



Monterey County Area Agency on Aging 2016-2020 Area Plan

"Assistance, Advocacy and Answers on Aging"



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Note: This version updated on June 27, 2016 with changes required by the California Department of Aging.

Area Plan Required Components Checklist

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Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps – no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting (<i>Greatest Social & Economic Need</i>)	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	
9	Title III B Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
9	Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
9	Title III B/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

Transmittal Letter

Four-Year Area Plan 2016-2020

AAA Name: Monterey County Area Agency on Aging

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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. Jane Parker

Signature: Governing Board Chair ¹

Date

2. Kelly Vasquez

Signature: Advisory Council Chair

Date

3. Margaret Huffman

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

Section 1 – *Mission Statement*

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

“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 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 others 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 care 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.

Section 2 – Description of the Planning and Service Area (PSA)

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Planning and Service Area (PSA) 32 for Monterey County was established as an Agency on Aging (AAA) in 1980 by the State of California and the Monterey County Board of Supervisors. As a result, federal and state funding has supported a variety of programs that have served older residents for over thirty-six years. These programs have changed over time to meet the shifting needs of seniors, but services have remained focused on the basic needs of the most vulnerable elders living in the County.

Monterey County is located on the central coast of California and is famous worldwide for panoramic ocean views and the rich agriculture harvests of the Salinas Valley. Ranking sixteenth in geographic size compared to all other Californian counties with 3,324 square miles², the mid-size county is considered mostly rural with scattered unincorporated communities and small towns. However, the inland City of Salinas and the Peninsula cities including the City of Monterey are urban in nature.

Monterey County's population of 431,344³ ranks twentieth largest in the State and continues to grow each year. Not only do residents enjoy the mild and temperate climate, but the region is equally appealing to tourists and farmers alike. It is no surprise that the tourism and farming industries employ nearly half of all working adults in the county and the diverse population reflects those industries⁴. Although that economic base has led to the County's wealth for decades, it also means many of the jobs are low-paying and seasonal in nature creating higher unemployment in the winter months⁵.

Monterey County's Senior Population Growth

The overall population growth in Monterey County includes a rise in senior residents; however there are some interesting factors to consider. The U.S. Census, American

² Wikipedia resource https://en.wikipedia.org/wiki/Monterey_County,_California .

³ The United States American Community Survey 2014 B01001; 1 year sample, Monterey County Report..

⁴ Monterey County Economic Report 2010-11 <http://www.mcabc.biz/economic-report/>

⁵ Working poor numbers climb in Monterey County, published in The California (part of the USA Today network, July 18, 2015 <http://www.thecalifornian.com>

Community Survey ⁶ provides updated information each year on the total estimated number of residents in Monterey County by age group. Using the same data sources each year reveals trends and assists in determining priorities as a part of the planning process. The table below reflects the most recent estimates available and shows an overall increase of 3.3% in the 60 and older population from the prior year:

2014 Older Population in Monterey County by Age Group						
AGE	Total Population by Age Group	% of Total Population All ages	Male	% of Total Population All ages	Female	% of Total Population All ages
60-64	22,033	5.11%	11,400	2.64%	10,633	2.47%
65-69	15,245	3.53%	7,415	1.72%	7,830	1.82%
70-79	18,596	4.31%	8,456	1.96%	10,140	2.35%
80 & up	14,054	3.26%	5,391	1.25%	8,663	2.01%
Total 60+	69,928	16.21%	32,662	7.57%	37,266	8.64%
Total 65+	47,895	11.10%	21,262	4.93%	26,633	6.17%

Prior to 2000, the population of seniors grew approximately 1% each year in Monterey County; however that rapidly changed as the Baby Boomer generation⁷ aged and entered retirement. In the decade that followed, the numbers of older adults 60 and over began to escalate at a rate three times historical levels and far surpassed the growth rates of other age groups. Similar population increases have been experienced in recent years and are projected to continue through 2030 until the last of the boomers stop working.

There could be other reasons why the senior population is exploding in Monterey County and one thought is that seniors relocate to a mild coastal climate to enjoy their golden years. Additionally, unlike their parents' generation, Boomers are showing a preference to age in place rather than relocate to traditional retirement communities elsewhere. Although there is no specific resource to review the migration of seniors in particular, the California Department of Finance does estimate the change in the total population for each county⁸ (all ages). Between

⁶ U.S. Census, American Community Survey 2010-2014, Table B01001, total population all ages, Monterey County Report.

⁷ Baby boomers are those born between the years 1946 and 1964.

⁸ California Department of Finance, Demographic Unit, Table E2 California County Population Estimates and Components of Change by Year – July 1, 2010 through 2015.

2010 and 2014, more people actually left Monterey County compared to the number that came to reside. In 2015, there was a modest increase in the net migration into the County and that could be an indication of the economic recovery as well as other factors. Never-the-less, it will be an important piece to monitor in the next few years to better understand the nature of population increases.

Another factor to consider, is that migrant farm workers are less migrant. This is due to increased and year-round production demands for local agricultural products, but could also be a result of a larger issue. Present-day farm workers are building Social Security retirement benefits due to a simple change in hiring practices. The Social Security Program was created as a fundamental source of retirement income for most working class employees, however, farm workers were often misclassified as independent contractors. As a result, payroll deductions and employer contributions for Social Security were not required. This had serious retirement security consequences for farm workers across the country for decades, and especially for Latino workers⁹. Legislative changes at the national and state level in the past few years has helped to strengthen Social Security retirement benefits for farm workers and advocacy continues. Monterey County's immense agricultural workforce has everything to gain from these efforts and, as a result, farm workers could be more likely to remain in the county after retirement.

Monterey County's Population Shift to More Seniors

The senior population for adults 60 and older has continued to grow throughout California while other age groups have remained steady or declined. That has created an overall age shift in the population across the State and particularly for Monterey County. Although the local demographic change is similar, it is more extreme.

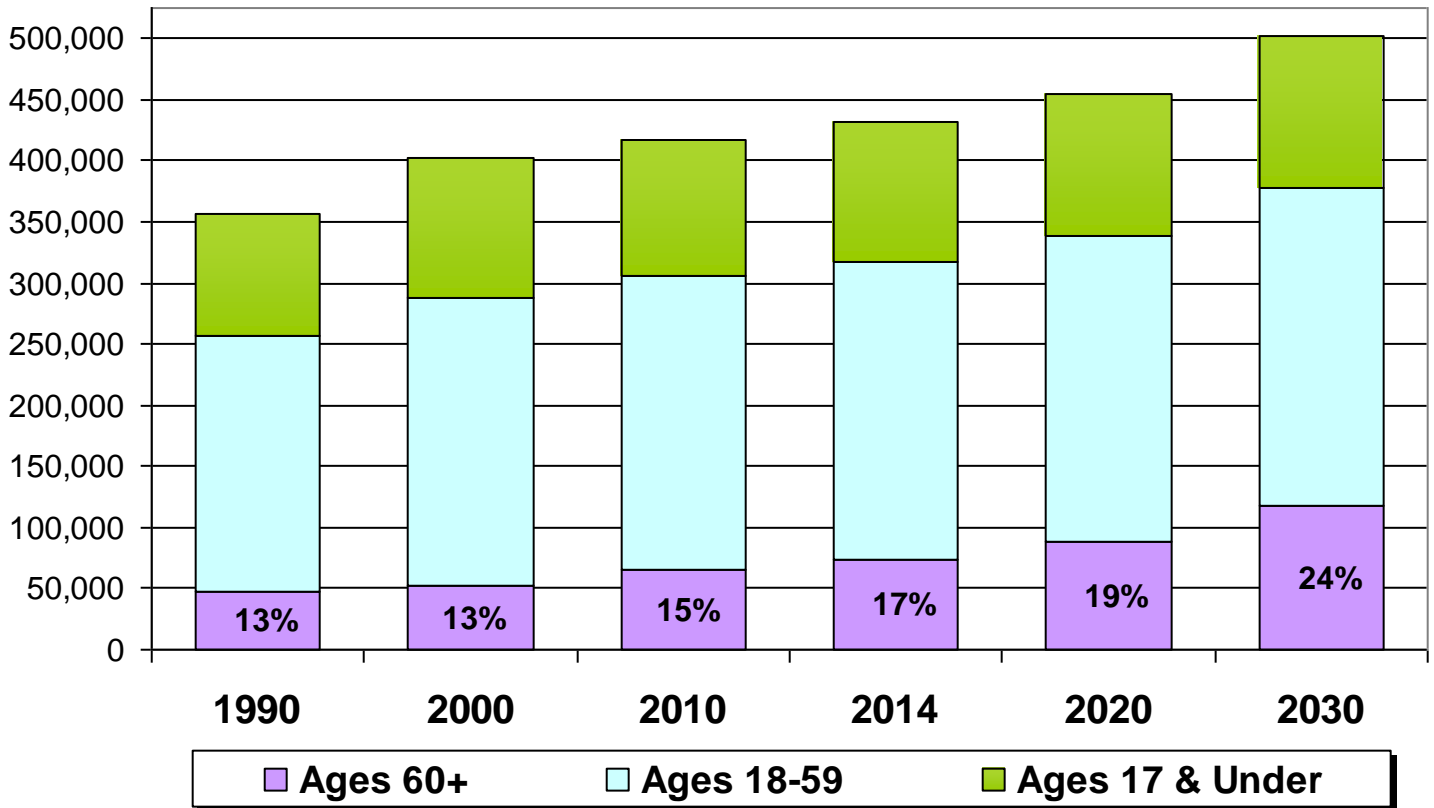
By 2030, it is estimated that the County's senior population will comprise 24% of the total population. Although the Monterey County projection is only a little higher than the State's projected average of 22.5%¹⁰, this is another indicator that community planners must take seriously. As the senior population continues to increase in numbers and to shift to a larger proportion, it will be necessary to increase long term services and supports to keep pace with the growth in the aging population.

⁹ National Academy of Social Insurance: Social Security Innovative Policy Program, Strengthening Social Security for Farm Workers: The Fragile Retirement Prospects for Hispanic Farm Worker Families 2009 by Bárbara J. Robles, PhD.

¹⁰ Vision 2025: A New Vision for California's Area Agencies on Aging, Sept. 2015, <http://www.c4a.info>

Ages of Monterey County Population

Actual Estimates and Future Projections



Seniors in Poverty Getting Poorer

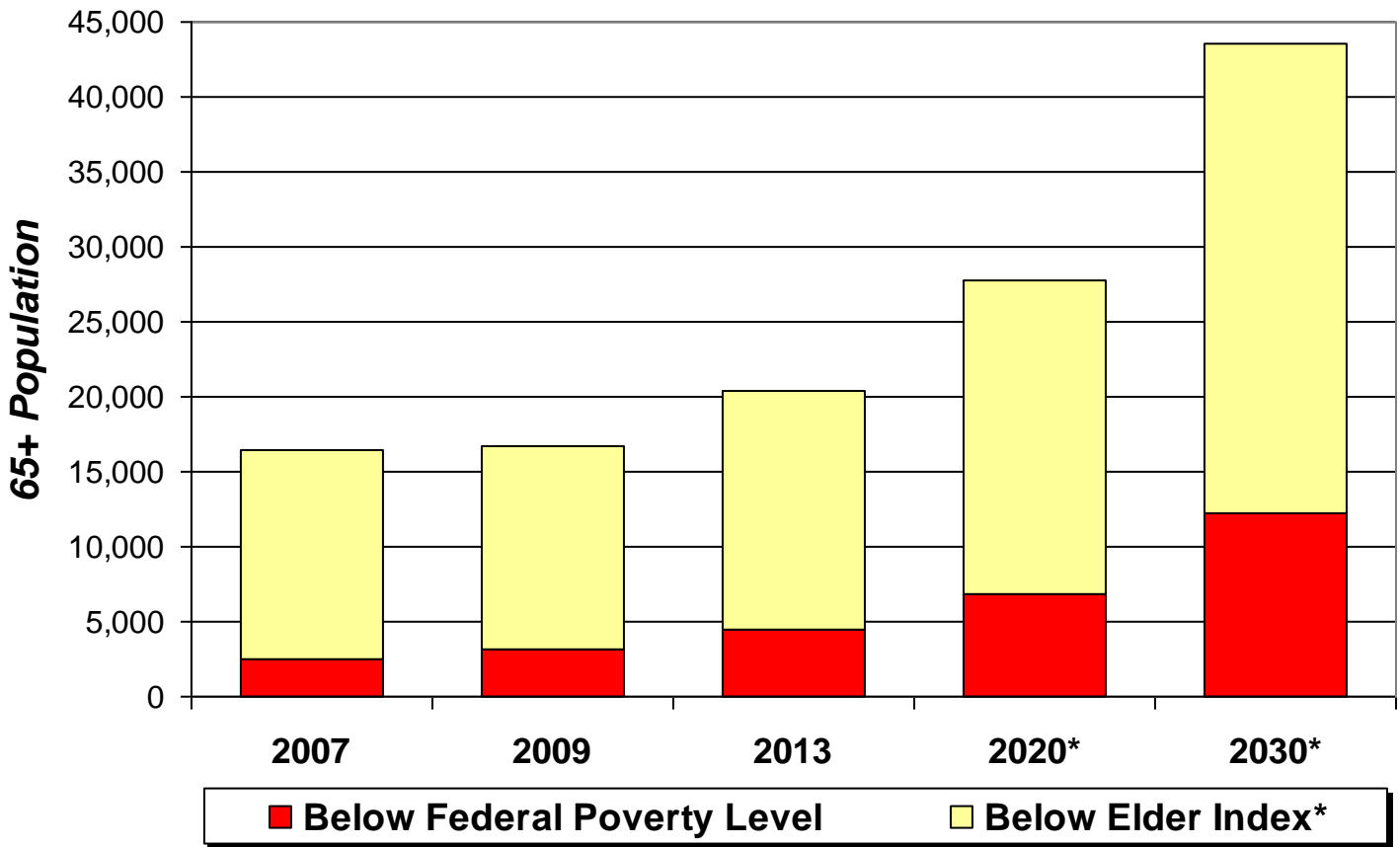
Not only is Monterey County's population aging, but poverty rates for seniors have been increasing at faster rates. This is challenging to measure for all seniors eligible for AAA services ages 60 and over because poverty information using the Federal Poverty Level (FPL) is only available for those 65 and over. Also FPL guidelines are entirely inadequate for the State of California due to the high cost of living compared to the rest of the nation. Although the states of Hawaii and Alaska have specialized FPL income values, California's neediest seniors are required to follow the same program eligibility as residents of the lowest cost of living states of Arkansas and North Dakota.

Another approach to measure true poverty for Monterey County seniors is a tool called the Elder Economic Security Standard Index (Elder Index)¹¹. This measure is

¹¹ Developed by Wider Opportunities for Women in collaboration with the Gerontology Institute at the University of Massachusetts in Boston and adapted for California by the UCLA Center for Health Policy Research.

customized for each California County and takes into consideration the specific costs a senior must manage to live independently. The 2013 Elder Index shows that the annual cost for a single elder to live alone in Monterey County is \$36,048. That is more than three times the FPL allowance of \$11,490 for the same year. The seniors that have incomes between the FPL and the Elder Index are the “hidden poor” in our communities. They don’t qualify for most assistance programs but can’t afford to cover all their expenses.

Monterey County's Hidden Poor
Older Residents Struggling to Survive



Estimates¹² and projections¹³ above reflect that the number of seniors 65 and over living below the FPL will double in the next ten years in Monterey County. Coupled with the high cost of the area, these seniors are the most vulnerable and are more likely to be people of color.

¹² Resource information from the Elder Index and U.S. Census, American Community Survey 2005-2013, Tables B17024, 3 Year Estimates.

¹³ Based on prior year growth rates.

The probability (rates) of most minority seniors living in poverty is much higher than for White seniors. However that is often overshadowed by a review of the absolute numbers¹⁴.

2014 Monterey County Seniors 65+ in Poverty by Race		
White	3,216	1 in 12 are likely to be poor
Asian	406	1 in 10 are likely to be poor
Other Race	319	1 in 6 are likely to be poor
Black	213	1 in 6 are likely to be poor
Mixed Race	105	1 in 7 are likely to be poor
Native American Or Alaskan	98	1 in 4 are likely to be poor - Highest Rate
Pacific Islander	6	1 in 18 are likely to be poor – Lowest Rate
Total below FPL	4,363	Regardless of Race, almost 1 in 10 seniors live in poverty

Ethnicity is another important factor to consider in Monterey County when planning to serve seniors living in poverty. The overall population is more than 64% Latino, however that drops to less than 9% for older Latinos 65 and over¹⁵. Because most Latinos are classified as white by race, understanding this related issue requires a comparison between Latinos and Non-Latinos.

2014 Monterey County Seniors 65+ Latinos and Non-Latinos		
Latinos	1,738	1 in 6 are likely to be poor - Much Higher

The planning efforts of the AAA in recent years has been to compare information from consistent sources and to use the same methodology in an effort to analyze the current and future senior populations. Local results appear higher than state averages at a time that unprecedented, rapid growth in the number of seniors needing services is already beyond capacity. The reality in the near future to

¹⁴ U.S. Census, American Community Survey 2010-2014, Tables B17001 through B17001L.

¹⁵ U.S. Census, American Community Survey 2010-2014, Tables B17001H and B17001I.

preserve and strengthen services is stark without additional support to meet the needs of a growing and increasingly needy senior population.

Section 3 – *Description of the Area Agency on Aging*

PSA 32

The Monterey County Department of Social Services (DSS) administers the Area Agency on Aging (AAA) and functions primarily as a grant maker and planning body. Most services federally funded through the Older Americans Act are contracted out to local non-profits and government organizations. Historically, this approach has compelled the AAA to seek community partners that already do similar work and can align services to meet shared goals to help seniors in need of services and supports. Although Monterey County is considered a medium sized county by many, there are few community based organizations with the capacity to provide AAA services and meet national criteria. Never-the-less, core programs with the highest priorities have been provided to senior residents since 1980 through a network of dedicated providers.

DSS is one of the largest Departments as a part of the local County government system, and, as a result, the AAA is fortunate to have administrative expertise available in financial, contracting, purchasing, legal, database management, human resources and an array of other support. The AAA is nested in the Aging & Adults Services Branch along with other programs that serve the older adult population including Adult Protective Services and In Home Supportive Services. This unique infrastructure allows for the most professional yet sensitive oversight of AAA funded programs while front line services are bolstered by volunteer driven organizations. These on-going partnerships take advantage of every opportunity to leverage and stretch resources to meet increasing needs.

The AAA also serves as a conduit for local advocacy efforts by providing information, meeting space, and links to a mixture of creative resources. Naturally, volunteer members of the AAA Advisory Council have opportunities for community involvement and to learn leadership, but recent public hearings and focus groups have strengthened connections with the larger community. Service providers are involved as well and often make public presentations at AAA meetings, city halls, and beyond.

Promoting a sense of transparency in the work being done by the AAA has helped to build and maintain professional relationships. It is those connections that will best assure the continuation of baseline services over the course of the next four years. Although funding levels may improve in the next year, they are still below the support amounts received in 2008-09 and a conservative approach to “preserve and protect” current services will continue.

Section 4 – Planning Process /Establishing Priorities

PSA 32

The planning process is an open-ended, on-going cycle with the intent to continuously improve services: 1) Plan, 2) Do, 3) Evaluate. The next step is to use the lessons learned and make changes in the plan to deliver services in better ways for the next cycle. The Monterey County AAA is constantly balancing these components at various times based on the service and/or issue. Fortunately, there is a state-wide network of AAA agencies doing similar work and one strength is to share best practices. This helps local administrators forecast issues and overcome barriers before they materialize at the local level.

The California Department of Aging has aligned a four-year cycle for all AAAs within the state with identical timelines for each. This “Area Plan” for Monterey County begins a new cycle through June of 2020 and establishes goals and objectives over the course of the next four years. An annual update report will be done during the next three years to report on progress, emerging issues, and steps taken to address barriers.

A beginning point for the development of understanding current priorities was to conduct a “needs assessment” and invite seniors, those with disabilities, caregivers, and providers to participate in a survey. Fortunately, the survey tool developed during the prior cycle was used again with very few changes. The survey was distributed in hardcopy and electronic formats during the summer and fall of 2015. The results provided a unique opportunity to see trends and changes from the prior cycle (see more details in Section 5).

In addition to the survey, focus groups were conducted in five locations throughout the County and results echoed findings of the survey. All results, were presented and discussed at the AAA Advisory Council and Committees and incorporated into a draft of this plan. The draft was completed and distributed in March 2016 for review by Council members, service providers, and the public via the AAA website. Opportunities for discussion took place at a public hearing held on April 21, 2016 and again at the County Board of Supervisors on July _____, 2016.

The final version of this Area Plan was signed with the necessary signatures and submitted to the California Department of Aging in electronic format along with a mailed hardcopy on July _____, 2016.

Section 5 – Needs Assessment

PSA 32

Phase I, Customized Survey

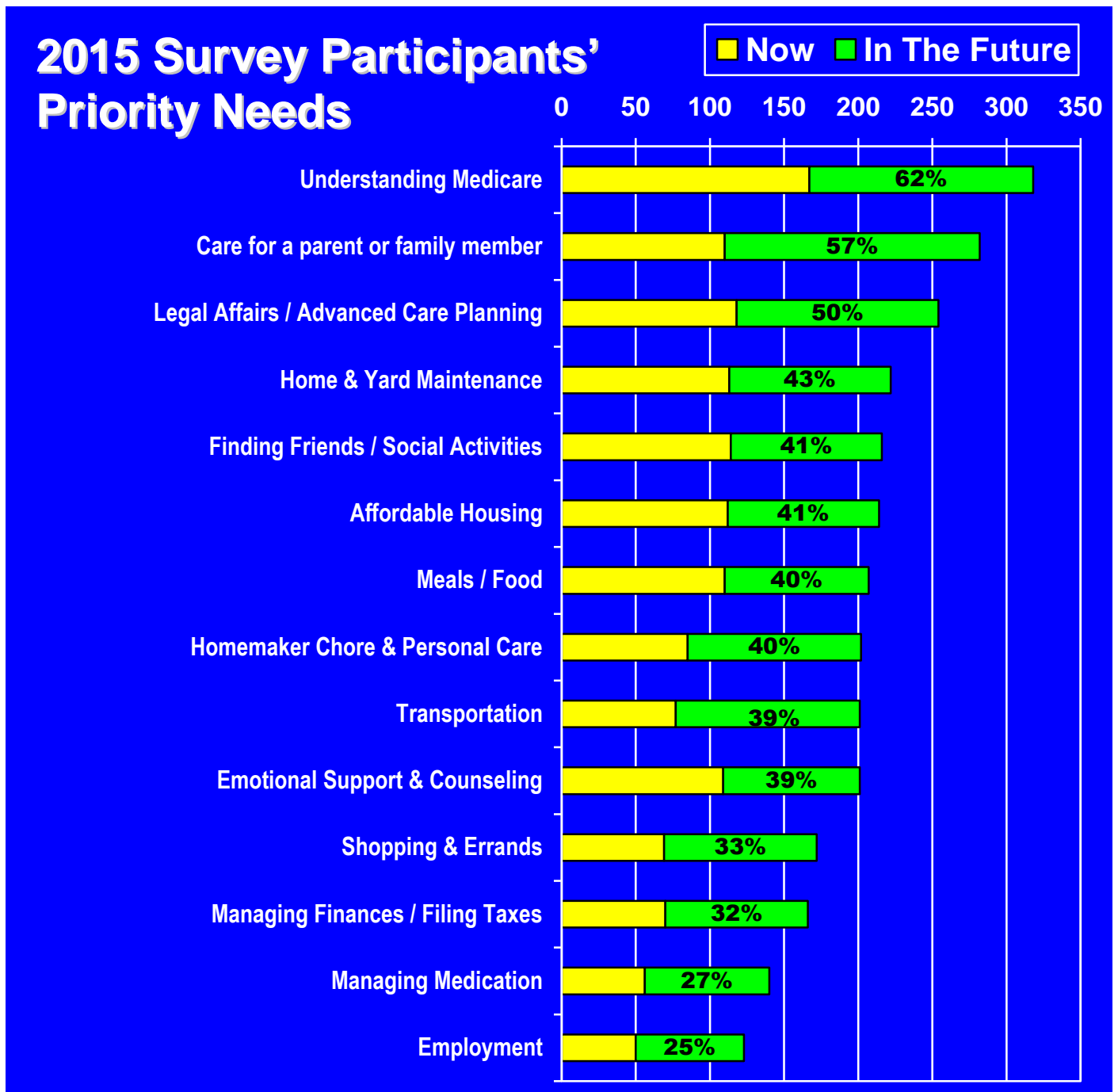
Every four years the AAA conducts a county-wide survey to obtain direct information from seniors, caretakers, service providers and others on the needs of seniors. Although the numbers of participants completing surveys are not enough to be considered statistically significant compared to the total population in the county, it reflects the opinions of many residents that are qualified to receive services. This information is a valuable indicator of community needs and helps validate information assessed through other resources.

The 2015 AAA Needs Survey tool duplicated the same approach that was used in 2012 and provides an excellent opportunity to compare changes and measure trends. Surveys were distributed countywide through a network of community partners and made available on-line as well. 546 total surveys were submitted with more than 63% of total responses submitted through the internet (up from less than 12% in 2012). Detailed analysis showed a geographic balance of completed surveys coming from all parts of the county and the diversity of participants reflected similar percentages compared to the general population.

Demographics of Survey Participants	
<p>Age 32% 59 or under 43% 60 – 64 12% 65-84 6% 85 and over</p>	<p>Income Levels (<i>annual amounts</i>) 15% \$11,770 or below (<i>official federal poverty level</i>) 11% \$11,771 - \$21,777 ¹⁶ 13% \$21,778 - \$35,928 ¹² 61% Over \$35,928</p>
<p>Race 68% White 12% Mixed 7% Asian 7% Black 4% Pacific Islander 2% Alaskan/Native American</p>	<p>Languages Spoken 76% English Only 3% Spanish Only 17% English and Spanish 3% English and Other <1% Other Language Only</p>
<p>Latino 69% Non- Latino 31% Latino</p>	<p>Lesbian, Gay, Bisexual, Transgender 5%</p>

¹⁶ Based on categories established by the Elder Economic Security Standard Index that is considered a more comprehensive measure of the cost of living for older adults in California. Developed by Wider Opportunities for Women in collaboration with the Gerontology Institute at the University of Massachusetts Boston.

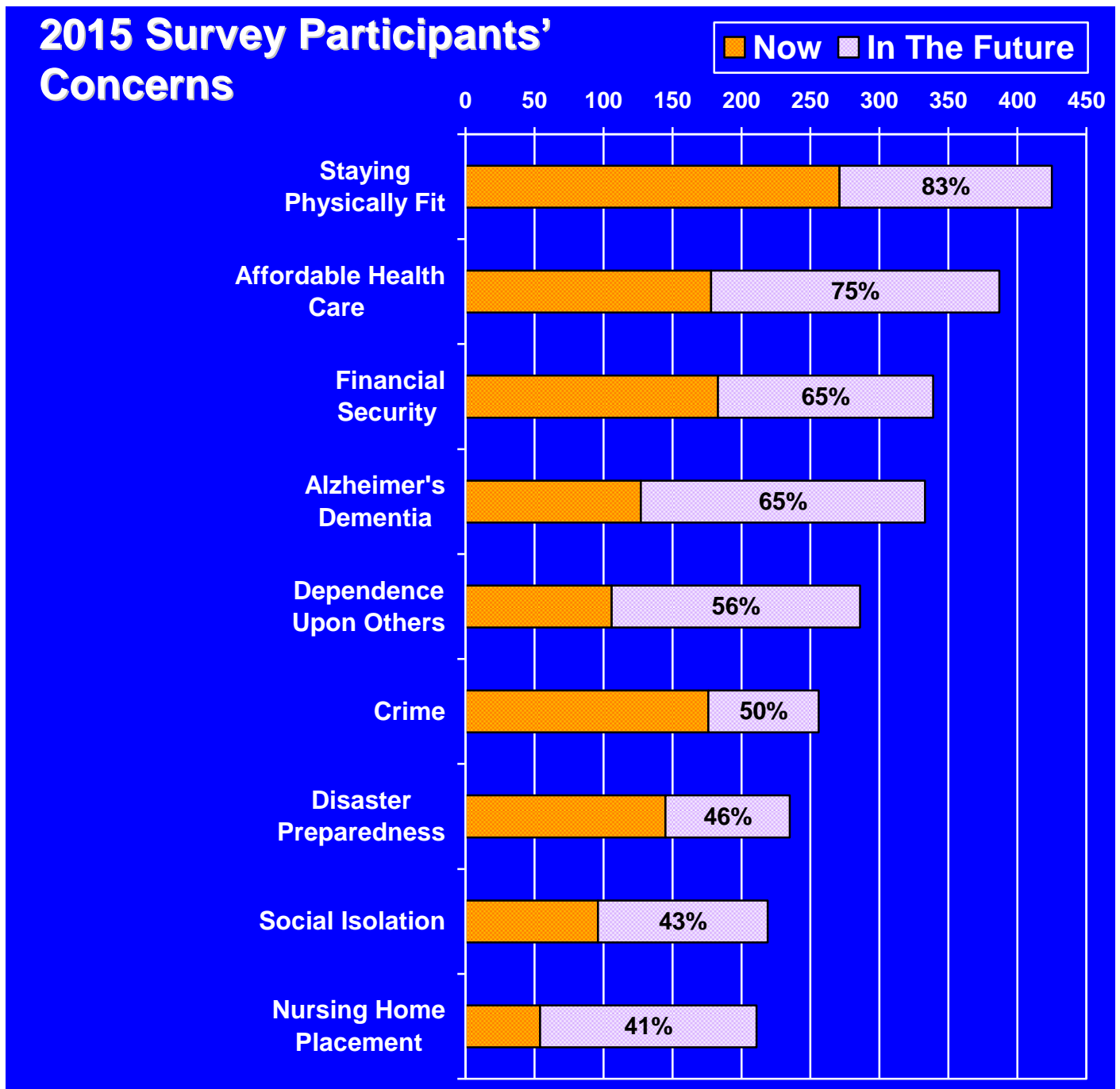
Survey Results on Priority Needs



Some of these 14 categories above reflect only modest changes while others experienced considerable shifts compared to the survey results four years ago. The top three needs identified in 2012:

- Meals/food was #1 and now is #7
- Transportation was #2 and now #9
- Understanding Medicare was #3 and now has taken over as #1.

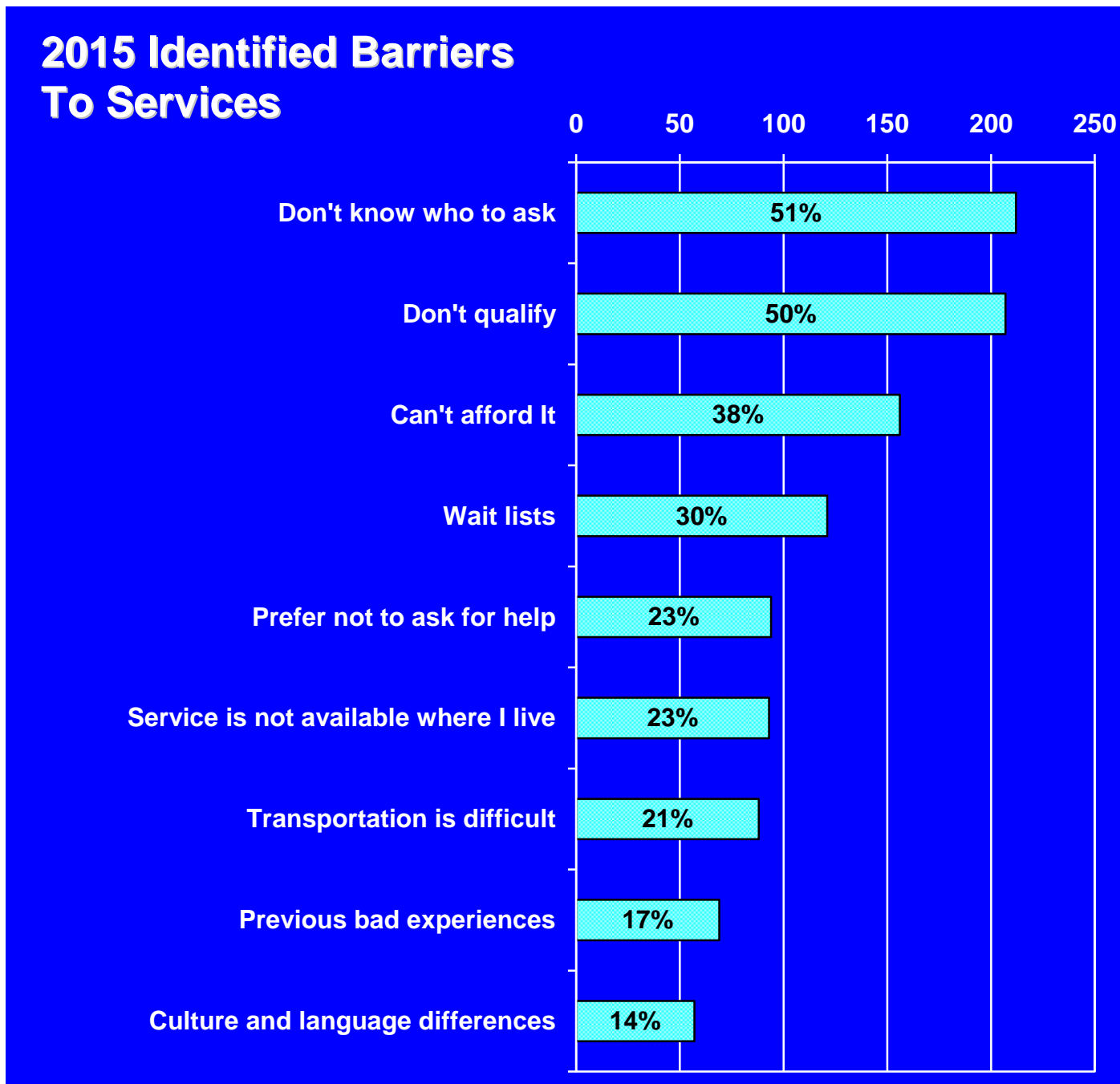
Survey Results on Participants' Overall Concerns



Participants in the 2015 survey had almost the identical level of concerns for the top three categories as respondents in the 2012 survey.

The 2012 survey revealed that there was a major concern for Latino participants that differed from the overall results regarding “Crime”. They ranked the issue as the number 2 concern but 2015 Latino participants agreed with others and ranked “Crime” as the number six concern. Although there is no difference in the level of concern amongst surveyed residents, seniors still include “Crime” among their principal concerns.

Barriers to Services



Another aspect in understanding the service needs of seniors is to ensure access and identify barriers. Feedback results help shape proactive efforts in designing services. The survey results above are almost identical to the feedback received four years ago and continue to stress how critical information services are to seniors.

Phase 2, Focus Groups

During the fall of 2015, five focus groups were held in locations throughout the County:

- **Castroville:** North County Recreation & Parks District's AAA congregate meal site.
- **King City:** Leo Meyer Low Income Senior Housing Complex and AAA congregate meal site.
- **Salinas:** Firehouse Community Center and AAA congregate meal site.
- **Salinas:** Central Coast Center for Independent Living (CCCIL).
- **Seaside:** Oldemeyer Community Center and AAA congregate meal site.

Open-ended questions were designed by an AAA Committee of Advisory Council members and intended to encourage dialog regarding needs of aging adults. All of the convened groups were well attended and facilitated by Council members, Aging & Adult social workers, and AAA staff. The top discussion points are identified below:

- **Question 1: What issues affect aging adults?**
 - Transportation and lack of it
 - Access to affordable programs
 - Rising rents and utility costs
 - Rising costs of medications (especially for veterans)
- **Question 2: How can we best address the needs of aging adults?**
 - Activities after hours including prevention programs for health and nutrition
 - Continue senior bus services as a part of Monterey Salinas Transit Agency especially to specialty medical doctors in Salinas
 - Open more senior centers that provide a variety of activities
 - Provide specialized exercise classes
- **Question 3: What factors improve the quality of life for aging adults?**
 - Having a sense of community
 - Active socialization type programs for seniors (exercise, bingo, walking groups)
 - Safe streets that include drivers that are courteous to slower senior pedestrians
 - Being treated well, don't want to participate in anything if not respected

The overall results of the focus groups were similar in nature to the concerns identified in the Needs Survey; however each group voiced specific needs that were unique to their geographic area.

Section 6 – Targeting (Greatest Social & Economic Need)

PSA 32

The Federal Older American’s Act (OAA) that provides funding at the local level requires that efforts be made to reach senior populations in “greatest social and economic need”¹⁷ including:

1. Low-income minorities
2. Native Americans
3. Residents in rural areas
4. Limited English-speakers
5. At risk for institutional placement
6. Frail seniors with physical or mental impairments that affect functioning
7. Seniors with Alzheimer’s disease or related dementias
8. Lesbian, Gay, Bisexual and Transgender (LGBT) seniors

The AAA works with subcontractors and others to offer services throughout the entire geographic area, but there are many challenges in working in the very rural areas of Monterey County. Best efforts are always extended to reach older adults and outreach services have been very creative in their campaigns to promote programs, services, and assistance. More recent one-on-one work at low income housing communities, farmers markets, and pharmacies have been incorporated with traditional methods of public service announcements in the media and flyers at community centers.

AAA supports contract service providers and other agencies part of the aging and disability services network to continuously improve inclusive practices. Meetings hosted by the AAA are designed to introduce, support, inform and educate providers to emerging issues and possible solutions. Currently, the AAA is in the midst of rolling out training to contract providers on serving LGBT seniors and how to incorporate welcoming environments. Staff at all levels are encouraged to take advantage of training opportunities to ensure excellent customer service while being culturally aware and sensitive to all seniors and their caretakers.

¹⁷ The Older American’s Act defines:

1. “Greatest economic need” resulting from an income level at or below the poverty line.
2. “Greatest social need” caused by non-economic factors, which include:
 - a. physical and mental disabilities;
 - b. language barriers; and
 - c. cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that:
 - i. Restricts the ability of an individual to perform normal daily tasks; or
 - ii. Threatens the capacity of the individual to live independently.

Section 7 – Public Hearings

PSA 32

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Conducted for the 2016-2020 Planning Period

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹⁸ Yes or No	Was hearing held at a Long-Term Care Facility? ¹⁹ Yes or No
2016-2017	April 21, 2016	Monterey County AAA Advisory Council Meeting, Salinas	18	Spanish available	No

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, flyers developed, distributed, and posted.
 - 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. KSBW (local television channel) Community Calendar.
 - e. 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:

¹⁸ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹⁹ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

Attendees of the Public Hearing were provided basic information about AAA services and the recommended minimum percentages of Title III B funds for support services. Staff responded to questions in regards to how the minimum percentages are set, the inherent flexibility of the approach, and clarified that these percentages apply to Title III B portion of funds only. It was clarified and discussed that Council members and others could recommend changes to the staff proposed amounts annually. During the hearing, attendees discussed and approved the recommended percentages.

6. List any other issues discussed or raised at the public hearing.

Why are some of the sections of the Drafted 2016-2020 Area Plan highlighted in yellow? Staff explained that the highlights serve as a reminder that additional information is needed. As an example, the HICAP numbers for performance goals for 2016-17 have not been received from the State Office and, as a result, that section is highlighted in yellow. Information will be included in future versions of the Area Plan as it becomes known.

7. Note any changes to the Area Plan which were a result of input by attendees.

No specific changes requested or needed.

Section 8 – *Identification of Priorities*

PSA 32

According to the recent needs assessment survey and other research, there have been some modest shifts in the identification of specific priorities by Monterey County seniors over the course of the last planning cycle. However, the overall concern remains the same: The need for basic, essential services such as healthcare, housing, and managing daily life. This consistent message reflects the attitudes of the most frail and vulnerable of the County's senior residents that are often living their lives in poverty.

Administrative practices that take advantage of efficient technologies, reduce duplication, and streamline operations must be adopted at every opportunity by the AAA. Internal mottos of "less is more" and "keep it simple" translate to a concentration on mandates and result in savings that can then be applied to direct services. Proactive efforts to promote and support process changes that maintain professional integrity will continue during the next cycle.

The AAA along with many community partners continue to stretch limited resources to meet the challenges of effective service delivery. Qualified Monterey County seniors have rarely been denied AAA services or been placed on a waiting list due to lack of resources. Unfortunately, that looks to change during this cycle where service providers are likely to reduce services in an atmosphere of increasing costs without matching support. Although the focus for the AAA has been and will continue to be supporting and protecting vital programs, it may require limiting services to the most needy of seniors.

Seniors can't participate in programs that they don't know about and don't know who to ask. The network of services is fragmented, complicated, and difficult to navigate for many isolated seniors that have not been able to access the support they need. As a result, integral services that work directly with seniors to address the unique needs of each individual must continue.

Section 9 – Area Plan Narrative Goals and Objectives

PSA 32

Goal 1: System Planning

Goal: The Monterey County AAA will promote opportunities for improving access and coordination of Services			
Rationale: Findings from the needs assessment indicate seniors require assistance in accessing services.			
Objective Number 1.1 The AAA will continue in the development of an Aging & Disability Resource Connection (ADRC) partnership with the Central Coast Center for Independent Living, and Santa Cruz/San Benito AAA. The local planning group will carry on and review best practices that evolve from pilot programs across the state. If possible, these practices may be implemented within existing infrastructures to build a foundation for expansion should funds become available. .	Projected Start and End Dates	Title III B Funded PD or C ²⁰	Update Status ²¹
	07/01/16 – 06/30/20	No	
Objective number 1.2 The AAA will continue a benefits counseling component as a part of outreach efforts (a pilot program initiated during the last planning cycle). Already proven to reach seniors in both likely and unlikely locations, expected outcomes include an increase in participation of existing discounted programs for seniors. Efforts will minimize the number of seniors at risk for income insecurity.			
	07/01/16 – 06/30/20	Yes	

²⁰ 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.

²¹ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

**Continued,
Goal 1: System Planning**

<p>Objective 1.3 The AAA will pursue opportunities to connect to other organizations that provide services to Monterey County seniors. This includes Veterans Programs, Hospital Discharge Managers, Health Insurance Programs, and others. Expected outcomes will be improved service coordination and well informed seniors.</p>	<p>07/01/16 – 06/30/20</p>	<p>No</p>	
<p>Objective 1.4 The AAA continues its role on the Monterey Salinas Transit Board of Director Mobility Advisory Committee. In addition, AAA staff will be part of a Committee to assure proper usage of new local tax dollars generated through a sales tax initiative. Expected outcomes will be the protection and expansion of transportation service options for seniors and people with disabilities.</p>	<p>07/01/16 – 06/30/20</p>	<p>No</p>	
<p>Objective 1.5 The AAA solidifies SNAP-Ed services for another three years through USDA. Funding continues and supports pilot projects to continue and possible expansion to other eligible locations. These nutrition education services align well with AAA funded congregate meal sites and outcomes expected include healthier seniors that eat well and exercise more.</p>	<p>07/01/16 – 06/30/20</p>	<p>No</p>	

Goal 2: Advocacy

<p>Goal: The Monterey County AAA will advocate for policies that support senior services.</p>			
<p>Rationale: The mandates of the Older American’s Act direct the AAA and its Advisory Council to lead efforts in advocating for policies that address the needs of older adults. The strengthening of a system of long term services and supports requires focused strategic planning and thoughtful advocacy.</p>			
<p>Objective 2.1 The AAA will advocate for the protection and strengthening of Medicare, Medi-Cal and Social Security. As demonstrated through multiple advocacy strategies adopted by the AAA Advisory Council reflected in the annual work plan of the Legislation & Advocacy Committee and as stated in the Council’s Annual Legislative Platform. Expected outcome will be a strengthening of legislation issues that support seniors to be income secure.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
	<p>07/01/16 – 06/30/20</p>	<p>No</p>	
<p>Objective 2.2 The AAA will advocate for the funding of the federal Elder Justice Act and support legislation that strengthens elder and dependent abuse prevention and intervention efforts. Staff will facilitate meetings with local, state and national policy makers for the Advisory Council, and will provide education in the legislative process at all levels. In addition, staff will facilitate specific advocacy strategies targeted at elder abuse including but not limited to those identified in the annual work plan of the Legislation & Advocacy Committee. Expected outcome will result in increased public support of elder abuse prevention.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
	<p>07/01/16 – 06/30/20</p>	<p>No</p>	

**Continued,
Goal 2: Advocacy**

<p>Objective 2.3 The AAA will advocate for development of mental health services for older adults. Staff will facilitate meetings with local, state and national policy makers for the Advisory Council and provide education on the impact of mental health issues in the senior community. In addition, staff will facilitate specific advocacy strategies targeted at mental health including but not limited to those identified in the annual work plan of the Legislation & Advocacy Committee. Expected outcome will result in increased public support of mental health services.</p>	<p>07/01/16 – 06/30/20</p>	<p>No</p>	
<p>Objective 2.4 The AAA will advocate for the expansion and modernization of senior centers. Staff will facilitate meetings with local, state and national policy makers for the Advisory Council and provide education on the impact of senior centers in the community. In addition, staff will facilitate specific advocacy strategies identified in the annual work plan of the Legislation & Advocacy Committee. Expected outcome will result in increased public support of senior centers.</p>	<p>07/01/16 – 06/30/20</p>	<p>No</p>	

Goal 3: California Department of Aging Required Program Goals²²

<p>Goal The AAA will support services that promote healthy aging.</p>			
<p>Rationale Quality of life is an indicator for attaining a healthy aging outlook. The needs assessment finds seniors identify staying physically fit as important.</p>			
<p>Objective 3.1 The AAA will allocate funding to community based service providers for the provision of preventative health programs that meet new CDA requirements July 1, 2016. Programs offered will include the highest criteria of evidenced based applications. One provider will continue their Tai Chi for Arthritis Program and Tai Chi for Better Balance (both are already approved by the California Department of Aging (CDA)). Another center may offer the already CDA approved program Walk with Ease if they can recruit enough participants. That same center will continue their use of the Bingocize that has been determined by the AAA to meet each of the five requirements in the new evidence based definition. All programs are designed to increase the physical activity levels of senior participants resulting in improved physical functioning and a sense of well-being.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
	<p>07/01/16 – 06/30/20</p>	<p>Title III D Disease Prevention / Health Promotion</p>	

Continued,

²² Program goals and objectives as specified and required by the California Department of Aging.

Goal 3: California Department of Aging Required Program Goals

<p>Objective 3.2 The AAA will allocate funding to support operation of the Ombudsman for Long Term Care. The service provider of the Ombudsman will recruit and train volunteers who provide support to nursing home residents in responding to concerns or reports of neglect or maltreatment. The Ombudsman will also perform community education presentations as reflected in contractor’s scope of work. Staff will provide oversight of contractor’s outreach efforts and the provision of services so that customer feedback can be considered at all levels. Expected outcomes will strengthen capacity of the Ombudsman to respond to issues of suspected abuse.</p>	<p>07/01/16 – 06/30/20</p>	<p>Title III B / VIII A Long-Term Care</p>	
<p>Objective 3.3 The AAA will allocate funding for the provision of legal services in support of elder abuse prevention. The legal service provider will offer legal assistance and community education as specified in contractor’s scope of work. Outreach to the community will be reviewed by staff and a component that uses customer feedback will be included when possible. Outcomes will strengthen the awareness of seniors so they can avoid victimization and to increase the capacity of protective service professionals to intervene in the prevention of elder abuse.</p>	<p>07/01/16 – 06/30/20</p>	<p>Title VII B Elder Abuse</p>	

Section 10 – Service Unit Plan (SUP) Objectives

PSA 32

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 and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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 VIIA.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	192,000	3	
2017-2018			
2018-2019			
2019-2020			

5. Adult Day Care/Adult Day Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	120,000	3	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,500	3	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,250	3	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	17,000	3	
2017-2018			
2018-2019			
2019-2020			

14. Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	7,500	3	
2017-2018			
2018-2019			
2019-2020			

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 B** services to be funded that were not reported in NAPIS categories 1-14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title III B, Other Priority and Non-Priority Supportive Services

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.

- Other **Priority Supportive Services include**: Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include**: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All “Other” services must be listed separately. Duplicate the table below as needed.

Service Category **No other services provided under Title III B.**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018			
2018-2019			
2019-2020			

16 Title IIIC Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Tai Chi for Arthritis Program, Tai Chi for Better Balance, Bingocize, Walk with Ease (all programs are evidence based with highest level criteria and approved by the AAA).

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	2,500	3	3.1
2017-2018			
2018-2019			
2019-2020			

TITLE III B and Title VII A:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program’s last three years of 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 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved 223 + Number of partially resolved complaints 27 divided by the Total Number of Complaints Received 371 = Baseline Resolution Rate 67% FY 2016-17 Target Resolution Rate 80%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 20 FY 2016-2017 Target: 20
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 0 FY 2016-2017 Target: 0
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 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 2014-2015 Baseline: number of consultations 40 FY 2016-2017 Target: 80
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 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 2014-2015 Baseline: number of consultations 375 FY 2016-2017 Target: 320
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 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 2014-2015 Baseline: number of sessions 20 FY 2016-2017 Target: 20
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

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 promote person-centered care and reduce the use of anti-psychotics, 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 Effort(s) for the current fiscal year:

FFY 2015-16:

The Ombudsman reported in a prior period the problems of impoverished older adults and the lack of affordable residential care available to them, particularly those with a mental health diagnosis. In Monterey County, there are currently (March 2016) just 44 of 1,050 beds are eligible to individuals with SSI level income. In 2016, SSI for residential care amounts to \$1,145.00 per month. Additionally, for those needing a higher level of care, skilled nursing, it is extremely difficult to find a bed when entering as a Medi-Cal patient. Hospitals, social workers, public guardians and family members are competing for Medi-Cal beds when individuals can no longer live independently and/or their care needs cannot be met in residential care.

The Ombudsman addressed the County of Monterey Mental Health Commission regarding this system problem in November 2015 and to bring further attention to the fact that the Department of Behavioral Health is contracting with residential care providers to accept their clients for a higher fee. This has setup a competition for residential care beds; moreover, the staffs of these facilities are not required by law, to receive training in the management of behavioral health issues. The Ombudsman will continue to work to raise awareness of this problem, a growing one around the state.

The Ombudsman is a member of the planning committee for the first ever Elder Justice Summit to be held in June 2016 in Monterey County. The summit is targeted to law enforcement, attorneys, and other professionals involved in elder abuse detection, resolution and litigation. The Ombudsman will participate in an afternoon panel presentation.

Additional projects for the Ombudsman in FFY 2016-17:

A joint resident/student project with a CSUMB professor and a class of social work students. The project matches one student to one resident for a series of four visits. The project is designed to provide students with an opportunity to learn about the life of the individual through a combination “friendly visitor/oral history” approach. Twenty students and twenty residents will participate.

In April 2016, Ombudsmen from around the state will converge on the state Capitol to advocate for legislation and additional funding to benefit residents of long term care facilities. The Legislative Agenda for the current session includes support of 18 bills: top priorities are likely to include AB1584, AB1655, SB648, and SB939.

The Ombudsman Program Manager continues to be a board member on the California Long Term Care Association, contributes in legislative advocacy, participate in increased program funding efforts, and support Ombudsman training.

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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>17</u> divided by the total number of Nursing Facilities <u>17</u> = Baseline 100% FY 2016-2017 Target: 100%
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>17</u> divided by the total number of Nursing Facilities <u>17</u> = Baseline 100% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 53 divided by the total number of RCFEs 58 = Baseline 92% FY 2016-2017 Target: 95%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 54 divided by the total number of RCFEs 54 = Baseline 100% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 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)

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 2.72 FTEs FY 2016-2017 Target: 2.21 FTEs
2. FY 2015-2016 Baseline: 2.47 FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
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)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 28 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 25
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers 23 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
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:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

PSA 32 of Monterey County has consistently met reporting deadlines.

- To improve accuracy and timeliness, the staff meets monthly for case and ODIN review.
- Staff attends online NORS training periodically to review coding and cases.
- Monthly in-service volunteer meetings include case review.
- PSA 32 staff hours increased in later FY 2015-16.

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. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees.

- **Public Education Sessions** – 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 American's 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

Fiscal Year	Total # of Public Education Sessions
2016-2017	16
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	20
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	0
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	0
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	0	
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	2,500
2017-2018	
2018-2019	
2019-2020	

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

2016-2020 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 E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<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		
2016-2017	# of activities: 153 Total est. audience for above: 10,000	3	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	1,110	3	
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	1,770	3	
2017-2018			
2018-2019			
2019-2020			

Respite Care	Total hours		
2016-2017	1,300	3	
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	None to be provided		
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<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		
2016-2017	# of activities: 0 Total est. audience for above: 0		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			

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:

Enrollment Location/Name (AAA office, One Stop, Agency, etc): N/A
Street Address:
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

²³ If not providing a Title V program, then enter PSA number followed by “Not providing.”

**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: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	1,950	3
2017-2018		
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 1.2 Public and Media Events (PMA) (Estimated)	Goal Numbers
2016-2017	155	3
2017-2018		
2018-2019		
2019-2020		

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 Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	2,589	3
2017-2018		
2018-2019		
2019-2020		

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)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	2,850	3
2017-2018		
2018-2019		
2019-2020		

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)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	336	3
2017-2018		
2018-2019		
2019-2020		

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)	PM 2.4 Low Income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	1,652	3
2017-2018		
2018-2019		
2019-2020		

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)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	2,425	3
2017-2018		
2018-2019		
2019-2020		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed.

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	1,588	3
2017-2018		
2018-2019		
2019-2020		

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)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	1,527	3
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable)²⁴

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	0	
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	0	
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours per FY (Unit of Service)	Goal Numbers
2016-2017	0	
2017-2018		
2018-2019		
2019-2020		

²⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 11 – Focal Points

PSA 32

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
<i>North Monterey County</i>	
Castroville Community Center	11261 Crane Street, Castroville
Prunedale Senior Center	8300 Prunedale Road North, Salinas
<i>South Monterey County</i>	
Leo Meyer Senior Center	415 Queen Street, King City
Los Ositos Center	1083 Elm Avenue, Greenfield
<i>East Monterey County</i>	
Firehouse Community Center	1330 East Alisal Street, Salinas
Los Abuelitos Senior Apartments	528 East Market Street, Salinas
Sherwood Park Senior Apts.	920 North Main Street, Salinas
<i>West Monterey County</i>	
Marina Community Center	211 Hillcrest Avenue, Marina
Monterey Senior Center	280 Dickman Avenue, Monterey
Oldemeyer Center	986 Hilby Avenue, Seaside
Sally Judd Griffin Active Living Center	700 Jewell Avenue, Pacific Grove

Section 12 – *Disaster Preparedness*

PSA 32

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

- 1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:**

The Monterey County Department of Social Services (DSS) administers the AAA and is a vital member of the Monterey County Office of Emergency Services (OES) Response Team. Before a disaster, the AAA assists contracted service providers in the development and updating of agency specific emergency disaster plans. The role of the AAA during an emergency or disaster is to work with contract providers in supporting efforts to resume/continue the provision of services for seniors and adults with disabilities. The AAA is also a resource for DSS/OES to connect to other existing services not part of the County network (contracted service providers and non-profit agencies including churches).

- 2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):**

Name	Title	Telephone	email
Sherrie Collins	Emergency Services Mgr.	Office: (831) 796-1901	CollinsSL@co.monterey.ca.us

- 3. Identify the Disaster Response Coordinator within the AAA:**

Name	Title	Telephone	email
Kathleen Murray-Phillips	AAA Planner	Office: (831) 796-3530	murrayphillipsk@co.monterey.ca.us

- 4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:**

Critical Services	How Delivered?
All services continue if possible	Follows established Disaster Plans as long as they are able and have the capacity ²⁵ .

²⁵ Depending on the type and breadth of a disaster, emergency services supported through a network of local, county and state agencies and partners are provided in accordance with mandates and established protocols.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

All contracted service providers are required to file Disaster Plans with the AAA and have a staff member designated as their Disaster Preparedness Coordinator. As a part of those plans, all designated staff is listed with emergency contact information.

The AAA offers trainings and technical assistance as needed to all contracted service providers on topics regarding disaster preparedness. Each agency's disaster preparedness plans are reviewed during scheduled monitoring visits done by AAA staff on a routine basis. Although none of the current contracted service providers are considered first responders, agency disaster plans are designed to ensure that direct services can continue or resume as quickly as possible following a disaster.

6. Describe how the AAA will:

• Identify vulnerable populations.

Depending on the nature of the emergency, the AAA is uniquely positioned to compliment coordination of services for all seniors and adults with disabilities. Open communication with the Ombudsman and In Home Support Services Programs will help to establish those most vulnerable and provide safety net services when needed through the Office of Emergency Services (OES).

Additionally during a disaster, the AAA will work with contract agencies to identify vulnerable residents in the affected area and provide the information to OES. This is especially important for homebound residents such as those receiving home delivered meals and some congregate meal participants where services are provided at community centers within apartment complexes.

• Follow-up with these vulnerable populations after a disaster event.

Once regular services have resumed for seniors and adults with disabilities, information and assistance services can be expanded on a temporary basis to provide follow up and referrals for affected seniors.

Section 13 – Priority Services

PSA 32

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds²⁶ 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 2016-2017 through FY 2019-2020

Access:

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

2016-2017 **30%** 2017-2018 **30%** 2018-2019 **30%** 2019-2020 **30%**

In-Home Services:

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

2016-2017 **0%** 2017-2018 **0%** 2018-2019 **0%** 2019-2020 **0%**

Legal Assistance Required Activities:²⁷

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

2016-2017 **25%** 2017-2018 **25%** 2018-2019 **25%** 2019-2020 **25%**

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

The percentages remain the same as the previous period 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 American’s Act that outline outreach and targeting requirements have been met.

²⁶ 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.

²⁷ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Section 14 – Notice of Intent to Provide Direct Services

PSA 32

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 if not providing any of the below listed direct services.

Check applicable direct services

Check each applicable Fiscal Year

Title III B	16-17	17-18	18-19	19-20
<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 checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title III E ²⁸	16-17	17-18	18-19	19-20
<input type="checkbox"/> Information Services	<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"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII A	16-17	17-18	18-19	19-20
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIB	16-17	17-18	18-19	19-20
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the methods to be used to ensure target populations will be served throughout the PSA. 32
 The Information & Assistance Program provides a toll-free number and promotes the services in a variety of ways (in all publications, web page, emails, promotional giveaways, community partners).

²⁸ Refer to PM 11-11 for definitions of Title III E categories.

Section 15 – Request of Approval to Provide Direct Services

PSA 32

Older American's 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:²⁹

III B

III C-1

III C-2

Nutrition Education

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 if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

2016-2017

2017-2018

2018-2019

2019-2020

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service³⁰ :

PSA 32 has a Registered Dietician (RD) paid on an hourly basis for all nutrition education under III C-1 and III C-2. It is impractical for the smaller, non-profit agencies in our area to individually hire qualified individuals separately.

²⁹ Section 15 does not apply to Title V (SCSEP).

³⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 16 – *Governing Board*

PSA 32

GOVERNING BOARD MEMBERSHIP 2016-2020 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Monterey County Board of Supervisors

Name and Title of Officers:

Office Term Expires:

District 1, Fernando Armenta	2017
District 2, John Phillips	2019
District 3, Simon Salinas	2019
District 4, Jane Parker-- Chair	2017
District 5, Dave Potter	2017

Section 17 – *Advisory Council*

PSA 32

ADVISORY COUNCIL MEMBERSHIP 2016-2020 Four-Year Planning Cycle

OAA 2006 306 (a)(6)(D) 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 6

Race/Ethnic Composition	<u>% of PSA 65+Population</u>	<u>% on Advisory Council</u>
White	<u>82%</u>	<u>31%</u>
Hispanic	<u>0% (see note below)</u>	<u>31%</u>
Black	<u>3%</u>	<u>23%</u>
Asian/Pacific Islander	<u>9%</u>	<u>15%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>5%</u>	<u>0%</u>

NOTE: *Hispanic is not a race category used in the U.S. Census Race Categories. Instead, there is a separate tracking of Hispanic (Latino) and Non-Hispanic (Non-Latino) populations. In Monterey County, estimates for Seniors 65+: 27% Hispanic (Latino) and 73% Non-Hispanic (Non-Latino)*

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

Kelly Vasquez, Chair. At Large, Executive Committee	01-01-18
Cindy Avelino, Vice Chair, At Large, Executive Committee	01-01-18

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

Maria Dominguez Munoz, 1 st District, Planning, Evaluation & Allocation Committee	01-01-18
Vacant, 2 nd District, Phillips	01-01-17
Jose Vasquez, 3 rd District, Executive Committee	01-01-18
Janet Shing, 4 th District, Planning, Evaluation & Allocation Committee	01-01-17
Richard Kuehn, 5 th District, Executive Committee	01-01-18
Bobbie Blakeney, At Large, Legislation & Advocacy Committee	01-01-18
Robert Petty, At Large, Legislation & Advocacy Committee	01-01-18
Carl Braginsky, At Large, Planning, Evaluation & Allocation Committee	01-01-17
Doris Jones, At Large, Legislation & Advocacy Committee	01-01-17
Kaytie Tong, At Large, Planning, Evaluation & Allocation Committee	01-01-18

Tom Shields, At Large, Legislation & Advocacy Committee	01-01-17
Nichole Melvin, At Large	01-01-18
Vacant, At Large	01-01-18

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.

Section 18 – *Legal Assistance*

PSA 32

2016-2020 Four-Year Area Planning Cycle

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.³¹

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

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.

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

No less than 25% of Title III B funds.

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).

There has been an overall increase of approximately 15% in the number of requests for services compelled by the downturn in the economy. Specifically in the area of housing and mortgages as they impact seniors themselves and the children of seniors that move back to live with their aging parents. Closely related to that need has been the financial abuse of seniors and the increase in seniors seeking legal remedies. There have been no significant changes in funding levels provided by the AAA with the exception of some un-anticipated, one-time funding allocations.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Service Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

Yes and specifically states that services shall be provided in accordance with California regulations.

5. Does the AAA collaborate with the Legal Service Providers(s) to jointly establish specific priorities issues for legal services? If so, what are the top four (4) priority legal issues in your PSA?

No specific legal priorities set between AAA and LSP.

³¹ For Information related to Legal Services, contact Chisorom Okwuosa at (916) 419-7500 or COkwuosa@aging.ca.gov

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Providers(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Discussion:

The targeted senior population for legal services is not jointly identified but is the same as for all services offered through the AAA in accordance with the Older American’s Act. The contract agreement specifically states that priority be given to those in greatest social and economic need, with particular attention to serving low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas. Provisions also include those with:

- Physical and mental disabilities.
- Isolation caused by cultural, racial or ethnic status.
- Social or geographic isolation.
- Older Native Americans.
- Isolated, abused, neglected and or exploited older individuals.
- Frail older individuals.
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- Older individuals with disabilities.
- Caregivers as defined in Title III E.
- Lesbian, Gay, Bisexual, and Transgender Seniors.

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

As stated in 6. above, the targeted senior population is the same for all services and the AAA has a separated contract for the provision of Outreach services that promotes services at a wide variety of community events. Also the IR&A Program provides referrals to AAA funded program on a daily basis to qualified senior callers.

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

Fiscal Year	# of Legal Assistance Services Providers³²
2016-2017	1
2017-2018	
2018-2019	
2019-2020	

³² There is one legal assistance service provider currently under contract and that is expected to continue. There are other free legal assistance providers in Monterey County that are not under contract and include: California Rural Legal Assistance, Monterey County Superior Court Self Help Center, Monterey County Bar Association, and the Conflict Mediation & Resolution Center of Monterey County.

9. Does your PSA have a hotline for legal services?

Not specifically a hotline, but the Information, Referral & Assistance Program does have a toll-free number and helps to refer calls.

Monterey County also has a 2-1-1 service to help residents by providing referrals to health, community, and social services. This bilingual (English and Spanish) telephone referral service operates 24 hours a day, 365 days a year and also has a second option for internet users with an extensive website.

Both services commonly refer such calls from seniors to the AAA contracted service provider, Legal Services for Seniors.

10. What methods of outreach are Legal Services providers using? Discuss:

LSP uses a variety of approaches including flyers, press releases, website, and connections to many community groups.

Outreach Sites

Services are provided at outreach sites because of partnerships with local senior centers, libraries, and other community based organizations. Partner agencies provide information to their customers in a variety of ways including in-person, postings, newsletters, bulletin boards. Days and hours of services at these outreach sites are consistent and offered weekly or biweekly. This physical presence provides coverage of services throughout the county including rural locations:

- **South County:**
 - King City
 - Greenfield
 - Soledad
 - Gonzales
- **West County:**
 - Monterey
 - Pacific Grove
 - Carmel
- **North County:**
 - Castroville
 - Prunedale

Office Locations

Outreach is also done at two office locations in Salinas and Seaside.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	Legal Services for Seniors	All
2017-2018		
2018-2019		
2019-2020		

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

They may call, visit one of the offices, and/or make an appointment to meet a representative at one of the community meeting places (library, senior center). They are screened and intake forms are completed. Each case is reviewed for possible action and next steps. Few accepted cases are referred out for other follow up.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

Common cases include: guardianships; landlord and tenant issues; bill payments; denial of benefits under medical, life, and other insurance; representation of clients when dealing with large government agencies (Social Security); private pension problems; simple wills; and consumer debt collections problems.

Although not a new issue, the financial exploitation of seniors has come to light in Monterey County and more assistance is available to prevent and stop that type of abuse.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss:

No changes over this reporting period.

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

Reduced funding for this service over the past ten years compounded by rising costs has resulted in fewer attorney hours available. Intensified screening by volunteer college interns has helped to streamline services, but fewer seniors and resulting cases can be managed.

Monterey County has always offered a difficult geographic area to provide services. Much of the county is very rural in nature, and public transportation is

not always adequate to help clients travel to receive services. Although technology has helped to modernize access, affordable transportation is needed by the clients served.

Many of the residents are non-English speaking and there is not always someone available to translate. Spanish language is easier to accommodate, but certain dialects and other languages pose challenges. Access to language lines helped to solve the problem in an office setting, but they can be an expensive service and do not work well at community events.

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

LSP works with all other AAA Service Providers and other agencies when needed. The LSP is a regular member of the Service Provider Network and attends meetings. In addition, LSP representative will participate on Committees from time to time and is currently working with several partner agencies to host an Elder Justice Summit (professional training day).

Section 19 – Multipurpose Senior Center Acquisition or Construction Compliance Review

PSA 32

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

Section 20 – Title III E Family Caregiver Support Program

PSA 32

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older American’s Act Section 373(a) and (b)

2012–2016 Four-Year Planning Cycle

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services³³ identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact. If the AAA will **not** provide a service, a justification for each service is required in the space below.

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

³³ Refer to PM 11-11 for definitions for the above Title III E categories.

Justification: For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

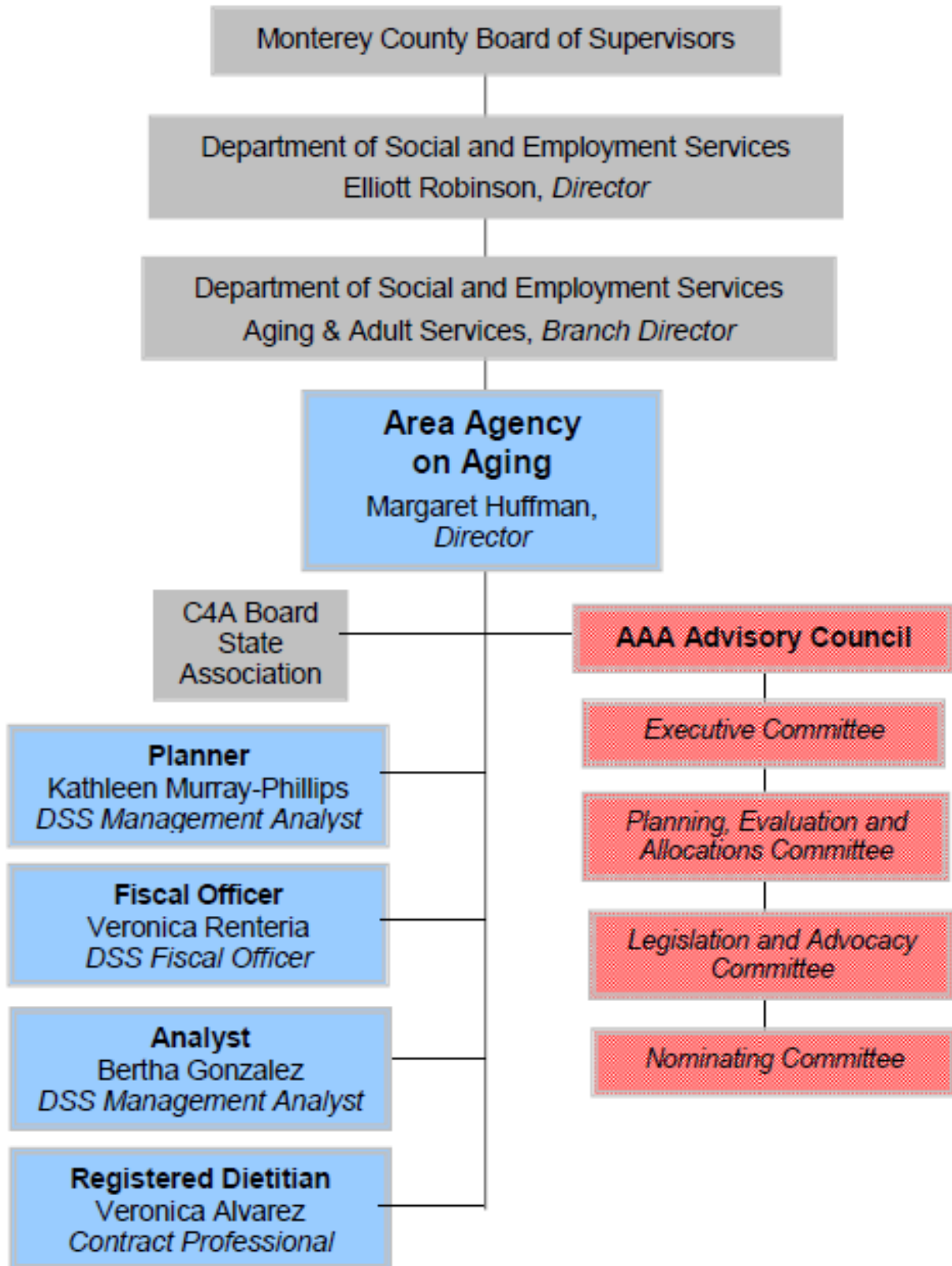
- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Family Caregiver Services for the Elderly: Supplemental Services is not being funded with III E funds because of the availability of alternative resources. Supplemental services are provided through a community based nonprofit organization in our aging services network. This provider is not a contractor of the AAA. The organization is named Senior Episcopal Services; and they have recently moved to share office space at 247 Main St., Salinas, CA 93901. In particular, this organization operates a lending closet of equipment and assistive devices that is available to seniors and family caregivers free of charge. Access to this service allows the AAA to allocate limited III E funding to other critically important family caregiver mandated services. Senior Episcopal Services provides services and supports throughout the entire PSA 32 area. The AAA ensures the service continues to be provided in the PSA via service reports provided by our Information & Assistance Program which is a direct service of the AAA.

Grandparent Services Caring for Children: The following grandparent services will not be funded; Support Services, Respite Care, Supplemental Services, and Information Services. These services will continue to be provided by Seneca Residential and Day Treatment Center for Children, 124 River Road, Salinas, California. Seneca is a statewide nonprofit organization and grandparent services will continue in absence of AAA funding through alternative resources. Seneca will provide services throughout the PSA. Staff from the grandparent program will remain in contact with the AAA through participation in the Aging & Disability Services Network quarterly meetings. Program information and resource sharing occurs during network meetings. The decision to not fund grandparent services is supported by the area planning process, low priority service, and a decision to discontinue the practice of funding small contracts that yield small service unit outcomes. The contract was serving a very small number of duplicated contacts.

Section 21 – Organizational Chart

PSA 32 AAA Organizational Chart



Section 22 – *Assurances*

In accordance with the Older American Act and the most recent Amendments of 2006, the Monterey County 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 American's 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 American's 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 American's 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