



**Agency on Aging**

Change The Way You Age

# **Fresno-Madera Area Agency on Aging Planning and Service Area 14**

Fiscal Year 2022-2023 Update  
to  
2020-2024 Four-Year Area Plan



**AREA PLAN UPDATE (APU) CHECKLIST  
Fiscal Year 2022-2023**

**PSA 14**

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	<b>➤ Update/Submit A) through G) ANNUALLY:</b>		
N/A	<b>A) Transmittal Letter-</b> <i>(submit by email with electronic or scanned original signatures)</i>	X	
N/A	<b>B) APU-</b> <i>(submit entire APU electronically only)</i>	X	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	X	
7	<b>D) Public Hearings-</b> that will be conducted	X	
N/A	<b>E) Annual Budget</b> (CDA has not yet released FY 22-23 budget)		
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	X	
18	<b>G) Legal Assistance</b>	X	
	<b>➤ Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024 Area Plan.</b>	Mark Changed/Not Changed (C or N/C)	
		<b>C</b>	<b>N/C</b>
5	Minimum Percentage/Adequate Proportion <i>(included for reference)</i>		X
5	Needs Assessment		X
9	AP Narrative Objectives:		
9	• System-Building and Administration	N/A	
9	• Title IIIB-Funded Programs	X	
9	• Title IIIB-Transportation	X	
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	N/A	
9	• Title IIIC-1	X	
9	• Title IIIC-2	X	
9	• Title IIID	X	
20	• Title IIIE-Family Caregiver Support Program		X
9	• HICAP Program	X	
12	Disaster Preparedness	X	
14	Notice of Intent-to Provide Direct Services		X
15	Request for Approval-to Provide Direct Services	X	
16	Governing Board	X	
17	Advisory Council	X	
21	Organizational Chart(s)	X	
22	Assurances	X	

**TRANSMITTAL LETTER**  
**2020-2024 Four Year Area Plan/ Annual Update**  
**Check one:**  FY 20-24  FY 21-22  FY 22-23  FY 23-24

AAA Name: Fresno-Madera Area Agency on Aging

PSA 14

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. John Sears  
(Type Name)

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

5/5/2022  
Date

2. Ren Ramshaw  
(Type Name)

  
Signature: Advisory Council Chair

5.4.2022  
Date

3. Jamie J. Sharma  
(Type Name)

  
Signature: Area Agency Director

5/5/2022  
Date

<sup>1</sup> Original signatures or official signature stamps are required.

## Description of the Planning and Service Area

During the March 2020 through April 12, 2022 time frame, Fresno County recorded 231,235 cases of COVID-19, of which 2,738 resulted in death. In the same period, 36,193 cases of COVID-19 were recorded in Madera County, of which 354 resulted in death.

Since the Governor's declaration of a State of Emergency in March 2020, the Fresno-Madera Area Agency on Aging and its service providers have shifted gears to align service delivery with stringent State and local requirements to protect the health of their vulnerable older adult program participants. New program models were introduced that proved successful, including home-delivery of meals to Congregate Nutrition program participants who, prior to the pandemic, visited one of the Agency's 28 meal sites on weekdays for lunch and socialization. This program is scheduled to phase out at the end of June 2022, as the meal sites begin the process of gradually reopening for indoor service.

Programs that require periodic reassessment of participants, such as the Case Management and Home-Delivered Meals programs, maintained telephone contact with clients; a return to in-home visits is anticipated over the next 12 months. The volunteer-based Long-Term Care Ombudsman Program, which provides residents of long-term care facilities with regular visits to identify and resolve complaints, was initially relegated to telephone contact and greatly impacted the program's ability to advocate for this most vulnerable population, but reverted to in-person visits with Ombudsmen wearing personal protective equipment. The Health Insurance Counseling and Advocacy Program was able to assist Medicare beneficiaries with selecting their Medicare plans via telephone, with resumption of in-person appointments anticipated over the next year. The Family Caregiver Support Program was able to provide caregivers with counseling via telephone, and offered training and support groups via telephone and online, albeit with reduced participation. Some programs, such as Legal Assistance, were not heavily impacted, as Central California Legal Services continued to handle intakes through its toll-free Legal Advice Line. Others programs that by definition require in-person service, such as Adult Day Care, were forced to shut down with an uncertain future, despite valiant attempts to provide meaningful activities for older adults with Alzheimer's and other related dementias via telephone and online.

During the July 2022 through June 2023 fiscal year, the Agency on Aging will strive to build back its programs and restore client participation to pre-pandemic performance levels while maintaining the health and safety of both older adults and service providers.

Based on projections from the California Department of Finance, there will be 11,090 additional Fresno and Madera County residents age 60 and over in 2023 than in 2021, a 5% increase. Of these, 9,714 will reside in Fresno County, and 1,376 in Madera County.

### Fresno County Population Projections

Year	Age Range						Total	% Increase
	60-65	66-69	70-79	80-89	90-99	100-110		
2021	61,060	34,943	59,945	25,907	6,376	32	188,263	
<b>2022</b>	<b>61,313</b>	<b>35,599</b>	<b>62,539</b>	<b>26,903</b>	<b>6,600</b>	<b>33</b>	<b>192,987</b>	<b>2.5%</b>
<b>2023</b>	<b>61,510</b>	<b>36,565</b>	<b>64,978</b>	<b>28,058</b>	<b>6,801</b>	<b>65</b>	<b>197,977</b>	<b>2.6%</b>
2024	61,809	37,157	67,457	29,476	6,849	117	202,865	2.5%
2025	61,757	37,308	70,344	30,769	7,025	183	207,386	2.2%
2026	60,821	38,303	72,743	32,194	7,148	231	211,440	2.0%
2027	59,999	38,768	74,610	34,329	7,370	253	215,329	1.8%
2028	59,545	38,843	76,346	36,490	7,462	291	218,977	1.7%
2029	59,104	39,037	78,142	38,455	7,772	305	222,815	1.8%
2030	58,993	38,834	80,113	40,485	8,144	318	226,887	1.8%

Source: California Department of Finance, Demographic Research Unit, Report P-3, Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release), Sacramento, California, July 2021

### Madera County Population Projections

Year	Age Range						Total	% Increase
	60-65	66-69	70-79	80-89	90-99	100-110		
2021	9,645	6,005	10,989	5,138	1,138	5	32,920	
<b>2022</b>	<b>9,529</b>	<b>6,152</b>	<b>11,424</b>	<b>5,246</b>	<b>1,216</b>	<b>8</b>	<b>33,575</b>	<b>2.0%</b>
<b>2023</b>	<b>9,518</b>	<b>6,143</b>	<b>11,848</b>	<b>5,495</b>	<b>1,275</b>	<b>17</b>	<b>34,296</b>	<b>2.1%</b>
2024	9,345	6,293	12,158	5,817	1,282	25	34,920	1.8%
2025	9,197	6,331	12,543	6,014	1,364	37	35,486	1.6%
2026	9,089	6,352	12,995	6,186	1,435	54	36,111	1.8%
2027	9,149	6,301	13,159	6,544	1,455	62	36,670	1.5%
2028	9,147	6,217	13,401	6,793	1,501	66	37,125	1.2%
2029	9,256	6,180	13,622	7,036	1,636	70	37,800	1.8%
2030	9,532	5,993	13,820	7,372	1,659	77	38,453	1.7%

Source: California Department of Finance, Demographic Research Unit, Report P-3, Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release), Sacramento, California, July 2021

Population estimates for adults age 60 and over from the U.S. Census Bureau’s 2020 American Community Survey indicate Fresno County has a substantially higher population of older adults of Asian race (9.2%) than Madera County (2.5%), while Madera County has a substantially higher population of older adults classified as “White alone, not Hispanic or Latino” (61%) than Fresno County (51.5%). Both counties have large percentages of older adults who speak a language other than English at home (Fresno County 35.2% and Madera County 30.1%), as well as older adults with less than a high school education (Fresno County 25.2% and Madera County 27.6%).

Population Category	Fresno County Age 60+		Madera County Age 60+	
	Population	% of Population	Population	% of Population
<b>Total Population Age 60+</b>	<b>169,438</b>		<b>30,197</b>	
<b>SEX AND AGE</b>				
Male	77,941	46.0%	14,525	48.1%
Female	91,497	54.0%	15,672	51.9%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>				
One race	161,983	95.6%	28,687	95.0%
White	114,198	70.5%	21,487	74.9%
Black or African American	7,127	4.4%	832	2.9%
American Indian & Alaska Native	1,620	1.0%	488	1.7%
Asian	14,902	9.2%	717	2.5%
Native Hawaiian & Other Pacific Islander	324	0.2%	-	0.0%
Some other race	16,684	10.3%	3,701	12.9%
Two or more races	7,127	4.4%	1,434	5.0%
Hispanic or Latino origin (of any race)	55,745	32.9%	9,089	30.1%
White alone, not Hispanic or Latino	87,261	51.5%	18,420	61.0%
<b>LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH</b>				
English only	109,796	64.8%	21,108	69.9%
<b>Language other than English</b>	<b>59,642</b>	<b>35.2%</b>	<b>9,089</b>	<b>30.1%</b>
Speak English less than "very well"	12,346	20.7%	1,700	18.7%
<b>EDUCATIONAL ATTAINMENT</b>				
<b>Less than high school graduate</b>	<b>42,698</b>	<b>25.2%</b>	<b>8,334</b>	<b>27.6%</b>
High school graduate, GED, or alternative	36,260	21.4%	6,855	22.7%
Some college or associate's degree	52,187	30.8%	9,633	31.9%
Bachelor's degree or higher	38,293	22.6%	5,375	17.8%
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				

The U.S. Census Bureau's 2020 American Community Survey indicated small percentages of Veterans in the older adult population (12.9% in Fresno County and 13.4% in Madera County). Of the 47,612 older adults classified as part of the labor force in Fresno County, 26.7% (12,712) were employed; in Madera County, 23% (1,713) of the 7,579 older adults in the labor force were employed. Only 1.9% of older adults living with their grandchildren in Fresno County and 2.6% in Madera County were responsible for the care of their grandchildren. Both counties had high percentages of older adults who reported a disability (36.4% of the civilian non-institutionalized older adult population in Fresno County, and 36.1% in Madera County).

Population Category	Fresno County Age 60+		Madera County Age 60+	
	Population	% of Population	Population	% of Population
<b>Total Population Age 60+</b>	<b>169,438</b>		<b>30,197</b>	
<b>VETERAN STATUS</b>				
Civilian veteran	21,858	12.9%	4,046	13.4%
<b>EMPLOYMENT STATUS</b>				
Not in labor force	121,826	71.9%	22,618	74.9%
In labor force	47,612	28.1%	7,579	25.1%
<b>Employed</b>	<b>12,712</b>	<b>26.7%</b>	<b>1,743</b>	<b>23.0%</b>
Unemployed	667	1.4%	159	2.1%
<b>MARITAL STATUS</b>				
Now married (excluding Separated)	94,038	55.5%	18,873	62.5%
Widowed	31,854	18.8%	5,164	17.1%
Divorced	26,093	15.4%	4,077	13.5%
Separated	4,914	2.9%	544	1.8%
Never married	12,538	7.4%	1,540	5.1%
<b>RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS</b>				
Living with grandchild(ren)	16,097	9.5%	3,140	10.4%
Responsible for grandchild(ren)	306	1.9%	82	2.6%
<b>DISABILITY STATUS</b>				
Civilian noninstitutionalized population age 60+	166,520		29,256	
<b>With any disability</b>		<b>36.4%</b>		<b>36.1%</b>
No disability		63.6%		63.9%
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				



According to the U.S. Census Bureau's 2020 American Community Survey, there were 16,676 older adults living alone in Fresno and Madera Counties, representing 14.7% of all households with members age 60 and over, with a substantially higher percentage (15.5%) in Fresno County than in Madera County (9.6%). Madera County had a significantly higher percentage of family households with married couples age 60 and over (56%) than Fresno County (43.7%). Both counties reported a surprisingly low number of older adult households with unmarried partners (71 in Fresno County and 12 in Madera County), which may be indicative of a low sample rate.

Household Category	Fresno County Age 60+		Madera County Age 60+	
	Households	% of Households	Households	% of Households
<b>Households Age 60+</b>	<b>97,159</b>		<b>16,521</b>	
Family households	57,129	58.8%	11,036	66.8%
Married-couple family	24,966	43.7%	6,180	56.0%
Female householder, no spouse present, family	6,113	10.7%	828	7.5%
Nonfamily households	40,030	41.2%	5,485	33.2%
<b>Householder living alone</b>	<b>15,091</b>	<b>37.7%</b>	<b>1,585</b>	<b>28.9%</b>
Household Relationship Category	Population	% of Population	Population	% of Population
<b>Population Age 60+ in households</b>	<b>165,411</b>		<b>29,177</b>	
Householder or spouse	137,622	83.2%	24,742	84.8%
Parent	12,075	7.3%	2,130	7.3%
Other relatives	9,759	5.9%	1,284	4.4%
Nonrelatives	5,955	3.6%	1,021	3.5%
Unmarried partner	71	1.2%	12	1.2%
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				



The U.S. Census Bureau's 2020 American Community Survey reports the mean county household income (total income of all households in county, divided by the number of households in county). For households with members age 60 and over, the mean Social Security income was reported as \$18,849 in Fresno County and \$20,497 in Madera County. Only 42.6% of older adult households in Fresno County had retirement income, with a slightly higher percentage of 46.7% in Madera County. Food stamp/SNAP benefits were provided to 10.8% of older adult households in Fresno County and 9.6% in Madera County. Of individuals age 60 and over for whom poverty status was determined, 13.8% (22,980) had income below the federal poverty level (\$12,760 in 2020) in Fresno County and 10.9% (3,189) in Madera County.

Household Income Category	Fresno County Age 60+		Madera County Age 60+	
	Households	% of Households	Households	% of Households
<b>Households Age 60+</b>	<b>97,159</b>		<b>16,521</b>	
With earnings		49.6%		49.6%
Mean earnings	\$ 75,343		\$ 63,125	
<b>With Social Security income</b>		<b>71.6%</b>		<b>76.7%</b>
<b>Mean Social Security income</b>	<b>\$ 18,849</b>		<b>\$ 20,497</b>	
With Supplemental Security Income		13.4%		10.1%
Mean Supplemental Security Income	\$ 8,767		\$ 9,518	
With cash public assistance income		3.7%		3.1%
Mean cash public assistance income	\$ 3,408		\$ 3,995	
<b>With retirement income</b>		<b>42.6%</b>		<b>46.7%</b>
<b>Mean retirement income</b>	<b>\$ 33,504</b>		<b>\$ 38,167</b>	
<b>With Food Stamp/SNAP benefits</b>		<b>10.8%</b>		<b>9.6%</b>
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				

Poverty Status in the Past 12 Months	Fresno County Age 60+		Madera County Age 60+	
	Population	% of Population	Population	% of Population
Total Population Age 60+	169,438		30,197	
Population Age 60+ for whom poverty status is determined	166,520	98.3%	29,256	96.9%
<b>Below 100% of poverty level</b>	<b>22,980</b>	<b>13.8%</b>	<b>3,189</b>	<b>10.9%</b>
100 - 149 % of poverty level	16,985	10.2%	2,458	8.4%
At or above 150% of poverty level	126,555	76.0%	23,610	80.7%
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				

Among households with members age 60 and over, there was a much higher percentage of owner-occupied housing units in Madera County (81.7%) than in Fresno County (69.9%) in 2020, according to the U.S. Census Bureau's 2020 American Community Survey. Among these, 27.1% in Fresno County and 29% in Madera County paid 30% or more of their household income towards selected monthly owner costs. Households with older adult renters saw 59.3% in Fresno County and 45.8% in Madera County paying 30% or more of their household income towards gross rent.

Housing Tenure & Costs	Fresno County Age 60+		Madera County Age 60+	
	Quantity	% of Quantity	Quantity	% of Quantity
Occupied housing units	97,159		16,521	
Owner-occupied housing units	67,955	69.9%	13,497	81.7%
Median selected monthly owner costs with a mortgage (dollars)	\$ 1,475		\$ 1,485	
Median selected monthly owner costs without a mortgage (dollars)	\$ 491		\$ 491	
Selected Monthly Owner Costs as % of Household Income in the Past 12 Months				
Less than 30%		72.9%	71.0%	
30% or more		27.1%	29.0%	
Renter-occupied housing units	29,245	30.1%	3,023	18.3%
Median Gross Rent	\$ 891		\$ 986	
Gross Rent as % of Household Income in the Past 12 Months				
Less than 30%		40.7%	54.2%	
30% or more		59.3%	45.8%	
Source: U.S. Census Bureau, 2020 American Community Survey, Table S0102, Population 60 Years and Over in the United States				

The federal poverty level for 2022 is \$13,590 for one person and \$18,310 for a two-person household. A renter paying the median gross rent determined for 2020 paid \$10,692 per year in Fresno County and \$11,832 per year in Madera County.

The Bureau of Labor Statistics reports the U.S. Annual Inflation Rate climbed from 1.36% in 2020 to 7.04% in 2021, and as of April 2022 the inflation rate continues to rise. The Consumer Price Index Inflation Calculator shows that \$100 in January 2020 had the same buying power as \$111.45 in March 2022. Although Social Security recipients received a 5.9% cost of living adjustment in 2022, the Medicare Part B premium increased by 14.5%. As costs rise for older adults on a fixed income, safety-net programs, such as the Congregate Nutrition and Home-Delivered Meals programs, and programs that help older adults effectively manage their well-being, such as Case Management, Legal Assistance, the Health Insurance Counseling and Advocacy Program, and the Family Caregiver Support Program are vital to ensuring they are able to continue living independently and with dignity in the community.

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, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>1</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>2</sup> Yes or No
2020-2021	6/30/20	*Fresno-Madera Area Agency on Aging, 2520 W. Shaw Lane, Suite 101A, Fresno, CA 93711	13	Yes (American Sign Language)	No
2021-2022	4/13/21	*Fresno-Madera Area Agency on Aging, 2520 W. Shaw Lane, Suite 101A, Fresno, CA 93711	13	Yes (American Sign Language)	No
2022-2023	4/27/22	*Fresno-Madera Area Agency on Aging, 2520 W. Shaw Lane, Suite 101A, Fresno, CA 93711	16	Yes (Closed Captions for the Hearing Impaired)	No

\*Conducted via Zoom due to COVID-19 State of Emergency

**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.

Section 5, Needs Assessment, of this 2020-2024 Four Year Area Plan described activities conducted by the Agency on Aging to obtain input for the area plan.

Fiscal Year 2021-2022: Due to the ongoing COVID-19 State of Emergency, notice of the April 13, 2021 Area Plan Update public hearing, conducted via Zoom and teleconference, was posted on the Agency’s Web site. An agenda for the April 13, 2021, Advisory Council meeting, which encompassed the public hearing, was emailed to service providers and community partners, and the draft Area Plan Update was posted to the Agency on Aging’s Web site, fmaaa.org.

<sup>1</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>2</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Fiscal Year 2022-2023: Due to the ongoing COVID-19 State of Emergency, notice of the April 27, 2022 Area Plan Update public hearing, conducted via Zoom and teleconference, was posted on the Agency on Aging's Web site. An agenda for the April 27, 2022, Advisory Council meeting, which encompassed the public hearing, was emailed to service providers and community partners, and the draft Area Plan Update was posted to the Agency on Aging's Web site, fmaaa.org.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?  
 Yes. Go to question #3  
 Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C.  
 Not applicable, PD and/or C funds are not used.
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services.  
 Yes. Go to question #5  
 No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

2020-2024 Four-Year Area Plan – June 30, 2020

Home Repair and Maintenance or Foreclosure: (Make a priority): It is my understanding within an agreement for a Reverse Mortgage that financial institutions require the home be maintained, this would be another reason to have these services a priority especially if it means it is a reason a bank could foreclose on these type of arrangements.

2021-2022 Area Plan Update – April 13, 2021

No comments were received concerning minimum percentages of Title IIIB funds to meet adequate proportion of funding for priority services.

2022-2023 Area Plan Update – April 27, 2022:

No comments were received concerning minimum percentages of Title IIIB funds to meet adequate proportion of funding for priority services.

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

2020-2024 Four-Year Area Plan – June 30, 2020

- Look into churches that offer home repairs, and the Elks and Kiwanis.
- Partner with In-Home Supportive services and do follow-up with paid caregivers as well as unpaid family caregivers; support, training and respite are important for both groups.
- It's good to see the high percentage of cell phone use by older adults. Cell phones have features that are useful for and increase the safety of individuals who are blind.
- It's interesting to see the high percentage of Internet use by seniors.
- It's sad that such a low number have a grab and go bag for an emergency. Maybe the bags could be offered in exchange for completing a survey.
- We will see some changes on how health care is delivered due to COVID-19. I hope we are paying attention; a lot of providers are changing how they provide services.
- Interpretation/Translation: The two instances represented seems extremely low. Could this be in need of more publicity? How many languages are spoken in Fresno and Madera counties? Do we have access for each language?
- Independent Seniors: I have found that those seniors who have isolated themselves and/or say they are fiercely independent are especially at risk for predatory behaviors directed at them. Even though 75% of predators/abuse are people they know; some sort of "wellness check" may be in order, such as renewing your driver's license.
- An annual giveaway requiring a survey, like idea of "Go Bags" for emergencies.
- Vetting of recommended resources offered: how a resource is vetted to be included here is something that is unclear (I would outline your vetting process). I have found brochures in office vestibules of some of the Resources listed in the Area Plan and no one could really tell me how the service provider was selected.
- Terms in need of definition: To use this Plan as a tool certain terms seem to be in need of definition – perhaps a glossary of terms could be added. "Legal Services or Legal Assistance" for example are broad terms, and in my experience & research not all charges qualify as "legal fees" – and not all lawyers or paralegals are licensed for the specialties needed and therefore could be a way to scam an elderly person and/or their "caregivers" (another term in need of definition here). Another example, Home Care versus Home Health services – Long Term Care Insurance and I would think Medicaid & Medical are very narrow in their definitions – so anything referred to as such should follow the guidelines for the coding of the "services". "Case management" is also a term in need of definition.

### 2021-2022 Area Plan Update – April 13, 2021

- I was surprised by the difference in Madera County vs. Fresno County that it's more expensive for our seniors to live (in Madera County), a big surprise compared to Fresno County.
- I think I was surprised at some of the growth areas or the increase in the cost of living here. But we hear it from our community members every day so I guess it shouldn't be that surprising.
- I was surprised at the distribution of older adult population between Fresno and Madera counties. That was a number that stood out. Just the amount of older adults living at or below the Federal Poverty Level is also a pretty significant number. I think for (the older adults my employer serves) it's also pretty high. It's good to see these numbers align with the residents we serve.

### 2022-2023 Area Plan Update – April 27, 2022:

- One individual questioned why the City of Madera was not one of the Fresno-Madera Area Agency on Aging's joint power authorities; staff informed them that when the Agency was established in 1980, the City of Madera deferred to the County of Madera, which encompasses the city.
- One individual stated there needs to be more advertising and community presentations for older adults for the Health Insurance Counseling and Advocacy Program (HICAP), particularly for Adult Protective Services and Veterans. The HICAP Program Manager provided information on current publicity and community education activities.
- The same individual stated they have found a lot of people don't know what the Older Americans Act is, and that they would like to see if there's anything that can be done to educate the public on laws as well as services.
- The same individual provided the following additional written comments following the public hearing:
  - Public presentations at senior centers regarding FMAAA and OAA, goal to reach more seniors and get more volunteers to participate in FMAAA.
  - More public presentations in the larger senior centers from the Legal Aid staff.
  - It is important to explain to the community the role of the OAA law that was passed for improvement in the senior population. This will not only educate the public, but will encourage voting and participation. I am concerned because it appears that congress does not approve OAA as rapidly as they should.

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

### 2020-2024 Four-Year Area Plan – June 30, 2020

- No changes were made to the Area Plan as a result of input by attendees.

- The Area Plan includes an overview of significant community-based programs for older adults outside of the Agency on Aging network (Section 2, pages 44-55). In this section, home repair programs administered by Habitat for Humanity, Self-Help Enterprises, and Fresno EOC's Energy Services Program are described, as well as those offered through tribal rancherias for tribal members. Allocation of Title III B Older Americans Act funding for costly residential repairs would require substantial decreases in funding of priority Title III B Supportive Services currently offered by the Agency on Aging for which there is very high demand (i.e. Case Management, Legal Assistance); subsequently, the Agency refers inquiries for home repairs to organizations that have the expertise and capability to offer this service. The Agency on Aging's Advisory Council has researched services available for older adults from faith-based organizations for four years, and their valuable findings are used by the Agency's information and assistance staff, as well as case management and nutrition staff, in providing appropriate referrals. The Agency will ask its Advisory Council to expand its research to service clubs, such as the suggested Elks Lodge.
- The Agency on Aging's service provider for the Family Caregiver Support Program, Valley Caregiver Resource Center, conducts a comprehensive public communications program via interviews, press releases and advertising via television, radio and newspapers in the English, Spanish, and Hmong languages. The program, until year 2019, was collocated adjacent to Fresno County's In-Home Supportive Services (IHSS) office for nearly two decades, and program staff continue to network with IHSS staff. Although the program, by federal mandate, is targeted for informal (i.e. unpaid) providers of in-home care for older adults or individuals with Alzheimer's disease or a related disorder, paid caregivers are only denied Family Caregiver Support Program services if the requested service duplicates a service they are paid to provide.
- Based upon the results of its need assessment survey, the Agency on Aging created a new objective (Area Plan Section 9, Goal 3, Objective D) to address the need to increase the capability of older adults to effectively respond to an emergency. The California Department of Aging's Area Plan contract with the Agency on Aging specifically prohibits purchase of giveaway items.
- The impact of COVID-19 on the provision of Older Americans Act services for older adults is addressed in Section 2, pages 18-21 and 42-43 of the Area Plan. The Agency on Aging, along with the entire network of care for older adults, is monitoring and navigating daily changes in State and local directives and guidelines to determine changes in service provision.
- During the public hearing, Agency on Aging staff advised most interpretation and translation needs are met by Agency staff and a language line service. The two planned instances of Older Americans Act Title III B Interpretation/Translation service are reserved for infrequent instances where existing resources cannot meet



the need. Languages spoken in Fresno and Madera counties are described in Section 2, pages 10-11 of the Area Plan.

- Regarding independent and isolated older adults at risk for predatory behavior, the Agency on Aging subcontracts with Valley Caregiver Resource Center for provision of the Elder Abuse Prevention, Education and Training Program to increase elder abuse awareness and reporting (Area Plan Section 9, Goal 4, Objective A), as well as the Long-Term Care Ombudsman Program to provide residents of long-term care facilities with routine access to trained Ombudsmen who inform residents of their rights and seek resolution to identified issues (Area Plan Section 9, Goal 4, Objective B). Valley Caregiver Resource Center is also providing telephone wellness checks, through a subcontract with the Agency on Aging, for older adults who are socially and/or geographically isolated (Area Plan Section 9, Goal 2, Objective D). The Agency also contracts with Central California Legal Services to provide older adults with legal assistance to protect them from physical and financial abuse, unfair business and debt collection practices, and other issues affecting their rights (Area Plan Section 9, Goal 3, Objective C).
- References in the Area Plan to services provided by organizations do not constitute a recommendation by the Agency on Aging; rather, they are presented as an overview to determine gaps in services for older adults relevant to planning Older Americans Act services and to avoid duplication of services already provided in the community. The Agency follows federal and State requirements for issuing Requests for Proposals for provision of Older Americans Act services and awarding subcontracts.
- The Area Plan is constructed using the California Department of Aging's required template, which does not include a glossary of terms. Descriptions of Older Americans Act services provided by the Agency on Aging and its service providers are provided in Area Plan Section 3, pages 2-4. There is no coding involved with Older Americans Act service definitions.

#### 2021-2022 Area Plan Update – April 13, 2021

- No changes were made to the Area Plan as a result of input by attendees.

#### 2022-2023 Area Plan Update – April 27, 2022

- No changes were made to the Area Plan as a result of input by attendees.

## Goals and Objectives

**Goal 1:** Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition.

**Rationale:** Good nutrition is essential to the health of older adults, and has been determined through this Area Plan's needs assessment process to be the highest priority need of older adults in Fresno and Madera counties. Agencies on Aging are well-positioned to help meet this need through the home-delivered meals and congregate nutrition programs.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Ensure good nutrition for older adults who are homebound, unable to shop for groceries, and unable to prepare a meal through provision of home-delivered meals for a minimum of 650 older adults each fiscal year.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 1,272 clients served. 7/1/21-3/31/22: 1,292 clients served.
B. Transition Congregate Nutrition program from COVID-19 mode of meal provision (delivery to homes of Congregate Nutrition program participants) to provision at senior and community centers as the State provides nutrition program guidance and as centers hosting the program are adequately staffed and demonstrate capability to comply with State and local COVID-19 operating requirements.	7/1/2020	6/30/2023	Home delivery of meals to 1,092 Congregate Nutrition participants to end 6/30/22, with meal sites gradually reopening beginning 7/1/2022.
C. Resume participation in the Senior Farmers' Market Nutrition Program beginning in fiscal year 2021-2022 (fiscal year 2020-2021 program cancelled due to COVID-19). The Agency on Aging will distribute \$25,000 worth of farmers' market vouchers to older adults who have low income to increase their nutrition through access to fresh fruit and vegetables.	7/1/2021	6/30/2024	Program not offered in fiscal year 2021-2022 due to COVID-19 State of Emergency; if lifted, program will be offered in fiscal year 2022-2023.
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>			

### Core Programs and Services

Home-Delivered Meals Program

Nutrition Education

Congregate Nutrition Program

Senior Farmers Market Program

## Section 9 Goals and Objectives

**Goal 2:** Maintain the ability of older adults to live independently for as long as possible.

**Rationale:** It is less expensive for an older adult to remain in the home with community-based support than to provide care in a skilled nursing facility. Providing the family caregiver with the tools and support they need to continue in their caregiving role is essential to keeping older adults in their homes. Case management and supportive services for older adults who need coordination of care to continue to live independently is also key to independence.

*Objective		Projected Start Date	Projected End Date	Update Status
A.	Case Management: Provide Linkages case management and supportive services, such as chore, homemaker, and personal care, for 100 older adults each fiscal year who are at risk for placement but do not qualify for other case management programs.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 60 clients served. 7/1/21-3/31/22: 75 clients served.
B.	Provide counseling for a minimum of 250 family caregivers and support groups for a minimum of 40 family caregivers each fiscal year to help them maintain their caregiver role and defer placement of their family member.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 362 clients counseled, 31 support group members. 7/1/21-3/31/22: 328 clients counseled, 21 support group members.

C.	Health Promotion – Evidence-Based: Improve self-care behaviors, management of emotions, self-efficacy, and use of community resources by older adults who are family caregivers through provision of five six-week sessions of the evidence-based Powerful Tools for Caregivers program each fiscal year.	7/1/2020	6/30/2024	Five sessions offered via Zoom in both fiscal years 2020-2021 and 2021-2022. In fiscal year 2022-2023, three sessions to be offered via Zoom and two in-person.
D.	Telephone Reassurance: Decrease social isolation by providing a minimum of 2,150 telephone wellness checks for older adults who are socially and/or geographically isolated due to COVID-19 restrictions.	7/1/2020	06/30/2021	7/1/2020-6/30/2021: 4,302 telephone wellness checks conducted by Adult Day Care staff; activity ended 6/30/2021 as Adult Day Care resumed on 7/1/2021; Adult Day Care Center closed as of 10/1/2021 and staff laid off.
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>				

## Core Programs and Services

Case Management – Linkages Program

Family Caregiver Support Program (Title III E)

- |    |                       |   |
|----|-----------------------|---|
| 1. | Access Assistance     | Caregiver Information and Assistance<br>Caregiver Outreach<br>Caregiver Interpretation/Translation<br>Caregiver Legal Resources               |
| 2. | Information Services  | Community Education on Caregiving<br>Public Information on Caregiving   |
| 3. | Respite Care          | Caregiver Respite In-Home Supervision   |
| 4. | Support Services      | Caregiver Assessment<br>Caregiver Counseling<br>Caregiver Support Group<br>Caregiver Training   |
| 5. | Supplemental Services | Assistive Devices for Caregiving<br>Caregiving Emergency Cash/Material Aid<br>Caregiving Services Registry<br>Home Adaptations for Caregiving |

Health Promotion – Evidence-Based: Powerful Tools for Caregivers

Adult Day Care (center closed as of 10/1/2021)

## Additional Supportive Services (Title III B)

Personal/Home Security	Personal Care
Chore	Cash/Material Aid
Homemaker	Interpretation/Translation
Public Information	Telephone Reassurance

**Goal 3:** Address basic needs and rights of older adults who are the most frail and vulnerable to promote aging with dignity and ensure a safe living environment.

**Rationale:** Adult Protective Services in Fresno and Madera counties received 4,718 reports of alleged elder abuse and handled 525 confirmed cases of elder abuse perpetrated by others in 2020. The Long-Term Care Ombudsman Program handled 675 complaints for residents of long-term care facilities in fiscal year 2019-2020. Increased awareness of elder abuse identification and reporting, and the rights of individuals in skilled nursing facilities and residential care facilities for the elderly, is needed to help reduce abuse and ensure rights are protected. Education on emergency preparedness is essential to ensure safety of older adults during earthquakes, floods, and increasing incidents of wildfires and power outages.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Elder Abuse Prevention, Education and Training: Valley Caregiver Resource Center will provide 18 educational sessions on elder abuse for professionals, caregivers, and the public each fiscal year to increase elder abuse awareness and reporting.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 17 sessions conducted. 7/1/21-3/31/22: 14 sessions conducted.
B. Long-Term Care Ombudsman Program: Valley Caregiver Resource Center will visit Skilled Nursing Facilities in Fresno and Madera counties quarterly, as COVID-19 visiting restrictions permit, to provide residents with routine access to trained Ombudsmen, who will inform residents of their rights and seek resolution to identified issues.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 19 of 38 Skilled Nursing Facilities visited quarterly during pandemic. Fiscal year 2021-2022 in progress.
C. Legal Assistance: Central California Legal Services will provide 700 hours of legal assistance each fiscal year to protect older adults from physical and financial abuse, unlawful evictions, unfair business and debt collection practices, and other issues affecting their rights.	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 1,374 hours provided. 7/1/21-3/31/22: 1,355 hours provided.



<p>D. Disaster Preparedness: The Agency on Aging will increase the capability of older adults to effectively respond to an emergency through annual provision of FEMA preparedness checklists and brochures to its case management and home-delivered meals clients. The Agency will also observe National Preparedness Month each September through posting of FEMA public service announcements on its Web site and ongoing updates to the Agency’s “Be Safe” Web page, including links to resources in multiple languages. When COVID-19 precautions for older adults are lifted, the Agency on Aging’s Advisory Council will plan and provide five peer-to-peer presentations on disaster preparedness for older adults each fiscal year.</p>	7/1/2020	6/30/2024	In progress
<p><i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i></p>			

Core Programs and Services
<p>Long-Term Care Ombudsman Program  Elder Abuse Prevention, Education, and Training  Legal Assistance  Disaster Preparedness  <i>(No funding requested; objectives to be accomplished in the course of conducting customer contacts through Case Management and Home-Delivered Meals programs, through administrative activities, and in the course of conducting Advisory Council activities.)</i></p>

**Goal 4:** Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.

**Rationale:** Ensuring older adults are aware of their options and have the tools they need to navigate through unfamiliar programs and services is essential to ensure their needs are effectively met. Counseling on Medicare plans and available subsidies for beneficiaries with low income continues to be a high-demand service. Information and Assistance is necessary to direct inquiries to the right service in the spectrum of providers. Transportation is needed to physically access essential services, including groceries and medical appointments.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Health Insurance Counseling and Advocacy Program: Valley Caregiver Resource Center will attain the California Department of Aging’s annual minimum benchmark for hours of counseling for Medicare beneficiaries (fiscal year 2020-2021 benchmark is 2,014 hours).	7/1/2020	6/30/2024	7/1/2020-6/30/2021: 1,199 counseling hours provided. Fiscal year 2021-2022 in progress.
B. The City of Madera will ensure older residents have access to grocery stores, medical facilities, pharmacies, nutrition sites, and social activities through provision of 30,000 public transit passes for fixed route and dial-a-ride services each fiscal year.	7/1/2020	6/30/2021	The AAA's Transportation contract with the City of Madera was cancelled due to the COVID-19 pandemic. AAA Case Managers continue to arrange for transportation as needed by Case Management clients.
C. The Agency on Aging will help older adults and family caregivers navigate the network of care by reviewing and updating its Web site content a minimum of once a month to ensure information on its programs and services is current and to post information on events and workshops offered by community partners.	7/1/2020	6/30/2024	In Progress

*\*No funds will be diverted to Program Development or Coordination during this funding cycle.*



**TITLE III/VIIA 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 \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#) and the [National Ombudsman Reporting System \(NORS\) Instructions](#).

1. 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 IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

**Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	300	2	A
2021-2022	0	2	A
2022-2023	250	2	A
2023-2024			-

**Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	420	2	A
2021-2022	0	2	A
2022-2023	350	2	A
2023-2024			-

**Chore (In-Home)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	420	2	A
2021-2022	0	2	A
2022-2023	350	2	A
2023-2024			-

**Home-Delivered Meals****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	243,736	1	A
2021-2022	500,000	1	A
2022-2023	518,000	1	A
2023-2024			

**Adult Day/Health Care (In-Home)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	410	2	-
2021-2022	13,312	2	-
2022-2023	0	-	-
2023-2024			-

**Case Management (Access)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,500	2	A
2021-2022	1,500	2	A
2022-2023	1,500	2	A
2023-2024			-

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	344,647	1	B
2021-2022	180,000	1	B
2022-2023	227,500	1	B
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	30,000	4	B
2021-2022	10	4	B
2022-2023	40	4	B
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	700	3	C
2021-2022	950	3	C
2022-2023	1,200	3	C
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,411	1	-
2021-2022	6,400	1	-

**Nutrition Education****Unit of Service = 1 session (regardless of number of participants)**

2022-2023	8	1	-
2023-2024			-

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	2,695	4	-
<b>2021-2022</b>	2,400	4	-
<b>2022-2023</b>	2,160	4	-
<b>2023-2024</b>			

**2. NAPIS Service Category – “Other” Title III Services**

- Each **Title III B** “Other” service must be an approved NAPIS Program service listed above 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. (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.

**Other Supportive Service Category: Cash/Material Aid****Unit of Service = 1 Assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	5	2	-
<b>2021-2022</b>	5	2	-
<b>2022-2023</b>	35	2	-
<b>2023-2024</b>			



**Other Supportive Service Category: Interpretation/Translation** **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	2	4	-
<b>2021-2022</b>	2	4	-
<b>2022-2023</b>	2	4	-
<b>2023-2024</b>			

**Other Supportive Service Category: Personal/Home Security** **Unit of Service = 1 Product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	20	2	-
<b>2021-2022</b>	20	2	-
<b>2022-2023</b>	200	2	-
<b>2023-2024</b>			

**Other Supportive Service Category: Public Information** **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	-	-	-
<b>2021-2022</b>	-	-	-
<b>2022-2023</b>	10	2	-
<b>2023-2024</b>			-

**Other Supportive Service Category: Residential Repairs/Modifications** **Unit of Service = 1 Modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	-	-	-
<b>2021-2022</b>	30	2	A
<b>2022-2023</b>	10	2	A
<b>2023-2024</b>			-

**Other Supportive Service Category: Telephone Reassurance****Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	2,150	2	D
<b>2021-2022</b>	0	-	-
<b>2022-2023</b>	0	-	-
<b>2023-2024</b>			

**3. Title IIID / Health Promotion – Evidence Based**

- Provide the specific name of each proposed evidence-based program.

**Evidence-Based Program Name: Powerful Tools for Caregiving****Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (required)
<b>2020-2021</b>	495	2	C
<b>2021-2022</b>	495	2	C
<b>2022-2023</b>	315	2	C
<b>2023-2024</b>			

**TITLE IIIB and Title VIIA:**  
**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2020–2024 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2016, 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 ensuring their dignity, quality of life, and quality of care.

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.

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2017-2018 was 73%.

<p>1. FY 2018-2019 Baseline Resolution Rate:          Number of complaints resolved (377) + number of partially resolved complaints (235) divided by the total number of complaints received (799) = Baseline Resolution Rate (76.6%)          FY 2020-2021 Target Resolution Rate: 75%</p>
<p>2. FY 2019-2020 Baseline Resolution Rate:          Number of complaints partially or fully resolved (166) + number of partially resolved complaints (129) divided by the total number of complaints received (376) = Baseline Resolution Rate (78%)          FY 2021-2022 Target Resolution Rate 75%</p>
<p>3. FY 2020 - 2021 Baseline Resolution Rate:          Number of complaints partially or fully resolved (143) divided by the total number of complaints received (198) = Baseline Resolution Rate (72%)  <b>FY 2022-2023 Target Resolution Rate: 72%</b></p>
<p>4. FY 2021-2022 Baseline Resolution Rate:          Number of complaints partially or fully resolved _____ divided by the total number of complaints received = Baseline Resolution Rate _____%          FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers:</p>

**B. Work with Resident Councils (NORS Elements S-64 and S-65)**

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended = 51          FY 2020-2021 Target: 20</p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended = 24          FY 2021-2022 Target: 15</p>
<p>2. FY 2020-2021 Baseline: Number of Resident Council meetings attended = 31  <b>FY 2022-2023 Target: 36</b></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____          FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers:</p>

**C. Work with Family Councils (NORS Elements S-66 and S-67)**

1. FY 2018-2019 Baseline: Number of Family Council meetings attended = 8 FY 2020-2021 Target: 0
2. FY 2019-2020 Baseline: Number of Family Council meetings attended = 0 FY 2021-2022 Target: 0
3. FY 2020-2021 Baseline: Number of Family Council meetings attended = 0 <b>FY 2022-2023 Target: 0</b>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers:

**D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)**

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances = 1,937 FY 2020-2021 Target: 1,500
2. FY 2019-2020 Baseline: Number of Instances = 3,647 FY 2021-2022 Target: 1,500
3. FY 2020-2021 Baseline: Number of Instances = 2,589 <b>FY 2022-2023 Target: 2,300</b>
4. FY 2021-2022 Baseline: Number of Instances = _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers:

**E. Information and Assistance to Individuals (NORS Element S-55)**

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. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances = 6,071 FY 2020-2021 Target: 3,000
2. FY 2019-2020 Baseline: Number of Instances = 3,462 FY 2021-2022 Target: 3,000
3. FY 2020-2021 Baseline: Number of Instances = 5,347 <b>FY 2022-2023 Target: 6,000</b>
4. FY 2021-2022 Baseline: Number of Instances = _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers:

**F. Community Education (NORS element S-68)**

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. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2018-2019 Baseline: Number of Sessions = 43 FY 2020-2021 Target: 6
2. FY 2019-2020 Baseline: Number of Sessions = 22 FY 2021-2022 Target: 6
3. FY 2020-2021 Baseline: Number of Sessions = 30 <b>FY 2022-2023 Target: 40</b>
4. FY 2021-2022 Baseline: Number of Sessions = FY 2023-2024 Target:
Program Goals and Objective Numbers:

**G. Systems Advocacy (NORS Elements S-07, S-07.1)**

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

<p><b>FY 2020-2021 Systems Advocacy Effort(s)</b></p> <p>October 2020 is Resident Rights month. New COVID-19 visitation guidelines provide for staff Ombudsmen to visit SNF and RCFE facilities. In recognition of Resident Rights Month, staff will deliver posters, collateral materials, tent cards and Resident Rights information to SNF and RCFE residents. This is very timely as it has often been necessary to override many Resident Rights in response the COVID-19 Pandemic. Our Ombudsmen will re-educate the residents on their rights and how the Ombudsman Program can assist them with any future violations.</p>
--

<b>FY 2021-2022</b>
<p>Outcome of FY 2020-2021 Efforts: Completed</p> <p>FY 2021-2022 Systems Advocacy Effort(s): Given how the COVID-19 Pandemic and related restrictions made it necessary for many Resident Rights to be overridden, staff will emphasize education on Resident Rights throughout the year so that residents will know their rights as the COVID-19 pandemic eases. Staff will also carry over Systems Advocacy efforts from FY 2020-2021, and continue to deliver posters, collateral materials, tent cards to SNF and RCFE residents so that residents are aware of their rights and how the Ombudsman Program can assist them.</p>
<b>FY 2022-2023</b>
<p>Outcome of FY 2021-2022 Efforts: Completed</p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> The Fresno-Madera Long-Term Care Ombudsmen Program will introduce an Advanced Health Care Directive Information Campaign (AHCD) to inform residents about the benefits of having a completed AHCD. We will offer two different versions of the campaign, one for SNFs and another for RCFEs.</p> <p>In California, Ombudsmen witness the signing of an AHCDs in SNFs. We will secure presentations at all SNFs that have Resident Council Meetings available. Collateral materials, posters and personal handouts will be utilized to reach as many residents as possible to inform them that we can assist them in creating or updating an AHCD at no charge.</p> <p>We are unable to witness AHCD signings for RCFE residents, so we will provide AHCD forms, education and information about available options and resources available.</p> <p>The goal is to educate residents and their families about the importance of completing an AHCD while the resident has the mental capacity to complete an AHCD. The Ombudsman Program office is often called upon to provide an AHCD witnessing, but is unable to do so because the resident lacks capacity.</p>
<b>FY 2023-2024</b>
<p>Outcome of 2022-2023 Efforts:</p> <p>FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy effort.)</p>



**Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58)

Number of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. 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 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint (36) divided by the total number of Nursing Facilities (36) = Baseline 100% FY 2020-2021 Target: 50%
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint (0) divided by the total number of Nursing Facilities (36) = Baseline 0% FY 2021-2022 Target: 75%
3. FY 2020-2021 Baseline: Number of Nursing Facilities (38) visited at least once a quarter not in response to a complaint: 19 (50%) <b>FY 2022-2023 Target: 29 (75%)</b>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint: _____ FY 2023-2024 Target: _____ %
Program Goals and Objective Numbers: <b>3.B</b>

**B. Routine Access: Residential Care Communities** (NORS Element S-61)

Number 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. 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 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint (178) divided by the total # of RCFEs (207) = Baseline (85%) FY 2020-2021 Target: 50%
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint (0) divided by the total # of RCFEs (218) = Baseline (0 %) FY 2021-2022 Target: 75%
3. FY 2020-2021 Baseline: Number of RCFEs (218) visited at least once a quarter not in response to a complaint: 59 (27%) <b>FY 2022-2023 Target: 164 (75%)</b>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint: FY 2023-2024 Target: _
Program Goals and Objective Numbers:

**C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23)**

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 2018-2019 Baseline: 6.3 FTEs FY 2020-2021 Target: 6.875 FTEs
2. FY 2019-2020 Baseline: 6.5 FTEs FY 2021-2022 Target: 6.5 FTEs
3. FY 2020-2021 Baseline: 6.05 FTEs <b>FY 2022-2023 Target: 6.25 FTEs</b>
4. FY 2021-2022 Baseline: __ FTEs FY 2023-2024 Target: ____ FTEs
Program Goals and Objective Numbers:

**D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)**

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: 49 FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers: 30
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers: 37 FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers: 40
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers: 41 <b>FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers: 41</b>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers:

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, 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 Reporting System (NORS) data reporting.

Some examples could include:

- 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

**Fiscal Year 2020-2021 NORS Efforts:**

Additional staff will be hired to assist with Ombudsman Data Integration Network (ODIN 2020) data entry, case creation, document uploading, monitoring of open cases and the case review and closure process.

**Fiscal Year 2021-2022 NORS Efforts:**

Staff will be cross-trained so that all can assist with Ombudsman Data Integration Network (ODIN) data entry, case creation, document uploading, and more. A case review process will also be improved to assist with monitoring of open cases and case closure in the wake of the COVID-19 pandemic and its related restrictions.

**Fiscal Year 2022-2023 NORS Efforts:**

Additional training on how to capture and report the following instances of interaction will be provided at the monthly Case Review Meetings:

- Information and assistance to facility staff; and
- Information and assistance to individuals.

The majority of our volunteers are very new in their Ombudsman roles and are still building their confidence and expertise as they conduct their monthly facility visits. It will be easier to them to understand, track and report interaction instances after they have received consistent, focused and interactive monthly training. The training should result in an increase of reported instances of the above-mentioned targets.

**Fiscal Year 2023-2024 NORS Efforts:**

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

The program conducting the Title VIIA Elder Abuse Prevention work is:

X	Ombudsman Program
	Legal Services Provider
	Adult Protective Services
	Other (explain/list)

**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** –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** –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** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 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** – 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** –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** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

## TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Service Provider: Valley Caregiver Resource Center, Long-Term Care Ombudsman Program

Fiscal Year	Total # of Public Education Sessions
2020-2021	4
2021-2022	8
2022-2023	20
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	10
2021-2022	20
2022-2023	20
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	4
2021-2022	20
2022-2023	20
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	60
2021-2022	100
2022-2023	Handled by Ombudsman Program
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	500	Elder Abuse Awareness & Prevention, Financial Abuse, How to Report Elder Abuse, Mandated Reporting, Sexual Abuse in Skilled Nursing Facilities, Available Community Resources, Bureau of Medi-Cal Fraud & Elder Abuse Information, U.S. Attorney's Office Information, Victim Assistance Resources
2021-2022	500	Same as Fiscal Year 2020-2021
2022-2023	1,000	Same as Fiscal Year 2020-2021
2023-2024		

Fiscal Year	Total Number of Individuals to be Served
2020-2021	500
2021-2022	500
2022-2023	1,000
2023-2024	

PSA 14

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

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

**2020–2024 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories. Refer to the CDA Service Categories and Data Dictionary 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**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Caregivers of Older Adults</b>			
<b>Information Services</b>	<b># of activities and Total estimated audience</b>		
2020-2021	# of activities: 43 Total estimated audience for above: 3,220	2	-
2021-2022	# of activities: 43 Total estimated audience for above: 3,220	2	-
2022-2023	# of activities: 49 Total estimated audience for above: 3,500	2	-
2023-2024	# of activities: Total estimated audience for above:		
<b>Access Assistance</b>	<b>Total Contacts</b>		
2020-2021	1,371	2	-
2021-2022	1,238	2	-
2022-2023	1,755	2	-
2023-2024			
<b>Support Services</b>	<b>Total Hours</b>		
2020-2021	2,148	2	-
2021-2022	2,514	2	-
2022-2023	2,446	2	-
2023-2024			

### Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
<b>Caregivers of Older Adults</b>			
<b>Respite Care</b>	<b>Total Hours</b>		
2020-2021	6,444	2	-
2021-2022	6,444	2	-
2022-2023	6,444	2	-
2023-2024			
<b>Supplemental Services</b>	<b>Total Occurrences</b>		
2020-2021	45	2	-
2021-2022	45	2	-
2022-2023	14	2	-
2023-2024			



### Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
<b>Older Elderly Relative</b>			
<b>Information Services</b>	<b># of activities and Total estimated audience for above</b>		
2020-2021	# of activities:0 Total estimated audience for above:0	-	-
2021-2022	# of activities:0 Total estimated audience for above:0	-	-
2022-2023	# of activities:0 Total estimated audience for above:0	-	-
2023-2024	# of activities:0 Total estimated audience for above:0	-	-
<b>Access Assistance</b>	<b>Total Contacts</b>		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
<b>Support Services</b>	<b>Total Hours</b>		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
<b>Respite Care</b>	<b>Total Hours</b>		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
<b>Supplemental Services</b>	<b>Total Occurrences</b>		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-

**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 an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each 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 this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016, and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL’s approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)

- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed. AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning). (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. **HICAP Service Units do not need to be input in the Area Plan** (with the exception of HICAP Paid Legal Services, where applicable).

**HICAP Legal Services Units of Service (if applicable): Not applicable**

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	0	
2021-2022	0	
2022-2023	0	
2023-2024	0	

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	0	
2021-2022	0	
2022-2023	0	
2023-2024	0	

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	0	
2021-2022	0	
2022-2023	0	
2023-2024	0	

## Disaster Preparedness

**Disaster Preparation Planning** Conducted for the 2020-2024 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 Fresno-Madera Area Agency on Aging includes its Service Provider Emergency Resource Information form as an exhibit in each service provider contract. Service providers are required to designate a primary and secondary emergency contact, indicate all emergency services that could be provided from each location where contracted services are offered, and indicate shelter, transportation, emergency water supply, and number of days facility could function using a back-up power source. The Agency on Aging maintains copies of each provider's emergency resource exhibit in a binder for ease of reference in the event of an emergency. The Agency on Aging also maintains a list of all emergency contacts in Microsoft Excel, updates the list following execution of annual provider contracts, and places the list at the front of the binder.

The File of Life<sup>®</sup> has historically provided a synopsis of the client's health information for access by emergency personnel. The file has been enhanced by the Agency on Aging to include a section for physician authorization of prescriptions to assist individuals with obtaining their medications following a disaster. The File of Life<sup>®</sup>, housed in a plastic protective pouch and typically attached to the client's refrigerator for accessibility by first responders, can be easily removed and transported with the client should an evacuation be necessary. The Agency on Aging and its contracted service providers continue to distribute File of Life<sup>®</sup> packets through Health Promotion, Information and Assistance, and Outreach activities.

The Agency on Aging recognizes that just as a caregiver cannot attend to the needs of a client unless the caregiver is functional, each individual Agency on Aging staff member must be prepared for a disaster in order to provide critical Agency on Aging services following a disaster event. Each staff member has been provided with a backpack containing a "grab and go" emergency kit. The Agency on Aging incorporates basic response emergency training, such as fire drills and first aid, in staff safety meetings, and offers fire extinguisher training for staff. Emergency contact triage lists

are updated and distributed to Agency on Aging personnel on an ongoing basis.

- 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):

	<b>Title</b>	<b>Telephone</b>	<b>Email</b>
Ken Austin	Emergency Manager, Fresno County Office of Emergency Services	Office: 559-600-4065	kaustin@fresnocountyca.gov OES@fresnocounty.ca.gov
Sheriff Tyson J. Pogue	Director of Emergency Services, Madera County Sheriff's Department	Office: 559-675-7770	tpogue@co.madera.ca.gov

- Identify the Disaster Response Coordinator within the AAA:

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>Email</b>
Primary: Jamie Sharma	Executive Director	Office: 559-214-0299	jsharma@fmaaa.org
Secondary: David Alvarado	Business Project Manager	Office: 559-214-0299 ext. 102	dalvarado@fmaaa.org

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

<b>Critical Services</b>	<b>How Delivered?</b>
a Case Management	a Via telephone
b Home-Delivered Meals	b Contracted meal vendor
c Information and Assistance	c Telephone, Agency Web site

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

The Agency on Aging has not established formal agreements for emergency preparedness or response.

- Describe how the AAA will:

- Identify vulnerable populations.

Agency on Aging staff complete Client Emergency forms during assessments of Care Management and Home-Delivered Meals clients. This one-page form profiles the client's needs in the event of an emergency,

including the client's high-risk score; oxygen and insulin requirements; local and out of area emergency contact and household access information; household member and pet information; and location of the client's File of Life® packet.

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

Agency on Aging staff will use the contact information on the Client Emergency forms to conduct telephone calls to assess the needs of clients identified as vulnerable.

**2020-2024 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 funds<sup>1</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-24

**Access:**

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

2020-2021: 40%	2021-2022: 40%	2022-2023: 40%	2023-2024: 40%
----------------	----------------	----------------	----------------

**In-Home Services:**

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

2020-2021: 8%	2021-2022: 8%	2022-2023: 8%	2023-2024: 8%
---------------	---------------	---------------	---------------

**Legal Assistance Required Activities:<sup>2</sup>**

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

2020-2021: 2%	2021-2022: 2%	2022-2023: 2%	2023-2024: 2%
---------------	---------------	---------------	---------------

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

The ongoing needs assessments and funding constraints are the determinate factors for the allocation of funding for all services. Funding for priority services is reserved at the levels indicated above to ensure an adequate amount is available for federally-designated priorities for Title III B services that have also been identified as priority services at the local level.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA 14**

---

Older Americans Act Reauthorization Act of 2020 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: Service Category: Public Information**

Check applicable funding source:<sup>1</sup>

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VIIA
- 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.

- FY 20-21       FY 21-22       FY 22-23       FY 23-24

**Provide:** Documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>:

The Fresno-Madera Area Agency on Aging is experienced with developing advertising content and press releases and effectively placing advertisements and press releases with local media outlets. This is more cost-effective than hiring a public relations firm or a media consultant to handle advertisement and press release development and media placement.

<sup>10</sup> Section 15 does not apply to Title V (SCSEP).

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

---

<sup>1</sup> Section 15 does not apply to Title V (SCSEP).



**GOVERNING BOARD MEMBERSHIP  
2020-2024 Four-Year Area Plan Cycle**

---

---

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

---

---

**Total Number of Board Members:**      15

**Name and Title of Officers**

**Office Term Expires**

John Sears, Madera County, Chair

January 8, 2024

Edward Saliba, Fresno City, First Vice-Chair

January 8, 2024

Second Vice-Chair (Vacant)

**Names and Titles of Non-Officer Members**

**Board Term Expires**

Steve Brandau, Board Member, Fresno County

January 6, 2025

Luis Chavez, Board Member, Fresno City

May 1, 2023

Leticia Gonzalez, Board Member, Madera County

January 2, 2023

Keith Rigby, Board Member, Madera County

January 2, 2023

James Poptanich, Board Member, Fresno City

January 2, 2023

Explain any expiring terms – have they been replaced, renewed, or other?

Vacancies awaiting appointment by the Agency on Agency's Joint Power Authorities:

2 - City of Fresno

4 - County of Fresno

2 - County of Madera

**ADVISORY COUNCIL MEMBERSHIP  
2020-2024 Four-Year Planning Cycle**

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)  
45 CFR, Section 1321.57; CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 21  
Number of Council Members over age 60: 7

<u>Ethnic Composition</u>	<u>*% of PSA's 60+ Population</u>	<u>% on Advisory Council</u>
Hispanic or Latino of Any Race	32.5%	33.3%
White Alone, Not Hispanic or Latino	52.9%	33.3%
<u>Race Composition</u>		
White	68%	33.3%
Black or African American	4%	8.3%
Native American/Alaskan Native	1.1%	-
Asian/Pacific Islander	7.8%	16.7%
Some Other Race/Two or More Races	14.5%	8.3%

*\*Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates  
(Table S0102, Population 60 Years and Over in the United States)*

<u>Name and Title of Officers</u>	<u>Office Term Expires</u>
Ren Ramshaw, Fresno City, Chair	June 30, 2024
Sharon Diaz, Madera County, First Vice-Chair	June 30, 2022
Raymond Lopez, Fresno County, Second Vice-Chair	June 30, 2022

<u>Name and Title of Other Members</u>	<u>Office Term Expires</u>
Myrna Bowman, Fresno County	June 30, 2022
Paula Faulkner, Fresno County	June 30, 2024
Minerva Garcia, Fresno County	June 30, 2022
Michael Mendez, Jr., Fresno County	June 30, 2024
Corinne Long, Madera County	June 30, 2022
Verlaine Elinburg, Madera County	June 30, 2023
Kin Tan, Fresno City	June 30, 2022
Virginia Wheeler, Fresno City	June 30, 2022
Jerry Zuniga, Fresno City	June 30, 2024

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

	<b>Yes</b>	<b>No</b>
Low Income Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled Representative M. Mendez	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative M. Bowman, S. Diaz, P. Faulkner, C. Long, M. Mendez, R. Ramshaw, J. Zuniga	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative R. Ramshaw	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative R. Ramshaw	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials M. Garcia, Senior Assembly Member, California Senior Legislature, Fresno County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors M. Bowman, V. Elinburg, M. Garcia, R. Lopez, R. Ramshaw, K. Tan, V. Wheeler, J. Zuniga	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

The Agency on Aging actively recruits for Advisory Council members who represent the diversity of older adults in Fresno and Madera counties, including those with income at or below the federal poverty level.

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

The Agency on Aging was established in 1980 as a Joint Powers Authority (JPA), with Fresno County, Madera County, and the City of Fresno designated as the joint power entities. The Agency on Aging's Advisory Council consists of 21 individuals, seven from each JPA area. The Agency on Aging's Governing Board's ad hoc selection committee interviews individuals who indicate interest in Advisory Council membership, and recommends appointments to the Governing Board.

**2020-2024 Four-Year Area Planning Cycle**

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?

The minimum percentage of Title IIIB funding allocated for Legal Services is 2%.

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

No, the legal services provider, Central California Legal Services (CCLS), continues to see the greatest need in landlord/tenant issues, consumer or finance matters, elder abuse, and estate planning.

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

Yes. Contents of the California Statewide Guidelines, as provided in California Department of Aging Program Memo 05-19, have been incorporated in Exhibit A, the Program Exhibit, of the Agency on Agency's contract with its legal services provider.

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

Yes. The top four priority legal issues in PSA 14 are landlord/tenant issues; consumer/finance issues; elder abuse; and late life planning issues, including wills, advance health care directives, and power of attorney.

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population?

Yes. Services focus as much as possible on older adults with limited English proficiency; older adults who have low income; older adults who report alleged elder abuse; and older adults who are Veterans.

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

The targeted population is identified in paragraph 5 above. In addition to the outreach methods described in item 10 below, the Agency on Aging’s staff, the City of Madera’s Older Adult Services staff, and staff and volunteers of senior and community centers inform older adults of available services, including legal services.

7. How many legal assistance service providers are in your PSA?

Fiscal Year	# of Legal Assistance Services Providers
<b>2020-2021</b>	1
<b>2021-2022</b>	1
<b>2022-2023</b>	1
<b>2023-2024</b>	

8. What methods of outreach are Legal Services Providers using?

CCLS promotes its services and events on its Web site and Facebook page; through its newsletter and emails to its extended community network; and through public service announcements in local media. Much of CCLS’ communication is presented in the Spanish language.

Most outreach is still being conducted remotely due to the pandemic. CCLS conducts remote presentations in partnership with Valley Crisis Center, Valley Caregiver Resource Center, and Catholic Charities-Diocese of Fresno, and continues to look for other opportunities to reach the target population. CCLS anticipates a transition in the next three-to-six months back to at least some in-person outreach opportunities and legal clinics, while continuing to use the strategies evolved over the last two years to reach older adults who may not be mobile.

9. What geographic regions are covered by each provider?

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region Covered</b>
2020-2021	Central California Legal Services	Fresno & Madera Counties
2021-2022	Central California Legal Services	Fresno & Madera Counties
2022-2023	Central California Legal Services	Fresno & Madera Counties
2023-2024		

10. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).

Older adults can access legal services by calling Central California Legal Services' (CCLS) Senior Legal Advice Line or completing CCLS' online application for services. Referrals to CCLS are generated from inquiries to the Fresno-Madera Area Agency on Aging's Information and Assistance and Case Management staff, as well as through the Agency on Aging's contracted service providers.

CCLS rose to the challenges of the COVID-19 pandemic by offering online clinics on elder abuse, bankruptcy, workers compensation and COVID-19, and housing law updates in Spring and Summer 2020. Prior to the onset of COVID-19, CCLS provided in-person community workshops, such as those offered in October and November 2019 on evictions and renter's rights at three libraries in central and west Fresno as well as the rural Kingsburg and Fowler libraries, and provided attendees with self-help packets. CCLS has also historically partnered with the San Joaquin Valley College of Law in Clovis to offer Senior Citizens Law Day each June, featuring a day of workshops on estate planning, Medicare, identity theft, and elder abuse, as well as individual appointments to assist older adults with preparation of a simple, power of attorney, and advance health care directive.

Prior to the pandemic, CCLS offered Veterans free assistance with estate planning at the Veterans Service Office in Fresno, and offered free guardianship clinics, in partnership with the Superior Court of California, for grandparents and other adults seeking legal responsibility for the care of a minor. These two programs were suspended during the pandemic.

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

Housing, late life planning, consumer/finance, and elder abuse are the major types of legal issues handled by CCLS.

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

Transportation, both rural and urban, illness or disability, and low income are barriers for older adults accessing legal assistance. CCLS'

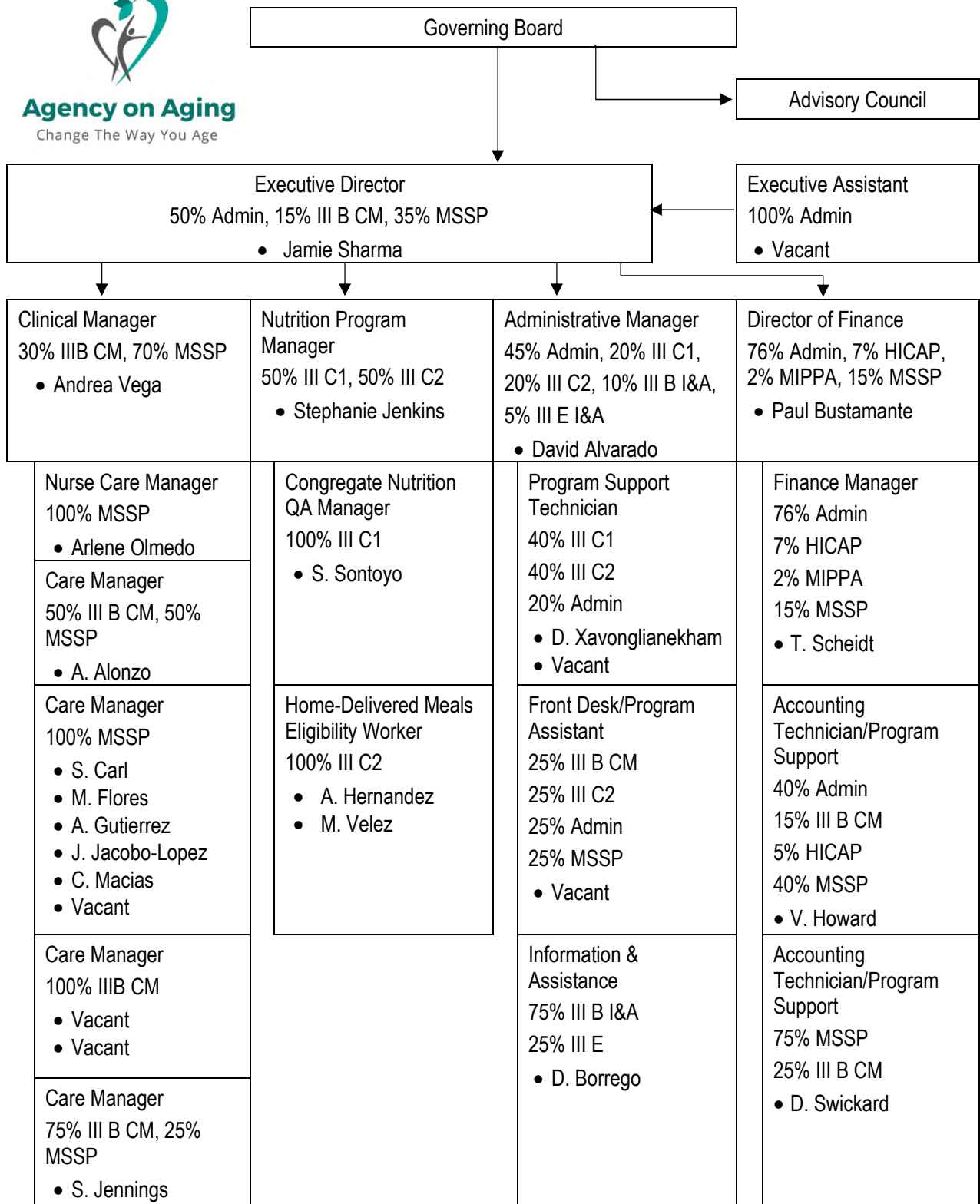
introduced its Senior Legal Advice Line to overcome these barriers, and now handles all intakes via telephone or from applications submitted via its Web site.

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

CCLS coordinates services with other service providers for older adults, including FBI Victim Assistance, Disability Rights of California, Fresno County Sheriff's Department, Fresno County District Attorney's Office, Adult Protective Services, Fresno County Department of Social Services-In Home Supportive Services, Valley Crisis Center, Valley Caregiver Resource Center-Long Term Care Ombudsman Program, Catholic Charities-Diocese of Fresno, the Alzheimer's Association, Rape Counseling Services, and hospice services.

Section 21  
Organization Chart

PSA 14





Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 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 and behavioral 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 with 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;

(III) 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

(IV) 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 adults 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

( ) 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;

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

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

( ) older individuals with severe disabilities;

( ) older individuals with limited English proficiency;

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

( ) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; 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)

Contain an assurance that the Area Agency on Aging will 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)

Provide assurances that the Area Agency on Aging will 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)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 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 2019 in carrying out such a program under this title;

(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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, an assurance that 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will 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)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging 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)

Provide assurances that funds received under this title will be used—  
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and  
(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

13: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency 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.

14. OAA 307(a)(7)(B)

(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.

15. 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.

16. 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.

17. 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

18. 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.

19. OAA 307(a)(12)(A)

Any Area Agency on Aging, in carrying out such services will 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.

20. 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.

21. 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.

22. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

23. CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency 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;
- (0) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. CFR [1321.53(c)]

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

25. 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.

26. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

27. CFR [1321.53(c)] Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

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

28. CFR [1321.61(b)(4)]

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

29. 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.

30. 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.