted a needs assessment among seniors as part of its 2012-2016 plan. In terms of nutritional risk, 17% of those surveyed, "ran out of food most months." CalFresh, or Supplemental Nutrition Assistance Program (SNAP) may help to alleviate food insecurity. New data from the California Food Policy Advocates Report (see "New Data" above) indicated that many seniors eligible for CalFresh are not utilizing their benefits. Studies have shown that older adults are not aware of the program, feel daunted by the application process, and feel stigma or embarrassment in accessing the program. To better identify local barriers to access, the Commission on Aging Health and Nutrition Committee created and administered a survey for seniors administered in four communities. In FY 13/14, survey results will inform programming to reduce barriers to CalFresh utilization by older adults in Marin (Objective 1k).

The termination of the home-delivered meal contractor, in addition to the Meals of Marin program closure at the end of FY 12/13, led to the convening of a group of local stakeholders to address food insecurity in the county. This effort, spearheaded by the Department of Health and Human Services, community-based agencies, and food policy coalition members will, in FY 13/14, continue to explore ways in which a local solution to food insecurity might be addressed. Planning is in early stages for a building in San Rafael that might become the permanent home for the popular farmers' market, which would incorporate a kitchen.

## **Mobility and Transportation**

In support of the CDA's "New Freedom Transportation Grant," the AAA's and COA's collaboration with Marin Transit and the Mobility Management Consortium fosters the sharing of resources, improves coordination of services, and promotes shared accountability in addressing critical needs. This is a collaboration of transportation providers, community-based organizations, and public agencies that are working together to advance planning efforts. The AAA will continue to support community presentations about the "ABCs of Transportation" at senior fairs (Objective 2h).

In 2010, Marin voters passed Measure B, generating approximately \$700,000 per year of the revenues raised from the increase in annual vehicle license fees to go towards senior and disabled transportation programs. One identified gap in services was the affordability of taxi rides. In response, the Division, in collaboration with Marin Transit, created Catch a Ride (CAR), a program providing taxi discount subsidies in the amount of \$14 or \$18 to eligible seniors. To be eligible, one must be a Marin Resident and over the age of 80 or over the age of 60 and unable to drive. As a member in this partnership, DAAS provides telephone support for questions and determines eligibility. Since September 2012, over 500 people have been registered and that number is expected to grow in FY 13/14. Further, the Consortium will continue to explore other usage of Measure B funds in FY 13/14 that improve senior access to transportation services.

## **Reducing Isolation**

The Division continues to expand its integrated Information and Assistance line (457-INFO) and services, with the addition of a volunteer-based telephone reassurance program that was implemented at the end of FY 12/13. Stay Connected takes clients that are referred internally through the In-Home Supportive Services program. This service also provides work for a Title V Senior Community Services Employment Program worker. In FY 13/14 Stay Connected will integrate with new telephone reassurance programs provided in the community.

## **III. Local and Community-Based Solutions to Address Needs**

### **Cultural Competency**

The AAA is committed to providing relevant services accessible to ethnic minorities. In FY 12/13, the City of San Rafael was awarded IIIB funding for multicultural senior services, creating programs for Spanish and Vietnamese speaking older adults in their preferred language. The Marin Community Foundation (MCF) recently released the report, "Mission Possible: Improving the Lives of all Older Adults in Marin,"<sup>12</sup> which identified potential strategies for providing high quality services to clients representative of Marin's diversity and existing gaps in organizational cultural competency. In FY 13/14, DAAS will utilize the information derived from this report to promote cultural competency in its provider network and the Commission on Aging will be briefed on the report's findings. DAAS and

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<sup>12</sup> Marin Community Foundation. "Mission Possible: Improving the Lives of All Older Adults in Marin: Needs and Assets Scan of Culturally Appropriate Services For Older Adults in Marin County." 2013.

MCF will continue its partnership to leverage local resources and collectively support the aging service delivery system in Marin (Objective 1o).

## **Active Living**

In 2012, over 70 leaders from various community sectors and geographic regions joined together to create Marin's first coordinated, countywide Healthy Eating Active Living (HEAL) Strategic Framework. In FY 13/14, HEAL partners will create implementation teams to build stronger working relationships and collaborative structures, identify success measures, define action steps and timelines, and implement priority strategies. Advocating for the needs of seniors, staff from DAAS sit on the active living team ensuring that the challenges of older adults are addressed. This group is tasked with providing a number of new, free and accessible physical activity opportunities in underserved communities, while building community capacity to sustain these programs. In addition, the team will begin mapping assets related to active living and identifying strategies for promoting these opportunities in underserved communities. Among the identified projects for FY 13/14 are to create and promote a Tai Chi class targeted at low-income and ethnic minority seniors in the Canal district of San Rafael (Objective 2l).

In FY 12/13, a collaborative effort with the County of Marin Public Health Officer, County of Marin Prevention Hub, Mount Tam High School, and the Redwoods Retirement Community, and the Commission on Aging member from Mill Valley led to the creation and distribution of a survey among seniors to evaluate barriers to walking and transportation. Local elected officials are championing a program to replicate the successful "Safe Routes for Students" with a "Safe Routes for Seniors" project, which would utilize existing resources and forge new partnerships. Results will be used to formulate programming, including a possible intergenerational walking project with seniors and high school students.

# PUBLIC HEARINGS

PSA

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**PUBLIC HEARINGS**  
**Fiscal Year 2013- 2014 Update**  
**Conducted for the 2012-2016 Planning Period**  
 CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

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Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>13</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>14</sup> Yes or No
2012-13	4/12/12	Pickleweed Community Center, San Rafael, CA	25	No	No
2012-13	10/11/12	The Dance Palace, Point Reyes Station, CA	11	No	No
2013-14	4/11/13	Maria B. Freitas Senior Community, San Rafael, CA	35	No	Yes
2014-15					
2015-16					

**Below items must be discussed at each planning cycle’s Public Hearings**

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

Service providers serving target population received Public Hearing announcements which were posted for client viewing. A press release was sent to all local newspapers. A public notice was published in the *Marin Independent Journal*, the largest newspaper in the county. Every effort was made to reach caregivers and residents of long-term care facilities.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes                       Not Applicable if PD and C funds are not used

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<sup>2</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.  
<sup>3</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.

No Comments.

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services?

Yes

No, Explain:

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

- The Director of San Geronimo Valley Community Center asked for assurances that rural, isolated seniors in West Marin would not be affected disproportionately from other services in Marin following sequestration cuts.

6. Summarize other major issues discussed or raised at the public hearings.

- The director of the YWCA emphasized the importance of job training for women aged 50-85, especially those who single, divorced, or widowed. She noted that senior employment is a growing concern in Marin and deserves special attention.
- There was a general request to all providers present to pursue outside grants for their programs to work collaboratively to best serve seniors “in the middle,” that are not eligible for federally funded programs.
- More explanation was requested on the County contact with the Department of Transportation in receiving “Measure B” funding for the administration of the Catch-a-Ride Program.
- A member of the Commission on Aging asked for clarification regarding if and how the County of Marin would cover this year’s sequestration cuts to nutrition programming.
- A member of the Commission on Aging asked the extent to which the nutrition programs were supported by client donations.
- A member of the Commission on Aging asked for increased accountability in transportation programs. Specifically, that there be a mechanism in place for reporting lateness and no-show rates of taxis used for the Catch-a-Ride Program.

- A member of the Commission on Aging emphasized the need to identify frail elderly who are living alone for emergency situations.

List major changes in the Area Plan resulting from input by attendees at the hearings.

None?

## AREA PLAN NARRATIVE GOALS & OBJECTIVES

### Area Plan Goals and Objectives, Fiscal Year 2013-2014 Update

#### **Goal I: Promote an effective, well-coordinated, and comprehensive system of care and support that is responsive to the needs of adults with disabilities, family caregivers, and older persons.**

Rationale: A well-coordinated and comprehensive system of support is essential in effectively caring for the client population and addressing their needs. This system must encompass a wide network that includes home- and community-based providers, faith-based entities, families, neighbors and informal groups, philanthropic organizations, the private sector, and public agencies.

Objectives	Projected Start and End Dates	Title III B Funded PD or C <sup>15</sup>	Update Status <sup>16</sup>
1a. The <b>Housing and Transportation Committee</b> will collaborate with Marin Village to expand community-based volunteer driving initiatives by meeting at least once with Marin Village representatives and identifying one new community to work with.	7/1/2012 – 6/30/13	C	Completed
	7/1/13 – 6/30/2014	C	Continued
1b. The <b>Planning Committee</b> will continue to support the efforts of the Area Agency on Aging and work with partner agencies and existing coalitions to gather information and collect public input at least once a year to understand the needs of older adults and family caregivers in Marin County.	7/1/ 2012 – 6/30/ 2013		Completed
	7/1/2013 – 6/30/2014		Continued
1c. The <b>Division of Aging and Adult Services</b> will continue to develop its Integrated Information, Assistance, and Referral unit by exploring the feasibility of establishing an Adult Disability Resource Center in Marin County in conjunction with the Marin Center for Independent Living agency. <small>If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.</small>	7/1/12 – 6/30/13	PD	Deleted
1d. Through monitoring and oversight functions, the <b>Older Adult Nutrition Program’s Dietician</b> will work closely	7/1/2012 – 6/30/2013		Completed

<sup>15</sup> Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>16</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

with the division to encourage congregate meal and home-delivered meal services contractors to increase their use of fresh fruits and vegetables in meal production by at least 15%.	7/1/13 – 6/30/2014		Continued
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1e. The <b>Division of Aging and Adult Services'</b> Volunteer Work Group will create and maintain the infrastructure to recruit, train, recognize and retain volunteers to work on various projects and programs within the organization. This effort will result in the creation of a DAAS Volunteer Development Plan.	7/1/2012 – 6/30/2013	PD	Completed
1f. The <b>Division of Aging and Adult Services</b> will partner with Spectrum LGBT Center to organize and sponsor a minimum of one event to raise public awareness, as well as service provider awareness, about the issues and concerns of lesbian, gay, bisexual and transgender persons as they age.	7/1/2012 – 6/30/2013	C	Completed
1g. The <b>Division of Aging and Adult Services</b> will prevent medication mismanagement among home-delivered meal program recipients that are identified as at-risk due to multiple medication use. A minimum of 75 clients will receive public health nursing intervention using an evidence-based nursing protocol that focuses on medication reconciliation and health promotion, followed by periodic phone calls during the fiscal year to ensure medication compliance.  <i>Revised:</i> The <b>Division of Aging and Adult Services</b> will develop a plan to provide health promotion and/ or medication management to elder adults in the community.	7/1/2012 – 6/30/2013		Completed
	7/1/2013-6/30/2014		Revised
1h. The <b>Health and Nutrition Committee</b> members will visit up to seven congregate meal sites to review service utilization and identify potential growth areas of sites by interviewing at least two participants, one volunteer, and one staff member.	7/1/2012 – 6/30/2013		Completed
	7/1/2013-6/30/2014		Continued
1i. The <b>Health and Nutrition Committee</b> will provide opportunities for socialization and access to nutritious meals in targeted communities by offering advisory support to Marin County's Elderly Nutrition Program.	7/1/2012 – 6/30/2013		Completed
	7/1/2013-6/30/2014		Continued
1j. The <b>Health and Nutrition Committee</b> will collaborate with the <b>Division of Aging and Adult Services</b> in	7/1/2012 – 6/30/2013		Completed

conducting a survey of older adults to understand the barriers to participation in the CalFresh program.			
1l: The <b>Division of Aging and Adult Services'</b> Volunteer Work Group will utilize the Development Plan created in FY 12/13 (Objective 1e) to recruit and train new volunteers for existing and new senior programming.	7/1/2013 – 6/30-2014	C	New
1k: The <b>Health and Nutrition Committee</b> will disseminate information about the CalFresh program at a minimum of three senior events to reduce barriers to program access as identified in the survey of Objective 1j.	7/1/2013 – 6/30/2014		New
1m: The <b>Legislative Task Force</b> will meet six times to advocate for legislation affecting the needs of seniors and re-authorization of the Older Americans Act.	7/1/2013 – 6/30/2014		New
1n: Staff of the <b>Division of Aging and Adult Services</b> will conduct at least one Chronic Disease and / Diabetes Self-Management 6-week Program for older adults in the community	7/1/2013 – 6/30/2014		New
1o. The <b>Division of Aging and Adult Services</b> will collaborate with Marin Community Foundation to disseminate findings from the report, "Mission Possible: Improving the Lives of all Older Adults in Marin" at three community and/ or provider events.	7/1/2013 – 6/30/2014		New

## Goal 2: Utilize effective methods and best practices to enhance access to and dissemination of information about resources.

Rationale: Needs assessment findings indicate that accessing information about services and resources available continues to be a challenge for the client population. Confusion about where to go, what is available, and who to contact is an on-going concern. Efforts to reach and disseminate information about resources needs to be a continued goal. New and innovative ways to reach the client population must be explored, developed, and implemented.

Objectives	Projected Start and End Dates	Title III B Funded PD or C <sup>17</sup>	Update Status <sup>18</sup>
2a. The <b>Health and Nutrition Committee</b> will organize a public education program at the Commission on Aging meeting on the importance of sleep. As a result of this presentation, commissioners and community members will learn how sleep changes as we age, the importance of sleep and possible solutions for sleep disturbances.	7/1/2012 – 6/30/2013		Completed.
2b. The <b>Health and Nutrition Committee</b> will publish an educational article in the Great Age newsletter about one of the following topics: Advanced Health Care Directives, Medical Tourism or Fall Prevention.	7/1/2012 – 6/30/2013		Completed
<i>Revised:</i> The <b>Health and Nutrition Committee</b> will publish an educational article in the Great Age newsletter about the importance of physical activity.	7/1/2013 – 6/30/2014		Revised
2c. The <b>Housing &amp; Transportation Committee</b> will collect data from at least two regional areas per plan year (to be determined by committee) regarding waitlist and required move in fees at senior housing sites in Marin County to better inform advocacy efforts for housing older adults.	7/1/2012 – 6/30/2013		Completed
2d. The <b>Housing &amp; Transportation Committee</b> will provide ongoing legislative advocacy on senior issues including housing through outreach in IJ and other sources to educate community by developing at least 2 articles.	7/1/2012 – 6/30/2013		Completed

<sup>17</sup> Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>18</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

2e. The <b>Planning Committee</b> will make sure that isolated communities are informed about programs and services for older adults in Marin County by conducting at least three information dissemination activities during the fiscal year and broadly publicizing them.	7/1/2012 – 6/30/2013		Completed
	7/1/2013 – 6/30/2014		Continued
2f. The <b>Public Information Committee</b> will sponsor a public education session at the Commission on Aging meeting on “Family Caregiving – How to Take Care of Yourself.”	7/1/2012 – 6/30/2013		Completed
2g. The <b>LTC Ombudsman Program</b> will sponsor one community presentation about the issues faced by residents of long-term care facilities.	7/1/2012 – 6/30/2013		Completed
	7/1/2013 – 6/30/2014		Continued
2h. The <b>Housing and Transportation Committee</b> will collaborate with Marin Transit and other community partners in promoting and participating events that feature the “ABCs of Transportation”	7/1/2012 – 6/30/2013		Completed
	7/1/2013 – 6/30/2014		Continued
2i. The <b>Health and Nutrition Committee</b> will organize a public education program at the Commission on Aging meeting on Health Care Reform. As a result of this presentation, commissioners and community members will learn about the impacts of health legislation.	7/1/2013 – 6/30/2014		New
2j. The <b>Housing and Transportation Committee</b> will collaborate with community partners in the presentation of living choices for seniors in Marin at three senior events.	7/1/2013 – 6/30/2014		New
2k. The <b>Editorial Board</b> will produce three issues of the Great Age newsletter, with articles addressing the interests and concerns of older adults.	7/1/2013 – 6/30/2014		New
2l. Staff from the <b>Department of Aging and Adult Services</b> will work in collaboration with community partners in the Marin County Health Eating/ Active Living (HE/AL) Task Force to develop strategies for increasing physical activity in the community, with a focus on seniors	7/1/2013 – 6/30/2014	PD	New

### Goal 3: Mobilize action at the community level to address the unique needs of its people.

Rationale: Focus groups conducted throughout the PSA demonstrate the richness of the culture and diversity of communities in Marin County. Apart from geographic locations, communities were identified based on group affiliation with members sharing interests, language, culture, sexual identity and orientation, and family caregiving situations. These communities expressed needs that are similar as well as unique from other groups. Communities offer care, resources, and support to its members. These contributions must be coalesced and mobilized into action in order to address needs.

Objectives	Projected Start and End Dates	Title III B Funded PD or C <sup>19</sup>	Update Status <sup>20</sup>
3a. The <b>Health and Nutrition Committee</b> representatives will continue to meet with the Fall Prevention Taskforce to support the coordination of shared planning, education, training and other information on fall prevention activities.	7/1/2012-6/30/2013	C	Completed
	7/1/2013 – 6/30/2014		Continued
3b. The <b>Health and Nutrition Committee</b> representatives in collaboration with <b>Division of Aging and Adult Services</b> will meet with the Novato Fire Department to explore the idea of a pilot project regarding follow-up on EMS calls to individuals who were treated at home following a fall and not transported to a hospital.	7/1/2012 – 6/30/2013	PD	Completed
<i>Revised:</i> In collaboration with the Novato Fire Department and the Fall Prevention Task Force, representatives from the <b>Health and Nutrition Committee</b> and <b>Department of Aging and Adult Services</b> will distribute detailed EMS calls report data at two community events and develop best practices for prevention.	7/1/2013 - 06/30/2014	C	Revised
3c. The <b>Health and Nutrition Committee</b> will organize a public education program at a Commission on Aging meeting, at the Margaret Todd Senior Center on fall prevention and fall follow-up.	7/1/2012 – 6/30/2013		Completed

<sup>19</sup> Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>20</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Objectives	Projected Start and End Dates	Title III B Funded PD or C <sup>21</sup>	Update Status <sup>22</sup>
<p>3d. The <b>Planning Committee</b> will work with at least one community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of piloting a community project that addresses the needs of its members.</p> <p><i>Revised:</i> The <b>Planning Committee</b> will identify and work with a unique community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of facilitating a community project that addresses the needs of its members.</p>	7/1/2012 – 6/30/2013	PD	Completed
	7/1/2013 – 6/30/2014	PD	Revised
<p>3e. The <b>Division of Aging and Adult Services</b> will coordinate all elder abuse prevention, investigation and resolution activities, including the Marin Financial Abuse Specialist Team (FAST) and quarterly community presentations on the prevention of elder abuse.</p>	7/1/2012 – 6/30/2013	C	Completed
	7/1/2013 – 6/30/2014	C	Continued
<p>3f. Staff members of the <b>LTC Ombudsman Program</b> will sponsor and participate in a Volunteer Planning Group made up of division volunteer programs. The focus will be to increase efficiencies in the recruitment, orientation, training and retention of volunteers. A minimum of six meetings annually to be held.</p> <p><i>Revised:</i> Staff members of the <b>LTC Ombudsman Program</b> will continue participating in the Volunteer Planning Group made up of division volunteer programs. A minimum of six meetings will be held annually.</p>	7/1/2012 – 6/30/2013	PD	Completed
	7/1/2013 – 6/30/2014	C	Continued
<p>3g. The <b>Legislative Task Force</b> will recruit at least two members from the public to advocate for legislation affecting seniors and the disabled.</p>	7/1/2013 – 3/30/2014		New

<sup>21</sup> Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>22</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

# SERVICE UNIT PLAN OBJECTIVES

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**PSA 5**

**Fiscal Year 2013-2014 Update  
TITLE III/VII SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

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The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. A blank copy of the NAPIS State Program Report with definitions is available at

[http://cda.ca.gov/aaa/guidance/planning\\_index.asp](http://cda.ca.gov/aaa/guidance/planning_index.asp).

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary available at: [http://cda.ca.gov/aaa/guidance/planning\\_index.asp](http://cda.ca.gov/aaa/guidance/planning_index.asp) .

Report units of service to be provided with **ALL funding sources**.

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Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

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**1. Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	482	I	
2013-2014	482	1	
2014-2015			
2015-2016			

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	Proposed	Goal Numbers	Objective Numbers(if applicable)

	Units of Service		
2012-2013	120	I	
2013-2014	120	I	
2014-2015			
2015-2016			

### 3. Chore

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A	N/A	
2013-2014	N/A	N/A	
2014-2015			
2015-2016			

### 4. Home-Delivered Meal

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	68,000	I	
2013-2014	72,000	I	
2014-2015			
2015-2016			

### 5. Adult Day Care/Adult Day Health

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	100	I	
2013-2014	N/A	N/A	
2014-2015			
2015-2016			

### 6. Case Management

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)

2012-2013	466	I	
2013-2014	656	I	
2014-2015			
2015-2016			

**7. Assisted Transportation**

**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	580	I	
2013-2014	580	I	
2014-2015			
2015-2016			

**8. Congregate Meal**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	14,256	I	
2012-2013	14,256	I	
2013-2014			
2014-2015			
2015-2016			

**9. Nutrition Counseling**

**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A	N/A	
2013-2014	N/A	N/A	
2014-2015			
2015-2016			

**10. Transportation**

**Unit of Service = 1 one-way trip**

Fiscal Year		Goal Numbers	Objective Numbers (if applicable)
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	<b>Proposed</b> Units of Service		
2012-2013	N/A	N/A	
2013-2014	N/A	N/A	
2014-2015			
2015-2016			

**11. Legal Assistance**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,607	I	
2013-2014	1,607	I	
2014-2015			
2015-2016			

**12. Nutrition Education**

**Unit of Service = 1 session per participant**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,250	I	
2013-2014	1,250	I	
2014-2015			
2015-2016			

**13. Information and Assistance**

**Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	1,400	I	
2013-2014	1,400	I	
2014-2015			
2015-2016			

**14. Outreach**

**Unit of Service = 1 contact**

Fiscal Year		Goal Numbers	Objective Numbers(if applicable)

	<b>Proposed</b> Units of Service		
2012-2013	443	I	
2013-2014	443	I	
2014-2015			
2015-2016			

**Instructions for Title III D /Health Promotion and Medication Management written objectives**

Because of the nature of the Health Promotion and Medication Management activities, the AAAs are required to write objectives for all services provided with Title III D funds. The objective should clearly describe the **Service Activity** that is being performed to fulfill the service unit requirement. If you designate Title III D Health Promotion funds to support Title III C Nutrition Education and/or Nutrition Counseling services you would report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education.

- **Service Activity:** List all the Title III D/Health Promotion specific allowable service activities provided. (i.e. health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.)

CDA Service Categories and Data Dictionary, 2011.

- **Title III D/Health Promotion and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Health Promotion and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities: Medication Management of At-Risk Home Delivered Meal Clients**

Fiscal Year		Goal Numbers	Objective Numbers(if applicable)
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	<b>Proposed</b> Units of Service		
2012-2013	35	I	1g
2013-2014	75	I	1g
2014-2015			
2015-2016			

**Service Activities: Evidence Based Health Education : To Be Determined**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A	N/	N/A
2013-2014	75	I	1g
2014-2015			
2015-2016			

**NAPIS Service Category 15 – “Other” Title III Services**

- In this section, identify **Title III D**/Medication Management services (required); and also identify all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the Service Categories and Data Dictionary.
- **Title III D/Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**Title III D, Medication Management** <sup>23</sup>

**Units of Service = 1 Contact**

**Service Activities:**

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	N/A	N/A	
2013-2014	N/A	N/A	

<sup>23</sup> 6 Refer to Program Memo 01-03

2014-2015			
2015-2016			

**Title III B, Other Supportive Services <sup>24</sup>**

**For all Title IIIB “Other” Supportive Services, use appropriate Service Category name and Unit of Service (Unit Measure) listed in the Service Categories and Data Dictionary. All “Other” services must be listed separately. You may duplicate the table below as needed.**

**Service Category Senior Center Activities**

**Unit of Service Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	6,914	I	
2013-2014	6,914	I	
2014-2015			
2015-2016			

**Service Category Registry**

**Unit of Service Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	576	I	
2013-2014	N/A	N/A	
2014-2015			
2015-2016			

**Service Category Telephone Reassurance**

**Unit of Service Contacts**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,600	I	
2013-2014	1,600	I	
2014-2015			
2015-2016			

**Service Category Visiting****Unit of Service Hours**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	320	I	
2013-2014	320	I	
2014-2015			
2015-2016			

**2012–2016 Four-Year Planning Cycle:  
Fiscal Year 2013-3014 Update**

**TITLE III B and Title VII A:  
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

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

Baseline numbers are obtained from the local LTC Ombudsman Program’s FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program’s last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

**Measures and Targets:**

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

The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: 81.5 ____ Number of complaints resolved 459 + Number of partially resolved complaints 165 divided by the Total Number of Complaints Received 766 = Baseline Resolution Rate 81.5%
2. FY 2012-2013 Target: Resolution Rate 80%
3. FY 2011-2012 AoA Resolution Rate 80% FY 2013-2014 Target: Resolution Rate 80%
4. FY 2012-2013 AoA Resolution Rate ____% FY 2014-2015 Target: Resolution Rate ____%
5. FY 2013-2014 AoA Resolution Rate ____% FY 2015-2016 Target: Resolution Rate ____%
Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of meetings attended 20
2. FY 2012-2013 Target: 16
3. FY 2011-2012 AoA Data: 18 FY 2013-2014 Target: 16
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of meetings attended: 6
2. FY 2012-2013 Target: number 6
3. FY 2011-2012 AoA Data: 1 FY 2013-2014 Target: 6
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of consultations 244
2. FY 2012-2013 Target: 220
3. FY 2011-2012 AoA Data: 449 FY 2013-2014 Target: 300
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___

5. FY 2013-2014 AoA Data: \_\_\_ FY 2015-2016 Target: \_\_\_

Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of consultations 1451

2. FY 2012-2013 Target: 1400

3. FY 2011-2012 AoA Data: 1050 FY 2013-2014 Target: 1200

4. FY 2012-2013 AoA Data: \_\_\_ FY 2014-2015 Target: \_\_\_ \_

5. FY 2013-2014 AoA Data: \_\_\_ FY 2015-2016 Target: \_\_\_

Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of sessions 11

2. FY 2012-2013 Target: 6

3. FY 2011-2012 AoA Data: 7 FY 2013-2014 Target: 6

4. FY 2012-2013 AoA Data: \_\_\_ FY 2014-2015 Target: \_\_\_

5. FY 2013-2014 AoA Data: \_\_\_ FY 2015-2016 Target: \_\_\_

Program Goals and Objective Numbers: Goal 2, objective 2G

**G. Systems Advocacy**

1. FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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.)

Enter information in the box below.

<p><b>Systemic Advocacy Effort(s)</b> Program will continue to utilize volunteers and staff to reach out to RCFE's and assist them in developing disaster plans, if needed, using the LTC Ombudsman disaster planning model.</p>
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**Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

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

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

1. FY 2010-2011 Baseline: 100%
Number of Nursing Facilities visited at least once a quarter not in response to a complaint 13 divided by the number of Nursing Facilities 13.
2. FY 2012-2013 Target: 100%
3. FY 2011-2012 AoA Data: 70% FY 2013-2014 Target: 100%
4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers:

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

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

1. FY 2010-2011 Baseline: 100%
Number of RCFEs visited at least once a quarter not in response to a complaint 53 divided by the number of RCFEs 53
2. FY 2012-2013 Target: 100%

3. FY 2011-2012 AoA Data: 70% FY 2013-2014 Target: 100%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers:

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

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 2.675
2. FY 2012-2013 Target: 2.675 FTEs
3. FY 2011-2012 AoA Data: 2.8 FTEs FY 2013-2014 Target: 2.8FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers:

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 9
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 6

3, FY 2011-2012 AoA Data: 10 certified volunteers

FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2014: 6

4. FY 2012-2013 AoA Data: \_\_\_ certified volunteers

FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2015 \_\_\_

5. FY 2013-2014 AoA Data: \_\_\_ certified volunteers

FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2016 \_\_\_

Program Goals and Objective Numbers: Goal 3, Objective 3f

**2012–2016 Four-Year Planning Period:  
Fiscal Year 2013-3014 Update**

**TITLE VII B ELDER ABUSE PREVENTION  
SERVICE UNIT PLAN OBJECTIVES**

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

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** – Please 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** – Please 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 III E** – Please indicate the total number of projected training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please 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** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

**2012–2016 Four-Year Planning Period:  
FY 13/14 Update**

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

Fiscal Year	Total # of Public Education Sessions
2012-13	3
2013-14	3
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	4
2013-14	4
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	N/A
2013-14	N/A
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	100
2013-14	100
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	300	Elder abuse scams
		Financial elder abuse prevention
		How to recognize/report physical elder abuse
2013-2014	300	
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-13	300
2013-14	300
2014-15	
2015-16	

**2012–2016 Four-Year Planning Period  
Fiscal Year 2013-3014 Update**

**TITLE III E SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the Service Categories and Data Dictionary for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

**Direct Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Direct III E Family Caregiver Services</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

<b>Support Services</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

<b>Direct III E Grandparent Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013			
2013-2014			
2014-2015			

2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**Contracted Services**

<b>Contracted III E Family Caregiver Services</b>	<i>Proposed</i> <b>Units of Service</b>	<i>Required</i> <b>Goal #(s)</b>	<i>Optional</i> <b>Objective #(s)</b>
<b>Information Services</b>	<b># of activities and total est. audience for above:</b>		
2012-2013	# of activities: 12 Total est. audience for above: 100	2	
2013-2014	# of activities: 12 Total est. audience for above: 100	2	
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		

2012-2013	450	1	
2013-2014	450	1	
2014-2015			
2015-2016			
<b>Support Services</b>	Total hours		
2012-2013	1,035	1	
2013-2014	1,035	1	
2014-2015			
2015-2016			
<b>Respite Care</b>	Total hours		
2012-2013	1,934	1	
2013-2014	1,934	1	
2014-2015			
2015-2016			
<b>Supplemental Services</b>	Total occurrences		
2012-2013	0		
2013-2014	0		
2014-2015			
2015-2016			

<b>Contracted III E Grandparent Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		

<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

PSA #5

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**  
**2012–2016 Four-Year Planning Period**  
**Fiscal Year 2013-2014 Update**

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): YWCA of San Francisco & Marin (Located within the County of Marin Job Training Services Program.)
Street Address: 4380 Redwood Highway, San Rafael, CA 94903
Name and title of all SCSEP staff members (paid and participant): <b>Jane Winter</b> Executive Director Betty Szudy, Project Coordinator <b>Celeste Barbic</b> , Program Monitor (Participant)
Number of paid staff <u>  1  </u> Number of participant staff <u>  1  </u>
How many participants are served at this site? 9

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

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

**SERVICE UNIT PLAN**  
**PSA #   5**  
**2012-2016 Four-Year Planning Cycle**  
**Fiscal Year 2013-2014 Update**

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

The Service Unit Plan (SUP) uses definitions that can be found at [www.aging.ca.gov](http://www.aging.ca.gov). After connecting with the Home Page, select “AAA” tab, then “Reporting”, then select “Reporting Instructions and Forms”, and finally select “**Health Insurance Counseling and Advocacy Program**” to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3<sup>rd</sup> column.

**IMPORTANT NOTE FOR MULTIPLE PSA HICAPs:** If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES:** If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

**IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

**Section 1. Primary HICAP Units of Service**

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	210	
2013-2014		
2014-2015		
2015-2016		

**Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.**

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	21	

2013-2014		
2014-2015		
2015-2016		

**Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.**

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients COUNSELED</b>	<b>Goal Numbers</b>
2012-2013	1,207	
2013-2014		
2014-2015		
2015-2016		

**Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.**

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	1,674	
2013-2014		
2014-2015		
2015-2016		

**Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.**

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	108	
2013-2014		

2014-2015		
2015-2016		

**Note:** This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	228	
2013-2014		
2014-2015		
2015-2016		

**Note:** This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	628	
2013-2014		
2014-2015		
2015-2016		

**Note:** This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	367	
2013-2014		
2014-2015		
2015-2016		

**Note:** This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	12	
2013-2014		
2014-2015		
2015-2016		

**Note:** This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

**Section 3: HICAP Legal Services Units of Service (if applicable) <sup>25</sup> N/A**

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013		
2013-2014		
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013		
2013-2014		
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013		
2013-2014		
2014-2015		
2015-2016		

<sup>25</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

# PRIORITY SERVICES

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## PSA 5

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### 2012-2016 Four-Year Planning Cycle

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#### PRIORITY SERVICES: Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires that the AAA 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<sup>26</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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Category of Service & Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

#### Access:

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

12-13: **20%**                      13-14 **20%**                      14-15                      %                      15-16                      %

#### In-Home Services:

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

12-13: **5%**                      13-14 **5 %**                      14-15                      %                      15-16                      %

#### Legal Assistance Required Activities<sup>27</sup>:

Legal Advice, Representation, Assistance to the Ombudsman Program and

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<sup>12</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

<sup>13</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Involvement in the Private Bar

12-13: **5%**                      13-14 **5%**                      14-15                      %                      15-16                      %

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.5
  
2. Update this form if the minimum percentages change from the initial year of the four-year plan.
  
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change.
  
4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings.

# NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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**PSA 5**

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

<b>Title III B</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Disease Prevention and Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Medication Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III E</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Information Services <sup>28</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<sup>28</sup> Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories.

<b>Title VII a</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII b</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIB</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the methods to be used to assure target populations will be served throughout the PSA.

The AAA will conducted targeted outreach by working with partner organizations, clubs, and groups. Materials will be translated in Spanish, Vietnamese, and other languages as appropriate. The AAA will collaborate with community-based organizations to reach underserved communities.

# REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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## PSA 5

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Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

### Identify Service Category: Meals

Check applicable funding source:<sup>29</sup>

- III B                       III C-1                       III C-2                       III E                       VII a
- HICAP

### Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service, OR
- More cost effective if provided by the AAA than a comparable service purchased from a service provider.

Below, check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle. This Section must be submitted yearly if the AAA intends to provide service in subsequent Plan years.

- 2012-13                       2013-14                       2014-15                       2015-16

**Justification:** Below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates this request for direct delivery of the above stated service.<sup>30</sup>

The AAA will continue to perform the data management responsibilities of the Title IIIC-1 program. No provider expressed interest in taking on this responsibility during the last RFP cycle. The AAA can provide this component of the service in a cost effective manner using existing staff, which will also ensure accuracy of data reporting. Data reporting has been a challenge for providers in the past.

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

# REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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## PSA 5

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Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

### Identify Service Category: Meals

Check applicable funding source:<sup>31</sup>

- III B                       III C-1                       III C-2                       III E                       VII a
- HICAP

### Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service, OR
- More cost effective if provided by the AAA than a comparable service purchased from a service provider.

Below, check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle. This Section must be submitted yearly if the AAA intends to provide service in subsequent Plan years.

- 2012-13                       2013-14                       2014-15                       2015-16

**Justification:** Below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates this request for direct delivery of the above stated service.<sup>32</sup>

The AAA will take on the screening, intake, assessment, and data management responsibilities of the Title IIIC-2 program. In an RFP issued in January 2012, only one applicant expressed interest in providing this component of the service and required a minimum of \$1/meal reimbursement rate. The AAA can provide this service at half the cost effective using existing staff.

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

# REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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## PSA 5

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Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

### Identify Service Category: Nutrition Education

Check applicable funding source:<sup>33</sup>

- III B                       III C-1                       III C-2                       III E                       VII a
- HICAP

### Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service, OR
- More cost effective if provided by the AAA than a comparable service purchased from a service provider.

Below, check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle. This Section must be submitted yearly if the AAA intends to provide service in subsequent Plan years.

- 2012-13                       2013-14                       2014-15                       2015-16

**Justification:** Below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates this request for direct delivery of the above stated service.<sup>34</sup>

Nutrition education is provided directly by the AAA through a consulting contract with a registered dietitian. Nutrition education is part of the scope of work of this consultant and is more cost effective than hiring or outsourcing the service separately to another vendor.

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

# GOVERNING BOARD

**PSA 5**

**SECTION 16 - GOVERNING BOARD**

**GOVERNING BOARD MEMBERSHIP  
2012-2016 Four-Year Area Plan Cycle  
Fiscal Year 2013-2014 Update**

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

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**Total Number of Board Members: 5**

**Name and Title of Officers:**

**Office Term  
Expires:**

Supervisor Judy Arnold, President	1/15
Supervisor Kathrin Sears, Vice-President	1/17
Supervisor Katie Rice, 2 <sup>nd</sup> Vice President	1/17

**Names and Titles of All Members:  
Expires:**

**Board Term**

Supervisor Susan Adams	1/15
Supervisor Judy Arnold, President	1/15
Supervisor Steve Kinsey	1/17
Supervisor Katie Rice, 2 <sup>nd</sup> Vice President	1/17
Supervisor Kathrin Sears, Vice-President	1/17

# ADVISORY COUNCIL

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## PSA 5

### ADVISORY COUNCIL MEMBERSHIP 2012-2016 Four-Year Planning Cycle Fiscal Year 2013-2014 Update

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45 CFR, Section 1321.57  
CCR Article 3, Section 7302(a)(12)

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Total Council Membership (include vacancies) 23

Number of Council Members over age 60 20

Race/ Ethnic Comparison	% of PSAs 60+ Population	% on Advisory Council
White	80.5%	90.5%
Hispanic	14%	0%
Black	3%	9.5%
Asian/ Pacific Islander	0.6%	0%
Native American/ Alaskan Native	0.5%	0%
Other	1.4%	0%

% of PSA's  
60+Population

% on  
Advisory Council

#### Name and Title of Officers:

#### Office Term Expires:

Marge Belknap, M.D., Chairperson	6/13
James Monson, Vice Chairperson	6/13
Donna Robbins, Secretary	6/13

#### Name and Title of other members:

#### Office Term

**Expires:**

Chrisula Asimos, Ph.D.	6/15
Marge Belknap, M.D.	6/14
Donna Bjorn	6/14
Elli Bloch (California Senior Legislature)	6/14
Mary Lou Blount	6/14
Allan Bortel (California Senior Legislature)	6/14
Sybil Boutilier	6/14
Martha Copeland	6/13
Teri Dowling	6/15
Anita Garner	6/14
Vera Gertler	6/13
Judi Kirshbaum	6/15
Beth Livoti	6/13
Salamah Locks	6/15
Jim Monson	6/13
Elizabeth Moody	6/13
Nancy Peters-Janover	6/15
Lois Riddick	6/13
Donna Robbins	6/14
Arnie Scher	6/15
J. Michael Whyte	6/15
Carol Zeller	6/14
Vacancy/City of Larkspur	

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

	<b>Yes</b>	<b>No</b>
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

Membership on the Commission is not currently reserved for an elected official, unless the appointing body decides to do so when selecting a representative from their jurisdiction.

The disabled members of the Advisory Council resigned their positions due to declining health.

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

Commission on Aging members are appointed by the City Council of each incorporated town in Marin (11); each County Supervisor appoints two appointees from his/her district (10); and both representatives on the California Senior Legislature (CSL) have a seat on Commission (2).

## LEGAL ASSISTANCE

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### PSA 5

#### 2012-2016 Four-Year Area Planning Cycle: Fiscal Year 13/14 Update

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This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>35</sup>

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1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements:

The mission of the Division of Aging and Adult Services is to "promote the quality of life and independence of disabled and older adults." Mission statements are typically broad and do not address specific programs. However, legal services, as a specific program of the AAA, advances this mission by providing legal advice, counseling, representation and education to older adults. Through this service, the quality of life and independence of our constituents are promoted by ensuring that their rights are maintained, abuse is prevented, and access to various entitlements and programs are sustained.

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? 5%

Title IIIB funding allocation for legal services is 5%, which is consistent with previous Area Plan cycle funding levels and is found to be adequate in meeting the needs of our constituents in PSA 5.

3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

Our Legal Services provider continues to assist an increased number of older adults more than the contract requires because we are obligated to give all seniors a free consultation. However, funding has remained static for over 10 years with our costs and as the numbers have gone up, it is more difficult to serve these clients in a timely manner. Additional funding would be much appreciated.

4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:

Legal services are contracted to a local community-based non-profit organization in Marin County. As specified in the contractor's scope of service requirements, legal assistance as well as education and training must be provided to the targeted senior

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<sup>35</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

population, with priority given to minority and low-income older adults. Residents of long-term care and senior housing facilities area also targeted and on-going effort to reach them is a priority.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1
2014-2015	
2015-2016	

6. Does your PSA have a hotline for legal services? No

7. What methods of outreach are providers using? Discuss:

The Information and Assistance (I & A), a program administered directly by the AAA, tracks inquiries for legal services and refers clients to the provider. Follow-up calls are also conducted by I & A staff to make sure that clients receive the services they need. Provider conducts community education trainings at various events, long-term care facilities, senior housing, and other venues. Staff attorney with expertise in wills, trust, and advance health care directives also conducts onsite legal clinics once a week at Whistlestop, a local paratransit and aging service provider, and every other week at the Mill Valley Community Center. Community presentations on scams and investment fraud targeting older persons are also conducted. Stories, fact sheets and other awareness information are published in the provider's newsletter.

Legal Aid of Marin provides free consultations to older adults at its offices in San Rafael and assists them with employment, housing, family law, contracts and bankruptcy matters. Legal Aid of Marin also recruits a significant number of pro bono attorneys to assist in matters outside its area of expertise. Legal Aid of Marin partners with the Marin Superior Court to staff a Community Court onsite at St. Vincent de Paul Dining Room to assist homeless individuals with legal issues. Many of those assisted are older adults.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2013-2014	a. Legal Aid of Marin b.	a. Marin County b.

	c.	c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA:

Consumers access legal services by calling the Information and Assistance line. Staff makes subsequent referrals to the legal services provider. Clients also call the provider directly, make appointments, walk-in at the provider's office, or show up during onsite clinics hours.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

Due to the economic downturn, major legal issues on matters pertaining to economic security, primarily centering on housing issues, have been observed. This includes eviction problems and foreclosures. Other legal issues regarding driver's license, automobile accidents, powers of attorney, financial disputes with families and caregivers, hoarding, small, claims and disability are also seen.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: No.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

Transportation is a major barrier for people to access legal assistance services in PSA 5. For this reason, the provider has set up an onsite legal clinic at Whistlestop, a well-known gathering place for older persons in the county. Whistlestop is located in Central Marin and is across from the public transit hub.

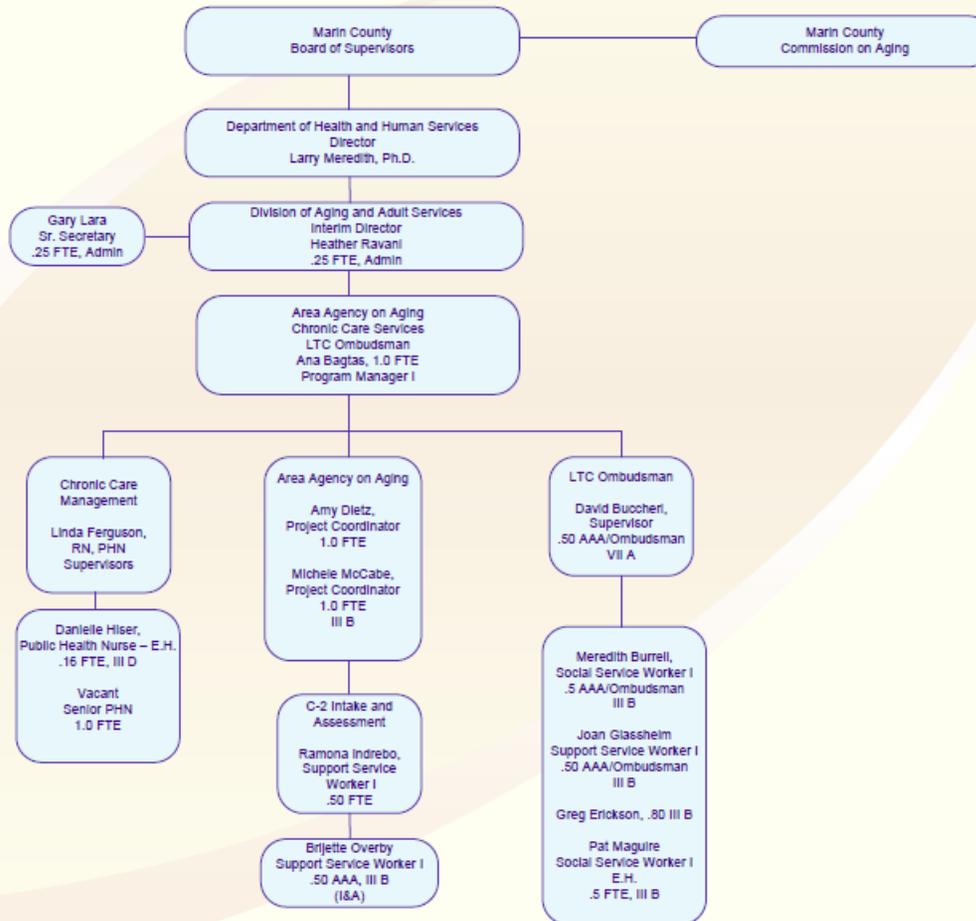
Systems fragmentation is another barrier to access legal services. Organizations working with older adults may not necessary have the wherewithal to determine situations that call for legal action, and therefore miss the opportunity to refer clients to legal services. To address this issue, the provider has brokered partnerships with the local community clinics throughout the county, including in rural areas, to conduct coordinated client intakes. Patients affected by mold in a senior housing facility, for instance, may be referred to the provider to investigate the problem and provide representation.

13. What other organizations or groups does your legal service provider coordinate services with? Discuss:

The provider conducts various outreach activities by partnering with aging service organizations throughout Marin, especially those that target low-income, minority and rural older adults. This includes the Canal Alliance, Novato Human Needs Center, Marguerita Johnson Senior Center, West Marin Senior Services, the Marin Superior Court and St. Vincent de Paul Dining Room.



MARIN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
 DIVISION OF AGING AND ADULT SERVICES: MARIN COUNTY AREA AGENCY ON AGING



March 7, 2013

## ASSURANCES

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

### A. Assurances

#### 1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

(I) provide assurances that the area agency on aging will -

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

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

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with

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

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

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

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

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

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

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional

placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)  
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
9. OAA 306(a)(11)  
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
10. OAA 306(a)(13)(A-E)
  - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
  - (B) disclose to the Assistant Secretary and the State agency—
    - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
    - (ii) the nature of such contract or such relationship;
  - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
  - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
  - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
11. 306(a)(14)  
Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide 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 individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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