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**Eastern Sierra Area Agency on Aging
(ESAAA)**

for
Planning & Service Area (PSA) 16

2024-2028 AREA PLAN FOR SERVICES

*Submitted by
The Eastern Sierra Area Agency on Aging (ESAAA) Program
of the
Inyo County Health and Human Services Department
1360 N Main St. Suite 114
Bishop, CA 93514
760 873-3305*

*Inyo County Board of Supervisors/ESAAA Governing Board Chairperson Matt Kingsley
ESAAA Advisory Council Chairperson Sandra Lund
ESAAA Director Anna Scott
ascott@inyocounty.us*

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OVERVIEW

Purpose

Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.

Regulation

In accordance with the Older Americans Act (OAA) Reauthorization Act of 2020, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this document constitute the required Area Plan format.

In the event of an amendment to the OAA during the Fiscal Year (FY) 2024-2028 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.

Content

The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
- Transmittal Letter – found in Part II.
- Sections 1 – 19 (The Area Plan) as delineated in Part II.
- Additional Instructions, Information and Logistics – the end of Part I.

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, “X” mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5-1-24 only*

Section	Four-Year Area Plan Components	4-Year Plan
TL	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov</i>	<input type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process & Establishing Priorities & Identification of Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

AREA PLAN UPDATE (APU) CHECKLIST**Check one:** ☐ FY25-26 ☐ FY 26-27 ☐ FY 27-28*Use for APUs only*

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	<input type="checkbox"/>
n/a	B) APU- <i>(submit entire APU electronically only)</i>	<input type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input type="checkbox"/>
6	D) Priority Services and Public Hearings	<input type="checkbox"/>
n/a	E) Annual Budget, should match Org. Chart	<input type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input type="checkbox"/>
11	G) Legal Assistance	<input type="checkbox"/>

AP Guidance Section	APU Components (To be attached to the APU) ➤ <i>Update/Submit the following only if there has been a CHANGE to the section that was not included in the 2024-2028 Area Plan:</i>	Mark C for Changed	Mark N/C for Not Changed
1	Mission Statement	<input type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>	<input type="checkbox"/>
7	AP Narrative Objectives:	<input type="checkbox"/>	<input type="checkbox"/>
7	• System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>
7	• Title IIID-Evidence Based	<input type="checkbox"/>	<input type="checkbox"/>
7	• HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>	<input type="checkbox"/>
10	Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
15	Governing Board	<input type="checkbox"/>	<input type="checkbox"/>
16	Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input type="checkbox"/>
18	Organizational Chart(s) (Must match Budget)	<input type="checkbox"/>	<input type="checkbox"/>
19	Assurances	<input type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER
2024-2028 Four Year Area Plan/ Annual Update
Check one: ☒ FY 24-25 ☐ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

AAA Name: Eastern Sierra Area Agency on Aging

PSA 16

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

1. Matt Kingsley
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Sandra Lund
(Type Name)

Signature: Advisory Council Chair

Date

3. Anna Scott
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The guiding mission of Health and Human Services is **Strengthening Resilience & Well-Being in Our Community** and the mission of ESAAA is:

“To provide leadership in addressing issues that relate to older Californians; 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.”

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

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 31,593, 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 9,293 individuals aged 60 and older.

Resources are targeted based upon the Older Americans Act priority populations, looking not just at age distribution but also at issues of poverty, isolation, frailty, HIV status, and cultural/social isolation. These priority populations are distributed across the PSA with higher percentage of distribution in Inyo County. Close to 12% of our population is isolated geographically with 63% of those individuals residing in the Inyo County area. Approximately 5,351 individuals are eligible for Medi Cal, a significant increase from prior year projections, with approximately 3,551 considered low-income. The majority of low-income people over the age of 60, approximately 75%, also reside in Inyo County. Our minority population consists primarily of Native American and Latino community members. The number of persons living with HIV in the PSA is less than 1% with the majority (~70%) residing in Inyo County (2022 Data from California Department of Public Health). Extrapolating demographic information such as the number of individuals ages 60 or older is suppressed as this could potentially provide identify markers.

Connecting services to our most geographically isolated residents can be challenging. The PSA’s 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 Social Services Realignment and the Registered Dietician/WIC

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)

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 Public Assistance and Aging division.

The HHS Department is the largest department within the structure of the County of Inyo and is the largest 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

- Quarterly 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

- 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 senior 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 5 of the 7 current memberships 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 Social Services Realignment-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.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

The planning process involved 2 Needs Assessment surveys printed in English and Spanish for older adults living independently within the PSA. (Attachment A) Survey languages (English and Spanish) were chosen to match the demographics of the general population. There was a Community Assessment Survey for Older Adults (CASOA) and also a local Community Senior Needs survey distributed by mail, in-person at all senior center focal points, through home-delivered meals, to family caregivers, through public agency (Social Services) 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 distribution 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 21

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. 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 distribution 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.

SECTION 5. NEEDS ASSESSMENT & TARGETING

Community needs surveys were distributed as outlined above beginning in the month of August 2023 through September 4, 2023, with an additional local needs survey distributed throughout the month of January 2024. The total response rate represents approximately 11% 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. Only 10% 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 the 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.

The entire PSA is considered *rural or frontier* and isolated in that the combined population is approximately 31,593 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 resident's 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.

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 2022 projected Census data, the median income for Mono County was reported to be \$82,038 and the median income for Inyo County was reported to be \$63,417 and the 2022 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.

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.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 16

2024-2028 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds² listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2024-25 through FY 2027-2028

Access:

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

2024-25 50 % 25-26 50 % 26-27 50 % 27-28 50 %

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's Day Care Services, Residential Repairs/Modifications

2024-25 5 % 25-26 5 % 26-27 5 % 27-28 5 %

Legal Assistance Required Activities:³

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

2024-25 10 % 25-26 10 % 26-27 10 % 27-28 10 %

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

The minimum percentages set during the four-year planning process were reviewed at the public hearing held on April 19, 2024. Discussion regarding the current percentages set for Transportation/Assisted Transportation, In-home Services and Legal services resulted in the Advisory Council acting to recommend maintaining the current minimum percentages as set during the Area Planning process.

² Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

³ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	04/19/2024	1360 North Main St. Bishop CA Virtually: Mammoth Lakes Civic Center, Mammoth Lakes CA Antelope Valley Senior Center, Mule Deer Road, Walker CA Lone Pine Senior Center, 138 Jackson St. Lone Pine CA	13	No	Yes
2025-2026					
2026-2027					
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - Needs assessment was conducted by advertising at the Congregate Sites and also to our Homebound recipients.
 - Each LTC facility has been provided iPads with Zoom access for use by residents for family access as well as to access other services. The LTC Ombudsman assisted in the coordination with our two LTC facilities to make virtual attendance available to interested residents through the use of the iPads.
 - The agency ensured that all home-delivered meal recipients and caregivers received information on how to access the meeting virtually.
 - Public Hearing presented in a hybrid format.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
☐ Yes. Go to question #3
☒ Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
☒ Yes. Go to question #5
☐ No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
6. List any other issues discussed or raised at the public hearing.
7. Note any changes to the Area Plan that were a result of input by attendees.
No changes were suggested during the Public Hearing.

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

5 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 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c) Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals.

Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

Goal # 1

Goal: Promote positive physical and mental health outcomes for the aging population and their caregivers.

Rationale: 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 helps 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.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
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 2024 – June 2028 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 identification and intervention of abuse and neglect.	July 2024 – June 2028 and Ongoing		
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 regard to issues impacting the safety of seniors, including, but not limited to financial abuse, self-neglect, and effective interventions.	July 2024 – June 2028 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 2024 – June 2028 and Ongoing		
1.6 ESAAA staff will coordinate with County-based aging and social service programs to ensure that resources for disabilities and impairments along with home-based services designed to support the aging population to stay safely in their own home are available.	July 2024 – June 2028 and Ongoing		
1.7 ESAAA staff will maintain congregate meal sites, providing basic nutrition services, as well as a resources for socialization and information in an effort to support physical and emotional wellness.	July 2024 – June 2028 and Ongoing		

1.8 ESAAA staff will ensure home delivered nutrition services are available to the frail and isolated aging population.	July 2024 – June 2028 and Ongoing		
1.9 ESAAA, in coordination with aging and social services programs, will ensure caregivers are connected to supportive services.	July 2024 – June 2028 and Ongoing		
1.10 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 2024 – June 2028 and Ongoing		
1.11 ESAAA, in coordination with 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.	July 2024 – June 2028 and Ongoing		
1.12 ESAAA, in coordination with aging and social services programs, will promote the evidence-based program ALED (Active Living Every Day). This is a community-based program that will be purchased for each site that will offer web-based group activities that promote physical activity, self-confidence, and social support.	July 2024 – June 2028 and Ongoing		

Goal # 2

Goal: Maintain a minimum level of access to services, including health care services and local support services to the aging population throughout our communities.

Rationale: 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.

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 2024 – June 2028 and Ongoing		
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 2024 – June 2028 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 readily available to the aging population.	July 2024 – June 2028 and Ongoing		
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 2024 – June 2028 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 2024 – June 2028 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 2024 – June 2028 and Ongoing		

Goal # 3

Goal: Strengthen the service delivery system to proactively address unmet needs.

Rationale: 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.

3.1 ESAAA staff will identify resources to meet identified needs in both the private and public sectors, ensuring that the resources are updated at least annually.	July 2024 – June 2028 and Ongoing		
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 2024 – June 2028 and Ongoing		
3.3 ESAAA staff will maintain resource information and disseminate information through multiple distribution modes, including web-based access.	July 2024 – June 2028 and Ongoing		

⁶ Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

⁷ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

SECTION 8. SERVICE UNIT PLAN (SUP)**TITLE III/VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

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

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			
2027-2028			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			
2027-2028			

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			

2027-2028			
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Adult Day Care/ Adult Day Health (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			
2027-2028			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	100	1,2	
2025-2026			
2026-2027			
2027-2028			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8,500	1,2	
2025-2026			
2026-2027			
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	800	1,2,3	
2025-2026			
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-0-	0	
2025-2026			
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	100	1,2	
2025-2026			
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	15,000	1,2	
2025-2026			
2026-2027			
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	40,000	1	
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10	1	
2025-2026			
2026-2027			
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8	1	
2025-2026			
2026-2027			
2027-2028			

2. OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

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

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

Other Supportive Service Category

Telephone Reassurance (In-Home)

Unit of Service= 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	120	1	
2025-2026			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): **ACTIVE LIVING EVERY DAY (ALED)**

Add additional lines if needed.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	25	1	1.12
2025-2026			
2026-2027			
2027-2028			

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**2024-2028 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 2020, 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 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	199	246	81	90 % 2024-2025
2023-2024				% 2025-2026
2024-2025				% 2026-2027
2026-2027				% 2027-2028

Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>15</u> FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>22</u> FY 2024-2025 Target: <u>20</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1</u>

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54) Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2022-2023 Baseline: Number of Instances <u>56</u> FY 2024-2025 Target: <u>50</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1</u>

E. Information and Assistance to Individuals (NORS Element S-55) Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances <u>220</u> FY 2024-2025 Target: <u>50</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: ____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: ____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: ____
Program Goals and Objective Numbers: <u>1</u>

F. Community Education (NORS Element S-68) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2022-2023 Baseline: Number of Sessions <u>2</u> FY 2024-2025 Target: <u>2</u>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: ____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: ____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: ____
Program Goals and Objective Numbers: <u>1</u>

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

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

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

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FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s): The Eastern Sierra Area Agency on Aging Long-Term Care Ombudsman Program will be raising awareness about elder abuse prevention by promoting community education material and by providing training at long-term care facilities.</p> <p>Effort 1: Develop and create training for facility staff regarding AB-1417 that updated the mandated reporting requirements effective January 1, 2024. The former law, AB-40, which was in effect since 2013, required mandated reporters to make subjective judgement about the level of abuse that was being reported and which agencies to report to. The training will provide facility staff with a comprehensive understanding of their responsibilities as mandated reporters and will explain the new simplified reporting requirements in long-term care facilities.</p> <p>Effort 2: June is Elder Abuse Awareness month and all month the Long-Term Care Ombudsman Program will be raising awareness by planning a shredding event and will be providing fraud prevention resources to home delivered meals clients and at senior centers throughout Inyo County and Mono Counties. Financial exploitation is one of the most common and devastating forms of elder abuse. This event will provide education and an opportunity for older adults to protect themselves from identity theft and fraud.</p>
FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2022-2023 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 <u>100%</u> FY 2024-2025 Target: <u>100%</u>
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1</u>

B. Routine access: Residential Care Communities (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this

measure, no RCFE can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>0</u> = Baseline <u>0</u>%</p> <p>FY 2024-2025 Target: <u>0</u>%</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>1</u></p>

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

<p>1. FY 2022-2023 Baseline: <u>1.62</u> FTEs FY 2024-2025 Target: <u>1.62</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs</p>

Program Goals and Objective Numbers: 1

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

- | |
|---|
| 1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>0</u>
FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>0</u> |
| 2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____ |
| 3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____ |
| 4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____ |

Program Goals and Objective Numbers: 1

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 2020, Section 712(c)]

Measures and Targets:

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

Some examples could include:

- Hiring additional staff to enter data.
- Updating computer equipment to make data entry easier.
- Initiating a case review process to ensure case entry is completed in a timely manner.

Fiscal Year 2024-25

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 training that staff are attending.
- 4.) Allow staff and volunteers to have “protected” time to ensure data entry is not interrupted.

Fiscal Year 2025-2026
Fiscal Year 2026-2027
Fiscal Year 2027-2028

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TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

<input checked="checked" type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	Other (explain/list)

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, 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.

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TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	5000			
Public Education Sessions	-0-			
Training Sessions for Professionals	-0-			
Training Sessions for Caregivers served by Title III E	-0-			
Hours Spent Developing a Coordinated System	-0-			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	5000	Informational Placemats distributed throughout program services announcements.
2025-2026		
2026-2027		
2027-2028		

TITLE III E SERVICE UNIT PLAN**CCR Article 3, Section 7300(d)****2024-2028 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed Units of Service</i> -0-	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities and -0- Total est. audience (contacts) for above:		
2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	100	1	
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0	0	
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			

2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			

2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	# Of activities: -0- Total est. audience for above:		
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
Caregiver Respite In- Home	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			

2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			

2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			

2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-0-		
2025-2026			
2026-2027			
2027-2028			

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
WIC § 9535(b)**

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- 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

HICAP service-level data are reported in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1708	4890
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1002	1105
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	-0-	-0-	-0-	-0-	
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	3175	12204
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)⁸

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	-0-	
2025-2026		
2026-2027		
2027-2028		

⁸ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 9. SENIOR CENTERS & FOCAL POINTS**COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
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, CA93526
Lone Pine Senior Center	138 N. Jackson Street, Lone Pine, CA 93545
Tecopa Senior Center	Tecopa Hot Springs Road, Tecopa, CA92389

Senior Center	Address
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, CA93526
Lone Pine Senior Center	138 N. Jackson Street, Lone Pine, CA 93545
Tecopa Senior Center	Tecopa Hot Springs Road, Tecopa, CA 92389

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both.

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 at least one service subcategory for each of the five main categories, a justification for services not provided is required in the space below.**

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input checked="" type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input checked="" type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input checked="" type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Justification: If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

Family Caregiver Services

Caregiver Access- Information and Assistance

- Provider name and address:
 - Eastern Sierra Area Agency on Aging, 682 Spruce St. Bishop CA 93514
- Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
 - Information Services are available through an online community resource guide and by calling 760-873-5240 which is staffed, and language line offered as needed.
- Where are the services provided (entire PSA, certain counties, etc.)? The entire PSA
- How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds?
 - These services are currently offered through ESAAA staff that are funded by a combination of state funds and County General Funds and is considered by the County of Inyo as an essential program for the community.

Caregiver Information Services- Information Services

- Provider name and address:
 - *Eastern Sierra Area Agency on Aging, 682 Spruce St. Bishop CA 93514*
- Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
 - *Information Services are available through an online community resource guide and by calling 760-873-5240 which is staffed, and language line offered as needed.*
- Where are the services provided (entire PSA, certain counties, etc.)? *The entire PSA*
- How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III-E funds?
 - *These services are currently offered through ESAAA staff that are funded by a combination of state funds and County General Funds and is considered by the County of Inyo as an essential program for the community.*

Caregiver Support Services

- Provider name and address:
 - *The AAA does not have a service provider in the area to provide these services.*
- Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
 - *The AAA does not have a service provider in the area to provide these services.*
- Where are the services provided (entire PSA, certain counties, etc.)? *The entire PSA*
- How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III-E funds?
 - *The AAA does not have a service provider in the area to provide these services.*

Caregiver Supplemental Services- Legal Consultation

- Provider name and address:
 - *California Indian Legal Services 873 N. Main St Bishop CA 93514*
- Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
 - *Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney.*
- Where are the services provided (entire PSA, certain counties, etc.)? *The entire PSA*
- How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III-E funds?
 - *The AAA contracts with CILS as they are the only available agency in Inyo and Mono Counties.*

Older Relative Caregiver Services

The AAA does not provide or contract for Older Relative Caregiver Services. Due to the capacity of the program and the amount of funding received, PSA 16 is unable to do so.

APPROVED

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

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

Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** Needs identified during the needs assessment clustered in the largest numbers around isolation, transportation, assistance with activities of daily living, and having enough money to meet the basic needs of food, clothing, and shelter. While legal services were not identified as one of the higher priorities, assistance with legal issues such as wills/trusts, evictions, and benefits was identified as a need. The minimum percentage identified during the area planning and subsequent updates is 10%. However, funding has been provided at a higher level than the minimum percentage.

How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:** There were minimal significant changes noted in local needs, although there has been a new focus on housing/eviction related issues and advanced health care directives as reported by the contractor, with the needs assessment priority still identifying legal assistance for matters such as contracts, wills, estate planning and related issues. The pandemic did result in some increased need as it relates to navigating legal issues related to housing and funds provided through relief funding were allocated in this manner. The base allocation, and subsequent one-time only funding, continued to be contracted at the 10% minimum percentage with an additional ~\$10,000 of supportive service funding.

How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:** Yes, 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.

How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:** The AAA collaborates with the LSP to establish priority issues by informal needs assessments and input from targeted client groups. Yes, the top four legal issues include housing/eviction related issues, advanced health care directives, assistance with public funding access, and legal matters involving contracts, wills and estate planning.

How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** Yes, the AAA and contractor communicate as needed to ensure that more isolated and target populations' legal needs are addressed through access. Sharing information as to types of calls and identifying any trends in types of calls or underserved populations/areas is communicated in order to better coordinate and plan.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	1	No
2025-2026		
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using? **Discuss:** Yes, Outreach methods include, but are not limited to, 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 presentation at Senior Centers throughout the PSA.

What geographic regions are covered by each provider? **Complete table below:**

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	California Indian Legal Services	Inyo and Mono Counties
2025-2026		
2026-2027		
2027-2028		

Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Discuss:**
Access is affected in person, by phone, through remote outreach, and virtual platforms.

Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area). **Discuss:** As indicated above, assistance with evictions/rental issues, advanced health care directives, contracts/wills/estates, and assistance with accessing public aid. More recently, during the pandemic, there was an increase in need for eviction/rental related legal issues.

What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** Barriers within the PSA include the expansive 13,000 + square miles of geography, which is sparsely populated and unreliable and/or unavailable internet/technology options. These two factors combine to make it difficult for private sector for-profit businesses or health care providers to sustain services in the PSA. Therefore, much of the specialty care and shopping requires extensive assistance with transportation out of the PSA and event within the PSA. The prioritization of supportive services dollars towards access to services results in less funding availability for legal assistance. However, to support maximizing the available funding to extend to these remote areas, virtual access has been made available at 5 of the 6 focal points, allowing eligible residents access to legal service resources.

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

Discuss: The provider coordinates services with other ESAAA programs, Social Services programs in both counties, the LTC Ombudsman, HICAP and the local LSCs to ensure a continuum of legal information/services throughout the PSA.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

Inyo County Health and Human Services (HHS) has created a department wide program for emergency response during disasters. They are responsible to ensure that all department plans are coordinated and cohesive with county plans. They work with individual programs (i.e. the aging program) to ensure that client and employees needs are addressed pre, during and post an

event. HHS is also responsible to plan and execute shelters and develop an Access and Functional Needs database for those who need assistance evacuating during an event. We are a key stakeholder with the county Office of Emergency Management. There is a quarterly tribal collaboration meeting that HHS participates in. We invite tribal representatives to our Access and Functional collaborative meetings. During every event, we notify tribal representatives if there is a danger to tribal members.

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

Name	Title	Telephone	Email
Kathy Peterson	Mono County Social Services Director	Office: 760-924-1763 Cell: 760-937-6518	kpeterson@mono.ca.gov
Nate Greenberg	Inyo County Administrative Officer	Office: 760-878-0377	ngreenberg@inyocounty.us

1. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Taylor Hartshorn	Disaster Program Manager	Office: 760-873-7871	tharshorn@inyocounty.us
Mikaela Torres	Emergency Services Manager	Office : 760-878-0120	mtorres@inyocounty.us

2. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
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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.	A. By telephone and door-to-door, as determined by OES in consultation with AAA Disaster Response Coordinator
B. Provision of emergency shelters and/or heating/cooling centers	B. Community-based shelters and centers will be available within close travel distances; assisted transportation will be provided, as needed. Alternate facilities within regions identified for use should AAA facilities be impacted.
C. Basic food and nutrition	C. (1) Delivery of hot and/or frozen meals as capability allows, including shelf-ready (2) Access to disaster related CalFresh services
D. Access to critical medications, health services	D. Via local OES-Red Cross vendor agreements for pharmaceuticals, oxygen/other health care apparatus and care
E. After-disaster follow-up assessment	E. Telephone and/or in-person welfare checks

3. List critical resources the AAA needs to continue operations.

- Electricity
- Staff able to travel to centers.
- Food Deliveries

4. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The Disaster program works with the Red Cross, volunteer agencies, tribal entities, hospitals, volunteer fire departments and emergency medical services, Public Health, and many more partners effected during an event. We also work closely with our Mono County response agencies. 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 County Emergency Response Systems:

Red Cross-Los Angeles chapter

Inland Counties Emergency Medical Services Authority (ICEMA)

CalFresh (Food Stamps) agreement between Inyo and Mono Counties

5. Describe how the AAA will:

- Identify vulnerable populations:
- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
- Follow up with 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.

6. How is disaster preparedness training provided?

- County staff are Disaster Service Workers
- Annual shelter training is provided for all staff as they are designated at Disaster Service Workers
- Disaster program staff annually provide preparedness presentations at Senior Centers and Community Events

APPROVED

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

If a 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**Title IIIB**

- ☒ Information and Assistance
☐ Case Management
☐ Outreach
☐ Program Development
☐ Coordination
☒ Long Term Care Ombudsman

Check each applicable Fiscal Year

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Title IIID

- ☒ Health Promotion – Evidence-Based

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

Title IIIE⁹

- ☐ Information Services
☐ Access Assistance
☐ Support Services
☒ Respite Services
☐ Supplemental Services

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title VII

- ☒ Long Term Care Ombudsman

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

Title VII

- ☒ Prevention of Elder Abuse, Neglect, and Exploitation.

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

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 regard to Health Promotion, ESAAA staff, ALED 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 bilingual staff or the AT&T language line are utilized as needed.

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 applicable funding source:⁹

☐ IIIB

☐ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider able to provide hot meal delivery is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 applicable funding source:⁹

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 applicable funding source:⁹

☐ IIIIB

☒ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☒ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 applicable funding source:⁹

☐ IIIIB

☐ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Nutrition Education

Check applicable funding source:⁹

☐ IIIIB

☐ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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 applicable funding source:⁹

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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:⁹

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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: Other Respite

Check applicable funding source:⁹

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☒ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. 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:⁹

☐ IIIIB

☐ IIIC-1

☐ IIIC-2

☒ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Nutrition Education

Check applicable funding source:⁹

☐ IIIIB

☒ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. Comparable service provider is not located within the Inyo/Mono County geographic part of the service area.

SECTION 15. GOVERNING BOARD**GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Matt Kingsley, Chairperson	January 2025
Scott Marcellin, Vice Chairperson	January 2027

Names and Titles of All Members:	Board Term Expires:
Jennifer Roeser	January 2025
Jeff Griffiths	January 2025
Trina Orrill	January 2027

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

SECTION 16. ADVISORY COUNCIL**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 9

Number and Percent of Council Members over age 60 3 60 % Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	3	3
Hispanic		
Black		
Asian/Pacific Islander		
Native American/Alaskan Native		
Other		

Name and Title of Officers:	Office Term Expires:
Sandy Lund- Chairperson	December 2024
Roger Rasche- Vice Chairperson	December 2024
Heidi Dougherty	December 2024
Trina Orrill (Appointed in January of each year)	December 2024
Joel Ryan	December 2025
Vacant- Recruiting	December 2025
Vacant- Recruiting	December 2025
Vacant- Recruiting (Family Caregiver)	December 2025
Vacant- Recruiting	December 2025

Name and Title of other members:	Office Term Expires:

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative with Low Income |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative with a Disability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Supportive Services Provider |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Care Provider |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Local Elected Officials |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Persons with Leadership Experience in Private and Voluntary Sectors |

Yes No Additional Other (Optional)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Family Caregiver, including older relative caregiver |
| <input type="checkbox"/> | <input type="checkbox"/> | Tribal Representative |
| <input type="checkbox"/> | <input type="checkbox"/> | LGBTQ Identification |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran Status |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Explain any “No” answer(s): This position is being recruited.

Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other? When a term expires, the member can choose to submit a letter of intent to request reappointment on the Council or they may choose to vacate the council for another person to obtain membership.

Briefly describe the local governing board’s process to appoint Advisory Council members: Vacant positions are advertised in local media and includes 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. All such meetings are publicly noticed in accordance with Brown Act requirements.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹¹

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

- ☒ No. Title IIIB funds not used for Acquisition or Construction.
- ☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 18. ORGANIZATION CHART

Please see attached document.

APPROVED

SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(I) provide assurances that the area agency on aging will -

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (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, specifically including survivors of the Holocaust; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive

technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

- (A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

10. OAA 306(a)(11)

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

11. 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;

12. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given

by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

13. 306(a)(15)

Provide assurances that funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

14. OAA 305(c)(5)

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

15. 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.

16. 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.

17. 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.

18. 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

19. 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.

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

Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

21. 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.

22. 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.

23. OAA 307(a)(26)

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

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

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, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

(2) Provide a range of options:

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

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

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

28.CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

29.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.

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

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

31.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.

32.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.