

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

**Fiscal Year 2014-2015  
Update**

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Aging and Adult Services  
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**TRANSMITTAL LETTER  
Area Plan Update  
Fiscal Year 2014-2015**

**AAA Name:** Marin County Division of Social Services, 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 on Aging 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. Kathrin Sears

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

\_\_\_\_\_  
Date

2. James Monson

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

\_\_\_\_\_  
Date

3. Lee Pullen

\_\_\_\_\_  
Director, Area Agency on Aging

\_\_\_\_\_  
Date

# **LIVE LONG, LIVE WELL: MARIN COUNTY AREA PLAN FOR AGING 2012-2016, FISCAL YEAR 2014–2015 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 Department of Social Services, Aging and Adult Services, designated as PSA 5, is one of 33 PSAs in California. The Marin County Board of Supervisors has the official designation of Area Agency on Aging for Marin County, which covers Planning and Service Area #5. The Marin County Commission on Aging is its federally mandated advisory council. The AAA is a major unit within the Health and Human Services Office of Aging and Adult Services and is responsible for planning, coordinating, administering, and monitoring programs and services for older adults in Marin County.

The *Live Long, Live Well: Marin County Area Plan for Aging 2012–2016* is the current four-year plan for PSA 5. The planning process undertaken in 2012 to develop this four-year plan identified critical priority areas and established goals for the AAA and the Commission on Aging. The Area Plan and its subsequent updates outline the strategies to effectively address and respond to the needs of older adults in Marin County.

The *Fiscal Year 2014–15 Update* is the second 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. In this update, new projects, collaborations, and objectives have been established by the Area Agency on Aging and the Commission on Aging to continue advancing the goals in the four-year plan.

New data, changes in the PSA and AAA, and updated objectives are highlighted in this update. The AAA continues to collaborate with internal and external partners to ensure care coordination and develop best practices. Information presented in this update will inform policy makers, 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 Area Agency on Aging (AAA) works with the Commission on Aging, in particular its 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. The AAA actively participates in task forces and community groups that improve the lives of older adults. The priorities and projects undertaken by the AAA are data driven and are often the result of collaborations with internal and external partners and are presented in the following section.

## NEW DATA

### Demographics

Marin County has seen a significant growth in the number of older adults in the last ten years and the percentage of older adults in the County is projected to grow. In 2000, older adults made up 18% of the population (44,460), whereas in 2030, that number is expected to increase to 33% (83,490).<sup>1</sup> Data projections from the US Department of Finance indicate that in 2014 the number of persons over the age of 60 is 68,174 or 26.7% of Marin's total population (254,873), with 12.4% (8,507) being minorities.<sup>2</sup> Data derived from the American Community Survey and used by the California Department of Aging indicates in 2014, 4,595 older adults age 60+ in Marin will be low income (125% Federal Poverty Level).<sup>3</sup>

### Health Equity

In 2013, a nationally publicized report by the Institute for Health Metrics and Evaluation at the University of Washington compared life expectancy across the nation's 3,143 counties.<sup>4</sup> Marin women had the longest life expectancy nationally at 85.0 years, five years longer than the national average for women. Marin men ranked fifth for male life expectancy at 81.4 years. However, not all Marin communities enjoy a long life. Within Marin, there is a 17 year difference in life expectancy between

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<sup>1</sup> United States Census Bureau

<sup>2</sup> 2014 California Department of Aging Population Demographic Projections by County and PSA. Department of Finance, Demographic Research Unit. Source File: State and County Population Projections by Race/Ethnicity and Detailed Age 2010-2060 (as of July 1) Available at: <http://www.dof.ca.gov/research/demographic/reports/projections/P-3>

<sup>3</sup> 2014 California Department of Aging Population Demographic Projections by County and PSA. U.S. Administration on Aging. Source File: 2007-2011 American Community Survey (ACS) Special Tabulation on Aging, Ratio of Income in Previous Year to Poverty Level for the Population 60 Years and Over (S21043B) Available at : <http://www.agidnet.org/DataFiles/ACS2011/Table/?tableid=S21043B&state=CA>

<sup>4</sup> Wang H, et al. "Left behind: widening disparities for males and females in US county life expectancy, 1985-2010." *Population Health Metrics*. 2013; 11:8.

the most and the least healthy neighborhoods. <sup>5</sup>Place matters, and areas with higher per capita incomes correspond with longer life expectancy. The leading cause of death in communities where people live shorter lives is preventable cardiovascular events—primarily heart attack and stroke. In longest-living communities, the leading cause of death shifts toward less preventable cancers.

In 2011, as a percentage of Marin’s total older population, 4% fell below the Federal Poverty Level (FPL). However, a better indicator of economic insecurity is the “elder economic index.” The Elder Economic Planning Act of 2011 mandated Area Agencies on Aging 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, 21% of older adults over the age of 65 had incomes above the Federal Poverty Level, but below the Elder Economic Security Index of \$29,000 a year in Marin.<sup>6</sup> In 2011, this accounted for around 9,000 older Marin residents with incomes below the Elder Index.

Health disparities resulting from income inequality underscore the importance of Older Americans Act programs administered locally by the Area Agency on Aging. Services funded by the Older Americans Act are open to persons 60 years and over as well as family caregivers regardless of income level. Aging and Adult Services is working in collaboration with the County Administrator and leaders in Health and Human Services to examine sources of inequity in health standards and come up with strategic solutions to address disparities.

## **Housing**

The Area Agency on Aging is working collaboratively with community partners to strategize about the existing and increasing housing needs of Marin’s older population. This includes those who live in Residential Care Facilities for the Elderly (RCFEs), Skilled Nursing Facilities (SNFs), subsidized housing, and private homes.

Marin County recently performed an analysis of long term care licensed facilities monitored by the Area Agency on Aging’s Ombudsman Program. This point-in-time study or “snapshot” of data, looked at the census and bed availability in Skilled Nursing facilities, Residential Care Facilities for the Elderly, and multi-level facilities. Of the 13 licensed SNFs in Marin with a total of 1,024 beds, only six accept Medi-Cal as a form of payment. As of the time of the study, 88% of all available beds were occupied. There are 50 RCFEs in Marin with a total 1,836 beds. During the point-in time study, 94% RCFE beds were occupied. Given the increase in older adults that is projected to occur in Marin County in the coming years and the long term care needs that will accompany them, there will be a shortage of available beds to meet the demand.

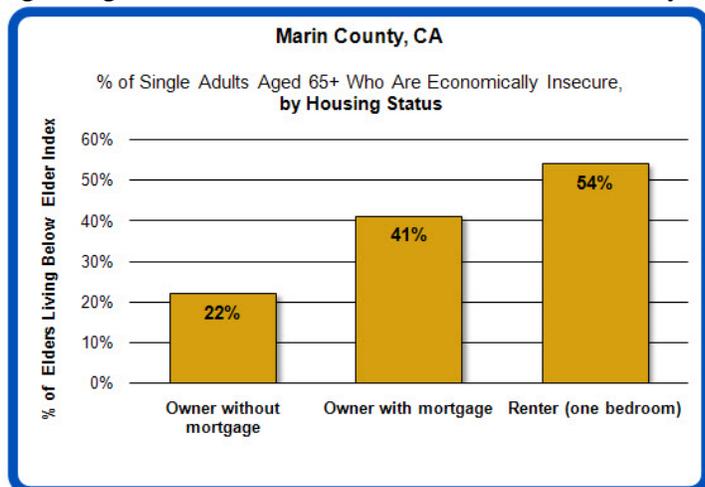
Approximately 25% of all older adults living in Marin fall below the Elder Economic Index and report difficulties making ends meet. Cost of living in Marin is high and subsidized housing is difficult to

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<sup>5</sup> California Department of Public Health, Vital Statistics

<sup>6</sup> Insight, Center for Economic Development. “Elders Who Can’t Make Ends Meet in Marin County.” Available at : [http://www.insightccd.org/uploads/eesi/2011\\_county\\_pages/Marin/marin\\_es.pdf](http://www.insightccd.org/uploads/eesi/2011_county_pages/Marin/marin_es.pdf)

obtain. The chart below reflects data compiled by the UCLA Center for Health Policy Research regarding older adults in Marin who are economically insecure by housing status.<sup>7</sup>



The Marin County Health and Human Services Department, in collaboration with the Marin Community Foundation and other organizations, has initiated an assessment of available data to understand the range of different housing needs, with a particular focus on low income individuals and those with special needs, including seniors. This study will collect information on the state of housing situations, including those who are homeless, precariously housed, burdened by rent or mortgages, and/or are inappropriately housed, such as persons better suited for residential care but unable to find affordable assisted living in the community. The results of this assessment are intended to assist in formulating data-driven housing policies.

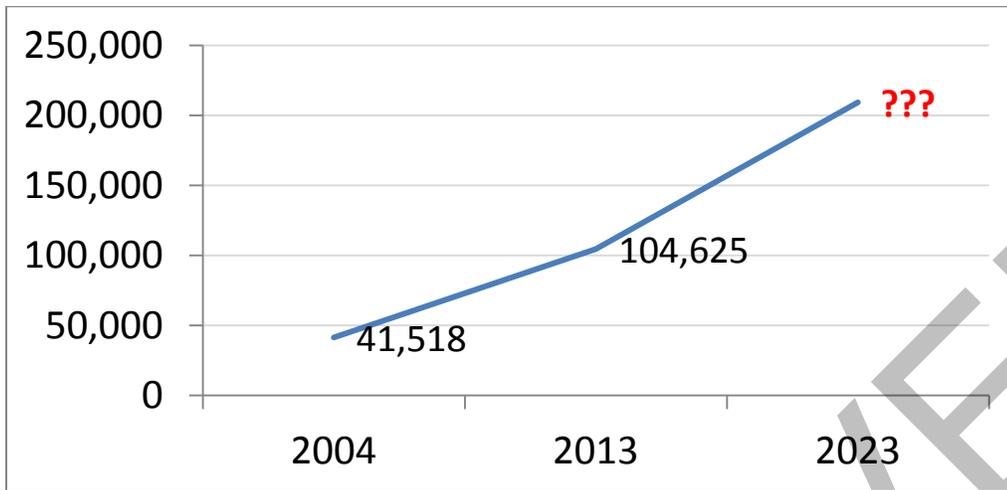
## Prescription Drugs

The number of narcotic pain medications being prescribed in Marin County to all residents has more than doubled in the past ten years and the trend indicates this will increase at an exponential rate. Adverse health events, including overdose, are directly proportional to this increase, pointing to the interest that Marin County Health and Human Services has in limiting the quantity prescribed. The increase in opioid and benzodiazepine prescriptions directly affects older adults, who are nearly five times more likely to have a fracture when treated with opioids than those who are not.<sup>8</sup> Medication mismanagement similarly remains a problem. Many are prescribed medications by different physicians for both the same and different health complications, leading to negative interactions and potential adverse health events. Medication disposal for narcotics is not easy or straightforward, often requiring one to go to a police station for drop off. Data is continuing to be gathered by Marin County to explore best practice models and come up with a collective impact strategy.

<sup>7</sup> Ibid

<sup>8</sup> Miller et al., "Opioid Analgesics and the Risk of Fractures in Older Adults with Arthritis." *Journal of the American Geriatrics Society*. 2011 March; 59(3):430-438.

**NUMBER OF PRESCRIPTIONS FOR SCHEDULE II DRUGS:  
MARIN COUNTY, 2004-2023<sup>9</sup>**



**MAJOR CHANGES IN THE PLANNING SERVICE AREA**

As with any public agency in the current economic environment, Aging and Adult Services has had its share of challenges. Despite the changing climate, it is possible to foster creativity in services. Aging and Adult Services maintains a client-centered focus in all activities and pursuits. The major change in Fiscal Year 2013-14 was the discontinuation of the Community-Based Care Transitions Program (CCTP).

In February 2012, Marin County was awarded the Community-Based Care Transition Program (CCTP) by the Centers for Medicare and Medicaid Services (CMS). CCTP is an innovation initiative under the Affordable Care Act aimed at reducing hospital readmission for high-risk Medicare beneficiaries. After close to two years of implementing Advanced Care Transition (ACT), Marin County's CCTP initiative, Aging and Adult Services had to terminate its agreement with CMS.

There were several factors that led to the discontinuation of ACT. Appropriate referrals that met ACT eligibility criteria consistently fell below targets. Meeting program targets were critical in making an impact in reducing all-cause Medicare hospital readmission rates nationally, and the trajectory of referrals from Marin did not offer a promising prospect for meeting this goal.

The Centers for Medicaid and Medicare Services also introduced the Accountable Care Organization (ACO), a group of doctors, hospitals, and health care providers that work collaboratively to ensure that patients receive well-coordinated services to improve patient care and reduce health care costs. An

<sup>9</sup> California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES)/California Prescription Drug Monitoring Program (PDMP), 2004-2013.

Independent Physician Association serving Marin County received an ACO designation from CMS. Along with the ACO, this group also offered post-hospital care transition services that directly competed with ACT. Approximately 15,000 Marin County Medicare beneficiaries were now part of the ACO. This further reduced patient referrals to ACT, making it incredibly difficult for the program to remain viable.

Prior to ACT, Aging and Adult Services has been providing post-hospital support for more than a decade through its Project Independence (PI) program. PI is a cost effective model that is clinically led by nursing staff and a well-trained cohort of community volunteers and nursing students who are partnered with patients upon discharge from the hospital. Aging and Adult Services will continue to offer PI services, and the program is currently being redesigned to respond to the changing healthcare landscape in Marin County. In the new iteration of the program, PI will provide a true safety net for patients that would otherwise fall through the cracks. PI will serve those who are not part of the ACO, have no insurance or are underinsured, and lack support from a caregiver when they come home from a hospital or a skilled-nursing facility. Aging and Adult Services' experience in ACT has been invaluable in redesigning the Project Independence program.

## **MAJOR CHANGES IN THE AREA AGENCY ON AGING**

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The Area Agency on Aging (AAA) responds to shifting funding, new data, and local priorities. With the support of Marin County Health and Human Services, staff of the AAA and Commission on Aging work diligently to ensure continuity and improvement of services that focus on Marin County's growing older adult population. The following discussion demonstrates the proactive approaches that respond to the structural, fiscal, and programmatic changes in the AAA.

### **Restructuring**

In 2013, the office of Aging and Adult Services, which includes the Area Agency on Aging (AAA), became part of the larger Division of Social Services within the Health and Human Services Department. Previously, Aging and Adult Services had been a stand-alone division of the Department. The reorganization has allowed for enhanced coordination within the Division of Social Services as a variety of community-based services and supports are now administered within one managerial structure. This restructuring has supported Aging and Adult Services to take its next steps in strengthening the aging sector infrastructure and in collaboratively addressing top issues facing older adults in Marin. It has been reported in the last Area Plan Update of FY 2013-14 that the position Area Agency on Aging Director was vacant. This position was filled in July 2013, solidifying leadership and bringing fresh ideas for collaboration.

### **Sequestration and Funding**

The Federal Budget of 2013 included sequester cuts that decreased the baseline funding for the Older Americans Act by approximately 7%, totaling \$73,600 in Marin AAA funding. This would have reduced all AAA services and contracts supporting vital services for older adults in Marin County,

including nutrition programs and caregiver support. Other PSAs in the state of California were forced to cut such programs, and the older adults in these areas have been directly impacted by the reduction in funding. Marin County's Board of Supervisors was able to backfill this reduction in their FY 2013-2014 budget, thus averting any negative consequences this could have caused Marin's older adults and their families.

The federal fiscal landscape improved somewhat during the course of the year when the final Federal Budget of 2014 included restoration of senior nutrition programs to the pre-sequester levels of 2012. The budget also included a modest increase in senior employment but held other Older Americans Act programs at the 2013 post-sequester levels. The President's Fiscal Year 2015 budget proposal holds steady the funding levels of 2014, which would equate to approximately \$30,000 in local baseline funding reductions for the Area Agency on Aging. Nationwide advocacy continues for full restoration and elimination of budget-caps on programs serving older adults.

## **Nutrition Programs**

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 reducing social isolation.

In an effort to serve those most in need, eligibility requirements were clarified and more information was provided for the public using the Area Agency on Aging website and the development of a new brochure for the nutrition programs. The waitlist for the Meals on Wheels program averages 10 persons on any given day, and has exceeded 50. The meals provided to older adults enrolled in the program are served fresh and chilled, rather than frozen. This was a priority for the AAA in choosing a new vendor in meal production after Revolution Foods terminated its contract at the end of June 2013. In FY 2013-14, Sonoma Council on Aging was awarded the contract for meal production and has made a commitment to maintain the high quality of food that is expected and needed by recipients.

In 2013, the Area Agency on Aging added two new congregate meal sites to fulfill the requirement that meals be provided on five different days in different locations. The sites and days for meals are as follows:

- Albert J. Boro Center/Pickleweed, San Rafael: Wednesdays
- Corte Madera Recreational Center, Corte Madera: Thursdays
- Dance Palace Community Center, Point Reyes Station: Thursdays
- Fairfax Community Church, Fairfax: Sundays
- Margaret Todd Senior Center, Novato: Tuesdays, Wednesdays, and Thursdays
- Maguerita Johnson Senior Center, Marin City: Wednesdays
- San Rafael Community Center, San Rafael: Wednesdays
- San Geronimo Valley Community Center, San Geronimo: Mondays and Thursdays

## **FISCAL YEAR 2014-15 PRIORITIES**

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Aging and Adult Services is committed to finding ways to create a robust service infrastructure to meet the needs of older persons, adults with disabilities, and family caregivers in Marin County. Increased collaboration, both with internal and external partners, and better coordination of resources is vital to ensuring that older and disabled adults have access to critical services.

As a major funder of programs for older adults and family caregivers in Marin, the Area Agency on Aging grants over 75% of the \$1 million federal and state funding it receives to community-based organizations that are providing services directly to clients locally. In FY 2014-15, the third year of the Area Agency on Aging's four year planning cycle, the AAA will continue its contract with various community-based organizations to provide the following programs and services that were identified in its four-year plan as priorities:

- 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 in FY 2014-15 to address the needs of its client population:

- Elder Abuse Prevention
- Health Insurance Counseling and Advocacy Program (administered as a consortium by the Sonoma County Aging and Adult Services)
- Health Promotion and Disease Prevention
- Information and Assistance
- Ombudsman
- Personal Care/ Homemaker
- Program Development and Coordination Activities

Three major goals were identified in the Area Agency on Aging's four-year Area Plan 2012-16. These goals will continue as focus areas in FY 2014-15, which include: 1. promoting a comprehensive service system; 2. improving access to information, services and resources; and 3. supporting local efforts to address needs. The following activities will be undertaken in FY 2014-15 to advance these goal areas.

Specific objectives in the Goals and Objective section of this Area Plan Updated are noted below where applicable.

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

### **Aging Action Initiative**

During the upcoming fiscal year, the Area Agency on Aging will participate in the Marin County Aging and Adult Services-led Aging Action Initiative. The purpose of this initiative is to collectively address the most pressing needs of older constituents through shared commitment and action. Previous reports, studies, and current stakeholder input have noted the issues that should garner the most immediate attention: 1) older mental health and well-being; 2) dementia; 3) food and nutrition; 4) care coordination; and 5) economic security for those who are ineligible for government services but lack sufficient resources to meet needs independently. Aging and Adult Services, guided by a steering committee of stakeholders, intends to organize a summit with broad and diverse representation. The summit intends to rally stakeholders in prioritizing solutions, developing plans, and committing to action. While a number of system improvement efforts will be undertaken in Marin, the Aging Action Initiative also offers the potential for developing collaborations that could serve older adults throughout the nearby region. Aging and Adult Services Offices in Marin, Sonoma, and Napa have begun exploring possibilities to address shared needs for older adults, including: older adult day health programs, aging and disability resource connections, and elder abuse prevention and response. It is anticipated that this initial phase of the Aging Action Initiative will be one-year and shall be the basis toward a longer-range goal of increasing the collective impact of the aging services sector. Objective 1s in this update speaks to the Aging Action Initiative.

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

### **Website and Promotional Materials**

Increasingly, older adults are using the internet to find information. A study conducted by the Pew Research Center in 2012 found that 53% of adults aged 65 or older used the internet or email. Among internet users ages 65 and older, 70% use the internet on a typical day.<sup>10</sup> The children of older adults also utilize the internet to locate possible services for their parents and loved ones.

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<sup>10</sup> Zickuhr, K and Madden, M. "Older Adults and Internet Use." Pew Research Internet Project; 2012 June. Available at : <http://www.pewinternet.org/2012/06/06/older-adults-and-internet-use/>

The Marin County Department of Health and Human Services (HHS) recently implemented a new media team, with a focus on increasing program visibility. In collaboration with County web designers, the Area Agency on Aging has updated and improved its webpages and resource materials are more clearly presented and appear in large fonts. Congregate meal site locations, as well as Meals on Wheels information and FAQs, are now clearly indicated and accessible. Likewise, the page highlighting the work of the Commission on Aging now offers clear descriptions of its purpose, meeting locations, and methods of applying for membership. In Fiscal Year 2014-15, the Area Agency on Aging will work with the HHS Media Team to update its reference information for clients and begin working on a page directed to providers. The AAA will also continue with development and distribution of print materials, both in brochures and public advertisements. Objective 2p delineates the AAA's partnership with the Media Team in the coming fiscal year.

### **Information and Assistance**

In 2008, the Area Agency on Aging and Adult Social Services were integrated within Health and Human Services. Prior to this integration, separate Information and Assistance (I&A) programs were administered by both entities. After integration, the I&A units were combined, and a centralized intake and phone tree system was created to provide a "one-stop" entry point for the public to access programs offered by Aging and Adult Services. This aim was to more seamlessly link clients to community resources and services. Calls for Adult Protective Services, In-Home Supportive Services, Long-Term Care Ombudsman, Meals-on-Wheels, Project Independence/Chronic Care, and Veterans Services are screened through the automated phone tree system and directed to designated intake personnel. Under the current system, the I & A unit has lacked the benefit of a pool of cross-trained staff available to answer every call as it is received. Instead, the caller chooses from a menu of program options and then the call is automatically transferred to a staff member within the selected program. While it has been convenient to have only one published number as entry to all Aging and Adult Service programs, the current system and staffing structure has limited the ability of the I & A unit to be as responsive as desired. To better respond to increased need and expanded services, the Information and Assistance program will undergo a restructuring in FY 14/15. The automated phone tree system will be augmented with additional staff and volunteers who can directly serve members of the public when they call. Objective 2o reflects the changes planned for I & A and the corresponding improvements anticipated with the restructuring of the program.

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

### **Mental Health Services**

The Marin County Commission on Aging, through the work of its Health and Nutrition Committee, has become increasingly aware and concerned about the needs for mental health in the population of older adults which it represents. In FY 2013-14, the Marin County Division of Mental Health and Substance Use Services held a series of community forums to gather input on the fiscal distribution of Mental Health Services Act monies. This 3-Year Integrated Service Plan will select the types of services and

associated amount of resources that will be dedicated to various target groups. The Commission on Aging and Adult Services staff actively participated in these forums and recommended that services are provided commensurate with the fast growing needs and size of the older adult population. Specifically, the Commission is recommending that home and community based services are promoted to address the needs of older adults who may be isolated, depressed, grief stricken or suffering from other emotional distress. The Commission is also recommending the development of geriatric mental health teams that can provide support and treatment for both acute and chronic mental health situations. These recommendations for expanded and enhanced access to older adult mental health are consistent with input received from a number of community stakeholders. After the Plan is published, the AAA and Commission on Aging will continue to work with existing and potential providers in coordinating care.

### **Prescription Drug Misuse/Abuse**

In 2014, a stakeholder meeting took place with representatives from law enforcement, nonprofits, family/community members, schools, public health, treatment/recovery, and aging. The aim was to engage community stakeholders in an inclusive participatory process that would result in task forces and a work plan for reducing prescription drug use and abuse in Marin County. The recently formed Marin County Prescription Drug Misuse and Abuse Initiative is looking to address this problem for all age groups, including seniors, described in the prescription drug data in the previous section. The 3-year vision of the initiative is to successfully reduce prescription drug misuse and abuse through the following efforts: countywide relevancy data on prescription drug misuse and abuse, cultural norms where prescription drug misuse and abuse is unacceptable, mandatory evidence based policies and procedures for physicians, and increased coordination and alignment of prescription drug misuse and abuse prevention strategies across all sectors. The Area Agency on Aging will work in the Initiative to ensure that the needs of older adults are emphasized and create targeted strategies as noted in Objective 31.

# 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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<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>11</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>12</sup> Yes or No</b>
<b>2012-13</b>	4/12/12	Pickleweed Community Center, San Rafael, CA	25	No	No
<b>2012-13</b>	10/11/12	The Dance Palace, Point Reyes Station, CA	11	No	No
<b>2013-14</b>	4/11/13	Maria B. Freitas Senior Community, San Rafael, CA	<b>35</b>	<b>No</b>	<b>No</b>
<b>2014-15</b>	<b>4/10/14</b>	<b>San Rafael Community Center</b>	<b>40</b>	<b>No</b>	<b>No</b>
<b>2015-16</b>					

**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, including SNFs and RCFEs, 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?

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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.

Yes       Not Applicable if PD and C funds are not used

No, Explain:

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

None

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.

None

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

- The Director of the Public Authority of Marin expressed concern over the caregiver shortage and matching caregivers with IHSS clients. She also emphasized the need for increased mental health service targeted towards older adults and the lack of housing options for older adults.
- The need for policies regarding standards and licensing of caregivers was expressed.
- The lack of resources and current stigma associated dementia was a cause for concern.
- The Director of Marin Villages thanked the AAA for its support and highlighted the following accomplishments: five Villages are currently operating in Marin; last year 1,700 rides were provided to Village members through its volunteer driving program; Villages have extended their scholarship programs for potential members.
- The Regional Director for the Alzheimer's Association thanked the AAA for its continued support and funding for the Family Caregiver Support Collaborative, made up of eight community non-profits. She also recognized the work of volunteers, both within the Collaborative and those associated with the AAA.
- The Executive Director of West Marin Senior Services thanked the AAA for its support and emphasized the need for increased resources and attention directed towards isolated low-income older adults in rural communities.

- A member of the Commission on Aging asked for clarification on the timing of Requests for Proposals for various funded programs. Ana Bagtas, AAA Program Manager, explained that RFP cycles are staggered throughout the four year plan.
- A member of the Commission on Aging asked that the AAA and Marin County bring attention and resources to the following issues: training and standards for caregivers; expansion of mental health services for older adults; disaster preparedness; increased public awareness regarding the driving issues of older adults.
- A member of the Commission on Aging asked for support regarding AB206, legislation what would create a tax write-off for family caregivers.

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

None

APPROVED

## AREA PLAN NARRATIVE GOALS & OBJECTIVES

### Area Plan Goals and Objectives, Fiscal Year 2014-2015 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>13</sup>	Update Status <sup>14</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	Completed
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		Completed
	7/1/2014 – 6/30/2015		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	7/1/2012 – 6/30/2013		Completed

<sup>13</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>14</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

closely 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		Completed
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.	7/1/2012 – 6/30/2013		Completed
1h. The <b>Health and Nutrition Committee</b> members will visit up to eight 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		Completed
	7/1/2014 - 6/30/2015		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		Completed
1j. The <b>Health and Nutrition Committee</b> will collaborate with the <b>Division of Aging and Adult Services</b> in conducting a survey of older adults to understand the barriers to participation in the CalFresh	7/1/2012 – 6/30/2013		Completed

program.			
<p>1k: 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.</p> <p><i>Revised:</i> The <b>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.</p>	7/1/2013 – 6/30-2014	C	Completed
	7/1/2014 – 6/30/2015		Revised
1l: 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		Completed
<p>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.</p>	7/1/2013 – 6/30/2014		Completed
	7/1/2014 – 6/30/2015		Continued
1n: The <b>Public Health Nursing Program</b> will train a minimum of 5 community volunteers to become chronic disease self-management program (CDSMP) trainers. These volunteers will conduct CDSMP trainings in at least 2 communities in the PSA to a minimum of 15 older adults.	7/1/2013 – 6/30/2014		Discontinued
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		Completed
<p>1p. The <b>Public Health Nursing Program</b> will provide post-hospital support to a minimum of 28 older adults returning home by providing coaching intervention using the Care Transitions Intervention (Coleman Model).</p> <p>1p. <i>Revised:</i> Under the supervision of a Senior Public Health Nurse, the <b>Project Independence Program</b> will provide post-hospital intervention to a minimum of 15 older adults returning home by providing coaching and care transition supports, which has been</p>	7/1/2013 – 6/30/2014		Completed
	7/1/2014 – 6/30/2015		Revised

demonstrated through evaluation to decrease recidivism and is ready for implementation, in order to prevent at least 75% of clients served from re-hospitalization within 30 days of discharge from the facility.			
1q. Under the supervision of a Senior Public Health Nurse, the <b>Project Independence</b> program will provide support to a minimum of 10 older adults returning home from skilled-nursing facilities following a hospitalization by providing coaching and care transition supports, which has been demonstrated through evaluation to decrease recidivism and is ready for implementation, in order to prevent at least 75% of clients served from readmitting to a hospital within 30 days of discharge from the facility. The Ombudsman program staff and volunteers will reach out to these residents as they get ready for discharge by providing information about Project Independence, as well as other community resources, to help them in their continued recovery at home.	7/1/2014 – 6/30/2015		New
1r: The <b>Long-Term Care Ombudsman Program</b> will advocate for the rights and welfare of residents in the 13 skilled-nursing facilities in Marin who are unrepresented—those who do not have capacity, advance directive, or representation—by identifying these residents, assessing their needs, and determining the facilities’ decision-making processes to care for these clients.	7/1/2014 – 6/30/2015	PD	New
1s. <b>Area Agency on Aging</b> staff will participate in an Aging and Adult Services initiative which will convene a cross-section of stakeholders to take action upon key issues affecting older adults and begin building toward a more significant collective impact from the aging services sector.	7/1/2014 – 6/30/2015	PD	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>15</sup>	Update Status <sup>16</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.  <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.	7/1/2012 – 6/30/2013		Completed
	7/1/2013 – 6/30/2014		Completed
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>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**.

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		Completed
	7/1/2014 – 6/30/2015		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>Long Term Care 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		Completed
	7/1/2014 – 6/30/2015		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		Completed
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		Completed
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		Completed
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		Completed
	7/1/2014 – 6/30/2015		Continued
2l. Staff from the <b>Division of Aging and Adult Services</b> will work in collaboration with community	7/1/2013 – 6/30/2014	PD	Completed

<p>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.</p> <p><i>Revised</i>  <b>Area Agency on Aging</b> staff will work in collaboration with community partners in the Marin County Health Eating/ Active Living (HE/AL) Task Force to implement strategies for increasing physical activity in the community, with a focus on seniors.</p>	7/1/2014 – 6/30/2015	C	Revised
<p>2m. The <b>Health and Nutrition Committee</b> will engage in a planning process around end of life issues by gathering materials, writing an article for the Great Age Newsletter, and presenting at a Commission meeting. This process will be presented in a report that will provide recommendations for future trainings and workshops throughout the county.</p>	7/1/2014 – 6/30/2015		New
<p>2n. The <b>Housing and Transportation Committee</b> will improve the distribution of information about senior housing and transportation by collaborating with community partners to identify and use at least two new media tools to promote resources.</p>	7/1/2014 – 6/30/2015		New
<p>2o. The <b>Area Agency on Aging</b> will engage in the restructuring of its Information and Assistance program that will include changes in personnel and service delivery to improve the accessibility and availability of resources to the community, as demonstrated by a 20% increase in the number of clients served.</p>	7/1/2014 – 6/30/2015	PD	New
<p>2p. <b>Area Agency on Aging</b> staff will work with the Marin County Health and Human Services media team to create and update promotional materials using the internet and print, resulting in up-to-date information regarding program availability and eligibility and a new webpage dedicated to providers.</p>	7/1/2014 – 6/30/2015	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>17</sup>	Update Status <sup>18</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		Discontinued
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.  <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.	7/1/2012 – 6/30/2013	PD	Completed
	7/1/2013 - 06/30/2014	C	Completed
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>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**.

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.	7/1/2012 – 6/30/2013	PD	Completed
<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.	7/1/2013 – 6/30/2014	PD	Completed
<i>Revised:</i> 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.	7/1/2014 – 6/30/2015	C	Revised
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.	7/1/2012 – 6/30/2013	C	Completed
	7/1/2013 – 6/30/2014	C	Completed
	7/1/2014 – 6/30/2015		Continued
3f. Staff members of the <b>Long Term Care 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.	7/1/2012 – 6/30/2013	PD	Completed
	7/1/2013 – 6/30/2014	C	Completed
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.	7/1/2013 – 6/30/2014		Completed
	7/1/2014 – 6/30/2015		Continued
3h. The <b>Housing and Transportation Committee</b> will collaborate with community partners, including Marin Transit, Marin Housing, and IHSS to identify existing	7/1/2014 – 6/30/2015		New

service gaps in housing and transportation resources, resulting in two presentations of results to isolated senior groups.			
3i. The <b>Legislative Task Force</b> will, upon Board of Supervisors' approval, lend support to at least one bill outside of the California Senior Legislature, written by state or federal legislatures, through media and outreach campaigns targeting at least 100 seniors in Marin.	7/1/2014 – 6/30/2015		New
3j. The <b>Health and Nutrition Committee</b> will sponsor a Commission on Aging meeting in Novato presenting the results of the study conducted by Dominican University and the Novato Fire District regarding causes of falls and fall prevention.	7/1/2014 – 6/30/2015		New
3k. <b>The Area Agency on Aging</b> and Aging and Adult Services, in coordination with Sonoma and Napa counties, will co-sponsor an Elder Justice Summit conference to provide information, awareness and best practice techniques for elder abuse prevention, investigation and resolution.	7/1/2014 – 6/30/2015		New
3l. <b>Area Agency on Aging</b> staff will collaborate with community partners in the Marin County Prescription Drug Misuse/ Abuse Task Force to create at least two materials focusing on prescription drug issues pertaining to seniors.	7/1/2014 – 6/30/2015	PD	New

# 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	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	482	I	
2013-2014	482	1	
2014-2015	482	I	
2015-2016			

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b>	Goal Numbers	Objective Numbers(if applicable)

	Units of Service		
2012-2013	120	I	
2013-2014	120	I	
2014-2015	120	I	
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	N/A	N/A	
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	72,000	I	
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	N/A	N/A	
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	656	I	
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	580	I	
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	14,256	I	
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	N/A	N/A	
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	N/A	N/A	
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	1,607	I	
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	1,250	I	
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	1,680	I	
2015-2016			

**14. Outreach**

**Unit of Service = 1 contact**

Fiscal Year		Goal Numbers	Objective Numbers(if applicable)

	<b>Proposed Units of Service</b>		
2012-2013	443	I	
2013-2014	443	I	
2014-2015	443	I	
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	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	35	I	1g
2013-2014	N/A	N/A	N/A
2014-2015	N/A	N/A	N/A
2015-2016			

**Service Activities: Chronic Disease Self Management Program (CDMSP) Volunteer Training and Community Trainings**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A	N/A	N/A
2013-2014	25	I	1n
2014-2015	N/A	N/A	N/A
2015-2016			

**Service Activities: Care Transition Intervention (Coleman Model)**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A	N/A	N/A
2013-2014	28	I	1p
2014-2015	N/A	N/A	N/A
2015-2016			

**Service Activities: Project Independence Coaching and Care Transition**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A	N/A	N/A
2013-2014	N/A	N/A	N/A
2014-2015	25	I	1p, 1q
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>19</sup>**  
**Service Activities:**

**Units of Service = 1 Contact**

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

**Title III B, Other Supportive Services<sup>20</sup>**

<sup>19</sup> Refer to Program Memo 01-03

**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	5,724	I	
2014-2015	5,724	I	
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	N/A	N/A	
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	1,200	I	
2014-2015	1,600	I	
2015-2016			

**Service Category Visiting**

**Unit of Service Hours**

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

**2012–2016 Four-Year Planning Cycle**

**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 71% FY 2014-2015 Target: Resolution Rate 80%
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: 8 FY 2014-2015 Target: 16
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: 3 FY 2014-2015 Target: 3
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: 929 FY 2014-2015 Target: 800

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: 1485 FY 2014-2015 Target: 1200

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: 7 FY 2014-2015 Target: 7

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.

1. The Long Term Care Ombudsman Program will investigate the possibility of involvement in the medical decision making process for patients in Skilled Nursing Facilities (SNFs) and Residential Care for the Elderly (RCFEs). This will be accomplished through an assessment of need and an analysis of ethical and legal implications. The program would provide information through meetings, individual discussion, and dissemination of educational materials in an effort to introduce residents to Advanced Health Care Directives (AHCDs). Where appropriate, Ombudsman would assist them in the process of implementing an AHCD.
2. The Long Term Care Ombudsman Program will work with Project Independence and Public Health Nurses to facilitate safe discharges from SNFs and RCFEs using the Care Transitions Intervention (CTI) model in an effort to reduce readmission rates and allow for successful aging in place.

**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: 92.31% FY 2014-2015 Target: 100%
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: 70.73% FY 2014-2015 Target: 100 %
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: 3.5 FTEs FY 2014-2015 Target: 3.5 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

<p>3, FY 2011-2012 AoA Data: 10 certified volunteers</p> <p>FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014: 6</p>
<p>4. FY 2012-2013 AoA Data: 8 certified volunteers</p> <p>FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 6</p>
<p>5. FY 2013-2014 AoA Data: ____ certified volunteers</p> <p>FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ____</p>
<p>Program Goals and Objective Numbers: Goal 3, Objective 3f</p>

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**2012–2016 Four-Year Planning Period:  
Fiscal Year 2013-2014 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 14/15 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	4
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	4
2013-14	4
2014-15	5
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	N/A
2015-16	

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

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

Fiscal Year	Total Number of Individuals Served
-------------	------------------------------------

2012-13	300
2013-14	300
2014-15	300
2015-16	

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**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).

<b>Direct Services</b>			
<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Direct III E Family Caregiver Services</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<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 Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<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: 12 Total est. audience for above: 100	2	
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	450	I	

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

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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): Marin Employment Connection
Street Address: 120 N. Redwood Dr. San Rafael, CA 94903
Name and title of all SCSEP staff members (paid and participant): Michelle McCabe (0.05 FTE) Eric Peterson, Project Coordinator (0.1 FTE)
Number of paid staff <u>0.15</u> Number of participant staff <u>12</u>
Participants do not currently hold staff positions. How many participants are served at this site?  Approximately 5,000 individuals (unduplicated) across all programs.

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**

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	210	
2013-2014	132	
2014-2015	397	
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	21	
2013-2014	12	
2014-2015	29	
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	1,449	
2014-2015	2,378	
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	1,820	
2014-2015	2,020	
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.

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	108	
2013-2014	113	
2014-2015	189	
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.**

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	228	
2013-2014	638	
2014-2015	639	
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).**

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	628	
2013-2014	1,113	
2014-2015	1,430	
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	638	
2014-2015	1097	
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	777	
2014-2015	986	
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>21</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		

<sup>21</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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		

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# PRIORITY SERVICES

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## PSA 5

### 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>22</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 **20%**      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 **5%**      15-16      %

#### **Legal Assistance Required Activities<sup>23</sup>:**

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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.

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

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

APPROVED

# 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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>24</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>24</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 checked="" 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 checked="" 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 checked="" 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.

APPROVED

PSA 5

# REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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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>25</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>26</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)

---

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>27</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>28</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>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>

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 2014-2015 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 Kathrin Sears, President	1/17
Supervisor Katie Rice, Vice-President	1/17
Supervisor Susan Adams, 2 <sup>nd</sup> Vice President	1/17

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

**Board Term**

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

# ADVISORY COUNCIL

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## PSA 5

### ADVISORY COUNCIL MEMBERSHIP 2012-2016 Four-Year Planning Cycle Fiscal Year 2014-2015 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 18\*

Race/ Ethnic Comparison	% of PSAs 60+ Population**	% on Advisory Council***
White	80.5%	91%
Hispanic	14%	0%
Black	3%	10%
Asian/ Pacific Islander	0.6%	0%
Native American/ Alaskan Native	0.5%	5%
Other	1.4%	0%

\*At the time of APU publication, there were two vacancies on the Commission.

\*\*Race/ Ethnicity percentages for Marin's older adult population are estimated using the Race/Ethnicity breakdown of the general Marin population from the 2010 Census.

\*\*\*Council members were allowed to select more than one category, total percentage may surpass 100%.

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

James Monson, Chairperson	6/14
Teri Dowling, Vice Chairperson	6/14
Salamah Locks, Secretary	6/14

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

Chrisula Asimos, Ph.D.	6/15
Francie Bedinger	6/16
Elli Bloch (California Senior Legislature)	6/14
Allan Bortel (California Senior Legislature)	6/14
Sybil Boutilier	6/14
Girija Brilliant	6/14
Teri Dowling	6/15
Vera Gertler	6/16
Marianne Gontarz York	6/14
Mitzi Kemp	6/14
Judi Kirshbaum	6/15
Beth Livoti	6/16
Salamah Locks	6/15
James Monson	6/16
Nancy Peters-Janover	6/15
Donna Robbins	6/14
Patricia Smith	6/16

Jody Timms	6/15
Carol Zeller	6/14
Vacancy/City of San Anselmo	
Vacancy/ District 2	

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

	Yes	No
Low Income Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

No recent applicants to the Commission on Aging have reported being low income. The Commission will continue to do outreach to targeted populations, including those that are low-income.

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 14/15 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>31</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 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).

No change.

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 population, with priority given to minority and low-income older adults. Residents of

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<sup>31</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

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	1
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 at other community centers. 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. c.	a. Marin County b. c.
2014-2015	a. Legal Aid of Marin b. c.	a. Marin County 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:

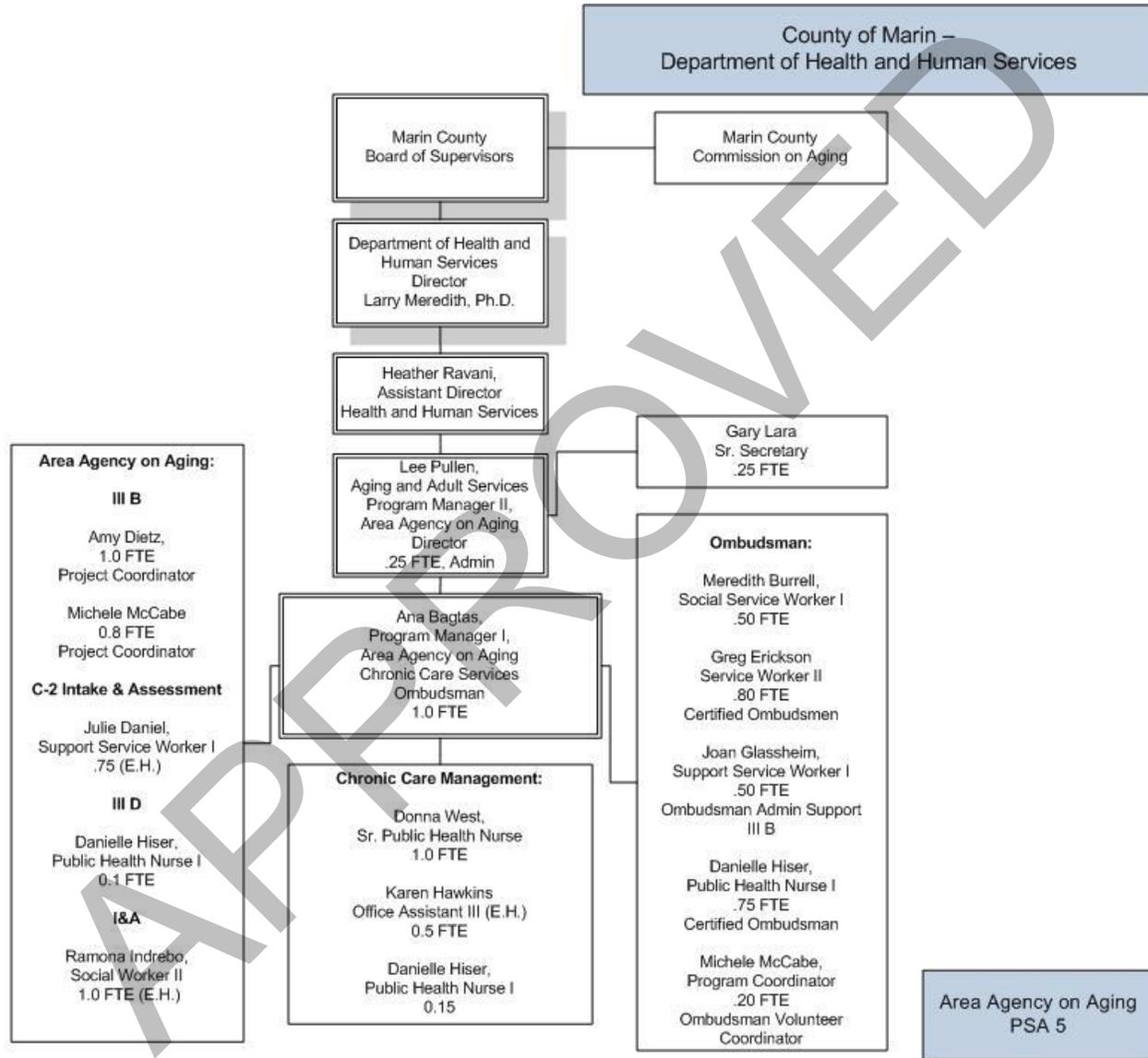
Transportation is a major barrier for people to access legal assistance services in PSA 5. For this reason, the provider has set up an onsite legal clinic at Whistlestop, a well-known gathering place for older persons in the county. Whistlestop is located in Central Marin and is across from the public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

APPROVED



2014

## 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 —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; 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.