

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

**Fiscal Year 2015-2016
Update**

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TABLE OF CONTENTS

| | Page Number |
|---|--------------------|
| APU Checklist | 3 |
| Transmittal Letter | 4 |
| Executive Summary | 5 |
| Planning Process / Establishing Priorities | 6 -11 |
| Major Changes in the PSA | 11 - 13 |
| Major Changes in the AAA | 13 - 15 |
| FY 15/16 Priorities | 16 - 17 |
| Public Hearings | 18 - 19 |
| Area Plan Narrative Goals and Objectives | 20 - 32 |
| Service Unit Plan (SUP) Objectives | 33 - 62 |
| Priority Services | 63 - 64 |
| Notice of Intent to Provide Direct Services | 65 - 66 |
| Request for Approval to Provide Direct Services | 67 - 69 |
| Governing Board | 70 |
| Advisory Council | 71 - 73 |
| Legal Assistance | 74 - 77 |
| Organization Chart | 78 |
| Assurances | 79 - 84 |

FY 2015-2016 AREA PLAN UPDATE (APU) CHECKLIST

(Revised October 2014)

| AP Guidance Section | APU Components (To be attached to the APU) | Check if Included | |
|---------------------|--|-------------------------------------|-------------------------------------|
| | ➤ <i>Update/Submit A) through F) ANNUALLY:</i> | | |
| n/a | A) Transmittal Letter –(requires <i>hard copy</i> with original ink signatures or official signature stamp- no photocopies) | <input checked="" type="checkbox"/> | |
| n/a | B) APU -(submit entire APU electronically only) | <input checked="" type="checkbox"/> | |
| 2, 3, or 4 | C) Estimate of the number of lower income minority older individuals in the PSA for the coming year | <input checked="" type="checkbox"/> | |
| 7 | D) Public Hearings that will be conducted | <input checked="" type="checkbox"/> | |
| n/a | E) Annual Budget | <input type="checkbox"/> | |
| 10 | F) Service Unit Plan (SUP) Objectives and Long Term Care Ombudsman Program Measures and Targets | <input checked="" type="checkbox"/> | |
| | ➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2012/16 Area Plan:</i> | Mark Changed/Not Changed (C or N/C) | |
| | | C | N/C |
| 5 | Minimum Percentage/Adequate Proportion | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Needs Assessment ¹ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | AP Narrative Objectives: | | |
| 9 | • System-Building and Administration | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | • Title III B-Funded Programs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title III B-Transportation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title III B-Funded Program Development/Coordination (PD or C) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | • Title III B/VIIA-Long-Term Care Ombudsman/Elder Abuse Prevention Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title III C-1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title III C-2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title III D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 | • Title III E-Family Caregiver Support Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • Title V-SCSEP Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 | • HICAP Program | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | Notice of Intent-to Provide Direct Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 | Request for Approval-to Provide Direct Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 | Governing Board | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 | Advisory Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 | Legal Assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21 | Organizational Chart(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**TRANSMITTAL LETTER
Area Plan Update
Fiscal Year 2015-2016**

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. Katie Rice

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 2015–2016 UPDATE

EXECUTIVE SUMMARY

The *Live Long, Live Well: Marin County Area Plan for Aging 2012–2016* is the current four-year plan for the Marin County Area Agency on Aging (AAA). This *Fiscal Year 2015 – 2016 Update* is the final update of the four year planning cycle, as determined by the Older Americans Act. The Older Americans Act requires Area Agencies on Aging (AAAs) to submit an Area Plan every four years, with subsequent annual updates, which reflect 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, is designated as one of 33 Planning Service Areas (PSAs) in the state of California. The Marin County Board of Supervisors has the official designation as the Governing Board of the Area Agency on Aging for Marin County, which covers PSA #5. The Marin County Commission on Aging is its federally mandated advisory council and is comprised of 23 persons representing Marin County's towns, cities, and districts. The Office of Aging and Adult Services, housed within the Division of Social Services, is responsible for planning, coordinating, administering, and monitoring programs and services for older adults in Marin County.

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 laid out in the four-year plan. Aging and Adult Services has embarked on gathering together internal and external stakeholders to create an Aging Action Initiative with the intent of taking action in the near term and forming a stronger aging services network for the years ahead. In recognition of the demand for standardized information and referrals, Aging and Adult Services has expanded upon and improved its Information, Assistance, Intake, and Referral Unit. This update highlights the exemplary work conducted by Aging and Adult Services volunteers and family caregivers in Marin County. Many townships in Marin are actively pursuing the World Health Organization Age-Friendly City designation. Having already obtained such status, the Cities of Sausalito and Fairfax will share lessons learned and provide technical assistance to other Marin cities to become Age-Friendly. Also listed are the delineation of contracted services, the majority of which involve collaborations with community organizations, purchased through Older American Act funds.

The four-year plan and this update can assist in informing policy makers, funders, service providers, and members of the community about the needs of older adults in Marin County while engendering opportunities to improve their quality of life and sustain their independence.

PLANNING PROCESS/ ESTABLISHING PRIORITIES

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

Estimates from the California Department of Finance indicate that in 2015, the number of persons over the age of 60 is 69,586 or 27.3% of Marin's total population (255,066), with 12.9% (8,984) being minorities.¹ In 2015, 46% of all older adults are estimated to be over the age of 70, with more than one out of every four of these individuals being over the age of 75.² Data derived from the American Community Survey and used by the California Department of Aging indicates in 2015, approximately 4,595 older adults age 60+ in Marin will fall below 125% of the Federal Poverty Level.³

AAA Program Evaluations

All AAA-contracted providers are required to conduct an annual evaluation of their services. Until 2014, providers tabulated and analyzed their results using different formats, making it difficult to compare results across providers or previous years. In an effort to standardize results and create a baseline, the AAA requested that each provider use an approved satisfaction survey distributed throughout the month of May. All completed surveys were then mailed back to the AAA and entered into Survey Monkey. Analysis and subsequent reporting occurred in this past fiscal year. Across all programs, 375 surveys were returned. The results of the survey were presented during the AAA Annual Provider Meeting during which time individual provider results were distributed.

¹ 2015 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>

² Ibid.

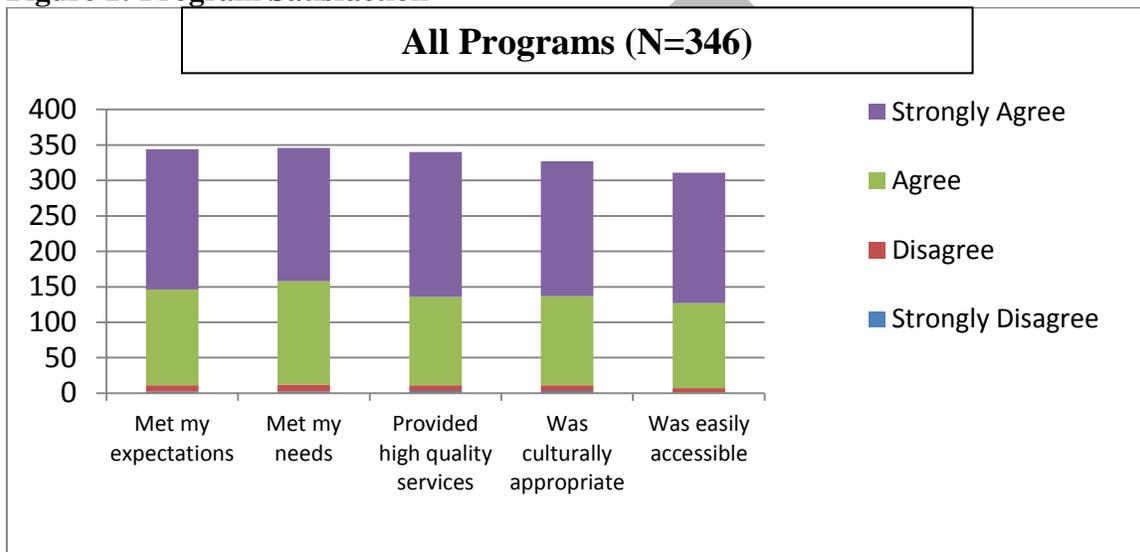
³ 2015 California Department of Aging Population Demographic Projections by County and PSA. U.S. Administration on Aging. Source File: 2007-2011 American Community Survey (ACS) Special Tabulation on Aging, Ratio of Income in Previous Year to Poverty Level for the Population 60 Years and Over (S21043B) Available at : <http://www.agidnet.org/DataFiles/ACS2011/Table/?tableid=S21043B&state=CA>

This feedback will be utilized to improve programming among individual providers and across all sites.

Of note, only 6% of all respondents had learned about the service they received through the newspaper, a newsletter, or flyer. Most services were recommended by a friend, social worker, or directly from the community center offering the program. This will impact future outreach strategies.

In general, participants were satisfied with the services they received. The majority (95%) would utilize services again and 85% would recommend them to a friend (85%) (**Figure 1**).

Figure 1: Program Satisfaction



The majority of respondents from both the Congregate and Home-Delivered meal programs indicated that their health and wellbeing had improved as a result of their participation (Congregate: 60%; Home-Delivered Meals: 59%). The remaining respondents indicated that their health/ well-being remained the same. When asked what they would do had the program not been available, 20% of home delivered meal respondents indicated that they would go hungry and 17% responded that they would eat poorly.

Respondents of each survey were asked to indicate their favorite part of the program they participated in. Many remarked upon the high quality of interactions with agency staff, both paid and volunteer.

Aging and Adult Services (AAS) Volunteers

Several programs directly administered by Aging and Adult Services (AAS) are strengthened by the work of volunteers. Given limited resources, programs funded by the

AAA would not be possible without the time and dedication of committed volunteers. In recognition of that fact, AAA staff has worked diligently in the past few years to concentrate on volunteer recruitment, training, supervision, and retention. Currently, there are 42 volunteers serving in the following programs: 1. The Financial Abuse Specialist Team (FAST) members focus on case investigation, community training, and consultation; 2. Long Term Care Ombudsman Program volunteers are certified by the State of California to serve as advocates for residents in facilities; 3. Project Independence volunteers serve as patient advocates, resource navigators, and drivers; and 4. Meals on Wheels volunteers perform data entry and assessment duties. The average age of AAS volunteers is 63 and 86% have a high school diploma with over 50% holding advanced degrees. More than 75% of volunteers have been with their programs for 2-5 years.

To better understand their experience and needs, the AAA administered a 16-question survey to all current and active volunteers, achieving a 64% (N=27) response rate. The results indicate that the efforts made by AAA staff (Objectives 1e and 1k) have been largely successful. When asked about volunteer satisfaction, 92% felt that they are able to contribute in a meaningful way and 72% felt they could do more if given the opportunity. Responders felt that their work atmosphere was friendly and likewise connected with the staff of their assigned programs. The majority did not want any type of official recognition. More training was desired by over 50% of participants and 90% remarked that interaction during group supervision or with other volunteers was beneficial. When asked why they chose a program in Aging and Adult Services, 87% indicated that they wanted to use their skills to help others, give back, or effect change in the Marin community.

Family Caregiver Assessment

In 2013, 40% of American adults identified as being a caregiver, in comparison to 30% in 2010.⁴ With the increased number of older adults and the robust longevity of Marin's older residents,⁵ there will be an increased demand for the time of family caregivers. Nationally, family and informal caregivers provide at least \$450 billion in unpaid hours per year.⁶ One study concluded that 75% of people over the age of 65 had at least one chronic condition and that subsequent management of care for these individuals was often placed on the shoulders of their family members and support network without compensation.⁷ These caregivers are often drained of financial, emotional, health, and physical resources. The need for services offering support to these unpaid caretakers is

⁴ Pew Research Center, "Family Caregivers are Wired for Health." Available at : <http://pewinternet.org/Reports/2013/Family-Caregivers.aspx>. Accessed 12/9/2014.

⁵ State of California, Department of Finance, Demographic Research Unit. State and County Population Projections by Race/Ethnicity and Age (5-Year Increments) 2010-2060 (as of July 1) Report P-2. Available at: <http://www.dof.ca.gov/research/demographic/reports/projections/P-2/>. Accessed 12/10/14.

⁶ L. Feinberg, S. C. Reinhard, A. Houser, and R. Choula, *Valuing the Invaluable: 2011 Update, the Growing Contributions and Costs of Family Caregiving*, AARP Public Policy Institute Insight on the Issues 51 (Washington, DC: AARP, June 2011).

⁷ Pew Research Center, "Family Caregivers are Wired for Health." Available at : <http://pewinternet.org/Reports/2013/Family-Caregivers.aspx>. Accessed 12/9/2014.

imperative in our health care system and community. The role of family caregiving cuts across all demographics. The majority of current caregivers are between the ages of 35-64, but the number of younger people assuming this role is also growing.⁸

To assess the needs of family caregivers in Marin County, members of the Commission on Aging (COA) utilized a seven-question open-ended survey, which was administered to family caregivers that they knew personally or were located through related events and/or organizations. A total of 74 surveys were collected and analyzed by AAA staff and the Commission on Aging Planning Committee.

A consistent theme among caregivers is of feeling overwhelmed, with little time available for gathering information or practicing self-care. Those that took care of their own needs were able to do so by taking breaks for enjoyable activities and, when possible, a vacation away.

Respondents felt that there was a lack of qualified paid caregivers and a means for vetting them. There was a recognized need for a centralized place or “one stop shop” to acquire information and resources online, via phone, or in person. Caregivers reported finding resources via the internet, which is consistent with national data⁹ (**Figure 2**).

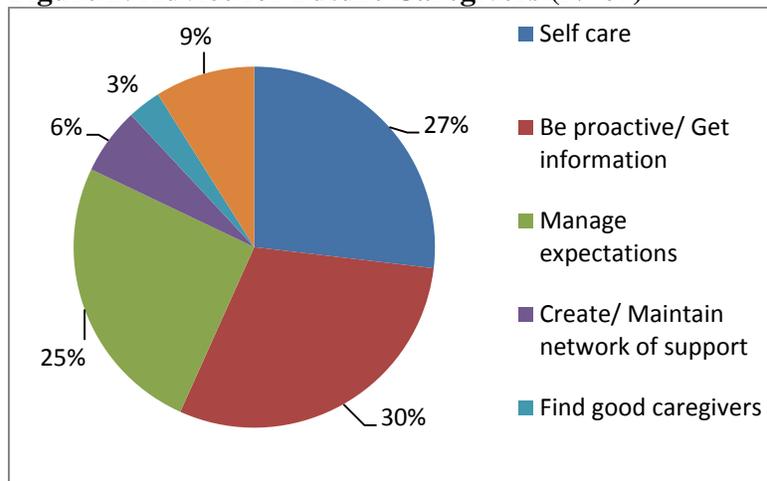
Respondents mentioned the need to create a network of support, be it through groups, peers, or family. Many mentioned the need to maintain love and tolerance both towards oneself and the person receiving the care.

The qualitative assessment conducted by the Commission on Aging in 2014 provided timely information for the AAA’s development of its Request for Proposal (RFP) for the Title III E National Family Caregiver Support Program. The results of the RFP are further discussed in Major Changes in the AAA section below.

⁸ Ibid.

⁹ Ibid.

Figure 2: Advice for Future Caregivers (N=67)



Age Friendly Initiative: City of Sausalito

In July 2013, Sausalito’s City Council voted to create an Age-Friendly Task Force, in order to assess the livability and responsiveness of the city to its older adult residents and develop a strategic plan to make it inclusive and accessible to everyone. In February 2014, the Age-Friendly Sausalito Task Force applied and was accepted into the World Health Organization’s (WHO) Global Network of Age-Friendly Cities and Communities, making it the first city in Marin County and third in the State to acquire such designation. As required by WHO, the Task Force conducted an assessment choosing to utilize a 25-question survey that was mailed to 2,400 residents age 55 and older. A response rate of 50% was achieved (N = 1,190). The questions were based on the eight domains identified by the World Health Organization as characteristic of an Age-Friendly City: 1. Transportation; 2. Housing; 3. Outdoor Spaces and Buildings; 4. Social Participation; 5. Civic Participation and Employment; 6. Respect and Social Inclusion; 7. Community support and Health services; and 8. Communications and Information.

Of those who responded to the questionnaire, over 90% considered Sausalito to be their home and hoped to remain there. The majority of respondents wanted to continue living in their current home (95%) and to continue to feel socially included in the community (94%). However, 46% expressed concern about being able to afford housing as they age and 54% about the suitability of the design of their home as they age. Almost one-third would be willing to rent out a portion of their home to a tenant and 29% would consider sharing their home in exchange for help with household tasks. This data will be used to advocate for and promote shared housing programs, such as those locally developed by Episcopal Senior Communities.

In regards to transportation, 93% of respondents drive within Sausalito regularly and 94% hope to continue doing so. Current forms of public transportation were avoided because of: mismatched route destinations with needs (52%), inconvenient schedules (37%), lack of stops near their home (30%), time required to use it being too long (41%),

difficulty using schedule and route information, and physical limitations (10%). The City of Sausalito, in conjunction with the Sausalito Village, is using this data to develop a same-day transportation program for all seniors and persons with disabilities residing within the City of Sausalito and Floating Home community. The program will provide free, same-day, short distance rides, utilizing volunteers driving their own cars to provide door-to-door transportation within Sausalito.

The Sausalito Age Friendly Task Force is now recommending the development of a Three Year Action Plan to provide a roadmap to successfully implement solutions that address identified priorities, while also building partnerships with other community groups.

MAJOR CHANGES IN THE PLANNING AND SERVICE AREA

Age-Friendly Cities

Becoming Age-Friendly, as defined by the World Health Organization (WHO), is gaining traction among various municipalities in Marin County and is a vision supported by the AAA. An age-friendly community is one that encourages healthy and active aging. It recognizes the diversity and value of older adults and creates an environment that promotes livability and engagement throughout the lifespan. In order to support the independence, civic participation, dignity and self-fulfillment of older adults, the WHO has developed guidelines for cities and communities to be more “age-friendly.” WHO has identified eight features associated with an age-friendly community: 1. Transportation; 2. Housing; 3. Outdoor Spaces and Buildings; 4. Social Participation; 5. Civic Participation and Employment; 6. Respect and Social Inclusion; 7. Community support and Health services; and 8. Communications and Information.

Following in the footsteps of Sausalito (See New Data above), other townships planning to replicate this process will be able to use their own local data to formulate appropriate plans of action. Fairfax has recently obtained Age Friendly designation as well. As of this writing, three other cities are actively engaging their residents, city councils, and civic organizations toward an age-friendly environment and the WHO designation. Commissioners from the City of Sausalito are assisting interested townships in their pursuit of becoming an Age-Friendly City and will offer technical assistance in FY 15-16.

Aging Action Initiative

In FY 14-15, Marin County’s Aging and Adult Services began facilitating a community-wide effort aimed at addressing some of the most pressing needs of older constituents.

This collaborative effort, known as the Aging Action Initiative (AAI), has brought together key aging service providers to plan for Marin's current and expected demand for older adult services. The AAI process was guided by a diverse twelve-person steering committee, including members of the Commission on Aging, and has over 50 local organizations participating through workgroups. Previous reports, studies, and stakeholder input had indicated that the following issues demanded the most immediate attention: 1. Older adult mental health and well-being; 2. Dementia; 3. Food security and access to nutrition; 4. Care and system coordination; and 5. Economic disparity of those who are ineligible for government services but lack sufficient resources to meet needs independently.

As the name implies, the focus of the AAI is on action. Work groups are currently under way in the areas of Mental Health, Dementia, Nutrition, and Care Coordination/Information and Assistance, with a fifth group to form later in the year to address economic disparity. Members of the workgroups have met up to three times in order to identify common challenges and begin strategizing solutions. Each group is committed to launching and/or completing 1-3 actions items in each of the areas over FY 15-16. The long-term goal for the Aging Action Initiative is to develop a stronger aging services network and an age-friendly environment that can stimulate policy, attract funding, and meet the expected demands upon the aging services sector. It is anticipated that the short-term, one year activities, in conjunction with the longer-term ongoing collective actions, will significantly inform the next four-year area plan cycle.

Addressing the Gap in Transition Care Services

The Affordable Care Act (ACA) spurred the development of innovative approaches to improve patient outcomes while reducing health care costs. In Marin County, despite the presence of the Hospital Readmission Reduction Program's (HRRP) Accountable Care Organization (ACO), services are not available to patients of public clinics, individuals who are uninsured, persons with mental health and dementia diagnosis, or patients with no medical home.

Project Independence Plus (PI Plus) aims to serve Medicare beneficiaries who are left behind by the Affordable Care Act's 30-day hospital readmission reduction initiatives. PI Plus builds on the proven success of Project Independence, a hospital to home transition care program, and will focus on the following populations that are left behind by ACA: 1. Older adults who are returning home after a skilled-nursing rehabilitation who are not served by any HRRP initiative; 2. Hospitalized adults age 50-59 with complex medical conditions who are at risk of developing chronic illnesses; and 3. Individuals who score low in activation who live alone or lack social support when they return home from hospitals or skilled-nursing facilities. The program will assemble a coalition of health, mental health, and social service agencies that will collaboratively and collectively develop wrap-around services to address the needs of these populations. Leveraging on the Aging Action Initiative efforts underway in the Planning and Service Area, PI Plus will approach participating agencies that share an interest in serving the targeted populations. Working together will improve efficiency in the use of resources

and provide better care to clients.

Ana Bagtas, Area Agency on Aging Program Manager, will lead the development of PI Plus starting in January 2015. Ms. Bagtas has been awarded \$45,000 to develop PI Plus, along with participation in the year-long Practice Change Leaders in Aging and Health, a national program aimed at developing, expanding, and supporting the influence of organizational leaders to achieve transformative improvements in the care of older adults. The grant will be used to purchase services for clients, hire a consultant to establish metrics and evaluate the program, and explore the development of Project Independence as an evidence-based program. In FY 15-16, the Area Agency on Aging will continue to use Title IIID Health Promotion/Disease Prevention funds to support Project Independence. If PI Plus successfully reaches evidence-based status, the Area Agency on Aging will continue funding Project Independence using Title IIID funds in the coming four-year Area Plan (2016-2020).

MAJOR CHANGES IN THE AREA AGENCY ON AGING

Redesigning Information, Assistance, Intake, and Referral (IAI&R)

A constant theme in every recent needs assessment, including identified strategic focus areas of each workgroup in the Aging Action Initiative, has been the need for a centralized source of Information, Assistance, and Referral. Improving access to information and being able to link clients to needed services is an on-going process. In 2012, Aging and Adult Services (AAS) created an integrated Information, Assistance, and Referral (IA&R) unit that used a single telephone number for clients to access services and get information about resources within the county and the community. The centralized phone number directly connected participants to AAS programs through usage of an automated phone tree.

In FY 2014-15, the Area Plan objective of restructuring the Information, Assistance, and Referral program (Objective 2o) was established and was later revised to include Intake. Aging and Adult Services brought on board a new Information, Assistance, Intake, and Referral (IAI&R) team. In January 2015, three Social Workers and a Unit Supervisor were brought on-board to fill the team.

The staffing expansion enabled the discontinuation of the automated phone tree system. Calls are now answered live by social workers and clients are able to come into the building and meet face-to-face with staff. Given the social work and case management background required for the IAI&R position, there have been improvements in the quality of service provided to individuals. In addition, the Marin County Department of Health and Human Services is developing a comprehensive online Community Resource Guide for older persons, disabled individuals, and family caregivers. IAI&R staff work

closely with the Department's media team to ensure that information is current and accurate. With IAI&R's improved outreach and aggressive promotion of the program in the community, the increase of persons served in FY 14-15 (Objective 2o) will be sustained in FY 15-16. Developing a person-centered approach to service delivery will also be an incremental step towards the development of an Aging and Disability Resource Center for Marin County.

Aging and Disability Resource Center (ADRC)

The Area Agency on Aging (AAA) and the Marin Center for Independent Living (MCIL) has signed a Letter of Intent with the California Department of Health and Human Services and begun a planning process to explore the feasibility of creating an Aging and Disability Resource Connection (ADRC) in Marin. An ADRC aims to create a "no wrong door" service system where people of all ages, incomes, and disabilities can receive information, referral, and assistance. It offers one-to-one person-centered counseling on the full range of available options, provides resources that support the needs of family caregivers, streamlines eligibility for public programs, and aids in the transition of persons residing in long-term care facilities toward independent, community-based living. At the federal level, ADRCs are encouraged by the Administration for Community Living as a way to streamline access to long-term services and support options for older adults and persons with disabilities.

As the AAA and MCIL develop the local ADRC, a committee of community individuals and stakeholders will be formed to advise the AAA, MCIL, and any other partners to ensure that the ADRC is created and operates in a manner that supports, and is responsive to, the diverse needs of Marin's residents. Regular input will be gathered from the committee and through public participation. The AAA and MCIL will develop a business plan in FY 15-16 in order to obtain funding for start-up costs and create sustainability through purchase of services.

Congregate Meal Changes

The goal of the Marin County Elderly Nutrition Program is to assist persons aged 60 and over and other qualified individuals to live independently through improved nutrition and reduced isolation. With money from the Older Americans Act, the AAA funds a Home Delivered Meal Program and a Congregate Meal Program for older adults. Through these funds, the AAA has assisted in strengthening the network and partnerships among food providers serving older adults in Marin County.

In total, 855 older adults dined last year at one or more of the eight congregate meal sites in Marin County. There are three Congregate Meal providers contracted through Title IIC-2: Good Earth Natural Foods, which oversees seven sites, San Geronimo Valley Community Center (SGVCC), which serves meals at its location, and West Marin Senior Services (WMSS), which serves meals at the Dance Palace in Point Reyes. For the past three years, WMSS had an agreement with the Palace Market, a local store in Point

Reyes, to supply fresh and local foods for its lunch program. An average of 42 participants attends the lunch program each Thursday. In November 2014, WMSS lost the Palace Market as a food supplier. As a direct result of the partnership between congregate meal service providers, technical assistance provided by the AAA, and a dedication to serving the needs of seniors in the community, Good Earth Natural Foods readily agreed to be the new food vendor for WMSS leaving no gap in service provision. A benefit of this partnership is that the menus provided by Good Earth Natural Foods have been previously certified by the AAA's Registered Dietitian and its kitchen has passed Elderly Nutrition Program regulatory inspection. The dedication of providers and volunteers to serving the nutrition needs of seniors in their community is laudable.

While most of the congregate meal sites directly under Good Earth Natural Foods have built robust and sustainable programs, two sites, Marguerita Johnson Senior Center and Corte Madera Recreation Center, have struggled to sustain an attendance of 20 or more participants. With funding from the Marin County Board of Supervisors, the Marin AAA has solicited the consulting expertise of the San Geronimo Valley Community Center (SGVCC). The SGVCC Senior Lunch has grown over the past 5 years to attract an average of 65 participants every Thursday. Its success is in part due to the community taking ownership of the program. The addition of senior-related programming during and after the lunch as well as multi-generational activities enhances the congregate lunch. SGVCC has invited the coordinators of these two sites to attend lunch at its location and to share best practices. SGVCC has agreed to visit each of these sites to provide technical assistance and provide recommendations to grow and develop these locations with consideration of the unique characteristics of these communities. The Marin AAA will assist in implementing the plan during FY 15-16.

Title III E RFP

The Older Americans Act funds services for unpaid and informal caregivers through Title III E Family Caregiver Support Program, which is locally administered by the Marin County Area Agency on Aging (AAA). Every four years, the AAA issues a Request For Proposal (RFP) to award contracts to qualified home- and community-based agencies serving unpaid family and informal caregivers. The OAA Title III E Family Caregiver Support Program funds a variety of services that fall under five major service categories: 1. Access Assistance; 2. Information Services; 3. Respite; 4. Support Services; and 5. Supplemental Services. Utilizing data gathered from the Family Caregiver Needs Assessment (see "New Data" section above), the Marin AAA developed funding allocations to each of these service categories as described in the RFP.

In January 2015, the RFP was announced to the public. A Bidders Conference was held in February 2015 and was attended by representatives of three service agencies. One bid was received from the Alzheimer's Association. This bid represents a collaboration of eight community-based agencies that work together to deliver an array of services to support family caregivers. The types of services that will be provided are in alignment with the needs expressed by family caregivers. The bid was accepted in March

2015. This collaborative endeavor represents the type of partnership Aging and Adult Services both encourages and strives for.

FISCAL YEAR 2015-16 PRIORITIES

Aging and Adult Services recognizes that serving older adults, persons with disabilities, and family caregivers requires a collaborative infrastructure of internal and external partners.

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 15-16, the fourth 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 15-16 to address the needs of its client population:

- Elder Abuse Prevention
- Elderly Nutrition Program data management and program administration
- 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
- SCSEP
- 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 15-16, which include: 1. Promoting a comprehensive service system; 2. Improving access to information, services and resources; and 3. Supporting local efforts to address needs. Specific objectives in the Goals and Objective section of this Area Plan Updated are noted below where applicable.

DRAFT

PUBLIC HEARINGS

PSA 5

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)

| Fiscal Year | Date | Location | Number of Attendees | Presented in languages other than English? ¹⁰ Yes or No | Was hearing held at a Long-Term Care Facility? ¹¹ Yes or No |
|-------------|----------|---|---------------------|---|---|
| 2012-13 | 4/12/12 | Pickleweed Community Center, San Rafael, CA | 25 | No | No |
| 2012-13 | 10/11/12 | The Dance Palace, Point Reyes Station, CA | 11 | No | No |
| 2013-14 | 4/11/13 | Maria B. Freitas Senior Community, San Rafael, CA | 35 | No | No |
| 2014-15 | 4/10/14 | San Rafael Community Center | 40 | No | No |
| 2015-16 | 4/9/15 | San Rafael Community Center | 40 | No | No |

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

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

Yes Not Applicable if PD and C funds are not used

No, Explain:

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

- N/A

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.

- N/A

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

- The Assistant Director of the San Geronimo Valley Community Center (SGVCC), expressed gratitude for the support provided by the Marin AAA. She shared the Center's success in growing its Congregate Meal Program from 5 attendees to approximately 60/ week. She attributed this success to the fact that the SGVCC has become a gathering place for all community members, regardless of age. Seniors have specific programming, in part funded by the Marin AAA. She feels this is a model which can be replicated by other sites in the county.
- The Executive Director of Marin Villages appreciated that representatives from the Village were made to feel welcome at Commission on Aging meetings. In addition to addressing Assistance with Daily Living (ADL) functions, she asked that the Marin AAA and Marin County aging service providers likewise address other important functions, such as record keeping and paying bills.
- The need to reflect on one's daily accomplishments was expressed.

- The work of the Marin AAA and Commission on Aging in addressing pertinent topics and welcoming members of the community to attend monthly meetings was appreciated.
 - A Commissioner applauded the Marin Aging and Adult Services expanded its Information and Assistance Unit in support of Goal II, “Enhancing access to information about resources.”
 - A Commissioner remarked that he was impressed by the transparency, collaborative nature, and staff of the Marin AAA.
 - A Commissioner applauded the staff of the AAA in following the mandate that the Area Agency on Aging should be a leading advocate in Planning and Service Area (PSA) #5.
 - A Commissioner remarked that the Area Plan Update Presentation and associated report was clear and well written.
7. List major changes in the Area Plan resulting from input by attendees at the hearings.
- N/A

AREA PLAN NARRATIVE GOALS & OBJECTIVES

Area Plan Goals and Objectives, Fiscal Year 2015-2016 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 ¹² | Update Status ¹³ |
|--|-------------------------------|--|-----------------------------|
| 1a. The Housing and Transportation Committee 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 Planning Committee 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 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |

¹² 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.

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

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|---|----------------------|----|-----------|
| 1c. The Division of Aging and Adult Services 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. | 7/1/12 – 6/30/13 | PD | Deleted |
| 1d. Through monitoring and oversight functions, the Older Adult Nutrition Program’s Dietician will work 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%. | 7/1/2012 – 6/30/2013 | | Completed |
| | 7/1/13 – 6/30/2014 | | Completed |
| 1e. The Division of Aging and Adult Services’ 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 Division of Aging and Adult Services 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 Division of Aging and Adult Services 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 | 7/1/2012 – 6/30/2013 | | Completed |

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|--|----------------------|---|-----------|
| compliance. | | | |
| 1h. The Health and Nutrition Committee 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 | | Completed |
| | 7/1/2015 - 6/30/2016 | | Continued |
| 1i. The Health and Nutrition Committee 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 Health and Nutrition Committee will collaborate with the Division of Aging and Adult Services in conducting a survey of older adults to understand the barriers to participation in the CalFresh program. | 7/1/2012 – 6/30/2013 | | Completed |
| 1k: The Division of Aging and Adult Services’ 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. <i>Revised:</i> The Aging and Adult Services’ Volunteer Work Group will utilize the Development Plan created in FY 12/13 (Objective 1e) to recruit and train new volunteers for existing and new senior programming. | 7/1/2013 – 6/30-2014 | C | Completed |
| | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |

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| 1l: The Health and Nutrition Committee 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 |
| 1m: The Legislative Task Force will meet six times to advocate for legislation affecting the needs of seniors and re-authorization of the Older Americans Act. | 7/1/2013 – 6/30/2014 | | Completed |
| | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 1n: The Public Health Nursing Program 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 Division of Aging and Adult Services 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 |
| 1p. The Public Health Nursing Program 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). | 7/1/2013 – 6/30/2014 | | Completed |
| | 7/1/2014 – 6/30/2015 | | Completed |
| <i>Revised:</i> The Public Health Nursing Program will provide post-hospital support to a minimum of 13 older adults returning | | | |

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|---|----------------------|----|-----------|
| home by providing coaching intervention using the Care Transitions Intervention (Coleman Model) in order to prevent at least 75% of clients served from re-hospitalization within 30 days of discharge from the facility. | 7/1/2015 – 6/30/2016 | | Continued |
| 1q. The Long-Term Care Ombudsman and Project Independence programs will partner together to provide support to a minimum of 14 older adults returning home from skilled-nursing facilities following a hospitalization by providing coaching intervention using the Care Transitions Intervention (Coleman Model) in order to prevent at least 75% of clients served from readmitting to a hospital within 30 days of discharge from the facility. | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 1r: The Long-Term Care Ombudsman Program will explore the possibility of establishing a volunteer-based surrogate health care decision-maker initiative to help advocate for long-term care residents who are unrepresented. This project will result in the development of a feasibility report that will guide the Ombudsman program in considering the implementation of a program for residents who do not have capacity, advance directive, and representation. | 7/1/2014 – 6/30/2015 | PD | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 1s. Area Agency on Aging 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 | Completed |
| | 7/1/2015 – 6/30/2016 | C | Continued |
| 1t. Utilizing the data gathered from the Volunteer Survey, the Aging and Adult Services staff will write a new Development Plan to best serve the needs of existing and new volunteers for senior programming. | 7/1/2015 – 6/30/2016 | | 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 ¹⁴ | Update Status ¹⁵ |
|---|-------------------------------|--|-----------------------------|
| 2a. The Health and Nutrition Committee 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 Health and Nutrition Committee 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 Health and Nutrition Committee 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 Housing & Transportation Committee 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 | 7/1/2012 – 6/30/2013 | | Completed |

¹⁴ 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.

¹⁵ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

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|---|----------------------|--|-----------|
| adults. | | | |
| 2d. The Housing & Transportation Committee 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 |
| 2e. The Planning Committee 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 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 2f. The Public Information Committee 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 Long Term Care Ombudsman Program 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 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 2h. The Housing and Transportation Committee 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 Health and Nutrition Committee will organize a public education program at | 7/1/2013 – 6/30/2014 | | Completed |

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|---|----------------------|----|-----------|
| 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. | | | |
| 2j. The Housing and Transportation Committee 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 Editorial Board 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 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 2l. Staff from the Division of Aging and Adult Services will work in collaboration with community partners in the Marin County Health Eating/ Active Living (HE/AL) Task Force to develop strategies for increasing physical activity in the community, with a focus on seniors. <i>Revised</i> Area Agency on Aging 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. | 7/1/2013 – 6/30/2014 | PD | Completed |
| | 7/1/2014 – 6/30/2015 | C | Completed |
| 2m. The Health and Nutrition Committee 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. | 7/1/2014 – 6/30/2015 | | Completed |

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|--|----------------------|----|-----------|
| 2n. The Housing and Transportation Committee 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. | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| 2o. The Area Agency on Aging 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. | 7/1/2014 – 6/30/2015 | PD | Completed |
| 2p. Area Agency on Aging 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. | 7/1/2014 – 6/30/2015 | PD | Completed |
| 2r. The Health and Nutrition Committee will present to least two different communities the importance of end of life decision making. At this time, they will distribute toolkits as compiled in FY 14-15 Objective 2m. | 7/1/2015 – 6/30/2016 | | 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 ¹⁶ | Update Status ¹⁷ |
|--|-------------------------------|--|-----------------------------|
| 3a. The Health and Nutrition Committee 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 Health and Nutrition Committee representatives in collaboration with Division of Aging and Adult Services 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 Health and Nutrition Committee and Department of Aging and Adult Services 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 Health and Nutrition Committee will organize a public education program at a | 7/1/2012 – 6/30/2013 | | Completed |

¹⁶ 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.

¹⁷ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

| | | | |
|---|----------------------|----|-----------|
| Commission on Aging meeting, at the Margaret Todd Senior Center on fall prevention and fall follow-up. | | | |
| <p>3d. The Planning Committee will work with at least one community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of piloting a community project that addresses the needs of its members.</p> <p><i>Revised:</i> The Planning Committee will identify and work with a unique community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of facilitating a community project that addresses the needs of its members.</p> <p><i>Revised:</i> The Planning Committee will work with at least one community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of piloting a community project that addresses the needs of its members.</p> | 7/1/2012 – 6/30/2013 | PD | Completed |
| | 7/1/2013 – 6/30/2014 | PD | Completed |
| | 7/1/2014 – 6/30/2015 | C | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| <p>3e. The Division of Aging and Adult Services will coordinate all elder abuse prevention, investigation and resolution activities, including the Marin Financial Abuse Specialist Team (FAST) and quarterly community presentations on the prevention of elder abuse.</p> | 7/1/2012 – 6/30/2013 | C | Completed |
| | 7/1/2013 – 6/30/2014 | | Completed |
| | 7/1/2014 – 6/30/2015 | | Continued |
| <p>3f. Staff members of the Long Term Care Ombudsman Program will sponsor and participate in a Volunteer Planning Group made up of division volunteer programs. The focus will be to increase efficiencies in the recruitment, orientation, training and retention of volunteers. A minimum of six meetings annually to be held.</p> | 7/1/2012 – 6/30/2013 | PD | Completed |
| | 7/1/2013 – 6/30/2014 | C | Completed |

| | | | |
|---|----------------------|--|-----------|
| <p><i>Revised:</i> Staff members of the Long Term Care Ombudsman Program will continue participating in the Volunteer Planning Group made up of division volunteer programs. A minimum of six meetings will be held annually.</p> | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| <p>3g. The Legislative Task Force will recruit at least two members from the public to advocate for legislation affecting seniors and the disabled.</p> | 7/1/2013 – 6/30/2014 | | Completed |
| | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| <p>3h. The Housing and Transportation Committee will collaborate with community partners, including Marin Transit, Marin Housing, and IHSS to identify existing service gaps in housing and transportation resources, resulting in two presentations of results to isolated senior groups.</p> | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| <p>3i. The Legislative Task Force 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.</p> | 7/1/2014 – 6/30/2015 | | Completed |
| | 7/1/2015 – 6/30/2016 | | Continued |
| <p>3j. The Health and Nutrition Committee 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.</p> | 7/1/2014 – 6/30/2015 | | Completed |
| <p>3k. The Area Agency on Aging 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.</p> | 7/1/2014 – 6/30/2015 | | Completed |

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| | | | |
| 3l. Area Agency on Aging 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 | Completed |
| | 7/1/2015 – 6/30/2016 | C | Continued |
| 3m. The newly formed Aging and Adult Services’ Information, Assistance, Intake, and Referral unit will provide a better customer service experience and improve client populations’ access to resources by standardizing trainings for all unit staff and volunteers, developing a comprehensive web-based resource guide, and partnering with a coalition of agencies, including those that participated in the Aging Action Initiative. | 7/1/2015 – 6/30/2016 | PD | New |

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SERVICE UNIT PLAN OBJECTIVES

PSA 5

**Fiscal Year 2015-2016 Update
TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

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).

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker

Unit of Service = 1 hour

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

| | | | |
|-----------|-----|---|--|
| 2012-2013 | 120 | I | |
| 2013-2014 | 120 | I | |
| 2014-2015 | 120 | I | |
| 2015-2016 | 120 | I | |

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 | N/A | N/A | |

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 | 72,000 | I | |

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 | N/A | N/A | |

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 | 656 | I | |

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 | 580 | I | |

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 | 14,256 | I | |
| 2015-2016 | 14,256 | I | |

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 | N/A | N/A | |

10. Transportation

Unit of Service = 1 one-way trip

| Fiscal Year | Goal Numbers | Objective Numbers (if applicable) |
|-------------|--------------|-----------------------------------|
|-------------|--------------|-----------------------------------|

| | Proposed Units of Service | | |
|-----------|-------------------------------------|-----|--|
| 2012-2013 | N/A | N/A | |
| 2013-2014 | N/A | N/A | |
| 2014-2015 | N/A | N/A | |
| 2015-2016 | N/A | N/A | |

11. Legal Assistance

Unit of Service = 1 hour

| Fiscal Year | Proposed 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 | 1,607 | I | |

12. Nutrition Education

Unit of Service = 1 session per participant

| Fiscal Year | Proposed 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 | 1,250 | I | |

13. Information and Assistance

Unit of Service = 1 contact

| Fiscal Year | Proposed 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 | 1,680 | I | |

14. Outreach

Unit of Service = 1 contact

| Fiscal Year | | Goal Numbers | Objective Numbers(if applicable) |
|-------------|--|--------------|----------------------------------|
| | | | |

| | Proposed Units of Service | | |
|-----------|--------------------------------------|---|--|
| 2012-2013 | 443 | I | |
| 2013-2014 | 443 | I | |
| 2014-2015 | 443 | I | |
| 2015-2016 | 443 | I | |

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 | N/A | N/A | N/A |

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 | N/A | N/A | N/A |

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 | N/A | N/A | N/A |

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 | 25 | I | 1p, 1q |

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 Management¹⁸
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 | N/A | N/A | |

Title III B, Other Supportive Services¹⁹

¹⁸ 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 | 5,524 | I | |

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 | N/A | N/A | |

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 | 1,600 | I | |

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 | 320 | I | |

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 2013-3014 Update**

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

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

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

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

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

**2012–2016 Four-Year Planning Period:
FY 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 | 4 |

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

| 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 | N/A |

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

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

| Fiscal Year | Total Number of Individuals Served |
|-------------|------------------------------------|
| 2012-13 | 300 |

| | |
|---------|-----|
| 2013-14 | 300 |
| 2014-15 | 300 |
| 2015-16 | 300 |

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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).

Direct Services

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

| | | | |
|------------------------------|--------------------------|--|--|
| Support Services | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Respite Care | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

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

| | | | |
|------------------------------|--------------------------|--|--|
| 2015-2016 | | | |
| Support Services | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Respite Care | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

Contracted Services

| Contracted III E Family Caregiver Services | <i>Proposed Units of Service</i> | <i>Required Goal #(s)</i> | <i>Optional Objective #(s)</i> |
|---|---|-------------------------------|------------------------------------|
| Information Services | # of activities and total est. audience for above: | | |
| 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: 0 Total est. audience for above: | 0 | |
| Access Assistance | Total contacts | | |
| 2012-2013 | 450 | 1 | |

| | | | |
|------------------------------|-------------------|---|--|
| 2013-2014 | 450 | I | |
| 2014-2015 | 450 | I | |
| 2015-2016 | 970 | I | |
| Support Services | Total hours | | |
| 2012-2013 | 1,035 | I | |
| 2013-2014 | 1,035 | I | |
| 2014-2015 | 1,035 | I | |
| 2015-2016 | 1001 | I | |
| Respite Care | Total hours | | |
| 2012-2013 | 1,934 | I | |
| 2013-2014 | 1,934 | I | |
| 2014-2015 | 1,934 | I | |
| 2015-2016 | 2,200 | I | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | 0 | | |
| 2013-2014 | 0 | | |
| 2014-2015 | 0 | | |
| 2015-2016 | 0 | | |

| Contracted III E Grandparent Services | <i>Proposed</i> Units of Service | <i>Required</i> Goal #(s) | <i>Optional</i> Objective #(s) |
|--|--|-------------------------------------|--|
| Information Services | # of activities and Total est. audience for above | | |
| 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: | | |
| Access Assistance | Total contacts | | |

| | | | |
|------------------------------|--------------------------|--|--|
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Support Services | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Respite Care | Total hours | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |
| Supplemental Services | Total occurrences | | |
| 2012-2013 | | | |
| 2013-2014 | | | |
| 2014-2015 | | | |
| 2015-2016 | | | |

PSA #5

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

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

| |
|--|
| Location/Name (AAA office, One Stop, Agency, etc): 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? | |

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**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. 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 3rd column.

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

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

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

Section 1. Primary HICAP Units of Service

| Fiscal Year (FY) | 1.1 Estimated Number of Unduplicated Clients Counseled | Goal Numbers |
|---------------------|--|--------------|
| 2012-2013 | 210 | |
| 2013-2014 | 132 | |
| 2014-2015 | 397 | |
| 2015-2016 | 329 | |

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

| Fiscal Year (FY) | 1.2 Estimated Number of Public and Media Events | Goal Numbers |
|-------------------------|--|---------------------|
| 2012-2013 | 21 | |
| 2013-2014 | 12 | |
| 2014-2015 | 29 | |
| 2015-2016 | 21 | |

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

| Fiscal Year (FY) | 2.1 Estimated Number of Contacts for all Clients Counseled | Goal Numbers |
|-------------------------|---|---------------------|
| 2012-2013 | 1,207 | |
| 2013-2014 | 1,449 | |
| 2014-2015 | 2,378 | |
| 2015-2016 | 2,078 | |

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.

| Fiscal Year (FY) | 2.2 Estimated Number of Persons Reached at Public and Media Events | Goal Numbers |
|-------------------------|---|---------------------|
| 2012-2013 | 1,674 | |
| 2013-2014 | 1,820 | |
| 2014-2015 | 2,020 | |
| 2015-2016 | 2,220 | |

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 | 150 | |

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 | 1176 | |

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 | 1,776 | |

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.

| Fiscal Year (FY) | 2.6 Estimated Part D and Enrollment Assistance Contacts | Goal Numbers |
|-------------------------|--|---------------------|
| | | |

| | | |
|-----------|------|--|
| 2012-2013 | 367 | |
| 2013-2014 | 638 | |
| 2014-2015 | 1097 | |
| 2015-2016 | 983 | |

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.

| Fiscal Year (FY) | 2.7 Estimated Number of Counselor FTEs in PSA | Goal Numbers |
|-------------------------|--|---------------------|
| 2012-2013 | 12 | |
| 2013-2014 | 777 | |
| 2014-2015 | 986 | |
| 2015-2016 | 1,118 | |

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) ²⁰ N/A

| State Fiscal Year (SFY) | 3.1 Estimated Number of Clients Represented Per SFY (Unit of Service) | Goal Numbers |
|--------------------------------|---|---------------------|
| 2012-2013 | | |
| 2013-2014 | | |
| 2014-2015 | | |
| 2015-2016 | | |
| State Fiscal Year (SFY) | 3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service) | Goal Numbers |
| 2012-2013 | | |
| 2013-2014 | | |
| 2014-2015 | | |

²⁰ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

| | | |
|--------------------------------|---|---------------------|
| 2015-2016 | | |
| State Fiscal Year (SFY) | 3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service) | Goal Numbers |
| 2012-2013 | | |
| 2013-2014 | | |
| 2014-2015 | | |
| 2015-2016 | | |

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PRIORITY SERVICES

PSA 5

2012-2016 Four-Year Planning Cycle

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 funds²¹ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service & 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 **20%**

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 **5%**

Legal Assistance Required Activities²²:

¹² 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.

¹³ 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 **5%**

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

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 5

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

| Title III B | 12-13 | 13-14 | 14-15 | 15-16 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Information and Assistance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Coordination | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Long-Term Care Ombudsman | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Title III D | 12-13 | 13-14 | 14-15 | 15-16 |
| <input checked="" type="checkbox"/> Disease Prevention and Health Promotion | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Medication Management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title III E | 12-13 | 13-14 | 14-15 | 15-16 |
| <input type="checkbox"/> Information Services ²³ | <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"/> |

²³ 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.

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

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PSA 5

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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:²⁴

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.²⁵

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.

¹⁵ Section 16 does not apply to Title V (SCSEP).

¹⁶ 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

PSA 5

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:²⁶

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.²⁷

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.

¹⁵ Section 16 does not apply to Title V (SCSEP).

¹⁶ 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

PSA 5

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

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:²⁸

- 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.²⁹

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.

¹⁵ Section 16 does not apply to Title V (SCSEP).

¹⁶ 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

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

Total Number of Board Members: 5

Name and Title of Officers:

**Office Term
Expires:**

| | |
|--|------|
| Supervisor Katie Rice, President | 1/17 |
| Supervisor Steve Kinsey, Vice-President | 1/17 |
| Supervisor Judy Arnold, 2 nd Vice President | 1/17 |
| | |
| | |
| | |
| | |

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

Board Term

| | |
|--|------|
| Supervisor Judy Arnold, 2 nd Vice President | 1/19 |
| Supervisor Damon Connolly | 1/19 |
| Supervisor Steve Kinsey, Vice-President | 1/17 |
| Supervisor Katie Rice, President | 1/17 |
| Supervisor Kathrin Sears | 1/17 |
| | |
| | |

ADVISORY COUNCIL

PSA 5

ADVISORY COUNCIL MEMBERSHIP 2012-2016 Four-Year Planning Cycle Fiscal Year 2014-2015 Update

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

Total Council Membership (include vacancies) 23

Number of Council Members over age 60: 22

| Race/ Ethnic Comparison | % of PSAs 60+ Population** | % on Advisory Council*** |
|---------------------------------|----------------------------|--------------------------|
| White | 80.5% | 91% |
| Hispanic | 14% | 0% |
| Black | 3% | 9% |
| Asian/ Pacific Islander | 0.6% | 0% |
| Native American/ Alaskan Native | 0.5% | 0% |
| Other | 1.4% | 0% |

**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 | 6/16 |
| Teri Dowling, Vice Chairperson | 6/15 |
| Salamah Locks, Secretary | 6/15 |
| | |
| | |
| | |

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

| | |
|--|------|
| Chrisula Asimos, Ph.D. | 6/15 |
| Francie Bedinger | 6/16 |
| Elli Bloch (California Senior Legislature) | 6/18 |
| Allan Bortel (California Senior Legislature) | 6/18 |
| Sybil Boutilier | 6/17 |
| Girija Brilliant | 6/17 |
| Teri Dowling | 6/15 |
| Vera Gertler | 6/16 |
| Marianne Gontarz York | 6/17 |
| Conn Hickey | 6/15 |
| Mitzi Kemp | 6/17 |
| Judi Kirshbaum | 6/15 |
| Suellen Lamorte | 6/17 |
| Beth Livoti | 6/16 |
| Salamah Locks | 6/15 |
| James Monson | 6/16 |
| Nancy Peters-Janover | 6/15 |

| | |
|----------------|------|
| Patricia Smith | 6/16 |
| Jody Timms | 6/15 |
| Sharon Turner | 6/16 |
| Fran Wilson | 6/17 |
| Carol Zeller | 6/17 |

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

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Low Income Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Disabled Representative | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Supportive Services Provider Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health Care Provider Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family Caregiver Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Local Elected Officials | <input 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 disabled. The Commission will continue to do outreach to targeted populations, including those that disabled.

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

PSA 5

2012-2016 Four-Year Area Planning Cycle: Fiscal Year 14/15 Update

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.³⁰

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

³⁰ 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 | 1 |

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. Legal Aid of Marin b. c. | a. Marin County 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.

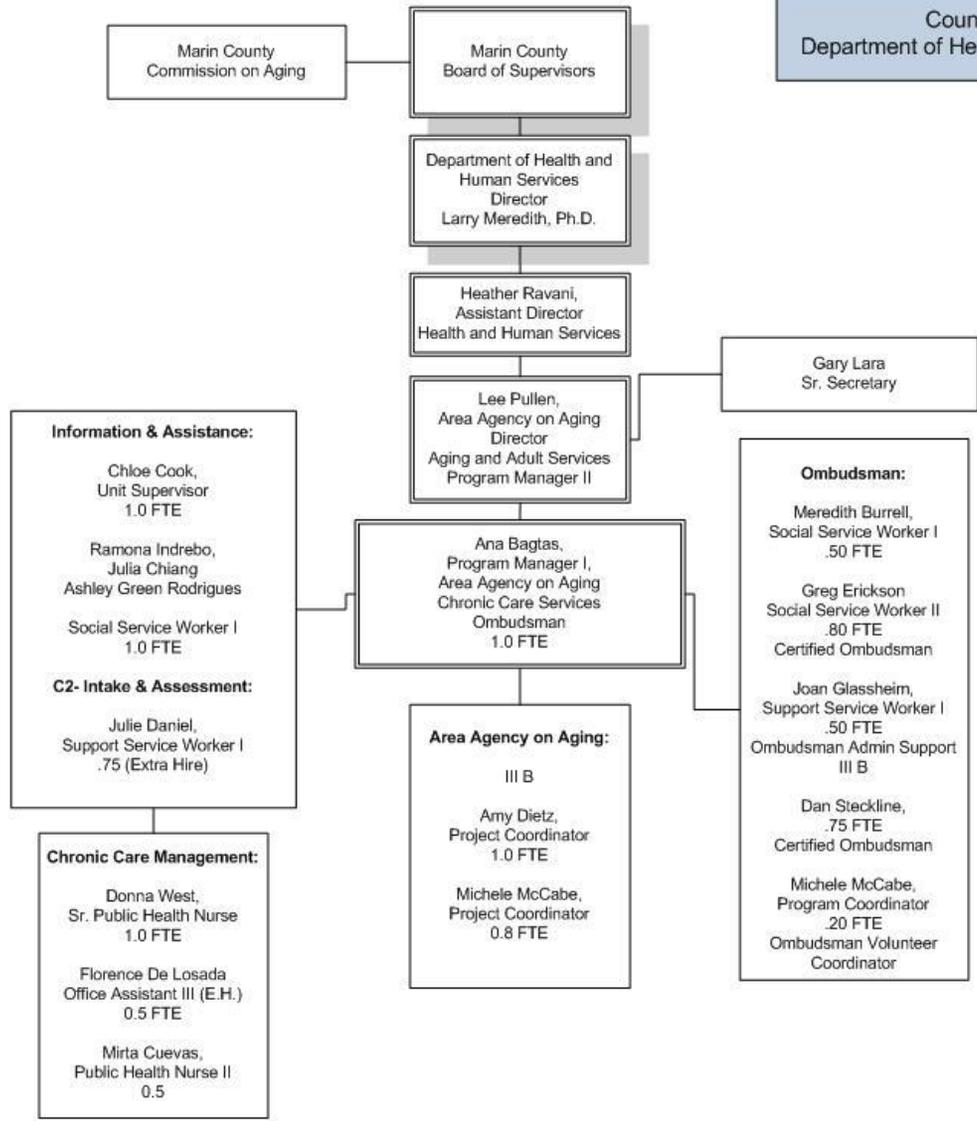
13. What other organizations or groups does your legal service provider coordinate services with? Discuss:

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.

DRAFT

Area Agency on Aging
PSA 5

County of Marin –
Department of Health and Human Services



ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

(A) services associated with access to services (transportation, **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.