



*Monterey County*

**Area Agency on Aging**

**2013-2014**

**Area Plan Update**



*"Assistance, Advocacy and Answers on Aging."*





# Table of Contents

PSA 32

	<i>Page</i>
Area Plan Update Checklist .....	2
Transmittal Letter .....	3
Introduction .....	4
Mission.....	5
Description of Monterey County AAA .....	6
Section 4 Estimate of Lower Income Minority Older Individuals .....	7
Section 7 Public Hearings .....	11
Section 9 Area Plan Objectives.....	13
Section 10 Service Unit Plan (SUP) Objectives:	
Title III/VII Service Unit Plan Objectives .....	14
Title IIIB and Title VIIA Long-Term Care	
Ombudsman Program Outcomes .....	20
Elder Abuse Prevention Service Unit Plan Objectives .....	27
Title III E Service Unit Plan Objectives .....	30
SCSEP Service Unit Plan Objectives.....	33
HICAP Service Unit Plan.....	34
Section 13 Priority Services ( <i>Minimum Percentage/Adequate Proportion</i> ) .....	38
Section 17 Advisory Council .....	40
Appendix 1 Public Hearing Notice – English.....	42
Appendix 2 Public Hearing Notice – Spanish .....	43
Appendix 3 Public Hearing Handout – English.....	44
Appendix 4 Public Hearing Handout – Spanish .....	45

**Note:** This is the amended version \_\_\_\_\_, 2013 that includes all edits by the California Department of Aging.



## 2013-2014 Area Plan Update Checklist

PSA 32

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	<b>Update ALL of the following ANNUALLY:</b>		
n/a	APU-( <i>submit electronically only</i> )	<input checked="" type="checkbox"/>	
n/a	Transmittal Letter–( <i>must have original signatures or official signature stamp</i> )	<input checked="" type="checkbox"/>	
2, 3, or 4	Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	Public Hearings that will be conducted	<input checked="" type="checkbox"/>	
n/a	Annual Budget	<input type="checkbox"/>	
10	Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>	
	<b>If there has been a CHANGE from the 2012/16 Area Plan, or if the section was not included in the 2012/16 Area Plan, update the following:</b>	Mark changed/ Not Changed (C or N/C) C      N/C	
5, 8, 13	Minimum Percentage/Adequate Proportion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment <sup>1</sup>	N/C	<input type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	N/C	<input type="checkbox"/>
9	• Title III B-Funded Programs	N/C	<input type="checkbox"/>
9	• Title III B-Transportation	N/C	<input type="checkbox"/>
9	• Title III B-Funded Program Development/Coordination (PD or C)	N/C	<input type="checkbox"/>
9	• Title III B/VIIA- Long-Term Care Ombudsman/Elder Abuse Prevention Program	N/C	<input type="checkbox"/>
9	• Title III C-1	N/C	<input type="checkbox"/>
9	• Title III C-2	N/C	<input type="checkbox"/>
9	• Title III D		<input checked="" type="checkbox"/>
20	• Title III E-Family Caregiver Support Program	N/C	<input type="checkbox"/>
9	• Title V-SCSEP Program	N/C	<input type="checkbox"/>
9	• HICAP Program	N/C	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	N/C	<input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	N/C	<input type="checkbox"/>
16	Governing Board	N/C	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Legal Assistance	N/C	<input type="checkbox"/>

<sup>1</sup> Prior to the development of the 2016/2020 Area Plan at least one Needs Assessment must be conducted.

# *Transmittal Letter*

## **2013-2014 Area Plan Update**

**AAA Name: Monterey County Area Agency on Aging**

**PSA 32**

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Fernando Armenta

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

2. Ryan Flagg

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. Sam Trevino

\_\_\_\_\_  
Signature: Area Agency on Aging Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Original signatures or official signature stamps are required on original copy submitted to the California Department of Aging.

# *Introduction*

## PSA 32

This report is an annual update to the 2012-2016 Area Plan and is submitted annually to the California Department of Aging in compliance with Older Americans Act requirements. The update report provides an opportunity to make adjustments to the Area Plan. This update report is limited in scope and addresses only those areas from the 2012-2016 Area Plan that require a change. The Area Plan Update Checklist on page two identifies the components being updated in this report. The 2012-2016 Area Plan remains the primary source of information for local planning and system development efforts.

The findings from the needs assessment conducted in support of the Area Plan remain unchanged. As reported in the 2012-2016 Area Plan, the needs of greatest importance to seniors are food, transportation, and access to affordable health care and insurance, affordable housing and assistance with legal affairs round out the top five needs identified by Monterey County seniors.

The goals and objectives reported in the 2012-2016 Area Plan remain relevant and stand unchanged. The AAA continues to lead local efforts in a redesign of the service delivery system to better integrate and coordinate Long Term Services and Supports, also known as social supports, with health care services. On the advocacy front, the AAA Advisory Council has been active in identifying issues important to seniors and working with policy makers to strengthen social security and Medicare, bring attention to the problem of elder and dependent adult abuse, and call for parity in the provision of mental health services and treatment for older adults.

In addition to system planning and advocacy, the AAA contracts with an array of community based senior service providers for the provision of services funded under the Older Americans Act. In the last year the AAA performed a three year trend analysis of service units performed by service contractors. The findings of the trend analysis indicate service units were over projected for some providers, and under projected for others. The findings from the trend analysis will be used to reconcile the agency's service unit plan estimates and will be reflected in service contracts commencing fiscal year 2013-2014.

The AAA has been notified by the California Department of Aging (CDA) of funding reductions due to federal sequestration. These funding cuts take effect immediately and will continue with two additional waves of funding cuts in Fiscal Year 2013-2014. Final impact upon AAA operations and service contracts can not be determined as of the writing of this Area Plan Update. The AAA is working to minimize the effect upon current contract providers and to assure that services continue as much as possible throughout all Monterey County communities. Federal Sequester will result in across the board reductions for all AAA funded services next fiscal year. Final budget allocations for fiscal year 2013-2014 are not available at the time of writing this Update. The federal sequester does not impact Area Plan system planning or advocacy goals and objectives.

## *Mission*

### PSA 32

The AAA has adopted the guiding mission as established by the California Code of Regulations (CCR Article 3, Section 7302). The mission statement reads as follows:

“To provide leadership in addressing issues that relate to older Monterey County residents; to develop community-based systems of care that provide services which support independence, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

In addition, the Monterey County Area Agency on Aging strives to:

- Lead community planning efforts to meet future service needs of older adults
- Inspire the development of partnerships to work collaboratively on behalf of older adults
- Promote professional knowledge and development
- Serve as advocate for the development of community based services for older adults
- Promote a respect of social and cultural diversity
- Engage older adults and family caregivers in identifying service needs and priorities

The Monterey County AAA further believes in the rights of older adults to live in dignity with an adequate income in retirement; to have access to the best possible physical and mental health without regard to economic status; to be given opportunities for employment.

The AAA adopts the following values important to older adults:

- **Quality of Life**  
“I want to be treated with dignity and respect”
- **Quality of Care**  
“I want service providers to be knowledgeable, experienced and well trained”
- **Access and Affordability**  
“I want to be able to easily find services and be able to afford them”
- **Choice and Person-Centered Services**  
“I want to be in charge and have options presented to me”
- **Lowest Level of Care**  
“I want to stay in my own home”

All together, this information provides the framework within which the AAA carries out its duties and responsibilities.

# *Description of Monterey County AAA*

## PSA 32

The Area Agency on Aging (AAA) is an office of County government administered through the Department of Social Services (DSS). The AAA in Monterey County functions as an administration responsible for system planning, advocacy, and grant making. The role of the AAA is established through federal law under the Older Americans' Act which was enacted in 1965.

The AAA has intradepartmental linkages with the following DSS programs: Information and Assistance; Adult Protective Services; In Home Supportive Services; CalFresh; and, Medi-Cal, MC-Choice Community Outreach. These programs are administered through the department's Community Benefits and Aging and Adult Services Branches.

The AAA demonstrates its leadership responsibilities through planned actions designed to engage community members and service providers in fulfilling the goals and objectives of the agency's Four Year Area Plan. The AAA values the concept of shared leadership and takes initiative to form partnerships and to motivate the talents, expertise and strengths of the aging and disability services network in Monterey County.

The AAA operates a Public Information Office that regularly provides information to service providers and the public. The AAA has a strong connection to local news media representatives and regularly promotes aging news and information. The AAA maintains professional relationships with the service provider community through one-on-one interaction, Board presentations, consultations, and regularly scheduled quarterly meetings with the Monterey County Aging & Disability Services Network.

*“The purpose of the Aging and Disability Services Network is to provide a forum to interact with like minded professionals to access resources and participate in learning opportunities that build valuable relationships.”*

The AAA promotes community involvement through the AAA Advisory Council. The Advisory Council provides guidance and input into the implementation of the Four Year Area Plan, and acts as an advocate to promote the interests of older adults, people with disabilities, and family caregivers. Advisory Council membership strives to represent the diversity of the county. Other means by which the AAA works to engage community input is through visits with consumers at service locations throughout the county, provider based consumer satisfaction surveys, interactions with the public through community resource fairs and other public events, outreach activities, and through a formal countywide needs assessment conducted every four years.

## Section 4 (Required)

# *Estimate of Lower Income Minority Older Individuals*

PSA 32

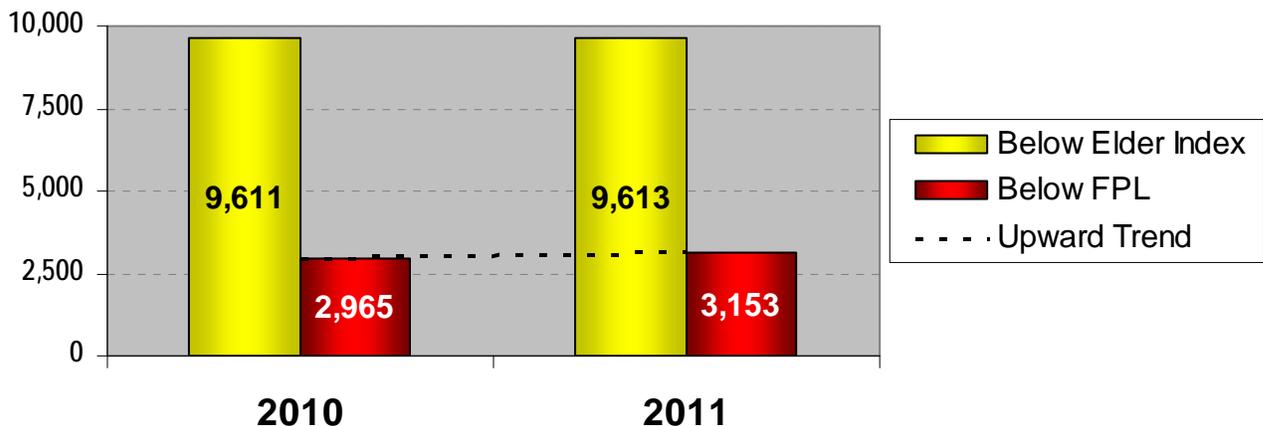
The U.S. Census, American Community Survey <sup>2</sup> provides updated information each year on the total estimated number of residents in Monterey County by age group. The table below reflects an increase of 3.5% in the 60 and older population from the prior year:

AGE	Total Population by Age Group	% of Total	Male	% of Total	Female	% of Total
<b>60-64</b>	19,536	4.7%	9,743	2.4%	9,793	2.4%
<b>65-69</b>	14,864	3.6%	6,046	1.5%	8,818	2.1%
<b>70-79</b>	19,604	4.8%	8,884	2.2%	10,720	2.6%
<b>80 &amp; up</b>	12,893	3.1%	4,955	1.2%	7,938	1.9%
<b>Total 60+</b>	66,897	16.3%	29,628	7.2%	37,269	9.1%
<b>Total 65+</b>	47,361	11.5%	19,885	4.8%	27,476	6.7%

The information available for low income seniors uses the Federal Poverty Level (FPL) measure (\$10,580 maximum annual earnings for single individuals). Unfortunately, the FPL does not reflect true cost of living differences. An alternative measure used to determine senior poverty is the Elder Economic Security Standard Index<sup>3</sup> (\$24,715 maximum annual earnings for single individual renting).

A comparison of the two measures shows a poverty growth trend for seniors 65 and over living in our area. The FPL indicates a growth in the poverty rate from 7.1% (2,965) in 2010<sup>4</sup> to 7.4% (3,153) in 2011. Using the Elder Index shows three times the number of seniors living in poverty.<sup>5</sup>

### Number of Monterey County Seniors in Poverty



<sup>2</sup> U.S. Census, American Community Survey 2007-2011, Table B01001, total population all ages 411,385.

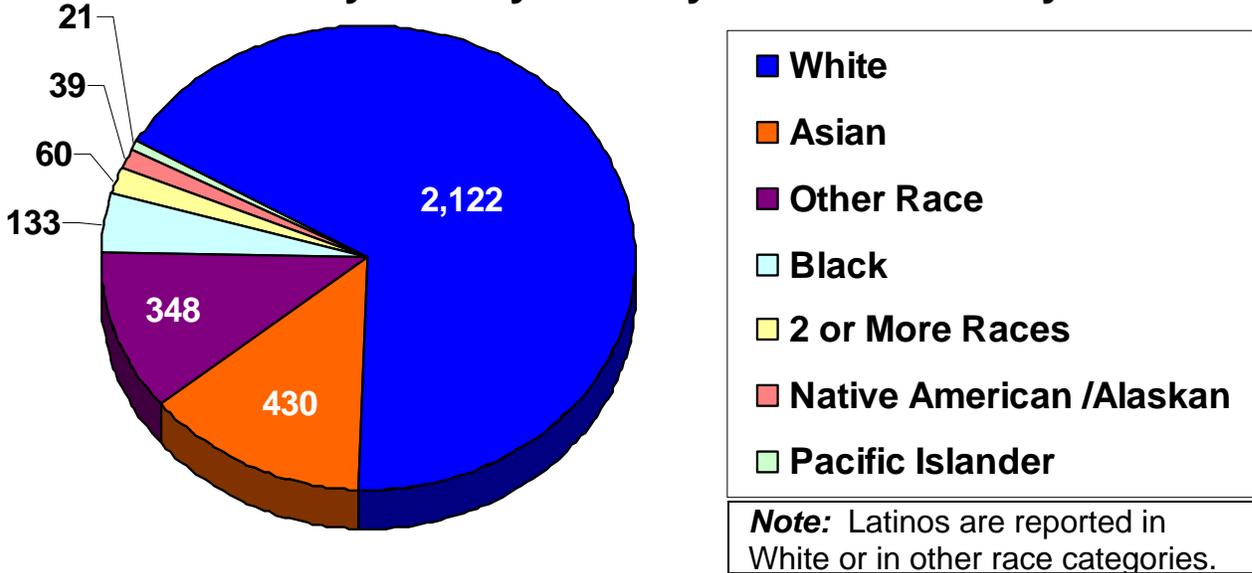
<sup>3</sup> The Elder Economic Security Standard Index (Elder Index) is a measure of economic security for older adults developed by Wider Opportunities for Women in collaboration with the Gerontology Institute at the University of Massachusetts Boston.

<sup>4</sup> U.S. Census, American Community Survey 2006-2010, Table S1701.

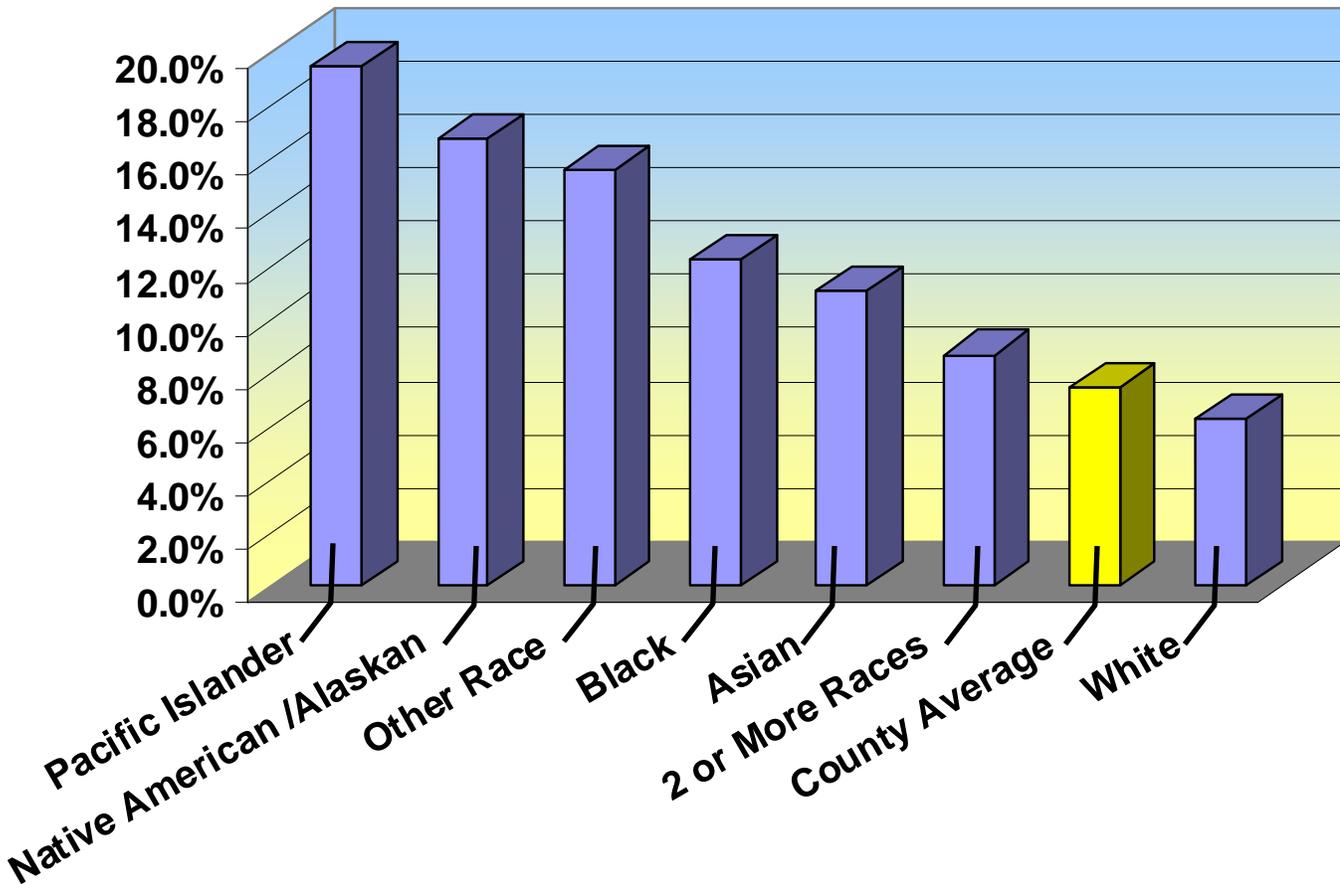
<sup>5</sup> U.S. Census, American Community Survey 2007-2011, Table B17024.

A closer analysis of seniors in poverty by race<sup>6</sup> is another factor used by the AAA to determine individuals in greatest economic need:

### Monterey County Poverty for 65 & Over by Race



### Monterey County Poverty Rates for 65 & Over by Race



<sup>6</sup> U. S. Census, American Community Survey 2007-2011, Tables B17001A through B17001G.

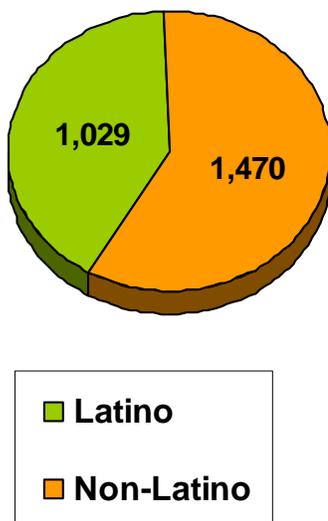
Comparing the “number of seniors in poverty” to “poverty rates by race” are different perspectives in reviewing the issue of poverty for seniors in our communities. Both approaches provide insights and new information about minority populations in need.

A quick glance at the charts above shows that \*White seniors (\*Inclusive of Latinos per U.S. Census) make up the vast majority of seniors in poverty and accounts for 67% of all seniors in poverty. However, the rate of poverty for seniors in this category is the lowest of all the racial groups when factoring the ratio to total number of persons in the category (2,122). This translates to 1 in 15 White seniors live in poverty.

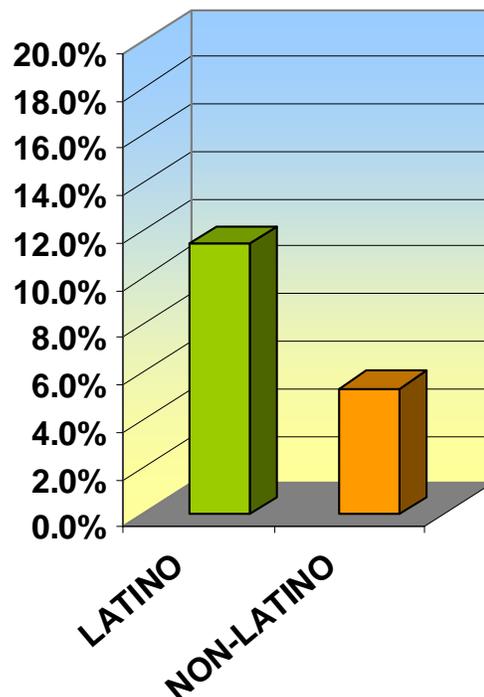
The same comparison for Pacific Islander seniors shows only 21 seniors in poverty (1% of the total), but the rate indicates that 1 in 5 Pacific Islanders live in poverty. Similar analysis of all racial groups indicates small percentages of the overall population but much higher rates of poverty when weighed against the average rate.

The U.S. Census, American Community Survey captures estimates for the Latino population under ethnicity. The U.S. Census reports Latinos as White. Latinos may also identify with other race categories such as black, and other race. Latinos account for 62% of the total population for all age groups but only 25% of the senior population in Monterey County is Latino. Although the actual number of non-Latinos 65 and over is higher (1,470) compared with Latinos in the same age group (1,029), the rate of poverty is more than double for Latino seniors.

**Monterey County Poverty for 65 & Over Latinos & Non-Latinos**



**Monterey County Poverty Rates for 65 & Over Latinos & Non-Latinos**



The analysis of poverty for racial groups provides a perspective that acknowledges diversity which is necessary to better understand the presence and impacts of poverty in the senior community. This information is used to help shape culturally appropriate outreach to minority senior populations. This compels the AAA to continue supporting targeted outreach efforts.

It is equally important to recognize the unique experience of middle class older adults across all ethnic and race backgrounds. This segment of the older adult population find themselves ineligible for many public assistance programs such as In Home Supportive Services, CalFresh, and service coordination programs like the Multipurpose Senior Services Program (MSSP). The middle class often experience falling through the cracks, not poor enough to qualify for public services, and not wealthy enough to purchase services privately. This segment of the community has greater reliance up family caregivers and other informal supports.

In summary, the aging population is growing in Monterey County each year and it is anticipated that the number of seniors will double in 16 years. Sadly the rate of poverty for seniors is rising as well and that is especially true for vulnerable minority populations that already experience poverty at much higher rates. All indicators show that the true need for services by low and middle income seniors will continue the service delivery system.

**Section 7 (Required)**  
**Public Hearings**  
 PSA 32

**(Scheduled for April 18<sup>th</sup> 2013)**

**Conducted for the 2013-2014 Planning Period**

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>7</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>8</sup> Yes or No
2012-13	April 18, 2013	Monterey County AAA Advisory Council Meeting, Salinas	<b>X</b>	Spanish available	<b>No</b>

**The following must be discussed at each Public Hearing conducted during the planning cycle:**

1. **Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**
  - a. Public Hearing Notice in English and Spanish, flyers developed, distributed, and posted (see Appendixes 1 and 2).
  - b. Emails to existing list-serves including service providers.
  - c. Press releases to local newspapers: Salinas Californian including El Sol, Monterey Herald, Pine Cone, South County papers (4 editions).
  - d. Flyers and communications widely distributed through the Aging & Disability Services Network (email, meetings, front lobbies).
  
2. **Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?**
  - Yes. Go to question #3
  - Not applicable, PD and C funds are not used. Go to question #4
  
3. **Summarize the comments received concerning proposed expenditures for PD and C.**

Not applicable.
  
4. **Attendees were 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. Go to question #5
  - No, Explain:

<sup>7</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>8</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.



**Section 9 (Required if recent changes)**  
*Area Plan Narrative Goals and Objectives*  
 PSA 32

There is only one objective change from the 2012-2015 Area Plan that is updated below. All other goals and objectives remain the same.

**Goal 3: California Department of Aging Required Program Goals<sup>9</sup>**

<b>Goal</b>			
The AAA will support services that promote healthy aging.			
<b>Rationale</b>			
Quality of life is an indicator for attaining a healthy aging outlook. The needs assessment finds seniors identify staying physically fit as important.			
<b>Objective 3.1</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
The AAA will contract with a local provider who will provide the following evidence-based health promotion programs; Arthritis Exercise and Tai Chi for Arthritis. Outcomes will improve participants health, well-being, and strengthen disease self-management skills. The programs will provide 500 contacts of Health Promotion annually.	07/01/13 – 06/30/16	Title III D Disease Prevention/ Health Promotion	

<sup>9</sup> Program goals and objectives as specified and required by the California Department of Aging.

**Section 10 (Required)**  
***Service Unit Plan (SUP) Objectives***

PSA 32  
 2013-2014 Annual Plan 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. They are defined in the [NAPIS State Program Report](#).

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#).

Report the 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).

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

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**Note:** Funding for personal care services are being discontinued in FY 13-14. For justification see section 13 "Priority Services," page 36 of this report.

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**Note:** Refer to Section 13 "Priority Services, page 36 for justification.

**3. Chore**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**4. Home-Delivered Meal****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	253,725	3	
2013-2014	202,000	3	
2014-2015			
2015-2016			

**Note:** A three-year trend analysis shows the projected numbers from the prior four year Area Plan did not match service delivery outputs. Service unit targets beginning FY 13-14 will reflect a more accurate projection.

**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	1,700	3	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**Note:** The sole day care provider in the PSA did not submit a bid to contract for services with the AAA. The provider will continue to provide services without fiscal support from the AAA using alternative funding.

**6. Case Management****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**7. Assisted Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**8. Congregate Meals****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	61,250	3	
2013-2014	46,000	3	
2014-2015			
2015-2016			

**Note:** A three-year trend analysis shows the projected numbers from the prior four year Area Plan did not match service delivery outputs. Service unit targets beginning FY 13-14 will reflect a more accurate projection.

**9. Nutrition Counseling****Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**10. Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015			
2015-2016			

**Note:** The contract for services will be discontinued for 2013-14. Federal sequester, limited funds, and costs prevent continued funding. AAA focus on transportation issues will be directed toward planning and coordination activities with the local transportation network. The initial contract for the transportation vendor was intended as seed money to assist with start up.

**11. Legal Assistance****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	14,000	3	
2013-2014	10,000	3	
2014-2015			
2015-2016			

**Note:** A three-year trend analysis shows the projected numbers from the prior four year Area Plan did not match service delivery outputs. Service unit targets beginning FY 13-14 will reflect a more accurate projection.

**12. Nutrition Education****Unit of Service = 1 session per participant**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,000	3	
2013-2014	4,390	3	
2014-2015			
2015-2016			

**Note:** A three-year trend analysis shows the projected numbers from the prior four year Area Plan did not match service delivery outputs. Service unit targets beginning FY 13-14 will reflect a more accurate projection

**13. Information and Assistance****Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5,000	3	
2013-2014	9,000	3	
2014-2015			
2015-2016			

**Note:** Bridging with County Social Services staff resources has increased service delivery capacity increasing service unit outputs.

**14. Outreach****Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5,900	3	
2013-2014	15,000	3	
2014-2015			
2015-2016			

**Note:** Increased service unit outputs reflects program development and increased staff capacity and community linkages.

### 15. NAPIS Service Category – “Other” Title III Services

- 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 CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- **Title III D/Health Promotion and Medication Management requires a narrative goal and objective.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

#### Title III B, Other Supportive Services <sup>10</sup>

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

#### Service Category 15-Community Education

#### Unit of Service 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,480	3	
2013-2014	0	0	
2014-2015			
2015-2016			

**Note:** Funding for Community Education services will be discontinued for 2013-14. Federal sequester and limited funds result in shifting funds to legal assistance which is a designated service priority.

**Instructions for Title III D /Health Promotion and Medication Management:** List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, 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 preventive 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.

<sup>10</sup> Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities: Evidence based health promotion, health screening, and physical fitness**

- **Title III D/Health Promotion:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

**Evidence-base health promotion for Chronic Disease Self-Management:** Classes and one-on-one support in Arthritis Exercise.

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	250	3	3.1
2013-2014	1,250	3	3.1
2014-2015			
2015-2016			

**Evidence-base health promotion for Chronic Disease Self-Management:** Classes and one-on-one support in Tai Chi for Arthritis

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	250	3	3.1
2013-2014	1,250	3	3.1
2014-2015			
2015-2016			

**Note:** Service unit increases reflect program developments and increased resource capacity bridging additional resources via service partnership with the Arthritis Foundation

**Title III D Medication Management <sup>11</sup>**

**Units of Service = 1 Contact**

**Service Activities:** \_\_\_\_\_

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	0		
2013-2014	0		
2014-2015			
2015-2016			

<sup>11</sup> Refer to Program Memo 01-03

**TITLE III B and Title VII A:**

**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2013-2014 Annual Plan Update**

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: 75% Number of complaints resolved (152) + Number of partially resolved complaints (0) divided by the Total Number of Complaints Received (280) = Baseline Resolution Rate 54%	
2. FY 2012-2013 Target: Resolution Rate 84%	
3. FY 2011-2012 AoA Resolution Rate 77%	FY 2013-2014 Target: Resolution Rate 70%
4. FY 2012-2013 AoA Resolution Rate ___%	FY 2014-2015 Target: Resolution Rate ___%
5. FY 2013-2014 AoA Resolution Rate ___%	FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

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

FY 2010-2011 Baseline: number of meetings attended 22
2. FY 2012-2013 Target: 24
3. FY 2011-2012 AoA Data: 22      FY 2013-2014 Target: 24
4. FY 2012-2013 AoA Data: ____      FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____      FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2010-2011 Baseline: number of meetings attended 0
2. FY 2012-2013 Target: number: 0
3. FY 2011-2012 AoA Data: 1      FY 2013-2014 Target: 0
4. FY 2012-2013 AoA Data: ____      FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____      FY 2015-2016 Target: ____
Program Goals and Objective Numbers: N/A

**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 32
2. FY 2012-2013 Target: 40
3. FY 2011-2012 AoA Data: 40      FY 2013-2014 Target: 40
4. FY 2012-2013 AoA Data: ____      FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____      FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

**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 178
2. FY 2012-2013 Target: 228
3. FY 2011-2012 AoA Data: 244    FY 2013-2014 Target: 228
4. FY 2012-2013 AoA Data: ____    FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____    FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

**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 8
2. FY 2012-2013 Target: 9
3. FY 2011-2012 AoA Data: 5    FY 2013-2014 Target:: 9
4. FY 2012-2013 AoA Data: ____    FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____    FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

## G. Systems Advocacy

- 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.

### **Systemic Advocacy Efforts:**

Work collaboratively with residential care facilities and law enforcement to improve response and investigation of abuse complaints.

Participate in legislative advocacy efforts related to quality of care and quality of life for resident in LTC.

Encourage SNF to provide regular family councils to family members who have a resident living in a LTC facility.

**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 (16) divided by the number of Nursing Facilities (16).	
2. FY 2012-2013 Target: 100%	
3. FY 2011-2012 AoA Data: 100%	FY 2013-2014 Target: 100%
4. FY 2012-2013 AoA Data: ___%	FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___%	FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

**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: 74%	
Number of RCFEs visited at least once a quarter not in response to a complaint (45) divided by the number of RCFEs (61).	
2. FY 2012-2013 Target: 75%	
3. FY 2011-2012 AoA Data: 75%	FY 2013-2014 Target: 75%
4. FY 2012-2013 AoA Data: ___%	FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___%	FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

**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: 1.76 FTEs
2. FY 2012-2013 Target:: 1.76 FTEs
3. FY 2011-2012 AoA Data: 1.76 FTEs      FY 2013-2014 Target: 1.76 FTEs
4. FY 2012-2013 AoA Data: ____ FTEs    FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FTEs    FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

**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: 25
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013: 28
3, FY 2011-2012 AoA Data: 28 certified volunteers  FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014: 31
4. FY 2012-2013 AoA Data: ____ certified volunteers  FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015: ____
5. FY 2013-2014 AoA Data: ____ certified volunteers  FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

**A.** At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV: 2

**Please obtain this information from the local LTC Ombudsman Program Coordinator.**

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV: 2

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV: 2

FY 2013-2014 Target: 2

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV \_\_\_\_\_

FY 2014-2015 Target: \_\_\_\_

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV \_\_\_\_\_

FY 2015-2016 Target: \_\_\_\_

Program Goals and Objective Numbers: Goal #3, Objective 3.2

**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 Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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 unpaid family caregivers who are receiving services under Title III E of the Older Americans' Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – 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.

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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2012-13	24
2013-14	100
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2012-13	2
2013-14	30
2014-15	
2015-16	

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

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

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2012-2013		
2013-2014		
2014-2015		
2015-2016		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2012-2013	200
2013-2014	200
2014-2015	
2015-2016	

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

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

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

**Direct and/or Contracted III EServices**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	85 activities Total est. audience for above: 1300	3	
2013-2014	125 activities Total est. audience for above: 10,000	3	
2014-2015			
2015-2016			
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	800	3	
2013-2014	1,300	3	
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	2,800 hours	3	
2013-2014	2,000 hours	3	
2014-2015			
2015-2016			

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	1,363	3	
2013-2014	1,500	3	
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	0		
2013-2014	0		
2014-2015			
2015-2016			

### Direct and/or Contracted III E Services

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	0 activities 0 estimated audience	N/A	
2013-2014	0 activities 0 estimated audience	N/A	
2014-2015			
2015-2016			
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	520 hours	3	
2013-2014	500 hours	3	
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	1,800 hours	3	
2013-2014	3,000 hours	3	
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	46 occurrences	3	
2013-2014	46 occurrences	3	
2014-2015			
2015-2016			

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

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

PSA 32 does not provide the Senior Community Service Employment Program, and as a result, has not completed the following chart:

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

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)**

**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 State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**HICAP PAID LEGAL SERVICES:** Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

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

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	1,325	3
2013-2014	1,400	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	115	3
2013-2014	116	3
2014-2015		
2015-2016		

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

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	4,700	3
2013-2014	5,200	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	5,000	3
2013-2014	5,100	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	780	3
2013-2014	800	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	1,760	3
2013-2014	1,800	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	3,650	3
2013-2014	4,000	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	3,070	3
2013-2014	3,500	3
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	26.0	3
2013-2014	26.0 (1,200 hours*)	3
2014-2015		
2015-2016		

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

\*Tracking method was changed during FY 2012-2013 and is now hourly based.

### Section 3: HICAP Legal Services Units of Service (if applicable)<sup>12</sup>

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015		
2015-2016		

<sup>12</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**Section 13 (Required if recent changes)**  
**Priority Services**  
**PSA 32**

**2013-2014 Area Plan Update**

---

**Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>13</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

---

Category of Service and the 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

2012-13 **30%**    2013-14 **30%**    2014-15 **30%**    2015-16 **30%**

**In-Home Services:**

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

2012-13 **5%**    2013-14 **0%**    2014-15 **0%**    2015-16 **0%**

**Legal Assistance Required Activities:**<sup>14</sup>

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

2012-13 **25%**    2013-14 **25%**    2014-15 **25%**    2015-16 **25%**

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.<sup>32</sup>

---

<sup>13</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>14</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

The percentages remain the same as the previous period for **Access** and **Legal Assistance** and have been confirmed by the AAA through the planning process including the Needs Assessment analysis and input from the public hearings. Mandates of the Older Americans' Act that outline outreach and targeting requirements have been met.

The percentage of Title III B funds for **In-Home Services** is changed to zero "0" percent effective fiscal year 2013-2014 through 2015-2016. The AAA has confirmed this change in adequate proportion through the planning process, input from the Advisory Council, and a public hearing. Alternative community resources exist within the PSA for the continued provision of personal care, homemaker, chore and adult day care. The existing service providers of In-Home Services are serving individuals in greatest economic and social need and are able to continue service delivery in absence of AAA funding. The needs assessment conducted in support of the 2012-2016 Area Plan did not identify In-Home Services as a priority area. This shift in funding supports local planning efforts to eliminate duplication of effort and rebalances reduced funding due to the federal sequester to other core services such as information and Assistance, Outreach, and legal services. These funded services deliver larger service unit outcomes and demonstrate greater community impact.

**Section 17 (Required if recent changes)**  
*Advisory Council*

**ADVISORY COUNCIL MEMBERSHIP  
2013-2014 Annual Plan Update**

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

**Total Council Membership (include vacancies)** 15 (2 Vacancies)

**Number of Council Members over age 60** 7

53 % of PSA (current)

<b>Race/Ethnic Composition</b>	<u>60+Population</u>	<u>% on Advisory Council</u>
White	<u>10</u>	<u>77%</u>
Hispanic	<u>3</u>	<u>23%</u>
Black	<u>0</u>	<u>0%</u>
Asian/Pacific Islander	<u>0</u>	<u>0%</u>
Native American/Alaskan Native	<u>0</u>	<u>0%</u>
Other	<u>0</u>	<u>0%</u>

**Name and Title of Officers:**

**Office Term Expires:**

Ryan Anthony Flagg, Chair. At Large, Executive Committee	01-01-14
Wendy Franscioni, Vice-Chair, At Large, Planning, Evaluation & Allocation Committee	01-01-14

**Name and Title of other members:**

**Office Term Expires:**

Vacant, 1 <sup>st</sup> District, Armenta	01-01-15
Vacant, 2 <sup>nd</sup> District, Calcagno	01-01-14
José Vasquez, 3 <sup>rd</sup> District	01-01-16
Tom Tessier, 4 <sup>th</sup> District	01-01-14
Marilyn Bloom, 5 <sup>th</sup> District	01-01-16
Maria Kovell, At Large	01-01-14
Robert Petty, At Large	01-01-15
Marvin Wolf, At Large	01-01-15
Olivia Quezada, At Large	01-01-16
Frances White, At Large	01-01-15
Helene Brodrick, At Large	01-01-16
Linda Melendez, At Large	01-01-14
Kathleen Adamson, At Large	01-01-15

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

Explain any "No" answer(s): \_\_\_\_\_

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

Each member of the Board of Supervisors (5) appoints one member to serve for a three-year term. The Council recommends ten (10) Community-at-Large Representatives to the Board of Supervisors for appointment.



## **Public Hearing**

### ***Monterey County Area Agency on Aging***

#### **We Value Your Comments**

Monterey County Area Agency on Aging is conducting a **Public Hearing** to provide the latest information on supportive services for seniors and persons with disabilities.

The Area Agency on Aging is the local agency responsible for the planning and development of services for seniors under the Federal Older Americans Act. The purpose of the Public Hearing is to receive input from the general public on the 2013-2014 Area Plan Update.

*Please join us:*

**Thursday, April 18th, 2013 at 1:45 pm**  
**AAA Advisory Council Meeting**  
**1000 S. Main St., Ste. 110**  
**Salinas, CA 93901**

Spanish translation will be available.

RSVP is requested for attendees who require disability or access accommodations. RSVP is requested no later than one week prior to the public hearing by calling Teresa Pureco at (831) 796-1553 or via email at [purecotm@co.monterey.ca.us](mailto:purecotm@co.monterey.ca.us)





## **Audiencia Publica**

### *Agencia del Área para Personas de la Tercera Edad del Condado de Monterey*

#### **Nosotros Valoramos sus Comentarios**

La Agencia del Área para Personas de la Tercera Edad del Condado de Monterey esta llevando a cabo una **Audiencia Pública** para proveer la información mas reciente en servicios de apoyo para personas de la tercera edad y personas con discapacidades.

La Agencia del Área para Personas de la Tercera Edad es la agencia local responsable en planear y desarrollar los servicios para personas de la tercera edad bajo El Acto Federal para los Americanos de la Tercera Edad.

El propósito de las Audiencia Pública es de obtener información del publico en general sobre la Actualización del Plan del Área 2013-2014.

Acompañenos el:

Jueves 18 de Abril del 2013 a la 1:45pm

AAA Junta del Consejo Asesor

1000 S. Main St., Ste. 110

Salinas, CA 93901

Traducción en Español disponible.

Se requiere reservar con anticipación a los asistentes con discapacidades o arreglos de acceso. Reserve con una semana antes de la Audiencia Pública llamando a Teresa Pureco al (831) 796-1553 o [purecotm@co.monterey.ca.us](mailto:purecotm@co.monterey.ca.us)





## **Public Hearing**

The Area Agency on Aging is the local agency responsible for the planning and development of services for seniors under the Federal Older Americans Act. The purpose of the Public Hearing is to receive input from the general public on the 2013-2014 Area Plan Update.

**Why are we here today?** To let you know about our on-going work and provide the latest information:

- What is an Area Plan?
- Review of 2013-2014 Area Plan Update (*written report*).
- Review the Minimum Percentages of funding for Supportive Services, Title III B:
  - Access to Services – 30%
  - In-Home Services – 5%
  - Legal Assistance – 25%
- Review progress on Area Plan Goals.

*For questions or more information about the AAA or this presentation please call Kathleen Murray-Phillips at (831) 796-3530 or via email at [murrayphillipsk@co.monterey.ca.us](mailto:murrayphillipsk@co.monterey.ca.us)*

If you or someone you know needs services please call our toll-free number at **1-800-510-2020**.



## Audiencia Pública



La Agencia del Área para Personas de la Tercera Edad es la agencia local responsable en planear y desarrollar los servicios para personas de la tercera edad bajo El Acto Federal para los Americanos de la Tercera Edad. El propósito de las Audiencia Pública es de obtener información del publico en general sobre la Actualización del Plan del Área 2013-2014.

**¿Porque estamos hoy aquí?** Para hacerle saber acerca de nuestro trabajo en curso y proveer la información mas reciente:

- ¿Que es el Plan del Área?
- Revisar el Plan del Área Actual 2013-2014 (reporte escrito).
- Revisar los Porcentajes Mínimos de Financiamiento para Servicios de Apoyo, Titulo III B:
  - Acceso a Servicios – 30%
  - Servicios en Casa – 5%
  - Asistencia Legal – 25%
- Revisar el progreso de las Metas del Plan del Área

*Para preguntas o mas información acerca de la AAA o esta presentación llame a Kathleen Murray-Phillips al (831) 796-3530 o por correo electrónico a [murrayphillipsk@co.monterey.ca.us](mailto:murrayphillipsk@co.monterey.ca.us)*

Si usted o alguien que usted conoce necesita servicios por favor llame al numero gratuito **1-800-510-2020**

