

**EASTERN SIERRA AREA AGENCY ON AGING  
(ESAAA)  
for  
PLANNING & SERVICE AREA (PSA) 16**

**2020-2024 AREA PLAN FOR SERVICES**

*Submitted by  
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of the  
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## **SECTION 1. Mission Statement**

**PSA 16**

The Mission of the Eastern Sierra Area Agency on Aging (ESAAA) is to provide leadership in addressing issues that relate to older Californians living in the Eastern Sierra region, to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments, and to promote citizen involvement in the planning and delivery of services.

ESAAA is committed to the vision that older adults live informed, active, healthy and self-determined lives. This mission is consistent with the umbrella agency's mission of *Strengthening Resilience and Well-Being in our Community*.

## **SECTION 2. Description of the Planning and Service Area 16**

## **PSA 16**

Planning and Service Area (PSA) 16, which includes the Counties of Inyo and Mono, is located at the eastern edge of California, approximately midway between the northern and southern boundaries of the state. The two-county area is a long triangle of which Mono County forms the apex and Inyo County the base. The east side of the triangle comprises about 300 miles of the California-Nevada border. Kern, San Bernardino, Fresno, Tulare and Alpine Counties share borders on the north, south and west. Total area exceeds 13,000 square miles. The total year-round population is approximately 32,400, but visitors and second homeowners double this at certain times of the year. The total aging population, based on most recent census data, is approximately 9,096 individuals aged 60 and older.

The area can be divided into essentially two geographic regions. The Western portion includes the Sierra Nevada Mountain range, which, with its forest, lakes, streams, and ski slopes, plays a major role in the resources and economy of the area, attracting outdoors enthusiasts for hiking, backpacking, hang gliding, snow skiing, snowboarding, fishing, camping and hunting. The Eastern two-thirds of the area is made up essentially of desert basins and mountain ranges, featuring the Death Valley National Park. Emphasizing the contrasting topography of the area is the fact that the western edge of Inyo County contains Mt. Whitney, the highest peak in the United States outside of Alaska, while the eastern region includes Death Valley, in which is found the lowest point in the western hemisphere. Most of the population of the counties is located along US Highway 395 – in Inyo County’s Owens Valley along the base of the Sierra Nevada Mountains, and in the mountain communities of Mono County. Small pockets of population also are found along Highway 6 in Mono County and, in Inyo County, east of the Death Valley National Park boundary.

This expansive geographic region of over 13,000 square miles, spread out over desert and mountain terrain, coupled with the dispersed and diverse population pockets, also provides significant constraints and challenges in the delivery of services and in the development of overarching systems for services.

As part of a county health and human services agency, ESAAA service delivery in Inyo County is carefully braided into other service delivery systems; such braided funding occurs also in Mono County service delivery systems, specifically including in both counties:

- those funded through Social Services such as In-Home Supportive Services and Adult Protective Services
- those funded through Mental Health, including Mental Health Services Act

Also, the Inyo County-funded Growing Older, Living with Dignity (IC-GOLD), is a county-funded nutrition program that works in tandem with IIC Nutrition Services in the Inyo County portion of the PSA. Congregate meals are served five days a week in Inyo County senior centers. At the two largest centers – Bishop and Lone Pine – ESAAA IIC meals are served four days per week and the meal on the fifth day is provided by IC-GOLD. The IC-GOLD days are different days of the week between the two sites, maintaining the provision of IIC meals for five days per week within the PSA.

Similarly, Home-Delivered meals were capped in Inyo County at the maximum allowed within the allocated funds, with the option of creating a waiting list, thus allowing for Home-Delivered meals to be provided only within the allocation. The sliding-fee-based IC-GOLD program is offered to anyone on a waiting list for IIC meals in the Inyo County part of the service area.

Direct services are provided by ESAAA staff in both Inyo and Mono Counties in all funded service categories, except for Elderly Nutrition Program services, Transportation, Assisted Transportation and Legal Assistance. A contract with the County of Mono allows Mono County employees to provide elderly nutrition, transportation and assisted transportation to Mono County elderly; those same services are provided in Inyo County as a direct service by ESAAA staff. A contract with California Indian Legal Services provides legal assistance in both Inyo and Mono Counties.

### **SECTION 3. Description of the Area Agency on Aging (AAA)**

**PSA 16**

The Eastern Sierra Area Agency on Agency (ESAAA), re-formed in June of 2012 under the governance of the Inyo County Board of Supervisors, is organized within the Inyo County Health and Human Services Department. The ESAAA Director, also the Health and Human Services (HHS) Director, reports directly to the ESAAA Governing Board, which is also the Inyo County Board of Supervisors. Within the Inyo County Health and Human Services (HHS) Department, the Eastern Sierra Area Agency on Aging (ESAAA) is the lead aging services program within the Aging and Social Services division.

The HHS Department is the largest department within the structure of the County of Inyo, and is the largest and lead agency within Inyo County for providing services to older adults. The HHS/ESAAA *leadership* role in serving local residents is implemented through

- Regular discussion and updates to the Inyo County Board of Supervisors/ESAAA Governing Board
- Weekly planning and coordination of services systems between and among ESAAA, Adults Protective Services, In-Home Supportive Services
- Monthly planning with the leadership of, and coordination of services systems between and among ESAAA, Social Services, Behavioral Health, Public Health and Prevention
- Technical assistance as needed to contracted agencies and routine monitoring visits, including desk reviews as appropriate
- Bi-annual coordination of care with executives of local hospitals, residential care facilities, Toiyabe Indian Health Care, and other health care entities
- Bi-annual coordination of care with local transit officials
- At least quarterly presentations and discussions with the ESAAA Advisory Council

*Promotion of the involvement of older individuals, adults with disabilities, and their caregivers in developing community-based systems of care* is accomplished through

- regular outreach at seniors centers throughout the region
- participation in and support for the senior volunteer groups known as the Bishop Senior Recreation Committee in Inyo County and the Antelope Valley Volunteers in Mono County
- coordination with the Inyo County Mental Health Nurse team and with the Mental Health Wellness Center for outreach to adults with mental health disabilities
- at least quarterly meetings of the ESAAA Advisory Council whose membership is comprised primarily of older adults aged 60 and over with 7 of the 8 current membership meeting the age eligibility category

*The development of the service delivery systems* continues through on-going outreach and monitoring of older adults by caregivers and service providers of in-home services and

home-delivered meals, as well as through the Mental Health Services Act-funded Friendly Visitor program that provides in-home contacts for shut-ins and isolated older adults in Inyo County and the Mono County contracting agency for the population residing in the Mono County area of the PSA. The Inyo County Mental Health Nurse will continue to provide identified, targeted outreach to seniors as well as training to ESAAA staff to assist in the identification of symptoms of emerging mental health concerns; when concerns are identified, the older adult is linked to further behavioral health services as needed.

The planning process involved a Needs Assessment survey printed in English and Spanish for older adults living in long-term care facilities, as well as older adults living independently within the PSA. (**Attachment A**) Survey languages (English and Spanish) were chosen to match the demographics of both the long term care facilities and the general population. Surveys were disseminated directly at long-term care facilities with multiple follow-up prompts. Community surveys of needs were distributed in-person at all senior center focal points, through home-delivered meals, to family caregivers, through public agency (Social Services, Mental Health, Public Health) employees who serve older adults, and in the local newspapers. Additionally, an on-line survey through Survey Monkey was advertised through social media and other media outlets to maximize penetration of the survey throughout the PSA.

The Needs Assessment surveyed individuals on a wide-range of demographics including sexual orientation and gender identity. Outreach to the specific population was limited by the lack of advocacy groups or other outlets targeted to reach members of this community. While unable to effectively target outreach to community members who identify as other than male or female and express sexual orientation other than heterosexual, the surveys did elicit responses from three individuals who identify as either non-binary or transgender, as well as 11 individuals who identify as gay, lesbian, bisexual, queer, or questioning, indicating a need to better identify ways to outreach to this community.

The community Needs Assessment responses were analyzed and ranked for prioritization purposes. (**Attachment A**) Because of historical differences of needs and services within the region, specifically between Inyo and Mono counties, the responses and rankings were also separated by county. These rankings informed the prioritization of services, particularly within the IIIB allowable categories.

Subsequently, the Needs Assessment results were reviewed and discussed at an ESAAA Advisory Council meeting, and served as one data point to inform the Advisory Council about their recommendations for establishing the minimum priorities in the IIIB supportive services categories. This data point, combined with demographic distribution of the priority population – those with the greatest economic and/or social need with particular attention to minority populations and the past penetration level throughout the PSA to meet those needs helped inform the priorities for funding and minimum percentages which is discussed later in the plan, that the Advisory Council voted to recommend to the Governing Board.

Community needs surveys were distributed as outlined above beginning in the month of December 2019 through January 2020, with an additional extension through February 8, 2020 due to an unexpected distribution problem in the south part of the PSA. The total response rate represents approximately 3% of the total over-sixty population in the PSA. Aggregate responses from the Community Needs Assessment are included in **Attachment A** and provide an overview of respondent demographics, locations responses originated from, and priority needs. Approximately 61% of responses were generated from individuals residing in Inyo County with the remainder coming from Mono County residents. Only 5% of the responses were from caregivers and the vast majority, approximately 85.4% were completed by the aging person themselves.

An analysis of the data highlighted the importance of providing congregate settings and/or alternate outreach services to the more remote areas of the PSA. Needs identified by older adults, including those with disability and their caregivers in the PSA, clustered in the largest numbers around (1) Isolation in current living situation was identified by approximately 20% of respondents (62 responses), as they indicated Social Isolation (43%), Geographical Isolation (37%), and/or Cultural Isolation (19%) as a current need; (2) transportation concerns, including access to transportation out of the area for medical or other social needs was identified by approximately 14% (44 responses); (3) getting help with activities of daily living: dressing, eating, bathing, mobility and medication; housekeeping activities like cleaning and laundry was identified by about 10.8% (34 responses); and (4) having enough money to live on as approximately 31% of respondents were at or below poverty level.

The related resources available within the PSA to address those identified needs include: (1) Isolation: senior centers, elder outreach, and assessments to help with detecting depression; (2) Access to medical and other services: transportation and assisted transportation have historically been prioritized IIIB funding areas, providing both bus passes, and staff-assisted medical and related transportation services; (3) In-Home Assistance: telephone reassurance and connection to services like In Home Supportive Services; and (4) Poverty related resources: legal services to assist with appealing SSI or related claims as well as assistance with housing practices/evictions.

The Information and Assistance services also provide support to residents in identifying community-based resources to assist in meeting the identified needs and linking individuals to the resource. This includes the county-based services available in both Inyo and Mono

counties including, but not limited to IHSS, CalFresh, Medi-Cal, and Behavioral Health Services to address mental health and substance use issues.

Constraints around addressing needs are a result of the expansive 13,000 plus square miles of challenging mountain and desert terrain of the PSA along with the small pockets of population spread throughout. The average population density is just under 2.5 people per square mile for the *total* population with the majority of geo-isolation occurring in the Inyo County area where the population density is 1.8 people per square mile compared to the 4.7 per square mile located in Mono County. Our funding allocation in any one service area is small, and travel time alone, for staff to provide service can consume much of the allocated funds. This is especially highlighted in Inyo County where assisted transportation to specialty medical appointments out of the area averages over 200 miles one way as residents are often being transported to the Carson City/Reno area to the north or to the Loma Linda/Los Angeles area to the south. This results in higher costs per service unit in the Inyo County area of the PSA than in the northern area located in Mono County.

Where appropriate, telephone information or videoconferencing of information or other electronic methods of disseminating information are used to reduce the need for staff to travel. Computer-based options, such as Internet-linked information sharing are available, constrained however by the limited knowledge and use of computer-related technology and the Internet among many (but not all) older adults, as well as pockets of geography throughout the PSA with limited internet access.

Recommendations for minimum percentages of Title IIIB Supportive funding for Access, In-Home, and Legal Services were reviewed by the Advisory Council in the context of both the Needs Assessment, the demographic location of high priority populations, and the historical penetration of services to difficult to reach areas through reviewing historical utilization trends. Minimum percentages were chosen by the Advisory Council to be recommended to the Governing Board, and subsequently adopted by the Governing Board as part of their acceptance and approval of this Four-Year Plan.

The entire PSA is considered *rural or frontier* and isolated in that the combined population is approximately 32,483 residents. The least isolated from medical and other resource needs are the communities of Tecopa and Walker, each of which has some border access to medical services in Nevada, although it is much more limiting for residents dependent upon Medi-Cal. While Tecopa and Walker are approximately a six-hour drive from each other, they each are within a forty (40) minute drive to the PSA's closest smaller urban-type areas, both of which are located in the State of Nevada., but at opposite ends of the PSA. By adding yet another one-hour drive on either end of those Nevada areas, our older adults can then reach either of our closest urban areas of Reno, Nevada or Las Vegas, Nevada. Our most geographically isolated communities are located more central to the PSA, where the larger communities of Mammoth Lakes and Bishop are located. Each of those communities has more shopping and medical resources than the other tiny communities along the Highway 395 corridor.

According to the 2019 CDA Population Demographic projections by region, approximately 28% of the PSA population is age 60 and older. When looking at how the high priority populations are disbursed, the data indicates that (1) low-income individuals represent approximately 10.9% of the PSA population with 80.9% of them residing in Inyo County; (2) 42.5% of people age 60 and older are isolated by geography with approximately 63% of them residing in Inyo County, primarily in the more remote south and southeastern areas of the county; and (3) individuals age 75 and older, who are more likely to experience declines in their physical and mental health, represent approximately 26.4% of the aging population with about 79.4% residing in the Inyo County area of the PSA.

The two largest *minority* groups in the PSA are Native American and Hispanic populations. Only approximately 7% of responses (less than 4% for each) were submitted by individuals who identified as either Hispanic or Native American. This is significantly less than their respective representation within the PSA's population of people age 60 and older. Approximately 14.4% of the people age 60 or older are minorities with 72.9% of them residing in Inyo County. It is important to note, however, that the response rate from the Hispanic community was greater during this needs survey, while the response rate from the Native American community declined. The low response rate from both communities, however, indicates a need to find additional avenues for outreach and targeting.

The Older Americans Act, the Older Californians Act, and the California Code of Regulations require targeting to older individuals with the greatest economic need and greatest social need. The geographical expanse of this region is a significant barrier to providing minimally sufficient services to the most isolated, lowest income seniors.

The isolation numbers for any one community are very small AND total population for each community also is very small. Because of the tiny population pockets dispersed over the challenging geography, senior center focal points were developed decades ago by the two respective Boards of Supervisors in each county. The location and existing infrastructure of those centers have been primary drivers of targeting efforts, based on how the residents of the small communities naturally cluster.

In terms of identifying greatest economic need, it is noteworthy that in the 2019 projected Census data, the median income for Mono County was reported to be \$63,018 and the median income for Inyo County was reported to be \$52,874 and the 2019 CDA data for people age 60 and older reflect the majority who are in greatest economic need are residing in the southern part of the PSA located in Inyo County.

The disbursement of high-priority target populations has a greater level of representation in the Inyo County area of the PSA, which is taken into consideration along with the needs assessment data and penetration of services to meet needs when looking at priority for services. This data is also used to inform the local formulary of how funding is distributed and for what services throughout the PSA.

**SECTION 7. Public Hearings**

**PSA 16**

As part of a noticed Advisory Council meeting, a scheduled Public Hearing on the draft Four-Year Plan was held on May 28, 2020 virtually using Zoom with notice being provided in the paper at least 30 days prior to the meeting and posted in public locations throughout the PSA. Due to the novel coronavirus (COVID-19) pandemic, arrangements were made with long-term care facilities for remote access by interested residents as an alternative to hosting the meeting at the facility as has been done in the past.

Program Development (PD) and Program Coordination (C) activities were discussed. No PD and C comments were received, as these are activities are not performed under the contract with California Department of Aging.

The Governing Board relied on the recommendations for ranking of priorities and needs by the Advisory Council and the findings from the survey to inform their decisions.

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>1</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>2</sup> Yes or No</b>
<b>2020-21</b>	<b>05/28/2020</b>	<b>Virtual due to COVID-19</b>	<b>17</b>	<b>No</b>	<b>No</b>
<b>2021-22</b>					
<b>2022-23</b>					
<b>2023-24</b>					

<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.

## **SECTION 8. Identification of Priorities**

**PSA 16**

In the Community Needs Assessment conducted during the period of December 2019 through February 2020, needs were identified by older adults, including those with disabilities and their caregivers in the PSA. The largest numbers of responses about needs clustered around (1) addressing isolation; (2) assistance with poverty-related issues, including having enough money to live on; (3) access to transportation out of the area for medical or other needs; and (4) assistance with activities of daily living and incidental activities of daily living. Those identified needs influenced our Advisory Council in recommending the targeting of IIIB funds for priority services, but also included Advisory Council discussion about adequate proportion of funding towards priority services.

The Advisory Council also considered the population density of persons age 60 and older throughout the PSA, as well as the demographic spread of high priority populations across the large region. The percentage of persons age 60 and older has not changed substantially since the last area plan and continues to represent over 28% of the PSA population. However, seniors are dispersed throughout the entire area. The population in general, is represented by 4.7 persons per square mile in Mono County and 1.8 per square mile in Inyo County with many of our older community members residing in those more isolated areas. These factors, combined with the knowledge of limited resources to meet needs, were taken into consideration when reviewing the area plan and establishing priorities.

This thoughtful consideration of the priority needs, high priority population distribution, and limited funding resources led not only to the identification of minimum percentages for supportive services, but also led to the Council recommending that the AAA fund legal services at an amount greater than the minimum percentage in order to address legal issues related to poverty, as well as funding transportation and assisted transportation services, one of the identified higher priorities at a level greater than the minimum percentage identified. The Council also supported recommending funding of Information and Assistance at a level sufficient to meet this mandate in both regions of the PSA. Finally, although assistance with activities of daily living and incidental activities of daily living were identified as a higher priority in the needs assessment, the limited funding available to support these services did not allow for a significant minimum percentage recommendation. Instead, the Council supported continuing to meet the in-home needs through telephone reassurance and having program staff continue their efforts to link low-income, Medi-Cal eligible seniors to programming such as In Home Supportive Services. The final recommendations were not substantially different than those identified during the last area planning process.

**Goal #1**

<b>Goal:</b> Promote positive physical and mental health outcomes for the aging population and their caregivers.			
<b>Rationale:</b> Most of our aging population concur that remaining in their own home is of major importance. Ensuring that the physical and mental well-being needs of our senior population are being addressed help to facilitate this outcome. Issues related to meeting the basic nutritional needs of seniors, as well as addressing access to health care services were identified as high priorities during the ESAAA needs assessment.			
<b>Objectives:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
1.1 ESAAA staff will coordinate with area service providers to conduct regular quarterly meeting of providers of aging services including the LTC Ombudsman, law enforcement and the District Attorney, to ensure that identified at-risk seniors are connected to appropriate resources, as well as trends or gaps are identified and steps taken to adequately address these issues within the community.	July 2020 – June 2024 and Ongoing		
1.2 ESAAA staff will coordinate with the LTC Ombudsman and the County-based Social Services programs to ensure that training is provided to individuals, professionals, paraprofessionals and volunteers who provide services to the aging and dependent adult populations on the identification, prevention and treatment of elder abuse, neglect and exploitation on an annual basis. The continuum of training will ensure earlier	July 2020 – June 2024 and Ongoing		

identification and intervention of abuse and neglect.			
1.3 ESAAA staff will coordinate with the County-based Social Services programs, law enforcement, and other aging services providers to provide relevant training in regards to issues impacting the safety of seniors, including, but not limited to financial abuse, self-neglect, and effective interventions.	July 2020 – June 2024 and Ongoing		
1.4 ESAAA staff will coordinate with Behavioral Health Staff to provide training to aging services employees on issues related to recognizing mild to moderate depression, substance use or medication mismanagement in an effort to support early detection and intervention.	July 2020 – June 2024 and Ongoing		
1.5 ESAAA staff will coordinate with Behavioral Health Staff and nutrition program staff to issue a quarterly newsletter focused on the wellness. Aging issues related to nutrition education to overall emotional and physical wellbeing will be provided.	July 2020 – June 2024 and Ongoing		
1.6 ESAAA staff will coordinate with County-based aging and social service programs to ensure that home-based services designed to support the aging population to stay safely in their own home are available.	July 2020 – June 2024 and Ongoing		
1.7 ESAAA staff will maintain congregate meal sites, providing basic nutrition services, as well as a	July 2020 – June 2024 and Ongoing		

resource for socialization and information in an effort to support physical and emotional wellness.			
1.8 ESAAA staff will ensure home delivered nutrition services are available to the frail and isolated aging population.	July 2020 – June 2024 and Ongoing		
1.9 ESAAA staff, in coordination with HHS Prevention staff, will provide Wellness Initiative for Senior Education (WISE), an evidence-based, curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process. WISE is approved by the SAMHSA’s national Registry of Evidence-based Programs and Practices (NREPP) and the Administration for Community Living’s Aging and Disability Evidence-Based Programs and Practices (ADEPP). Staff will conduct quarterly session throughout the PSA, in an effort to help older adults celebrate healthy aging, make healthy lifestyle choices and avoid substance abuse.	July 2020 – June 2024 and Ongoing		
1.10 ESAAA, in coordination with aging and social services programs, will ensure caregivers are connected to supportive services.	July 2020 – June 2024 and Ongoing		
1.11 ESAAA’s LTC Ombudsman will actively monitor the ability of local long term care facilities, in context of affiliation with poorly funded rural hospitals, to remain viable in their ability to provide quality care to area residents.	July 2020 – June 2024 and Ongoing		
1.12 ESAAA, in coordination with	July 2020 –		

aging and social services programs, will identify isolated, home-bound aging persons who could benefit from regular and routine contact to ensure their general health and well-being needs are being met.	June 2024 and Ongoing		
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**Goal #2**

<b>Goal:</b> Maintain a minimum level of access to services, including health care services and local support services to the aging population throughout our communities.			
<b>Rationale:</b> Communities throughout both Inyo and Mono counties are isolated from many support services, including access to primary health care services, pharmacies and grocery vendors. Specialized care is often not locally available, requiring our older adults to travel to urban areas in southern California, as well as southern and northern Nevada. This issue continues to be identified as one of the highest priorities for our aging population across both counties.			
<b>Objectives:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
2.1 ESAAA staff will coordinate with County-Based social service programs, such as IHSS to address the caregiving and transportation needs of seniors in an effort to promote access to health care services, both locally and out of the area.	July 2020 – June 2024		
2.2 ESAAA will coordinate with county and city agencies, as well as community based agencies and local hospitals to identify additional resources to support access to medical and other support services.	July 2020 – June 2024 and Ongoing		
2.3 ESAAA staff will coordinate with other service organizations to ensure that a continuum of services are available and will provide information and assistance services to ensure access to information is	July 2020 – June 2024 and Ongoing		

readily available to the aging population.			
2.4 ESAAA staff will coordinate with and ensure appropriate referrals are made to HICAP in order to help seniors address their medical coverage issues and remove any barriers to health care services.	July 2020 – June 2024 and Ongoing		
2.5 ESAAA staff will coordinate with the Governing Board and the Advisory Council to monitor the needs of our aging population throughout the planning area and assess the available opportunities to reach those who are underserved.	July 2020 – June 2024 and Ongoing		
2.6 ESAAA staff will monitor changing state and federal policies and will coordinate with the Governing Board and Advisory Council to ensure issues related to adequate access to health care and support services remain a focus of policymakers.	July 2020 – June 2024 and Ongoing		

**Goal #3**

<b>Goal:</b> Strengthen the service delivery system to proactively address unmet needs.			
<b>Rationale:</b> Both Inyo and Mono Counties have aging populations living in areas that are isolated from the primary service delivery systems. In general, the aging population throughout the entire region has limited access to the wide range of medical and support services found in larger communities. Ensuring adequate information and referral services are available to all community members and actively identifying methods to fill gaps in services continues to be identified as an area of focus throughout the planning area.			
<b>Objectives:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
3.1 ESAAA staff will identify resources to meet identified needs in both the private and public sectors,	July 2020 – June 2024 and Ongoing		

ensuring that the resources are updated at least annually.			
3.2 ESAAA staff will utilize public information mechanisms to ensure that the aging population, their caregivers and service providers are aware of the resources available to meet identified needs.	July 2020 – June 2024 and Ongoing		
3.3 ESAAA staff will maintain resource information and disseminate information through multiple distribution modes, including web-based access.	July 2020 – June 2024 and Ongoing		

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

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

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

**2. Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

**3. Chore (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	37,000	1	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	150	1,2	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	20,000	1,2	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	10	1	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	8,500	1,2	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	100	1,2	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	2,400	1	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	400	1,2,3	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-21	-0-	-0-	
2021-22	-0-	-0-	
2022-23	-0-	-0-	
2023-24	-0-	-0-	

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

**Other Supportive Service Category**

**Unit of Service =1 contact**

Telephone Reassurance (In-Home)

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-21	120	1	
2021-22	Same	Same	
2022-23	Same	Same	
2023-24	Same	Same	

**16. Title IIID/ Disease Prevention &Health Promotion Unit of Service = 1 contact**

**Service Activities: Wellness Initiative for Senior Education (WISE)**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-21	25	1	1.9
2021-22	Same	Same	Same
2022-23	Same	Same	Same
2023-24	Same	Same	Same

**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.

Complete all Measures and Targets for Outcomes 1-3;

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. 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%.

1. FY 2018-2019 Baseline Resolution Rate:  
Number of complaints resolved 81 + number of partially resolved complaints 0  
divided by the total number of complaints received 88 = Baseline Resolution  
Rate 92 %  
FY 2020-2021 Target Resolution Rate 90 %

<p>2. FY 2019-2020 Baseline Resolution Rate:  Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %  FY 2021-2022 Target Resolution Rate <b>90 %</b></p>
<p>3. FY 2020 - 2021 Baseline Resolution Rate:  Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %  FY 2022-2023 Target Resolution Rate <b>90 %</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 <b>90 %</b></p>
<p>Program Goals and Objective Numbers: <b>1</b></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 <b>14</b> FY 2020-2021 Target: <b>15</b></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <b>__</b>  FY 2021-2022 Target: <b>15</b></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <b>__</b>  FY 2022-2023 Target: <b>15</b></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <b>__</b>  FY 2023-2024 Target: <b>15</b></p>
<p>Program Goals and Objective Numbers: <b>1</b></p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <b>16</b> FY 2020-2021 Target: <b>10</b></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended <b>_</b>  FY 2021-2022 Target: <b>10</b></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended <b>_</b>  FY 2022-2023 Target: <b>10</b></p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended <b>_</b>  FY 2023-2024 Target: <b>10</b></p>
<p>Program Goals and Objective Numbers: <b>1</b></p>

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

1. FY 2018-2019 Baseline: Number of Instances <b><u>31</u></b> FY 2020-2021 Target: <b><u>30</u></b>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: <b><u>30</u></b>
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: <b><u>30</u></b>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: <b><u>30</u></b>
Program Goals and Objective Numbers: <b><u>1</u></b>

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

1. FY 2018-2019 Baseline: Number of Instances <b><u>89</u></b> FY 2020-2021 Target: <b><u>50</u></b>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: <b><u>50</u></b>
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: <b><u>50</u></b>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: <b><u>50</u></b>
Program Goals and Objective Numbers: <b><u>1</u></b>

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

1. FY 2018-2019 Baseline: Number of Sessions <b><u>13</u></b> FY 2020-2021 Target: <b><u>5</u></b>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: <b><u>5</u></b>
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: <b><u>5</u></b>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: <b><u>5</u></b>
Program Goals and Objective Numbers: <b><u>1</u></b>

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

<b>FY 2020-2021</b>
<b>FY 2020-2021 Systems Advocacy Effort(s):</b> Recognizing that California’s older population is projected to grow, a new goal for the Ombudsman Program is to implement a public awareness campaign that focuses on the changing long-term care resident population and its needs. The Ombudsman program will adopt a strategy of working with other organizations, to further this goal and will conduct community and facility educational events.
<b>FY 2021-2022</b>
<b>Outcome of FY 2020-2021 Efforts:</b>  <b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)
<b>FY 2022-2023</b>
<b>Outcome of FY 2021-2022 Efforts:</b>  <b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)
<b>FY 2023-2024</b>
<b>Outcome of 2022-2023 Efforts:</b>  <b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)

**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)**

<p>1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>2</u>          = Baseline <b><u>100 %</u></b>          FY 2020-2021 Target: <b><u>100%</u></b></p>
<p>2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>  </u> divided by the total number of Nursing Facilities          = Baseline %          FY 2021-2022 Target: <b><u>100 %</u></b></p>
<p>3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>      </u> divided by the total number of Nursing Facilities          = Baseline <u>      </u>%          FY 2022-2023 Target: <b><u>100 %</u></b></p>
<p>4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>      </u> divided by the total number of Nursing Facilities = Baseline <u>      </u>%          FY 2023-2024 Target: <b><u>100 %</u></b></p>
<p>Program Goals and Objective Numbers: <b><u>1</u></b></p>

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>1</u> divided by the total number of RCFEs <u>1</u> = Baseline <u>100</u> % FY 2020-2021 Target: <u>100%</u>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2021-2022 Target: <u>100%</u>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2022-2023 Target: <u>100%</u>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2023-2024 Target: <u>100%</u>
Program Goals and Objective Numbers: <u>1</u>

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

1. FY 2018-2019 Baseline: <u>1.39</u> FTEs FY 2020-2021 Target: <u>1.39</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: <u>1.39</u> FTEs
3. FY 2020-2021 Baseline: ___ FY 2022-2023 Target: <u>1.39</u> FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: <u>1.39</u> FTEs
Program Goals and Objective Numbers: <u>1</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>1</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>—</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>—</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers <u>—</u> FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
Program Goals and Objective Numbers: <u>1</u>

**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

The LTC Ombudsman program will:

- 1.) Enter data into ODIN in a timely manner, to ensure data is complete for each quarter.
- 2.) Regularly attend NORS Consistency training opportunities provided by the OSLTCO and online courses provided by the National Long-Term Care Ombudsman Resource Center (NORC)
- 3.) Ensure all new volunteers are training and attend the same system trainings that staff are attending.
- 4.) Allow staff and volunteers to have “protected” time to ensure data entry is not interrupted.

**TITLE VIIA ELDER ABUSE PREVENTION    PSA 16**

**SERVICE UNIT PLAN OBJECTIVES**

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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

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

- **Public Education Sessions** –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**

The agency receiving Title VIIA Elder Abuse Prevention funding is: Inyo County Health and Human Services - ESAAA

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
<b>2020-2021</b>	-0-
<b>2021-2022</b>	-0-
<b>2022-2023</b>	-0-
<b>2023-2024</b>	-0-

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
<b>2020-2021</b>	-0-
<b>2021-2022</b>	-0-
<b>2022-2023</b>	-0-
<b>2023-2024</b>	-0-

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Caregivers served by Title III E</b>
<b>2020-2021</b>	-0-
<b>2021-2022</b>	-0-
<b>2022-2023</b>	-0-
<b>2023-2024</b>	-0-

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
<b>2020-2021</b>	-0-
<b>2021-2022</b>	-0-
<b>2022-2023</b>	-0-
<b>2023-2024</b>	-0-

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2020-2021</b>	<b>5000</b>	Annual Newspaper Publication of “Everyone can do Something to Prevent Elder Abuse” advertisement.
<b>2021-2022</b>	<b>same</b>	
<b>2022-2023</b>	<b>same</b>	
<b>2023-2024</b>	<b>same</b>	

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	<b>5000</b>
<b>2021-2022</b>	<b>Same</b>
<b>2022-2023</b>	<b>Same</b>
<b>2023-2024</b>	<b>Same</b>

**TITLE IIIE 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 Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

**Direct and/or Contracted IIIE Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<b>Information Services</b>	<b># of activities and Total est. audience for</b>		
<b>2020-2021</b>	# of activities: -0- Total est. audience for above:		
<b>2021-2022</b>	# of activities: -0- Total est. audience for above:		
<b>2022-2023</b>	# of activities: -0- Total est. audience for above:		
<b>2023-2024</b>	# of activities: -0- Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		

<b>Access Assistance</b>		<b>Total</b>	
<b>Support Services</b>	<b>Total hours</b>		
<b>2020-2021</b>	15	1	
<b>2021-2022</b>	same	same	
<b>2022-2023</b>	same	same	
<b>2023-2024</b>	same	same	
<b>Respite Care</b>	<b>Total hours</b>		
<b>2020-2021</b>	100	1	
<b>2021-2022</b>	same	same	
<b>2022-2023</b>	same	same	
<b>2023-2024</b>	same	same	
<b>Supplemental Services</b>	<b>Total occurrences</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		

**Direct and/or Contracted IIIE Services**

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for</b>		
<b>2020-2021</b>	# of activities: -0- Total est. audience for above:		
<b>2021-2022</b>	# of activities: -0- Total est. audience for above:		
<b>2022-2023</b>	# of activities: -0- Total est. audience for above:		
<b>2023-2024</b>	# of activities: -0- Total est. audience for above:		

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		
<b>Support Services</b>	<b>Total hours</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		
<b>Respite Care</b>	<b>Total hours</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		
<b>Supplemental Services</b>	<b>Total occurrences</b>		
<b>2020-2021</b>	-0-		
<b>2021-2022</b>	-0-		
<b>2022-2023</b>	-0-		
<b>2023-2024</b>	-0-		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM  
(HICAP)  
SERVICE UNIT PLAN**

**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 revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. 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) <sup>6</sup>**

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

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

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

**SECTION 11. Focal Points**

**COMMUNITY FOCAL POINTS LIST**

<b>DESIGNATED COMMUNITY FOCAL POINT</b>	<b>ADDRESS</b>
Walker Senior Center	Mule Deer Road, Walker, CA 96107
Bishop Senior Center	682 Spruce Street, Bishop, CA 93514
Big Pine Senior Center	180 Dewey Street, Big Pine, CA 93513
Independence Senior Center	155 E. Market Street, Independence, CA 93526
Lone Pine Senior Center	138 N. Jackson Street, Lone Pine, CA 93545
Tecopa Senior Center (Hurlbutt-Rook)	Tecopa Hot Springs Road, Tecopa, CA 92389

## **SECTION 12. Disaster Preparedness**

**PSA 16**

1. *Description of 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.*

According to the 2010 “Disaster Assistance Handbook for Area Agencies on Aging” prepared by California Department of Aging, a local AAA must prepare for disasters and participate in disaster-assistance activities on behalf of older persons and persons with disabilities within their span of control.

Eastern Sierra Area Agency on Aging (ESAAA), as part of the local Inyo County Health and Human Services Department, coordinates disaster preparedness plans and activities with local Office of Emergency Services (OES) through the HHS/ESAAA Director. The Director historically receives early notification from the local OES Commander about disaster alerts, and begins the coordination with other local, state, and federal government organizations, as well as with local hospitals and private health care entities. Regularly updated telephone call trees, and annual staff trainings ensure activation of groups of HHS employees to provide: (1) access to the updated GPS database identifying the residential location of all functional access need elderly individuals in Inyo County, as well as their identified health care issues and needs; (2) evacuation and shelter care; (3) basic food and nutrition; (4) coordination with Red Cross and Salvation Army; (5) access to client databases and direct client records; and (6) medical/health care response.

As a two-county PSA, the Director also coordinates with the contracting agency in Mono County to ensure service delivery and other needs are addressed in the event of a disaster. The point person in Mono County is the Social Services Director who, like the Director, is charged with coordination with their OES during a disaster.

2. *Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster.*

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>E-Mail</b>
Kathy Peterson	Mono County Social Services Director	Office: 760 924- 1763 Cell: 760 937- 6518	kpeterson@mono.ca.gov
Clint Quilter	Inyo County Administrative Officer	Office: 760 878- 0292	cquilter@inyocounty.us

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

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>E-Mail</b>
Keri Oney	Inyo County HHS Deputy Director	Office: 760 872- 0902 Cell: 760 878- 8001	koney@inyocounty.us

**4. *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>
<p>a. Outreach to frail, vulnerable older adults for well-being checks, identified through GPS database and California Aging Reporting System (CARS) database, Adult Protective Services and In-Home Supportive Services caseload information</p> <p>b. Provision of emergency shelters and/or heating/cooling centers</p> <p>c. Basic food and nutrition</p>	<p>a. By telephone and door-to-door, as determined by OES in consultation with AAA Disaster Response Coordinator</p> <p>b. Community-based shelters and centers will be available within close travel distances; assisted transportation will be provided, as needed.</p> <p>c. (1) Delivery of hot and/or frozen meals as capability allows, including shelf-ready (2) Access to disaster-related</p>

<p>d. Access to critical medications, health services</p> <p>e. After-disaster follow-up assessment</p>	<p>CalFresh services</p> <p>d. Via local OES-Red Cross vendor agreements for pharmaceuticals, oxygen/other health care apparatus and care</p> <p>e. Telephone and/or in-person welfare checks</p>
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**5. *List any agencies with which the AAA has formal emergency preparation or response agreements.***

ESAAA is part of local County government, and as such, is formally obligated to be

part of the local government OES system, as is the contracting agency in Mono County

As part of the HHS Department:

Red Cross-Los Angeles chapter

Inland Counties Emergency Medical Services Authority (ICEMA)

CalFresh (Food Stamps) agreement between Inyo and Mono Counties

**6. *Describe how the AAA will identify vulnerable populations, and follow-up with these vulnerable populations after a disaster event.***

Identification of vulnerable populations will be conducted in Inyo County through a GPS-linked database showing residential locations of all frail, elderly individuals. Also available in both Inyo and Mono Counties are client records and the CARS database, as well as IHSS data systems.

Local Inyo County law enforcement typically sends personnel door-to-door for well-being checks of those individuals identified in the GPS database and for those identified by staff accessing the CARS database. Telephone and door-to-door follow-up also is provided by a range of County employees, in consultation with AAA Disaster Response Coordinator, to identify needs and request services.

**SECTION 13. Priority Services**

**PSA16**

***2020-2024 Four-Year Planning Cycle  
Funding for Access, In-Home Services, and Legal Assistance***

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in Fiscal Year 2020-2021 through Fiscal Year 2023-2024.

**Access:**

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

2020-2021: 50% 2021-2022: 50% 2022-2023: 50% 2023-2024: 50%

**In-Home Services:**

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

2020-2021: 5% 2021-2022: 5% 2022-2023: 5% 2023-2024: 5%

**Legal Assistance Required Activities:**

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

2020-2021: 10% 2021-2022: 10% 2022-2023: 10% 2023-2024: 10%

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

Recognizing that the entire Title IIIB Allocation of less than \$100,000 is insufficient to meet the breadth of needs for IIIB services identified by area seniors on the Needs Assessment activities, the discussion and decisions around the setting of minimum percentages for an adequate proportion of funds was difficult. The ESAAA Advisory Council echoed what the written Needs Assessment showed, and what past Advisory Council members have concluded: in this geographically expansive PSA of over 13,000 square miles, with a small population base, specialty medical care and other specialty shopping opportunities

are nonexistent or extremely limited. Our older adults told us over and over about their need for *access* to health care and their need for *information and assistance*, along with their need for basic help with money-related issues. Ultimately our ESAAA Advisory Council decided to honor the need for *access* by setting a 50% minimum floor for the Access service areas, specifically transportation, assisted transportation, and information and assistance.

Legal Assistance ranked lower on the Needs Assessment, however, the Advisory Council did recognize that the legal assistance provided, especially to those struggling with issues such as evictions or appeals of applications for SSI/SSD was critical, as is the need for general legal consultations on issues such as wills and trusts. The Council believed that maintaining the minimum percentage at 10% and funding at an amount closer to 20% would help to address the identified needs related to lack of financial resources.

Likewise, In-Home funding minimum was set at 5%, with a continued plan for coordination with other social services programs providing in-home services (i.e., In-Home Supportive Services, local county-funded programs).

**SECTION 14. Notice of Intent to Provide Direct Services**

**PSA 16**

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

**Title IIIB**

**20-21**

**21-22**

**22-23**

**23-24**

<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Title IIID**

**20-21**

**21-22**

**22-23**

**23-24**

<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			

**Title IIIE<sup>3</sup>**

**20-21**

**21-22**

**22-23**

**23-24**

<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>3</sup> Refer to PM 11-11 for definitions of Title III E categories.

<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>
<b>23-24</b>			

<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>			

<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>
<b>23-24</b>			

<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> and Exploitation			

Describe methods to be used to ensure target populations will be served throughout the PSA.

ESAAA staff will provide Information and Assistance by telephone to all areas of the PSA, maintaining updated resource information for both counties. In regards to Health Promotion, ESAAA staff, in coordination with HHS Prevention staff will provide WISE classes on a quarterly basis, rotating the class location, throughout the PSA. Family Caregiver support services will be provided by ESAAA staff based, in part, upon referrals from the adult social service programs in both counties and will either provide respite services directly or through purchase of services. ESAAA staff will utilize demographic information, including primary language information, to prioritize target populations and to ensure that resources such as bi-lingual staff or the AT&T language line are utilized as needed.

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

**PSA16**

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

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

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

**Identify Service Category:** Home Delivered Meal

Check if applicable funding source.

III B

III C-1

III C-2

III E

VII A

HICAP

**Request for Approval Justification:**

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Comparable service provider able to provide hot meal delivery is not located within the Inyo County geographic part of the service area.

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

**PSA16**

*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:** Assisted Transportation

Check if applicable funding source.

III B

III C-1

III C-2

III E

VII A

HICAP

**Request for Approval Justification:**

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2020-2021

2021-2022

2022-2023

2023-2024

**Justification:** Comparable service provider is not located within the Inyo County geographic part of the service area.

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

**PSA16**

*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:** Congregate Meals

Check if applicable funding source.

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021
- 2021-2022
- 2022-2023
- 2023-2024

**Justification:** Comparable service provider not available within the Inyo County part of the service area.

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

**PSA16**

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

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

**Identify Service Category:** Nutrition Counseling

Check if applicable funding source.

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Comparable service provider not available within the service area.

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

**PSA16**

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

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

**Identify Service Category:**     **Nutrition Education**    

Check if applicable funding source.

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021
- 2021-2022
- 2022-2023
- 2023-2024

**Justification:** Comparable service provider not available within the service area.

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

**PSA16**

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

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

**Identify Service Category:**     **Nutrition Education**    

Check if applicable funding source.

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Comparable service provider not available within the service area.

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

**PSA16**

*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:** Telephone Reassurance

Check if applicable funding source.

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Comparable service provider not available within the service area.

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

**PSA16**

*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: Transportation**

Check applicable funding source:<sup>4</sup>

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021
- 2021-2022
- 2022-2023
- 2023-2024

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>5</sup> : Comparable service provider is not located within the Inyo County geographic part of the service area.

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<sup>4</sup>3 Section 15 does not apply to Title V (SCSEP).

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES** **PSA16**

*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: Respite Homemaker**

Check applicable funding source:<sup>6</sup>

III B

III C-1

III C-2

III E

VII A

HICAP

**Request for Approval Justification:**

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>7</sup> : Comparable service provider is not located within the Inyo County geographic part of the service area.

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<sup>4</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

<sup>3</sup> Section 15 does not apply to Title V (SCSEP).

**SECTION 15. Request for Approval to Provide Direct Services    PSA 16**

*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: Respite Personal Care**

Check applicable funding source:<sup>8</sup>

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

- 2020-2021       2021-2022       2022-2023       2023-2024

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>9</sup> : Comparable service provider is not located within the Inyo County geographic part of the service area.

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<sup>4</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

<sup>3</sup> Section 15 does not apply to Title V (SCSEP).





Sandra Lund	December 31, 2020
Kelli Davis	December 31, 2021
Patti Hamie-Christensen	December 31, 2021
JoAnn Poncho	December 31, 2021
Dan Totheroh	December 31, 2020
Vacant	December 31, 2021

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

	<b>Yes</b>	<b>No</b>	
Low Income Representative Mikalowsky,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roger Rasche, Phyllis
Disabled Representative Mikalowsky	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roger Rasche, Phyllis
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patti Hamie-Christensen
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kelli Davis
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Phyllis Mikalowsky
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dan Totheroh
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sandra Lund, Rachel Lober, JoAnn Poncho, Kelli Davis, Patti Hamie-Christensen

Explain any “No” answer(s): \_\_\_\_\_

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

Vacant positions are advertised in local media as well as through the respective focal points, and include targeted outreach to fill unfilled categories of representation, while also working to ensure appropriate geographical

representation. Upon the closing of the recruitment, the appointment of Advisory Council members will be placed on the agenda for a public meeting of the Governing Board, at which time the Governing Board will appoint Advisory Council members for designated terms of office.

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

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This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>10</sup>

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1. The mission of ESAAA’s Legal Assistance services is to ensure justice, dignity, health, security, maximum autonomy and independence to older residents by protecting and enforcing the legal rights of individuals and by promoting social change through broad elder rights advocacy. The purpose of Legal Assistance is to deliver high quality, cost-effective services designed to address the unmet legal needs of vulnerable older people throughout the PSA, with the following considerations:
  - Recognition of targeted populations: those in greatest social and economic need, disadvantaged or vulnerable older adults.
  - Recognition that Legal Assistance is part of a continuum of care that must be coordinated with other ESAAA services to economize costs and develop systems for greatest impact.
  - Address all Older Americans Act legal services (caregiver, hotline, IIB).
  - Empowerment of older persons to secure their own rights.
  - Protection against threat/loss of basic and essential civil rights (e.g., shelter, health care, income, personal and economic security).
  - Consideration of outcomes and target resources to achieve outcomes that make a difference in the lives and well-being of disadvantaged or vulnerable older adults.
  - Balance coordination with local needs and situations.
  
2. The local Community Needs Assessment respondents identified legal assistance as a need not being met, behind issues related to transportation for medical needs; help with daily activities and adequate food and nutrition. The minimum percentage of Title III B funding thus was set at 10%

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<sup>10</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

although the actual funding was set closer to 20% to approach an adequate proportion of the very limited funding available to serve an area exceeding 13,000 square miles.

3. Specific to legal services, there have been minimal significant changes noted in local needs, although there has been a new focus on housing/eviction related issues and advanced health care directive as reported by our contractor, with the need assessment priority still identifying legal assistance for matters such as contracts, will, estate planning and other legal issues.
4. ESAAA contracts legal services in compliance with CDA requirements and ensures that the contractual agreement includes the expectation that the contractor will use California Statewide Guidelines in the provision of legal services.
5. The PSA 16 service area has limited legal assistance programs outside of the legal services provided privately by local California State Bar members. Information provided by the one legal assistance program, which also has historically been the primary contractor for legal services, has indicated that priority legal issues identified in the ESAAA needs assessment are consistent with the types of requests received by their program with the addition of the housing/eviction related issues and the advanced health care directive assistance.
6. ESAAA identifies the target population in coordination with service providers and consistent with the requirements of CDA and the provisions of the OAA.
7. Specific to legal services, our targeted senior population is low-income and disabled seniors. We will reach seniors through in-person outreach at Senior Centers. Occasionally some Centers will be linked in via videoconferencing to other Centers. Written educational and outreach literature will also be used at congregate meal settings and through home-delivered meals.

8. Legal assistance service providers within PSA 16. The current contracted provider of service is California Indian Legal Services – Senior Legal Service Program.

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	1
2021-2022	Same
2022-2023	Same
2023-2024	Same

9. PSA 16 does not have a hotline for legal services.

10. Outreach methods will include a combination of written materials provided at congregate meal sites and through home-delivered meals, mailings to family caregivers, and in-person and/or videoconference presentations at Senior Centers throughout the PSA.

11. Geographic regions covered by each provider:

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
2020-2021	California Indian Legal Services	Inyo and Mono counties
2021-2022	Same	Same
2022-2023	Same	Same
2023-2024	Same	Same

12. Older adults will access Legal Assistance Services through local telephone contact to the local Legal Assistance office, and through ESAAA sites and staff.

13. During the last four year planning process, stakeholder Needs Assessment discussions and surveys identified money management, credit card debt and

taxes as priority area, with money management a continued need. During this four year planning process, a focus on money management will be continued and contracted services will be adjusted to meet the changing needs that have been identified, such as housing/eviction related issues and advanced health care planning.

14.As indicated above, money management continues to be an area or prioritization, being the 4<sup>th</sup> identified priority in the Needs Assessment. The contracted legal service provider has identified additional areas of priority from their work with clients, which includes general debt assistance, as well as housing//eviction issues and advanced health care planning.

15.Barriers to access for legal assistance within the PSA result from the expansive 13,000+ square miles in the PSA, coupled with the sparse population. These two factors combine to make it difficult for private sector for-profit businesses or health care providers to sustain in the PSA. Therefore much of the specialty care and shopping requires extensive assistance with transportation out of the PSA, and even within the PSA. The prioritization of assistance with access to services left smaller amounts of III B funding available for legal assistance. Therefore, ESAAA will continue to coordinate with legal assistance services to provide videoconferencing capability where possible, in an effort to extend access to legal assistance.

16.The one legal service provider will be coordinating services with other ESAAA programs, the Ombudsman Coordinator, and with the local bar to ensure a continuum of legal information/services throughout the PSA.

**SECTION 19. Multipurpose Senior Center Acquisition  
or Construction Compliance Review**

No. Title IIIB funds not used for Acquisition or Construction

**SECTION 20. Family Caregiver Support Program**

**PSA16**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services**

**Older Americans Act Section 373(a) and (b)**

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

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

Check YES or NO for each of the services\* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide a service, a justification for each service is required in the space below.**

**Family Caregiver Services**

<b>Category</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>2023-2024</b>
Family Caregiver Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

**Grandparent Services**

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

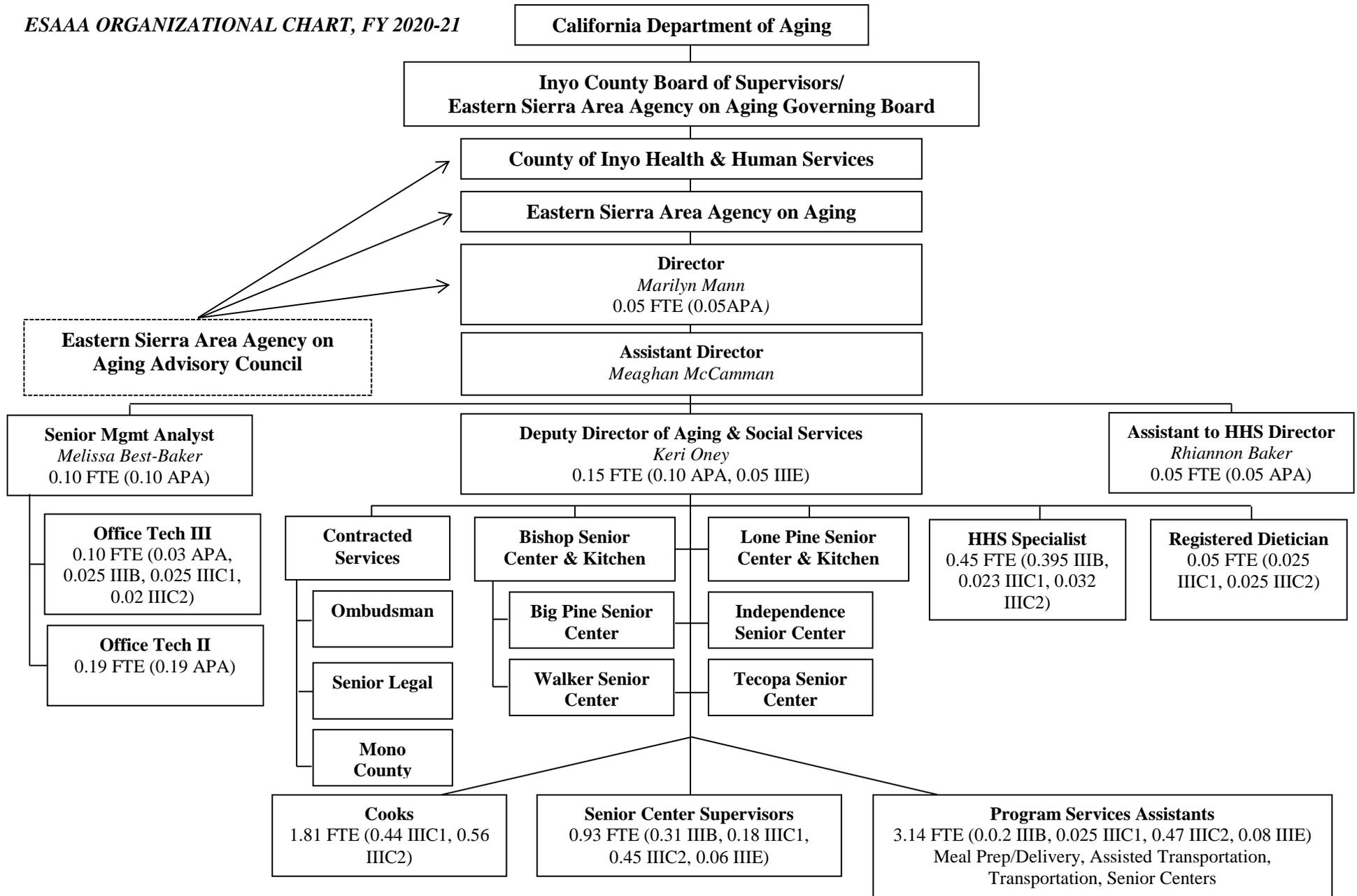
Family Caregiver Information, Access and Supplemental services can be addressed in both Inyo and Mono Counties through alternative resources including general information publications for the Adult Protective Service Programs (Mono County Social Services and Inyo County Health and Human Services), as well as through the general Information and Assistance program. In addition, the IHSS Caregiver Registries in both counties provide information, training and support to caregivers in both counties (Mono: Community Services Solutions, 26 HFU Circle, Suite 1, Coleville, California and Inyo: Life, Remedies and Celebrations, 314 W. Line Street, Suite E, Bishop, California). In addition, grandparent caregivers have additional caregiving resources including non-needy caregiver financial aid through the county social service programs in both Inyo and Mono counties. Child Care Connection, a program offered through the Inyo County Office of Education

(164 Grandview, Bishop, California) has respite child care funding available to both counties as funding allows.

In determining how to utilize the Title III E funding, consideration was given to the limited financial resource available to serve a geographic area spanning over 360 miles in length, the limited identification of all mandated areas as priority needs in either community, and the available alternative resources. Based upon this analysis, the focus of resources was directed towards support services and respite care.

**SECTION 21. Organizational Chart**

ESAAA ORGANIZATIONAL CHART, FY 2020-21



Administrative (APA) FTE's is 0.43 = \$45,454 in Salaries and Benefits + \$39,928 in other costs (A-87, rent, etc.) for a total of \$100,488, which is covered by the CDA Administrative Allocation of \$60,785 and the required match amount of \$25,087 cash and \$14,616 cash and in-kind

## **SECTION 22 - ASSURANCES**

Pursuant to the Older Americans Act Reauthorization Act of 2016, (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 health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

#### 2. OAA 306(a)(4)(A)(i)(I-II)

- (I) provide assurances that the area agency on aging will -
  - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
- (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

#### 3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals,

older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

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)

Provide assurances that the Area Agency on Aging will carry 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 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) 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 shall not be given 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 Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

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)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)

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:**

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

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. 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.

26. 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.

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.