

# We All Age – Just Differently



2024-2028 Area Plan  
El Dorado County Area Agency on Aging  
PSA 29

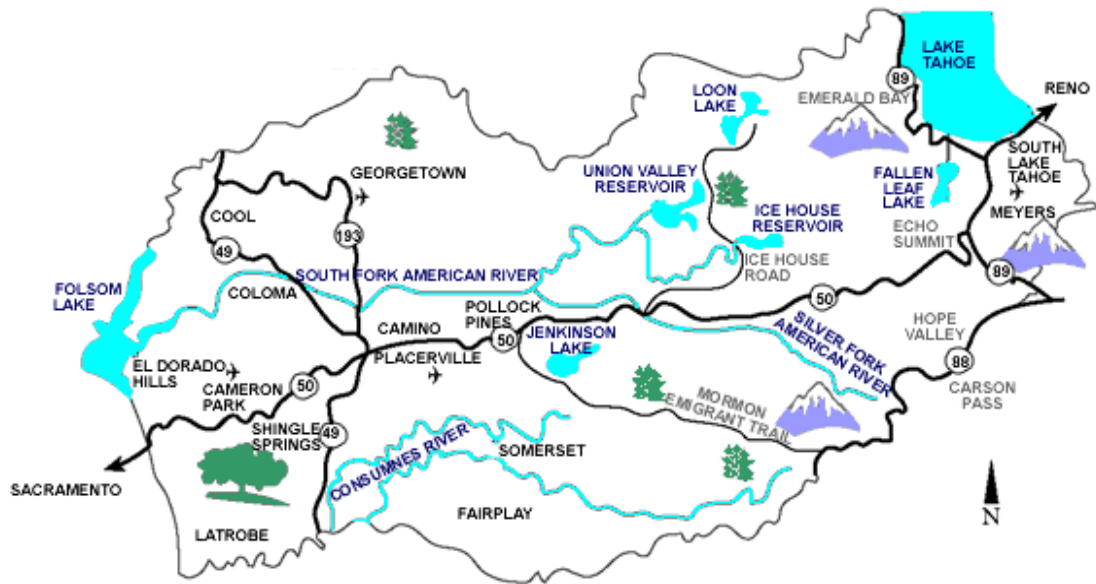


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*The El Dorado County Area Agency on Aging (AAA) is the official planning agency for the single county region that includes the incorporated cities of Placerville and South Lake Tahoe. The AAA serves as a catalyst for regional progress by focusing leadership, attention, and planning resources on key local issues. The AAA is charged with planning for the needs of the County's older and disabled adult population. The AAA manages state and federal dollars to leverage local support and leads a community-based aging network that targets populations with special needs.*



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## LIST OF ACRONYMS

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AAA	Area Agency on Aging
APS	Adult Protective Services
CDA	California Department of Aging
COA	Commission on Aging
FCSP	Family Caregiver Support Program
FTE	Full-Time Equivalent
FY	Fiscal Year
HHSA	Health and Human Services Agency
HICAP	Health Insurance Counseling and Advocacy Program
I&A	Information and Assistance
IHSS	In-Home Supportive Services
LGBT	Lesbian, Gay, Bisexual, Transgender
LTCOP	Long-Term Care Ombudsman Program
MAST	Multidisciplinary Adult Services Team
MSSP	Multipurpose Senior Services Program
OAA	Older Americans Act
OCA	Older Californians Act
OES	Office of Emergency Services
PSA	Planning and Service Area
SHEP	Senior Health Education Program
SLT	South Lake Tahoe
SUP	Service Unit Plan
YANA	You Are Not Alone

## 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
<b>TL</b>	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 checked="" type="checkbox"/>
<b>1</b>	Mission Statement	<input checked="" type="checkbox"/>
<b>2</b>	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
<b>3</b>	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
<b>4</b>	Planning Process & Establishing Priorities & Identification of Priorities	<input checked="" type="checkbox"/>
<b>5</b>	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
<b>6</b>	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
<b>7</b>	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
<b>7</b>	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
<b>7</b>	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
<b>7</b>	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
<b>8</b>	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
<b>9</b>	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
<b>10</b>	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
<b>11</b>	Legal Assistance	<input checked="" type="checkbox"/>
<b>12</b>	Disaster Preparedness	<input checked="" type="checkbox"/>
<b>13</b>	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
<b>14</b>	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
<b>15</b>	Governing Board	<input checked="" type="checkbox"/>
<b>16</b>	Advisory Council	<input checked="" type="checkbox"/>
<b>17</b>	Multipurpose Senior Center Acquisition or Construction Compliance	<input checked="" type="checkbox"/>
<b>18</b>	Organization Chart	<input checked="" type="checkbox"/>
<b>19</b>	Assurances	<input checked="" 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:** El Dorado County

**PSA 29**

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. Wendy Thomas

\_\_\_\_\_  
Chair, Governing

\_\_\_\_\_  
Date

2. Robert Kamrath

\_\_\_\_\_  
Chair, Commission on Aging

\_\_\_\_\_  
Date

3. Yvette Wencke

\_\_\_\_\_  
Director, Area Agency Aging

\_\_\_\_\_  
Date



## EXECUTIVE SUMMARY

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In the two years since the post COVID re-opening of in-person Area Agency on Aging (AAA) programs, attendance at Congregate Meal Sites, Senior Center activities, and events have steadily increased to pre-pandemic levels. The AAA staff are enjoying the renewed energy of our older adult population.

The El Dorado County Area Agency on Aging has developed the 2024-2028 Area Plan, *We All Age – Just Differently*, for submittal to the California Department of Aging (CDA) as required by the federal Older Americans Act and in accordance with direction from CDA. The Area Plan is designed to report on the status of older adults, structure the AAA's priorities based on a comprehensive evaluation of needs and set an aging agenda for planning and service area to enhance the aging experience of local residents at home and in the community. The Area Plan is submitted on a four-year cycle. This Four-Year Plan for El Dorado County covers the period July 1, 2024, through June 30, 2028. The Plan outlines a strategy that builds awareness, encourages action, fosters collaborative efforts, and improves resident access to information in the aging network. This strategy provides guidance to help the AAA to create opportunities and meet the challenges of a growing older adult population during the next four years.

This plan will be reviewed and updated regularly based on new information, emerging opportunities, unforeseen challenges, and new mandates. As part of the Area Plan process, CDA requires an Annual Update which provides an opportunity for the AAA to report on the progress made in meeting goals and objectives and to modify the Area Plan as necessary to accommodate changing service needs, as well as increases or decreases in grant funding levels and availability of other resources.

El Dorado County continues to experience an increase in its older adult population. Currently 31% of county residents are age 60 and older. Over the last few generations, there has been a significant increase in the percentage of Americans aged 65 who are expected to survive to age 90. Changes in the composition of the older adult population include marked differences in the values, interests, and need for information about aging-related issues, as well as the likelihood of accessing this information, brought about by diverse age groups that will comprise the County's older population. In this context, the service delivery system for the baby boomers (who were born between 1946 and 1964) will differ substantially from the service delivery system that the post-war and Depression age groups (who were born prior to 1946) find acceptable and effective in meeting their needs. To meet the growing demands that will result from escalating numbers of older adults in El Dorado County, the AAA will continue to assess and improve its organizational capacity to plan for and develop a long-term continuum of care system that identifies and addresses unmet needs, improves service coordination, eliminates duplication of services, and delivers services in a manner that is satisfactory to the many changing faces of older El Dorado County residents.

Recognizing these needs has inspired the AAA and the Commission on Aging (COA) to investigate new collaborations with community service districts, community-based organizations and other Health and Human Agency (HHSA) programs. Services are available to residents throughout El Dorado County, with the majority of the senior services programs co-located at the Placerville Senior Center. Staff frequently combine resources and communicate with each other to resolve unique challenges for clients. Seniors can access a wide range of services from exercise, nutrition, legal services, Senior Day Care adult day services, support groups, information and assistance, and social activities primarily in one location, and also at various locations throughout the community.

The federal and state governments have made a significant investment in the services provided by the AAA networks. Three one-time only revenue contracts, all expiring in 2024, have been received:

- **Home Community Based Services (HCBS) Nutrition Infrastructure Funding**  
The El Dorado County Senior Nutrition program cooks over 165,000 meals per year. The HCBS revenue was dedicated to the Senior Nutrition Program and is being used to upgrade

equipment in our central kitchens (Placerville and South Lake Tahoe) which allow increased efficiencies in meal preparation. The purchase of 4-wheel drive vehicles allows staff to drive in all-weather conditions.

- **Older Adult Recovery & Resilience (OARR) Funding**

This funding is specific to four (4) AAA programs: Intergenerational Nutrition, Fall Prevention, Senior Legal Assistance, and Family Caregiver Support. With this funding, the AAA was able to reduce the wait list for the Senior Legal Services program by hiring an additional full-time attorney, continue the Fall Prevention program, and provide needed additional respite services to older adult caregivers.

- **American Rescue Plan Act (ARPA) Funding**

This funding source is specific to four (4) AAA programs: Senior Nutrition, Supportive Services, Disease Prevention, Family Caregiver Support, and the Ombudsman. The AAA is able to provide additional respite services, legal services, fall prevention, exercise classes and additional support for home delivered and congregate meals.

## Content of the Area Plan

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This Plan, which provides the format and the structure to identify and address older adult needs, consists of 19 Sections as required by the California Department of Aging. A few sections are highlighted below.

- **Section 2: Description of the Planning and Service Area (PSA)** provides a description of El Dorado County which encompasses the entire PSA, its physical and demographic characteristics, unique resources and service delivery systems.
- **Section 3: Description of the Area Agency on Agency** describes how the AAA, on behalf of all older individuals, adults with disabilities, and their caregivers in the PSA carries out its role as a leader on aging issues within the PSA.
- **Section 7: Area Plan Narrative Goals and Objectives** details the Goals and Objectives that were developed for this four-year planning cycle. This section sets out our specific goals under five priority areas. In each area, there is the introduction of the principal objectives with a brief rationale, a list of responsible parties and potential collaborators, and plans for action over the next four years.

## Highlights of the Goals and Objectives of the Area Plan

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The Area Plan contains five major goals with specific objectives. These goals and objectives were developed based on the recent Needs Assessment. A committee consisting of staff from AAA programs and COA members created the objectives within the parameters of achievability and measurability, assignment of responsible parties, program staff availability and no additional or minimal cost to the County. Several objectives are also focused on seniors within the South Lake Tahoe area. The COA will be an integral part of the completion of a majority of the objectives.

**Goal 1: Outreach:** The AAA offers many services within its PSA that can be of benefit to many seniors. In order to maximize the awareness and usage of programs, effective outreach is necessary to enhance the ability of older adults to make decisions regarding appropriate and available services.

**Objectives include:** Developing a marketing campaign, distribution of nutrition coupons and menus, Information & Assistance sessions as congregate meal sites, and exploring opportunities to work with schools to increase access to grandparents.

**Goal 2: Availability and Increasing Access of Services.** The majority of senior services are provided at the dedicated senior centers located in Placerville, El Dorado Hills, and South Lake Tahoe. However, expanded services are needed in all areas, especially in the outlying areas of the county. The AAA will continue to strive to provide opportunities and services for seniors in all communities as appropriate.

**Objectives include:** Explore new innovative ideas to increase interest and attendance at congregate meals sites, revamp the Senior Shuttle program, explore database possibilities to track activity attendance, continue the Fall Prevention Program, continue to sponsor Senior Health Education Programs, and continue to collaborate with 211 or similar programs.

**Goal 3: Emergency Preparedness.** El Dorado is a rural county subject to extreme cold in the winter and extreme heat in the summer, and is also predisposed to wildfires, mudslides, and flooding. PG&E power outages have affected seniors within the communities, especially in the more remote areas. The AAA is aware of the impact of these situations on our older adult population, and in collaboration with the COA, strives to educate, prepare, and provide resources to community to support local seniors to be prepared when emergencies occur.

**Objectives Include:** Distributing preparedness information, educating seniors on emergency events, assisting with enrollment into the Medical Baseline Program, and distributing emergency non-perishable meals to home delivered meal clients.

**Goal 4: Volunteering, Civic Engagement, Community Collaboration.** Volunteering is an area of interest for many seniors and the majority of El Dorado County's senior programs would not be as robust without the assistances of volunteers. Seniors want to be engaged in their communities and feel they are needed and relevant. The AAA will continue to recruit and maintain a robust volunteer pool to support community engagement.

**Objectives include:** Increasing the State-Certified Ombudsman volunteers; conducting trainings; increasing outreach to encourage more volunteering; exploring the village concept; developing senior focused programs within the library system; and determining the feasibility of creating a volunteer coordinator position within the El Dorado County Health and Human Services Agency.

**Goal 5: Education and Training.** The Older Adults Needs Assessment identified education as an area of interest to many seniors. The survey also identified that many seniors are caring for their spouses who have physical limitations and memory or cognitive deficiencies. Training will provide these seniors with support and education to become effective caregivers.

**Objectives include:** Outreach activities to promote attendance at evidence-based classes, facilitate support groups, work with local high schools, facilitate and sponsor caregiver education classes and collaborate with local hospitals, long care facilities, etc.

There are a total of 24 objectives within these five goals. The details of these objectives, measurement of the objectives and the programs responsible for the completion of the goal are found in Section 7 of the Area Plan.

The AAA is dedicated to serving older adult residents of El Dorado County, which would not be possible without the hard work and support of AAA staff, County leadership, the Commission on Aging, and program volunteers.

## **SECTION 1. MISSION STATEMENT**

The mission statement of all Area Agencies on Aging (AAA) 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."

In El Dorado County, the AAA is an integral part of the Health and Human Services Agency (HHSA). The mission of HHSA is: "With integrity and respect, we provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life."

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

### **A. Physical Characteristics**

The Older Americans Act (OAA) was the enabling federal legislation that created services specifically for older Americans. The Act directed States to create state agencies to provide administration for services at the state level, and required that services be planned, coordinated and administered by local agencies. The State of California designated 33 Planning and Service Areas (PSAs) to carry out these tasks on the local level. Area Agencies on Aging are the administrative entities for these PSAs. They serve as the local resource for information and referrals on issues and concerns affecting older adults, their caregivers and providers, including home and community-based services, long-term care facilities, and assistance with a wide range of other services.

El Dorado County is PSA 29, a single county PSA. The County boundaries and the PSA boundaries are the same. El Dorado County is located in the Sierra Nevada Mountain Range between Sacramento and the State of Nevada. The County is bounded to the North by Placer County, on the East by the State of Nevada, to the South by Amador and Alpine Counties, and on the West by Sacramento County. The entire county is designated as rural since no incorporated area within has more than 50,000 residents.

El Dorado County is 1,711 square miles in size. More than 50 percent of this area is owned or controlled by various governmental agencies, the largest of which is the U.S. Forest Service that manages the vast El Dorado National Forest, Desolation Wilderness Area, and Lake Tahoe, all of which grace this area with their abundant natural resources.

The elevation of El Dorado County ranges from 200 feet above sea level on the western fringes, to a high of 10,881 feet at Freel Peak on the southeast border of the county. Traditionally, the County has been geographically separated into four regions, one on the east slope (consisting of the South Lake Tahoe Basin) and three on the west slope (consisting of the balance of the County from Echo Summit to the western border).

#### The West Slope County Region

The far west slope tends to have milder weather than the South Lake Tahoe Region, with occasional snow in the winter and hot summers. This region of the County is the fastest growing and serves as a “bedroom community” to the greater Sacramento region, with a large number of residents commuting to the Sacramento region for employment. The area closest to Sacramento, El Dorado Hills area, has several active adult communities and a full-service Senior Center operated by the El Dorado Hills Community Services District. Besides containing many affluent neighborhoods, this area also contains low-income apartments, a mobile home park, and an industrial business center.

### ● The Placerville Region

Placerville is one of the two incorporated cities within the County and is the county seat. It serves as the “hub” of services and activities for the west slope. Most County offices are located within the Placerville region. There is also a County-maintained Senior Center located within the City limits. This region, while on a much smaller scale, offers many of the services that are found in bigger cities such as set public bus routes and taxi services. Several senior apartment complexes and low-income housing are located within this region, as well as the major hospital for the County.

### ● The West Slope Mountain Region

The higher elevations of the west slope, from Placerville eastward, lie in the 3,000-to-7,000-foot elevation range and sometimes experience severe winter storms but enjoy milder summers than the Placerville and West Slope County regions. This region is also mountainous but is populated by several small towns that are geographically isolated. Public transportation and medical facilities are limited or non-existent.

### ● The South Lake Tahoe Region

The east slope has mild summers but often has severe winter weather that limits travel, at the same time providing an excellent winter recreational season. The City of South Lake Tahoe is the largest incorporated city in the County, attracting a large number of visitors throughout the year. Located within the City of South Lake Tahoe is a dedicated Senior Center that is a collaboration between the County and the City. There are also satellite offices of the County Services located in the Placerville Region.

The geography of the County includes many natural boundaries. While enhancing the beauty of the region, these boundaries present one of the biggest constraints to service delivery in our rural community, especially for older adults with limited access to transportation or for whom little informal support is available.

## **B. The Demographic Characteristics of El Dorado County**

The older population in El Dorado County is growing at a tremendous pace. Since 2010, the older population in El Dorado County has grown by 53.8%. It is projected that by 2060, more than 71,000 older adults will call the El Dorado County region home. The website, Welldorado.org lists the 55 years and older population as 78,629 individuals which is equivalent to 40.44% of the county's total population. This exceeds the 2010 projection by 36 years.

The California statewide percentage is 28.16 and El Dorado County is significantly higher. However, the trend in the El Dorado County region is consistent with the state and the nation as a whole. It is projected that the older population in the United States will increase significantly as the boomers (persons born between 1946 and 1964) reach the age of 65. Next year, (2025) the first of Generation X will be reaching age 60. Longer life spans will increase the number of older adults.

Given increased life expectancy, a steady migration of retirees to the area, the development of 55+ Active Communities and Assisted Living facilities, the effect of the boomers moving through older age groups, and aging in place, a dramatic demographic shift in El Dorado County is inevitable. As the region's residents age, they are continuing to call El Dorado County home. In the 2020 AAA Older Adult Needs Assessment Survey, more than 33% of the respondents stated



that they have lived in this county over 30 years. Table 1 below compares the results from the 2016 and the 2020 Older Adult Needs Assessment Survey.

**Table 1**  
**AAA Developed Older Adult Needs Assessment**  
**Response to Question #4 “I have lived in this community:”**

<b>Respondents Length of Time in the Community</b>	<b>2016 Survey Results</b>	<b>2020 Survey Results</b>
Less than 1 year	3.70%	2.74%
1 to 5 years	12.65%	15.14%
6 to 10 years	9.53%	12.39%
11 to 20 years	27.63%	21.00%
21 to 30 years	19.46%	15.52%
More than 30 years	27.04%	33.21%

Consistent with national surveys, the majority of older adults in El Dorado County continue to express a strong desire to remain in their homes. With so many individuals deciding to age in place, the region’s median age has risen steadily over the last several decades. According to the website [www.welldorado.org](http://www.welldorado.org), the median age for El Dorado County is 47.1 years old which is significantly older than the median for California of 38.1 years old. This trend is expected to continue over the coming decades. Currently the 60 years and older age group makes up 31% of the county’s population.

This trend presents important opportunities for aging services, as older adults make an important contribution to our community. But the aging of the population also has a range of impacts, which will present real challenges for all service providers. To identify the makeup and needs of the older population in El Dorado County, AAA staff conducted a detailed review of census data and other related demographic data. The following is a thumbnail review of the great shift in the age structure of our County that will influence all we do for the next 20 to 30 years. Unless otherwise specified, data has been extracted from the most recent information available on the U.S. Census website.

The current 60+ population is far from homogeneous. It will soon be comprised of four generations of individuals with significant differences in experiences, values, and service needs. The next generation, Gen X, will start turning 60 in 2025. As a result, programs and policies designed for our older community members must take into account the needs of at least three different cohorts of older adults, plus plan for the up-and-coming group:

**Greatest Generation:** This generation is the “oldest” and now the smallest of the older adult-group and were born between 1901 and 1927 (97 years and older). They are the most likely to be living with physical and/or mental disabilities. This generation experienced many technological innovations in everyday life, such as the radio and telephone, that other generations take for granted. However, this generation is not always comfortable using new electronic technology such as the computer. The Greatest Generation lived during the of Stock Market Crash of 1929 leading into the Great Depression, and World War II. This generation is known for perseverance, strong work ethic, humility, commitment and a strong sense of personal responsibility.

**Silent Generation:** This middle group of “older” older adults may be starting to

experience disabling conditions. The Silent Generation is defined as individuals born between 1928 and 1945 (79 to 96 years old in 2024). This generation is much smaller than the Boomers and many of this generation lived during the Great Depression, World War II and the Korean War. This generation is characterized by a strong work ethic, reliability, and thriftiness. As a result, this generation is considered to have accumulated the greatest amount of wealth.

**Boomers:** Most “young” older adults, often defined as Baby Boomers, are usually active, healthy, and independent. Many are still working. Boomers are born between 1946 and 1964 (60 to 78 years old). Approximately 70 million Americans were born during this time frame. According to AARP, about 10,000 baby boomers turn age 65 every day and this is expected to continue into the 2030s. This means that nearly seven baby boomers are turning 65 every minute. The current focus of the baby boomer generation is on retirement, aging, social security, encore careers, staying active, healthy eating, lifelong learning, and care giving to parents.

**Gen X:** This is the up-and-coming generation often called the forgotten or slacker generation. Gen Xers are born between 1965 and 1980 and is a smaller group than the Boomers. This generation had both parents who worked and were often “latch key kids”. As a result, Gen Xers are described as resourceful, independent and focused on work-life balance. Gen X experienced the crack and AIDS epidemics, the rise of home computer and the internet, first space shuttle mission, the collapse of the Soviet Union and the birth of grunge and MTV. They are tech-savvy but not tech-dependent.

## Racial and Ethnic Composition

Compared to California's older adult population, the population of El Dorado County is predominately white (see Table 2). In 2010, about 93.6% of older adults were white (non-minority). In 2019, the non-minority population was about 88.2% and in 2023, the non-minority population was 85.6%

**Table 2**  
**El Dorado County Age 60+ Population by Race**

Year	60+ Population	White		Minority	
2010	39,494	36,953	93.6%	2,541	6.4%
2019	55,970	49,375	88.2%	6,595	11.8%
2023	60,827	52,062	85.6%	8,765	14.4%

The aging minority and non-minority populations in our County are changing. For the 2010 Census, race and Hispanic origin (ethnicity) were defined as separate and distinct concepts. Federal standards mandate the use of a minimum of two ethnicities: Hispanic or Latino and Not Hispanic or Latino. Individuals who identify their origin as Hispanic or Latino may be of any race. Federal standards mandate the use of a minimum of five race categories: White, Black/African American, American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander. Other race categories include Some Other Race and Two or More Races. Table 3 specifies the current comparison of El Dorado County's population by race and Hispanic origin.

**Table 3**  
**El Dorado County 2023 Population by Race and Ethnicity**  
**Comparison by Race and Hispanic Origin**

<b>Race and Hispanic Origin</b>	<b>El Dorado County</b>		<b>California</b>	
<b>Total Population</b>	194,425	100%	39,455,491	100%
<b>Race</b>				
<b>White</b>	146,113	75.15%	15,620,692	39.59%
<b>Black/African American</b>	1,407	0.72%	2,223,654	5.64%
<b>American Indian/Alaskan Native</b>	2,039	1.05%	666,603	1.69%
<b>Asian</b>	9,947	5.12%	6,169,631	15.64%
<b>Native Hawaiian/Other Pacific Islander</b>	288	0.15%	159,396	0.40%
<b>Some Other Race</b>	10,060	5.17%	8,687,315	22.02%
<b>Two or More Races</b>	24,571	12.64%	5,928,200	15.03%
<b>Hispanic Origin</b>	28,176	14.49%	16,142,663	40.91%

Source: [www.welldorado.org](http://www.welldorado.org)

El Dorado County is not as diverse as the state of California. However, this has been changing over the last decade. In California, 40.91% of the population identifies as Hispanic or Latino compared to 14.49% of the population in El Dorado County. With the popularity of DNA testing by companies such as Ancestry.com and 23andme, it is expected there will be an increase in individuals identifying as two or more races and/or of Hispanic origin.

This anticipated increase in diversity will create a rich cultural community for older adults choosing to spend their later years in El Dorado County. However, significant disparities exist among these groups in terms of health, social, and economic status. Addressing these inequalities will be one of the major challenges facing the aging network in our County.

### **Language Spoken at Home and Ability to Speak English**

The ability to speak and understand English can affect how easy or difficult it is for an older adult to access needed services. The majority of El Dorado County's older adults speak English. The 2023 CDA Population Demographic Projects for Intrastate Funding Formula (IFF) estimate less than one percent of the 60 years and older population do not speak English (See Table 4).

**Table 4**  
**El Dorado County Ability to Speak English for the 60+ Population**

<b>Population Age 60 years and over:</b>	<b>Total 55,970</b>	<b>Percent</b>
English Speaking Population	60,507	99.5%
Non-English Speaking Population	320	0.5%

## Older Adults Living Alone

The number of older adults living alone has increased significantly (51%), from 2010 to 2019 and continues to increase. The change from 2019 to 2023 is 16%. (see Table 5). The majority of older adults living alone are women and those who live alone are often at a greater risk of isolation and subsequent institutionalization. The availability and the provision of services to this population will continue to be a priority of this agency.

**Table 5**  
**Older Adults Living Alone**  
**El Dorado County**

Year	One-Person 60+ Households	% Increase
2010	5,802	-
2019	8,760	51%
2023	10,130	16%

## Disability/Difficulties

The US Census, 2022 American Community Survey estimates over half of all adults 65 years and older in El Dorado County are living with some type of long-lasting condition or disability. The County's 65+ disability distribution is close to the national distribution. The likelihood of having a disability varied with age in the County: from 4% of people 5 to 17 years old, to 20% of people 18 to 64 years old, 17% of people 65 to 74 years old and to 39% of those 75 and older. Women are more likely to be disabled. Sixty-one percent of women have a disability compared to 51% of men.

The Center for Disease Control and Prevention reported that 1 in 4 adults in the United States have at least one disability. Older adults are often struggling with various conditions that make living in their homes safely and without assistance challenging. The most common types of disabilities are:

- 1) Hearing (serious difficulty hearing);
- 2) Vision (serious difficulty seeing);
- 3) Cognition (serious difficulty concentrating, remembering, or making decisions);
- 4) Mobility (serious difficulty walking or climbing stairs);
- 5) Self-Care (difficulty dressing or bathing); or
- 6) Independent living (difficulty doing errands alone).

*56% of seniors, age 65  
years or older are living  
with a disability.*

## Disabled Persons under 60 Years of Age

Like most organizations serving older adults today, the AAA is increasingly working with older adults who have disabling conditions and/or are responsible for other family members, including their own adult children, with disabilities. Identifying and accessing needed resources is especially difficult for these individuals, who frequently need assistance and supportive services

for themselves and a loved one across multiple social agencies. Coordination of public benefits and services for families with a variety of self-help needs can best be provided when services are managed through a single entity. Our Area Agency on Aging can provide information and access to needed services to any El Dorado County resident with long-term care needs, whether due to age or disability.

## **Income and Poverty**

An indicator of economic well-being is the portion of older adults near or below the federally designated poverty level. El Dorado County has a lower poverty rate than California. Statewide, approximately 15% of individuals 65 years of age and over live at or below the federal poverty level, while in El Dorado County, approximately 6.4% of those in that age group reported incomes that were below the poverty thresholds. Table 6 shows the percentage of those 65 and older who are at or below 100% and 149% poverty levels in the County.

Many older adults are living with incomes at or above poverty level. However, caution should be used when presuming that the older adult population is economically stable. The 2024 Federal Poverty Guidelines (FPL) define poverty level for El Dorado County residents as having an annual income equal to or less than \$15,060 for an individual or \$20,440 for a couple. The FPL guidelines are used to determine financial eligibility for certain federally funded programs. The federal poverty line is based on an unrealistically low assessment of what it costs to make ends meet, especially in California.



**Table 6**  
**EI Dorado County 65+ Population At or Below Poverty**

<b>Income Below 100% of the Poverty Level</b>	<b>Income At 100% to 149% of the Poverty Level</b>
6.4%	6.3%

### **Elder Economic Security**

The 2023 California Department of Aging Population Demographic Projections for EI Dorado County estimate 8.8% of all seniors (60+ years) are low income based on federal poverty guidelines. These individuals do not have sufficient income to meet their basic needs.

Low-income older adults depend upon public programs like Medi-Cal, Cash Assistance, and Supplemental Security Income (SSI) to make ends meet. The Federal Poverty Level (FPL) guidelines are often used to determine income eligibility for these federally funded programs. The guidelines, created nearly 50 years ago, have not been modified to account for the substantial changes in consumer spending patterns and standard of living. Further, the guidelines do not consider the cost of living. As we live in a high-cost state, this is a significant disadvantage.

Consequently, thousands of older adults are struggling with severe economic insecurity, unable to qualify for public assistance as their incomes are too high according to the FPL guidelines, but not nearly enough to realistically make ends meet on their own. In response, a more accurate measure of poverty, **The Elder Economic Security Standard™ Index or "Elder Index,"** was developed by Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts, Boston. This index is an estimation tool based on the actual cost in each county of the basic expenses (housing, food, health care, transportation, and other costs) needed by older adults to age independently with dignity in their own homes.

**Table 7**  
**Elder Economic Security Index**  
**El Dorado County 2023**

	Single Elder Person				Elder Couple		
	Owner w/out Mortgage	Renter w/one bedroom	Owner with Mortgage		Owner w/out Mortgage	Renter w/one bedroom	Owner with Mortgage
2023 Federal Poverty Level	\$14,580	\$14,580	\$14,580		\$19,720	\$19,720	\$19,720
150% of Federal Poverty Level	\$21,870	\$21,870	\$21,870		\$29,580	\$29,580	\$29,580
200% of Federal Poverty Level	\$29,160	\$29,160	\$29,160		\$39,440	\$39,440	\$39,440
Yearly Income Needed to Meet Basic Needs (Housing Food, Transportation, Health Care, etc.)	\$26,040	\$32,376	\$45,048		\$38,592	\$44,928	\$57,600

The Elder Index has been used to produce an analysis of the economic challenges facing older adults living in California demonstrating that the FPL guidelines underestimate costs of living for older adults, as they realistically need twice the FPL to make ends meet. The table above demonstrates that the minimum yearly amount required for basic needs far exceeds the federal poverty guidelines.

### C. Unique Resources and Constraints Existing Within El Dorado County

As a rural PSA, El Dorado County experiences some of the unique resources and constraints of a rural community. Specifically, the population of the County has:

- A strong regional identity
- A desire to maintain control of its rural nature
- A desire to maintain local control
- A vast geographic service area that prohibits single, large service delivery systems that benefit from economies of scale and results in limited access to services in the very remote areas of the County
- A limited-service delivery system, especially in areas of social and not-for-profit service delivery agencies
- A limited tax base—more than half of the County is public land which generates little financial support for social services
- An extremely limited resource base of businesses and private industries which could be accessed for financial support of services
- Limited affordable housing
- Limited public transportation particularly in the more rural areas of the County

The County population has grown dramatically over the past twenty years, particularly in socially vulnerable populations, demonstrating:

- An increasing older adult minority population
- An increasing older adult low-income population
- An increasing older adult population who is living alone

Table 8 below illustrates these changes during the last five years. This information is based on the data provided by the California Department of Aging (CDA), Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF).

**Table 8****El Dorado County 60+ Demographic Comparison 2019 -2023**

<b>Demographics</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Change from 2019 to 2023</b>
Population 60+	55,970	59,128	61,438	63,507	60,827	8.68%
Non-Minority 60+	49,375	51,790	54,005	49,027	52,062	5.44%
Minority 60+	6,595	7,338	7,433	14,480	8,765	32.90%
Low Income 60+	4,580	4,880	5,375	5,290	5,365	17.14%
Medi-Cal Eligible 60+	4,555	4,592	4,724	5,386	5,868	28.83%
Geographic Isolation 60+	16,600	16,600	16,600	16,600	16,600	0.00%
SSI/SSP* 65+	801	823	814	842	851	6.24%
Population 75+	16,164	17,647	18,206	20,284	17,099	5.78%
Lives Alone 60+	8,760	8,930	9,675	9,930	10,130	15.64%
Non-English Speaking	530	605	460	485	320	-39.62%

\*Supplemental Security Income/State Supplementary Payment

## **Section 3: Description of the Area Agency on Aging (AAA)**

### **A. Administration and Structure**

The El Dorado County Board of Supervisors was officially designated the governing body of the Planning and Service Area (PSA) 29 of El Dorado County by the California Department of Aging in December 1979.

The El Dorado County Area Agency on Aging (AAA) is the office designated by the Board of Supervisors to carry out the daily functions and activities required under the Older Americans Act and the Older Californians Act. The El Dorado County AAA is a unit of local County government and operates within the Health and Human Services Agency. The Health and Human Services Agency is an integrated agency consisting of four divisions: Public Health, Behavioral Health, Social Services, and Community Services. This unified leadership structure maximizes opportunity for program synergy; improved service delivery to consumers through enhanced communication and coordination of staff; allocation of realignment funding sources; and consolidated contracts with shared vendors. The Community Services Division's main office, from which most senior services are delivered and the AAA is housed, is located at the Senior Center in Placerville.

Our strategic goals for advancing healthy living and independence include empowering older adults and their families to make informed decisions and easily access existing health and long-term care options in the community so that they may remain in their own homes with as high quality of life as possible for as long as manageable. The programs and services authorized under the Older American Act support the implementation of a comprehensive and coordinated service system in El Dorado County that provides a core foundation of supports to assist older adults to remain independent and healthy at home and in the community. El Dorado County AAA within the Health and Human Services Agency is the largest provider of older adult services in the County.

### **Assets**

The El Dorado County AAA enjoys a unique relationship in the community through its association with County government. This relationship strengthens and supports the AAA in maintaining a leadership role in the community, and makes it possible for older adults, disabled adults, and caregivers to access an array of services. In addition to this, the El Dorado County AAA is a direct service provider. This role heightens the awareness of older adult needs and reinforces the commitment to meet those needs. The AAA is located within the Community Services Division of the organizational structure of the Health & Human Services Agency (HHSA) Other divisions are: Behavioral Health, Public Health, and Social Services. HHSA continues to provide opportunities for effective collaboration, planning of services, and delivery of a continuum of aging services with existing programs serving older adults, such as Adult Protective Services, In-Home Supportive Services, Medi-Cal Program, Employment Services, Public Guardian, Behavioral Health Services, and Public Health Services.

### **Improving Quality and Capacity of Care**

As administrator of OAA programs to support aging community members to remain at home, providing quality service to older adults, their families, and caregivers is a high priority for the AAA. Changing and emerging needs of the aging population require continuing education and training for all staff. Promoting effective, efficient, and responsive delivery of aging services by enhancing the quality and capacity of OAA-funded home and community-based services is an ongoing activity of the agency. Providing opportunities for quality assurance activities and for professional development maximizes the service delivery system for compliance and change.

### **Identification, Prioritization, and Resolution of Community Needs**

The AAA developed a progressive four-year needs assessment list of activities to provide continual

evaluation of the needs and issues facing older adults and their caregivers in our community in preparation for the 2020-2024 contracting cycle. This program specific countywide needs assessment will be repeated during the 2024-2028 planning cycle. The AAA remains flexible with its resources and staff time in order to address critical areas of unmet need and to anticipate the impending demographic trends and future service needs of the boomers and other underserved target populations. Collection of both quantitative and qualitative data enables synthesis of information to better prepare service delivery and to respond more efficiently to service accessibility issues.

### **System Coordination**

The AAA actively participates in various multidisciplinary committees, sustains representation in numerous community collaboratives, and maintains an open dialogue and engagement with our community partners of the aging network. These system coordination activities are described in further detail in the section, *Coordination and Advocacy*. Our alliances with a broad spectrum of community leaders, community-based service organizations, and other public entities provide the opportunity to network and respond to the needs of the community.

### **Advocacy**

The AAA participates in a range of advocacy activities on behalf of older adults to support their ability to maintain independence and dignity in the least restrictive environment, which are described in further detail in the section, *Coordination and Advocacy*.

## **B. Challenges**

### **Limited OAA Funding**

While many excellent services are currently in place locally to meet the needs of our older population, we need to do much more to prepare for the profound demographic shift represented by aging Boomers. Funding levels are not keeping pace with the rapidly growing older adult population in the United States. Inadequate Federal and State funding inhibits the AAA's endeavors to advocate, plan, coordinate, and deliver a comprehensive range of home and community-based services for older adults and their caregivers who may be struggling in the pursuit to remain living independently at home. The fact that there are more needs than can be met with available funds will inevitably result in limited financial and human resources allocated to meet those needs. With increased demand, adequate service delivery will be challenged.

### **Challenges in Delivery of Services**

The geography of the County presents unique challenges for service delivery. Resources are limited especially when compared to urban AAAs. The ability to provide services to targeted populations in outlying areas is problematic. The need to provide services to older adults in their own communities is critical, especially for those vulnerable populations who have limited access to transportation for needed services or those dependent on in-home provision of services and supports in the more isolated, rural areas of the County, of which there are many.



### **C. Service Delivery in El Dorado County**

Primarily health care providers, such as skilled nursing facilities, acute care hospitals, home health agencies, private physicians, multi-service retirement communities, and social service agencies, such as the County of El Dorado, the City of South Lake Tahoe, and community services districts, provide senior services. The County of El Dorado is the primary provider of social services to the older adult population in this County. Led by the AAA, all Older Americans Act and Older Californians Act services are provided by County government. The El Dorado County AAA serves as the local information and senior services clearinghouse for PSA 29. These services are augmented by park and recreation services provided by the City of South Lake Tahoe, the El Dorado Hills Community Services District and the Cameron Park Community Services District.

There are seven County-operated Senior Nutrition Services meal sites within the PSA, including three in cooperative ventures with the City of South Lake Tahoe, El Dorado Hills Community Services District and Cameron Park Community Services District.

The HHSA Health Public Health Division and Behavioral Health Division, also provide various services to older adults, and their participation and willingness to cooperate and coordinate services with the AAA is invaluable. Outside of County government, the AAA works closely with other community organizations providing services/support to older adults. Such local agencies include faith-based organizations, the Latino community, hospitals, home-health agencies, health providers/clinics, the community colleges, public transit authority, and other service organizations. An overview of the services provided by the AAA are summarized in the section below.

## Overview of Services

The AAA provides the following services to older adults in El Dorado County:

- Family Caregiver Support Program (FCSP)

Services include information to caregivers about available services and assistance in gaining access to them; organization of support groups/caregiver training to assist caregivers in making decisions and solving problems relating to their caregiver roles; and supplemental services to complement care provided by caregivers. Respite and other supportive services are also provided.

- Health Insurance Counseling and Advocacy Program (HICAP)

HICAP provides assistance with Medicare questions and supplements, health insurance and long-term care insurance questions. This by appointment program is administered through a Memorandum of Understanding with the AAA, PSA 4, which is headquartered in Sacramento. El Dorado County provides office space, computers, and limited other support.

- Information and Assistance (I&A)

Trained staff provide information, assistance, and follow up to link older persons and their families to appropriate community services. This program also provides outreach in group settings and at organized community events. I&A also distributes the Farmers' Market Coupons and provides outreach and application assistance for the CalFresh program.

- Long-Term Care Ombudsman Program (LTCOP)

Professional staff and certified volunteers investigate and resolve complaints made by, or on behalf of, residents of long-term care facilities.

- Senior Activities

Socialization and remaining active in the community are important goals for seniors. A wide range of recreational activities and clubs are offered to anyone 60 years and older. Activities and fitness groups are designed for seniors such as hiking, day and overnight trips, painting, yoga, fitness, art classes, bridge, Book Club, etc.

- The Clubs -- Senior Day Care Services

Although this is not an OAA program, it is a coordinated program of services for adults in a community-based group setting, located in Placerville and El Dorado Hills. Services include social activities, transportation, meals and snacks, personal care, therapeutic activities, and some health services. This program provides needed respite care for FCSP clients and support groups for caregivers.

- Senior Health Education Program (SHEP)

Encourages active participation in evidence-based health education, and exercise opportunities to preserve quality of life and improve health. Tai Chi for Better Balance and Bingocize classes are offered.

- Senior Legal Services

Legal assistance for adults 60 years or older. Senior Legal Services provides legal education and legal assistance with Social Security (Medicare/Medi-Cal questions), SSI, wills, trust and real property. Appointments are required and the service is only available for El Dorado County residents.

*"The best part of opening  
the door is the smiling  
faces rain or shine. Those  
people are the greatest &  
extremely appreciated."*

*Home Delivered Meal Survey  
Respondent*

- Senior Nutrition Services, Congregate & Home-Delivered Meals

Hot, nutritious, and balanced meals are provided to seniors through congregate meal sites and home-delivered meals to the homebound. During the COVID-19 Governor's Stay at Home order, the congregate sites were closed, and a Drive Thru Take-Out Meal Service was implemented. Seniors were able to drive up and pick up a fresh hot lunch each day or one hot lunch and up to six frozen meals. Once the COVID closures were over, the congregate meal sites re-opened. After a slow start to the re-opening of our dine-in congregate meal service, participation in many sites is back to pre-pandemic levels.

- Senior Shuttle

Weekly grocery shopping trips are available to seniors. Special trips are scheduled through the year to museums, fairs, parks, etc., utilizing volunteers. The Senior Shuttle is not wheelchair accessible.

- Senior Times Newsletter

A monthly newsletter is available on-line or can be mailed to the seniors home. This monthly newsletter contains articles of interest regarding events in the community, the monthly nutrition menu, and activities available at the Seniors Centers and Community Centers. A subscription fee of \$5.00 per year is requested.

- Volunteer Opportunities

Many of our programs and services are dependent upon volunteers. Volunteers are an integral part of our services, delivering meals, working at the congregate meal sites, assisting with specific older adult programs, etc.

#### ● You Are Not Alone (YANA) Daily Telephone Reassurance Program

A free daily telephone “check-in” and reassurance service available 7 days a week supported by volunteers from the Sheriff’s Team of Active Retirees (STAR).

Additionally, the Health and Human Services Agency provides a wide range of services to residents of El Dorado County which older adults and disabled adults access. Listed below are several of the services provided.

- Adult Protective Services (APS)
- Alcohol and Drug Programs
- Emergency Medical Services
- Animal Services
- Child Protective Services (CPS)
- El Dorado County Housing Authority, including Housing Choice Voucher Program
- Food Assistance Programs
- Home Energy Assistance Program (HEAP)
- Immunizations
- In-Home Supportive Services (IHSS)
- Medi-Cal Insurance
- Multipurpose Senior Services Program (MSSP)
- Mental Health Services
- Public Guardian
- Public Health Clinical Services
- Senior Peer Counseling
- Smoking Cessation
- Supplemental Food Program for Women, Infants and Children (WIC)
- Weatherization Program

#### **D. Coordination and Advocacy**

The AAA strives to be a leader in the community addressing needed services for older adults. This leadership is accomplished in a variety of ways including collaboration with community partners and in day-to-day contact with the older adult population as a result of being a direct service provider for the majority of aging services within the PSA. The Board of Supervisors, as the governing body, sets the policy in collaboration with aging services and community partners.

**Commission on Aging (COA).** COA is an active voice that advises and represents local needs to County government officials and service providers. The Commission continues to envision and work towards a commitment by all sectors of county government, non-government organizations, caring professionals, and private organizations and individuals for the promotion of health and the protection, advocacy, and representation of older and disabled adults.

COA works closely with the AAA to provide input relative to development of policy and funding recommendations to the Board on behalf of the County’s growing older adult population. The COA provides updates and advocacy to the Board of Supervisors detailing the Commission’s achievements, advocacy efforts, reports, and trainings. The COA is also an integral participant in the development and the completions of the Area Plan Goals and Objectives and the recognition of the El Dorado County Senior-of-the-Year.

**Multidisciplinary Adult Services Team (MAST):** MAST is coordinated by Adult Protective Services (APS) to review elder and dependent adult abuse cases and to improve communication and coordination among agencies serving older and dependent adults. MAST provides a monthly forum where concerns are expressed about specific cases and ideas are exchanged to address the prevention of older and dependent adult abuse. Representatives of AAA, Health & Humans Services Agency, Code Enforcement, Animal Control, Marshall Hospital, Public Guardian, the District Attorney's office, and Senior Day Care Services are among those attending.

**Disaster Preparedness:** The AAA, including the COA, is an integral part of the disaster preparedness planning for the PSA. The El Dorado County Office of Emergency Services (OES) has lead responsibility if a disaster occurs locally. The El Dorado County Operational Area Emergency Operations Plan is the principal guide for the agencies of El Dorado County and other local government entities to prevent, prepare for, respond to, and recover from emergencies and disasters affecting the County. The roles of the AAA and the Health and Human Services Agency are clearly defined in this plan. Responsibilities of the AAA include: identifying and locating at-risk individuals who would need assistance in the event of an emergency, providing information on residential and skilled nursing facilities, providing trained volunteers, and providing information on vendors for food, medical supplies, etc. AAA staff have been instrumental in the development of the plan and participates on the Preparedness Workgroup (sponsored by the Health and Human Services Agency (HHSA), Emergency Preparedness & Response Program) and OES Disaster Council to ensure ongoing communication and planning between the AAA and the County's OES.

The AAA has also been integral in preparing for local heat/cold emergencies. In a collaborative effort, the El Dorado County OES, the Health & Human Services Agency, and community partners developed a plan to provide temporary relief from extreme cold and heat for the most vulnerable residents of El Dorado County. The Health and Human Services Agency and the AAA conduct outreach and education, assist with locating vulnerable older and disabled adults, and volunteer time to work in cooling/warming centers.

The Health and Human Services Agency has a Continuity Plan for Emergencies/Disasters that identifies functions normally performed by HHSA staff that are considered essential and which should be continued during an emergency/disaster or that could require action to cease operation at the onset of such an emergency/disaster (for example, Senior Day Care Services, Senior Nutrition, Long-Term Care Ombudsman, APS). The Plan also identifies the level of staff required to perform each essential function; positions or organizations that may be able to serve as backup for performing the function if staff that normally performs the functions are unavailable; and regulatory agencies and critical partners that will require notification.

**Preparedness Workgroup:** This multi-agency workgroup brings organizations together to build partnerships, stay informed, and participate in all-hazards preparedness and response efforts. This group meets quarterly and includes: Public Health Communicable Disease Emergency Preparedness & Response, El Dorado Transit, Office of Emergency Services, Marshall Hospital, Barton Hospital, Area Agency on Aging, The Pines at Placerville, Western Slope Health Center, Environmental Management, Cal Fire, Office of Education, Mental Health, Alpine County Public Health, The American Red Cross, private-sector partners, and many others.

**Social Services Transportation Advisory Council (SSTAC):** As the administrator of Transportation Development Act (TDA) funds for El Dorado County, El Dorado County Transportation Commission (EDCTC) is charged with performing the annual Citizen Participation Process for Public Transit or Unmet Transit Needs process, as applicable. As the recommending body to the Commission, the primary responsibility of the SSTAC is to review potential unmet transit needs in the County. The SSTAC's secondary responsibilities may include advising the EDCTC on any major transit issues, including the coordination and consolidation of specialized transportation services, and advocating for transportation alternatives for those in a specific region and/or segment of the population. AAA staff attend these

meetings to advocate for transportation alternatives for at-risk populations. A COA member also participates on the Council to advocate for older adults.

**Tax-Aide Program:** To meet the need for assistance with tax preparation, referrals and appointments are made for Tax-Aide services to help low and middle-income taxpayers prepare and file their income tax returns with the IRS, free of charge. Each year, from January through April, demand for tax counseling and preparation services escalates. Held at various locations throughout the county, the AAA provides the meeting space and outreach for this valuable assistance at the Placerville and South Lake Tahoe Senior Centers.

## **E. The AAA's Role in a Community-Based System of Care**

The 1988 regulations for the Older Americans Act emphasized the mission of the AAA to provide leadership in the development and enhancement of comprehensive and community-based systems of care within the local planning and service area. The AAA and COA have focused much effort, energy, and work towards the development of an effective community-based system of care. The following are several examples that detail our endeavors.

**Senior Nutrition Services.** There is strong commitment and support from all sectors of the community for AAA programs and services. The Board of Supervisors continues to support the use of general fund dollars to ensure continued Senior Nutrition Services. Senior Nutrition Services, both congregate and home-delivered meals, are provided at the following seven locations: Placerville, Greenwood, Pollock Pines, South Lake Tahoe, Pioneer Park, El Dorado Hills and Cameron Park. This approval publicly demonstrates recognition of a well-managed and vital program, not only ensuring continued access to services, but also ensuring an opportunity for recipients to access information and assistance about other community services from program staff. The County also operates a Senior Nutrition Site on the East Slope within the South Lake Tahoe Senior Center in a cooperative venture with the City of South Lake Tahoe. Congregate meal service is provided five days per week at the Cameron Park Community Center. This is the result of a collaboration between AAA, Cameron Park Community Services District.

**El Dorado Hills Senior Center.** An example of a public/private partnership is that which is between the County and the El Dorado Hills Community Services District to provide enhanced services to the older adults residing in the El Dorado Hills area. The County owns the El Dorado Hills Senior Center and operates the Senior Nutrition Program and the Senior Day Care Program located within the Senior Center. The El Dorado Hills Community Services District funds the Senior Center staff and develops and manages the programs and activities. The Senior Center offers numerous opportunities for older adults to learn, engage in recreation, socialize, and enjoy a hot, nutritionally balanced lunch.

**Community Focal Points.** The Placerville Senior Center, El Dorado Hills Senior Center, and South Lake Tahoe Senior Center serve as focal points for older adults and their families to turn to for information or to receive services. The statewide toll-free 800 number is advertised in every monthly issue of the Senior Times newsletter, a publication of the AAA with a distribution of 1,400 and 100 viewed online annually. The 800 number is also included in all press releases to the media and on all program brochures. The Information and Assistance program serves as the visible point of contact into the continuum of care for older and disabled adults in El Dorado County. All seven of the Senior Nutrition Congregate Dining Centers also serve as points of contact for the public inquiring about services.

**Family Caregiver Support Program (FCSP) Collaboratives.** The El Dorado County community is equipped with many effective programs and resources. As often as possible, AAA programs incorporate the use of these resources, whether in the South Lake Tahoe service area, Placerville, or other more remote regions. Resources are utilized to the best advantage possible for the benefit of the clients being served. FCSP strives to reach the more rural and outlying areas of our County. The program provides two on-going support groups and caregiver educational classes throughout the county. In many areas, FCSP provides the only continuing support services available to caregivers. FCSP has also developed

partnerships with numerous agencies such as the Alzheimer's Association of Northern California and Northern Nevada, the IHSS/Public Authority to provide trainings for their caregivers, and grandparents caring for their grandchildren who contact FCSP are referred to appropriate programs to meet their needs within the community. The Gold Country Chapter of the American Sewing Guild provide numerous specific items requested by caregivers to enhance their caregiving ability.

**Securing Assistance to Minimize Gaps in Service.** Services are available to elderly and disabled adults regardless of income and/or level of dependency. When a program must adhere to specific age and/or income guidelines, such as MSSP (Multipurpose Senior Service Program) serving those 65 and older who are Medi-Cal eligible, every effort is made to suggest other options for assistance. Senior Nutrition Services has a long history of demonstrating its ability to serve older and disabled adults regardless of income and/or level of dependency. Congregate Dining meets the social and nutritional needs of those able to access a community dining center, while Home-Delivered Meals meets the needs of those challenged by frailty, declining health and limitations, and/or physical disability. The Nutrition Program suggests a voluntary contribution per meal, but service is provided regardless of the contribution. Access is enhanced by the strategic location of seven congregate dining centers throughout the County. Senior Nutrition prepares an average of 800+ meals daily Monday through Friday. Referrals are received from hospitals, home health care agencies, MSSP, family members, neighbors, and older adults themselves.

**Senior Activities.** The AAA is committed to providing leisure and socialization opportunities where active lifestyles are promoted, and levels of engagement are increased. The Senior Activities Program offers a wide array of special events which include international travel excursions, domestic extended tours, and more. Regularly scheduled activity classes designed to keep the mind and body active are held at local senior centers and the seven congregate meal sites throughout the Western Slope and in South Lake Tahoe. Activities range from fitness classes, card and board games, dance classes, ceramics, pottery, hiking, and more.

**Volunteer Support.** Volunteers remain one of the most valuable resources of the AAA. Volunteer commitment and support is demonstrated by the involvement of more than 400 volunteers throughout the year. This consistent volunteer base yields tremendous influence throughout the public and private sector of the community.



## **Section 4: Planning Process/Establishing Priorities**

The AAA's relationship with county government and its working relationship in the community provide the opportunity for the broadest possible input from the entire planning and service area (PSA). The numerous local community groups and interagency committees on which AAA staff and Commission on Aging (COA) members participate have been described earlier in this document. A high priority of the El Dorado County AAA is to work collaboratively with providers and advocates identifying and addressing the needs of El Dorado County older adults and disabled persons. The committees are an essential vehicle used to collaborate on ideas and reach mutual goals. In addition to this, as a direct service provider, the AAA is acutely aware of older adult needs and gaps in services as we are met daily with the challenges of addressing the basic needs of our most vulnerable community members as they strive to remain in their own homes for as long and as safely as possible.

COA has representation from five Supervisorial districts, one Board of Supervisors member at large, two city appointments (Placerville and South Lake Tahoe), and six Commission-appointed community representatives. COA members may adopt specific issues of concern and advocate for the needs of older adults within their communities. Updates of activities are provided at the monthly Commission meetings. This input provides great influence in the AAA planning process. COA members are also charged with keeping their communities informed about services available to older adults, and to serve as a liaison to the AAA and governing board regarding issues of concern. Based on their knowledge, experience and interactions within the community, the COA is actively involved in creating and meeting objectives for the Area Plan.

Public entities are informed of the service needs in the PSA through the AAA's association with the Board of Supervisors, the Cities of Placerville and South Lake Tahoe, and other service providers. Outreach efforts and information are further disseminated through press releases, flyers, brochures, a monthly newsletter, and presentations to service groups, faith-based organizations, health care providers, and other interested parties.

## Section 5: Needs Assessment & Targeting

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### A. Process and Methods Used for 2024 – 2028 Needs Assessment

The Older Americans Act (OAA) and the Older Californians Act (OCA) require that the AAA conduct a community needs assessment every four years to determine the need for services and to lay the foundation by which a plan for service delivery specific to the needs of older adults in our community is developed. The following section details the findings of the needs assessment process.

The California Department of Aging contracted with Polco, a national research firm, to conduct a statewide Needs Assessment Survey for the 2024 – 2028 Area Plan. Polco mailed surveys to randomly selected households with an adult member 55 years or older. In El Dorado County, a total of 2,800 older adult households were selected and received a half page postcard inviting them to complete the survey online, followed by a mailed hard copy survey packet which included a cover letter, a copy of the questionnaire, and a postage-paid return envelope. A total of 292 surveys were completed. In addition, Polco conducted an open participation survey and 79 surveys were completed. The total completed surveys for El Dorado County is 371. The survey results were statistically weighted to reflect the proper demographic composition of older adults within the county.

### B. 2020 – 2024 Community Wide Needs Assessment

A committee was convened to develop the 2020-2024 Community Needs Assessment. The committee consisted of AAA staff and commissioners from the COA. The survey and the responses from the 2016-2020 Area Plan were reviewed as well as the required core questions provided by CDA. It was determined that the 2020-2024 Community Needs Assessment would limit the number of possible open ended responses and focus on the required core questions plus specific questions regarding existing programs, housing, and disaster preparedness.

The Needs Assessment was distributed at all of the Nutrition Sites and Senior Centers, and to Community Groups, Support Groups, posted on websites, etc. The COA emailed the survey to their contacts, provided outreach and hard copies to local service groups and other community organizations. The COA also assisted with follow-up and collection of paper copies of the survey. A press release announcing the survey was published in the local newspapers. The final survey consisted of 31 questions and over 1,045 responses were received. This is double the amount of responses received during the 2016-2020 Needs Assessment which received 522 responses. The outreach efforts of our COA were instrumental in the significant number of responses that were received.

The 2020-2024 Needs Assessment was tailored to the Older Adult Programs provided within PSA 29, El Dorado County. Wherever possible, the results of the 2024-2028 Needs Assessment will be compared to the results of the 2020-2024 Needs Assessment. The Area Agency on Aging is planning to conduct another survey in the 2024-2028 planning cycle.

### C. Other Community Needs Assessments for the Area Plan

The programs within the AAA conduct surveys on a continual basis of seniors accessing our services, service providers, interviews with clients, members of advisory committees, community collaboratives, and potential users of our services. These surveys are both formal and informal. Staff also conduct a thorough analysis of data from the US Census Bureau and California Department of Finance, and supplemented it with other pertinent national, state, and local research.

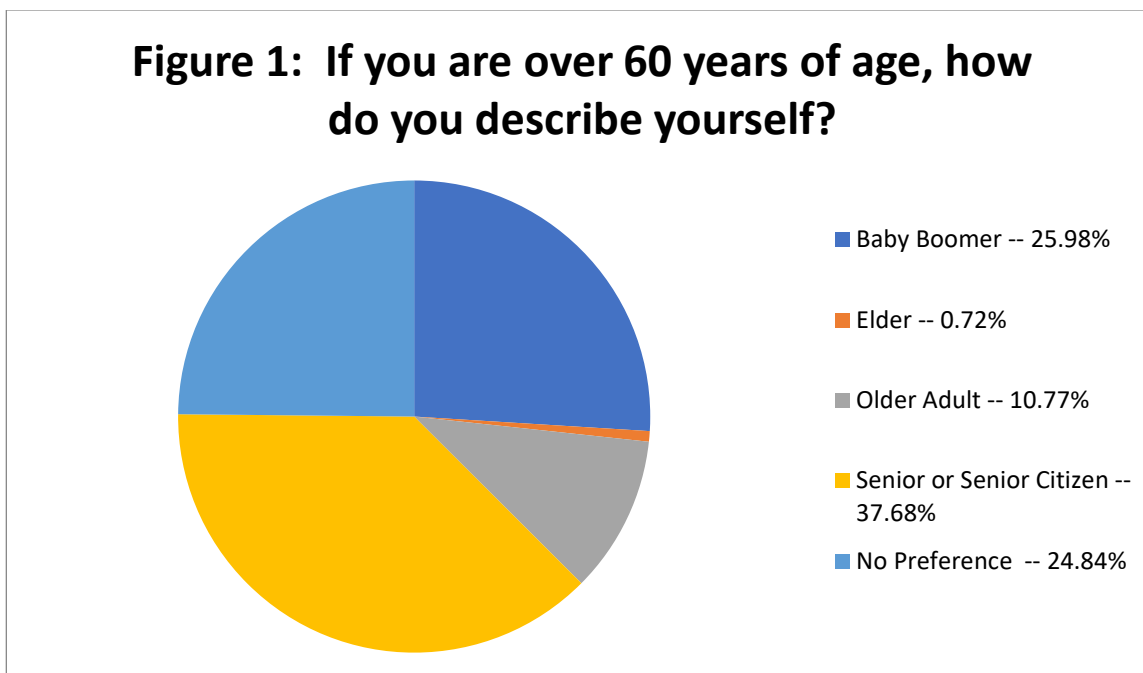
The process of planning and priority identification is more than an event that occurs every four years. The identification of priorities is an ongoing process that is formally discussed and reviewed in relationship to the annual update of the Area Plan. Each year the AAA staff and COA members review and evaluate the

Area Plan objectives. Objectives are modified, deleted, or added based on the progress report and the determination of the AAA and COA as to feasibility and current community needs. The yearly update is used as the focus for the annual planning process. The goal of this process is to ensure that the AAA maintains ongoing planning development and, more importantly, a close connection to the issues and needs affecting older adults and adults with disabilities in El Dorado County.

## Results of the Needs Assessments

### Do Not Call Us “Old”

There has been much discussion among the many groups, classes, and the general population about the new term “Older Adult”. The question was asked on the 2020 survey, “If you are over 60 years of age, how do you describe yourself?” The overwhelming response (37.68%) was “Senior or Senior Citizen”. The results are in Figure 3 below.



Many individuals feel that the term “senior” is one of status, knowledge, and respect. Examples include: senior in high school and college, senior partners in a law firm, senior officers in the military, etc. Many individuals feel they have reached an important part of their life, are active members of the community, and have a lot of knowledge and life experiences to share with others. In their opinion, they are, a “senior.”

The term “old” was not preferred. Comments have included: “Old as what?” “Old as dirt?” “Older than the next person?” No one wanted to be identified as old or elderly.

### Senior Programs Needed

The analysis process provides an opportunity to probe older adults and knowledgeable individuals in the community for their evaluation of the effectiveness of service providers and the service delivery system. The survey results showed unmet needs in the following areas: Outreach, Availability and Increasing Access of Services, Emergency Preparedness, Volunteering, Civic Engagement, Community Collaboration and Education and Training.

The AAA is a direct service provider and has many programs available to assist seniors, keep seniors active and engaged in their community and remain safely in their homes as long as possible. Of the

many programs and activities, survey respondents were asked to choose the top 5 most needed programs or activities. Table 9 below ranks the top eight responses.

**Table 9**

El Dorado County Area Agency on Aging has many programs that serve the 60+ population of the county. Which programs do you feel are the most needed?

Program/Activity	Percent
Senior Nutrition (Congregate & Home Delivered Meals)	67.42%
Senior Legal Assistance	55.88%
Senior Center Activities (i.e. Exercise, Games, Crafts, Trips, Social Activities)	45.20%
Adult Day Services	42.61%
Senior Shuttle	40.24%
Information & Assistance	37.43%
Family Caregiver Support Program (FCSP)	34.41%
Health Insurance counseling & Advocacy Program (HICAP)	30.85%

Senior Nutrition and Senior Legal are the most utilized programs within the AAA. During Fiscal Year 2023-2024, the Senior Nutrition Program served over 380 unduplicated seniors in the congregate dining program and 970 unduplicated seniors in the home delivered meal program. The majority of these individuals receive at least five meals per week. During Fiscal Year 2023-2024, there were 156,569 meals delivered and 11,677 meals served at the dining sites.

During Fiscal Year 2023-2024, approximately 1,550 unduplicated seniors were assisted by the Senior Legal Services Program. Appointments are often booked several months in advance. The program is located in the Placerville Senior Center. Appointments are also provided at the El Dorado Hills Senior Center and the South Lake Tahoe Senior Center.

Engagement, socialization and activities are key to keeping seniors within their homes and feeling valued in the community. The three senior centers and additional community centers have programs geared specifically towards the 60+ age group. Many of our volunteers are also over 60 years of age. Domestic and international trips of interest are offered, many times filling up quickly and having waiting lists.

Adult Day Services are ranked fourth on the list of needed programs. This valuable program is not an Older Americans Act/CDA funded program. Adult Day Services are provided through two locations of The Clubs (El Dorado Hills and Placerville). Seniors, with Alzheimer's, Dementia and other challenges, who need a safe and stimulating place to spend the day are served through these locations. Caregivers are able to take a break from their duties without worrying about their loved ones.

The program ranked fifth is the Senior Shuttle program. Currently, transportation is provided through a county-owned van and driven by a volunteer. The program takes seniors to local grocery stores and other shopping areas. It is currently under-utilized and will be re-structured to increase ridership.

The question about which programs are most important had a follow-up question as to which programs individuals were currently accessing and which programs they planned to access in the future. The top responses are listed in Table 10 Currently Accessing and Table 11 Plan to Access below.

**Table 10**  
**Which of the programs have you or your family accessed?**

<b>Top Programs Currently Accessing</b>	<b>Currently Accessing</b>	<b>Plan to Access</b>
Senior Nutrition Congregate Meals	70.26%	29.74%
Senior Legal Services Program	65.28%	34.72%
Senior Nutrition Home Delivered Meals	57.95%	42.05%
Information & Assistance	56.98%	43.02%
Senior Center Activities (i.e. Exercise, Games, Crafts, Trips, Social Activities)	51.11%	48.89%
Adult Day Care Services	48.12%	51.88%

**Table 11**  
**Which of the programs do you or your family plan to access in the future?**

<b>Top Programs Planning to Be Accessed</b>	<b>Plan to Access</b>	<b>Currently Accessing</b>
You Are Not Alone (YANA) Telephone Reassurance Program	85.96%	14.04%
Senior Shuttle	81.58%	18.42%
Long Term Care Ombudsman	72.00%	28.00%
Senior Peer Counseling	65.52%	34.48%
Senior Health Education Program (Tai Chi, Evidence Based Programs)	64.41%	35.59%
Weatherization	61.49%	38.51%

Many of the programs that were noted as most important in Table 9 also appear in Table 10 as programs currently being utilized by seniors.

Looking ahead, the top programs that seniors are planning to access are those that will assist them as they age in place allowing them to remain longer in their homes. The YANA program provides daily check-in calls to frail home-bound seniors. Also included is the Ombudsman program which advocates for residents living in skilled nursing facilities, assisted living facilities and board and care homes.

Transportation within El Dorado County is limited, especially in the more remote rural areas. The two incorporated cities, Placerville and South Lake Tahoe and several areas along the Highway 50 corridor, have bus service. Ride-share services such as Lyft and Uber are available in limited areas. However, the cost can be prohibitive for many remote areas. The majority of seniors in previous survey (85.64%) currently drive their own vehicles and 9.69% depend on family or friends for transportation. 81% of current survey respondents rates ease of travel by car as excellent or good. Once a senior no longer drives, finding a reliable, affordable transportation service becomes very important. Revising the Senior Shuttle Program to increase utilization is included under Goal #2 Availability and Increasing Access of Services.

Senior Peer Counseling and Weatherization are not AAA programs; however, they are located in the Placerville Senior Center. As seniors age and live on a fixed income, saving money on utility bills is important. The Weatherization program provides services to maximize energy efficiencies, checks major energy systems to ensure occupant safety, and installs cost-effective energy-saving measures in qualified low income households free of charge, including weather stripping, insulation, fans, minor home repairs, etc. Senior Peer Counseling is a collaborative program with Behavioral Health Services. Trained senior volunteers, who are overseen by a clinical therapist, provide counseling services to other seniors in a face-to-face visit. If necessary, virtual visits can also be provided.

The survey also asked about anticipated challenges of aging. Table 12 contrasts the responses from the 2016-2020 Area Plan Survey and the 2020-2024 Area Plan Survey. The top concerns from respondents

about aging were:

**Table 12**  
**Top Aging Concerns of Survey Respondents**

<b>Aging Concern/Challenge</b>	<b>2016-2020 Survey Responses</b>	<b>2020-2024 Survey Responses</b>
<b>Physical health</b>	56.86%	56.75%
<b>Having visual or auditory impairments</b>	36.28%	33.71%
<b>Having inadequate transportation</b>	32.30%	28.72%
<b>Having financial problems</b>	28.95%	33.37%
<b>Getting needed health care</b>	28.32%	25.43%
<b>Performing everyday activities such as walking, bathing, or getting in and out of a chair</b>	28.32%	35.75%
<b>Providing Care for Another Person</b>	21.68%	28.83%
<b>Living Alone</b>	27.43%	28.72%
<b>Affordable Medications</b>	22.79%	27.47%

The top concern, Physical Health, has not changed since the last Community Needs Assessment. It is still the top concern. However, the concern/challenge of being able to perform everyday activities such as walking and bathing has moved from the number six in 2016 to the number two concern in 2020. Respondents to the 2020 Survey identified affordable medication, living alone and providing care for another person as top concerns. Transportation, visual or auditory impairments, financial problems and health care continue to be concerns and challenges.

The Polco Survey questions related to challenges asked: “Older Adults may or may not face a number of challenges. Thinking back over the last 12 months, how much of a problem, if at all, have the following been for you?” The most problematic areas are listed in the Table below.

**Table 13**  
**Problem Areas of 2024-2028 Survey Respondents**

<b>Problem Area During the Last 12 Months</b>	<b>Moderate Problem</b>	<b>Major Problem</b>
Not knowing what services are available to older adults in your community	24%	8%
Doing heavy or intense housework	23%	6%
Maintaining your home	20%	9%
Having adequate information or dealing public programs such as Social Security, Medicare, and Medicaid	17%	7%
Staying physically fit	17%	3%
Maintaining your yard	16%	13%
Having enough money to meet daily expenses	15%	9%

Respondents are interested in the following activities:

**Table 14**  
**Top Interests of Survey Respondents**

<b>Activity</b>	<b>2016-2020 Survey Responses</b>	<b>2020-2024 Survey Responses</b>
<b>Physical Exercise</b>	64.63%	58.81%
<b>Entertainment</b>	61.45%	52.75%
<b>Recreation</b>	55.10%	55.84%
<b>Libraries</b>	45.12%	41.85%
<b>Community Involvement</b>	44.22%	34.36%
<b>Volunteering</b>	43.76%	39.54%
<b>Lifelong Learning Opportunities</b>	N/A	37.00%

The top interests of respondents have not changed over the last two Needs Assessments. Lifelong learning opportunities was a new activity added to the 2020 survey.

The Polco survey asked, "Please indicate whether or not you have done each of the following in the last 12 months. The top results are listed in the table below.

**Table 15**  
**Activities During the Last 12 Months**

<b>Activity</b>	<b>Percent</b>
Voted in the most recent local election	85%
Used a public library	43%
Participated in a club (including book, dance, game, and other social)	36%
Participated in religious or spiritual activities with others	35%



**Table 16**  
**Activities that Were Not a Problem during the Last 12 Months**

Activity	Percent
Performing regular activities including walking, eating, and preparing meals	79%
Finding meaningful volunteer work	75%
Finding productive or meaningful activities to do	72%
Having interesting recreational or cultural activities to attend	63%
Having interesting social events or activities to attend	61%

The use of public libraries, volunteering, and recreation remain top interests those aged 60 years and older.

Questions specific to family caregivers were not asked in the recent survey. The majority of caregiver respondents in the previous survey that took care for their spouse (51.61%) and/or their parents (20.97%). The caregiving is provided to a person with memory or cognitive deficiencies (46.04%), someone who has physical limitations (67.33%), and/or the caregivers provide transportation for someone unable to drive (49.5%).

The majority of respondents stated they did not need assistance. Those that responded that “some physical assistance” was needed, identified the tasks in Table 14 below.

**Table 17**  
**Tasks Needing Some Physical Assistance**

Task Needing Some Physical Assistance	Percent
Household Chores	15.19%
Keeping my Balance	13.49%
Walking	12.40%

The top four tasks for respondents who were dependent and needed assistance were: Transportation (11.95%), Shopping (9.94%), Preparing Meals (9.40%), Household Chores (7.85%), Managing Medications (6.89%) and Managing Money (6.87%).

The current survey asked, “Thinking back over the past 12 months, how many times have you fallen and injured yourself?” Thirty-five percent responded they had a fall with injuries during the last 12 months.

Respondents were asked if, after paying for housing, they still had enough money to pay for other expenses. Those who responded that they did not, were asked to identify the expenses they did not have enough money to pay for after housing. Listed Table 15 below are the top five items.

**Table 18**  
**Basic Monthly Living Expenses Associated with Having Insufficient Funds**

Insufficient Funds to Pay This Expense	Percent
Dental Care	52.23%
Utilities	38.85%
Eye Glasses	37.56%
Clothing	36.94%
Food	35.67%

As a rural county that is divided by the Sierra Nevada Mountain Range, El Dorado County is impacted by natural disasters, power outages, and man-made emergencies.

*78.97% of survey respondents responded "Yes, they were prepared for natural or man-made emergencies."*

The AAA has frequently distributed informational/outreach materials regarding emergency preparedness. The AAA Nutrition staff has created emergency non-perishable lunches for congregate and home delivered meal clients.

71.73% of the survey respondents to the 2020-2024 Needs Assessment indicated that they had a support network to assist them during an emergency response or evacuation. The Commission on Aging has created an Emergency Preparedness

Committee and Emergency Preparedness Goal in a part of the 2020-2024 Area Plan.

## Targeting

“Targeting” refers to ensuring the provision of services to certain groups of eligible consumers because either these individuals are in greater need of the services or their usage is low in proportion to their representation in the larger population. The Area Agency on Aging (AAA) is charged with addressing and planning for a broad spectrum of matters related to involvement of older adults residing in El Dorado County. The goals and objectives outlined in this four-year Area Plan are designed to address the needs of vulnerable populations.

Resources are allocated and priority assigned to targeted populations as mandated in the Older Americans Act (OAA). These individuals live in a variety of settings within our community, including long-term care facilities. They include older individuals, particularly low-income minority older adults, with the greatest economic need resulting from an income level at or below the federal poverty line and those with greatest social need caused by physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Other older adult populations of special interest include individuals with the following characteristics: individuals residing in rural areas; individuals who are frail; individuals with severe disabilities; isolated, abused, neglected, and/or exploited individuals; individuals who are of limited English-speaking ability; individuals with Alzheimer’s disease or related disorders and their caregivers; Native Americans; unemployed, low-income individuals; and caregivers as defined in Title III E.

The Older Americans Act designates certain services as priority services and requires that an adequate proportion of OAA (Title IIIB) funds be allocated to these services. These designated priority services are Access, In-Home Services, and Legal Assistance. Historical percentages were used to determine funding for priority services, as well as input from the older adult needs assessment, Commission on Aging (COA), and input from the public hearings.

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic need assessments, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. The required legal notification was published in the two major newspapers within the PSA, The Mountain Democrat and the Tahoe Daily Tribune.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals; outreach, availability of aging services, changing needs of seniors, and elder abuse prevention target isolated older adults, caregivers, Boomers, frail and vulnerable older adults and those living in long term care facilities. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.

The current services provided by Home-Delivered Meals Program, MSSP Care Management Program, Adult Protective Services, Information and Assistance, The Club Older Adult Day Services, In-Home Supportive Services, Family Caregiver Support Program, and Long-Term Care Ombudsman Program, Senior Legal Services are evidence of how Health & Human Services Agency and AAA addresses the targeted populations. We are fortunate as a single-county AAA, that we are able to provide services to the entire county. We serve our community as a focal point for older adults at our three senior centers and eight congregate nutrition sites.

**SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS**

**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 funds<sup>2</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 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 18 %                      25-26 \_\_\_\_\_ %                      26-27 \_\_\_\_\_ %                      27-28 \_\_\_\_\_ %

**In-Home Services:**

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

2024-25 1.3 %                      25-26 \_\_\_\_\_ %                      26-27 \_\_\_\_\_ %                      27-28 \_\_\_\_\_ %

**Legal Assistance Required Activities:<sup>3</sup>**

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

2024-25 30 %                      25-26 \_\_\_\_\_ %                      26-27 \_\_\_\_\_ %                      27-28 \_\_\_\_\_ %

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

The on-going needs assessment and funding constraints are the determinate factors for allocation of funding for all services. However, the El Dorado County AAA remains resolute in maintaining funding levels for priority services. The minimum funding spent on access (18%), in-home services (1.3%) and legal services (30%) is not anticipated to change during the next four years.

<sup>2</sup> 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.

<sup>3</sup> 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? <sup>4</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>5</sup>
2024-2025	5/16/2024	3368 Sandy Way, South Lake Tahoe, CA		No	No
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.
- 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
- Summarize the comments received concerning proposed expenditures for PD and/or C
- 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:
- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
- List any other issues discussed or raised at the public hearing.
- Note any changes to the Area Plan that were a result of input by attendees.

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

<sup>5</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities

## **Section 7: Area Plan Narrative Goals and Objectives**

The Area Plan outlines the strategies the AAA will use to achieve its top priority issues. The Plan includes five goals, each encompassing strategic objectives that focus on the AAA's response to identified needs of older adults and caregivers. The planning process seeks to improve the lives of our most vulnerable people in need, to build on the County's capacity to provide comprehensive aging and disabled services, and to use allocated resources effectively and more efficiently. The plan serves to educate and inform the public, service providers, and local officials. It also guides aspects of AAA decision-making and budget development.

The 2024-2028 Area Plan was developed with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. Through the implementation of this plan, the AAA seeks to provide far-reaching education and understanding of the choices and opportunities that exist to enhance the quality of life of El Dorado County's older residents. The five goals and 24 objectives of the four-year plan, with accompanying anticipated outcomes and evaluation measures, addresses a wide variety of identified areas of need.

Challenges and opportunities in the next four years may require modifying existing programs and services to ensure that they are effective and efficient. Review of goal objectives will be conducted during each annual Area Plan Update process. As development and implementation of organizational activities evolve, revisions will be made as necessary in response to the ever-changing landscape of our community and the persons we serve.

*We All Age – Just Differently* celebrates successful aging in our community and provides direction to the AAA and Commission on Aging in addressing the identified needs of older adults and their caregivers. We are confident that our coordination across service systems will continue to make El Dorado County a desirable place in which to live and age with dignity.



Goal # 1

<b>Goal: Outreach</b>			
<b>Rationale:</b> The Area Agency on Aging (AAA) offers many services within the Planning Service Area (PSA) that can be of benefit to many seniors. In order to maximize the awareness and usage of programs, effective outreach is necessary. This will enhance the ability of older adults to make decisions regarding appropriate and available services.			
<b>List Objective Number(s) ____ and Objective(s) Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>1</sup></b>
1.1. Create a marketing campaign and schedule to increase identity in the community and promote AAA and other services of benefit to seniors. The marketing schedule would include monthly press releases, articles/features in local magazines, media lists, Facebook, twitter, etc. Continue to post information on the Senior Services Facebook account  Measurement: Number of press releases and/or articles/features in magazines, Facebook posts	7/1/24-6/30/28		New
1.2. Contact mobile home park managers, apartment managers, local churches, etc. to distribute complimentary lunch coupons and menus to seniors.  Measurement: Increase in number of congregate senior nutrition meals	7/1/24-6/30/28		New
1.3 Host quarterly Information & Assistance sessions prior to or after lunch at nutrition sites in Placerville, South Lake Tahoe, and El Dorado Hills. Feature a panel of speakers. Distribute complimentary lunch coupons and information regarding AAA programs. Explore the feasibility of a senior services event.  Measurement: Number of presentations	7/1/24-6/30/28		New
1.4 The COA, in conjunction with AAA, will explore outreach opportunities to provide Senior Program Information to families and individuals within the County, especially in outlying areas.  Measurement: COA participation in community outreach events	7/1/24-6/30/28		New

<sup>1</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal: 2**Goal: Engaging the Changing Senior ---Availability and Increasing Access of Aging Services**

**Rationale:** The majority of senior services are provided at the dedicated senior centers located in Placerville, El Dorado Hills, and South Lake Tahoe. The senior population is continuing to increase at a rapid rate and expanded services are needed in all areas, especially South Lake Tahoe and outlying areas of the county. The Area Agency on Aging (AAA) strives to provide opportunities and services for seniors in all communities, as appropriate.

List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>2</sup>
2.1 Explore new and innovative ideas to increase interest and attendance at congregate meal sites. Possibilities include: new or alternative entrees, increasing frequency of favorites, contests, special menus, entertainment or informational events, etc.  Measurement: Increased number congregate of meals served	7/1/24-6/30/28		New
2.2 Re-vamp the Senior Shuttle program to align with the needs of the seniors and with the goal of increasing ridership. Explore the feasibility of expanding door-to-door services for seniors and disabled in rural and under-served communities Survey seniors to gather ideas, attend focus groups, and create a pilot program  Measurement: Increased Ridership	7/1/24-6/30/26		New
2.3 Multiple activities and classes occur at the Placerville Senior Center on a daily basis. Explore the best use of the current AAA data base to track the attendance at various classes and activities held at the Placerville Senior Center.  Measurement: Implementation of Attendance System	7/1/24-6/30/26		New
2.4 Continue to collaborate with the provider of the 211 service to ensure that the on-line data base contains up-to-date information on services available in El Dorado County.  Measurement: Reduction in basic information calls	7/1/24-6/30/28		New
2.5 Senior Health Education Program (SHEP) will continue to sponsor the Tai Chi for Better Balance evidence-based class twice per week at the Placerville Senior Center. SHEP will also sponsor the evidence-based class, Bingocize in Placerville and South Lake Tahoe.	7/1/24-6/30/28		New

<sup>2</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Measurement: Class attendance			
<p>2.6 In the event that CDA does not continue to provide funding allocations for the successful Fall Prevention Program, explore other revenue streams and partnerships.</p> <p>Measurement: Continuation of Program</p>	7/1/24-6/30/28		New
2.7 Senior Legal Services, located at the Placerville Senior Center, will explore the feasibility of adding one additional off-site day per month to provide services to clients within the community.	7/1/25-6/30/26		New

Goal # 3**Goal: Emergency Preparedness**

**Rationale:** El Dorado County is a rural county in Northern California and is subject to extreme cold in the winter and extreme heat in the summer. In addition, because of its rural nature, the county is predisposed to wildfires, mudslides and floods. The PG&E Planned Power Outages have affected the seniors within the communities, especially in the more remote areas. The AAA is very aware of the impact of these situations on our older adult population and, in collaboration with our COA, strives to educate, prepare, and provide resources to the community.

<b>List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>3</sup></b>
3.1 In conjunction with the COA, the AAA will distribute public safety information at community events during the spring, summer, and fall.  Measurement: Number of community events attended.	7/1/24-6/30/28		New
3.2 Provide CDA approved Emergency Non-Perishable Meals to all home delivered meal participants when upcoming weather conditions warrant and/or when there is an advance notice of a power shut-off  Measurement: Number of emergency meals distributed	7/1/24-6/30/28		New
3.3 To ensure medically needy households are enrolled in the Medical Baseline Program through their electricity company and/or the California Alternate Rates for Energy (CARE) Program, staff will assist clients 60 and older enroll in the program.  Measurement: Number of households 60+ years old assisted with enrollment.	7/1/24-6/30/28		New

<sup>3</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal # 4**Goal: Volunteering, Civic Engagement, Community Collaboration**

**Rationale:** The Older Adults Needs Assessment identified Volunteering as an area of interest for many seniors. The majority of our senior programs would not be as robust without the assistance of volunteers. It is important that seniors are engaged in their communities and feel that they are needed and relevant.

List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>4</sup>
4.1 Explore the feasibility of creating a Volunteer Coordinator position within HHSA.  Measurement: New Position	7/1/24-6/30/25		New
4.2 Recruit and maintain volunteers to assist in various programs. Develop a volunteer pool. If appropriate, volunteers would be assigned to specific programs and work directly with the program supervisor.  Measurement: Number of volunteers	7/1/24-6/30/28		New
4.3 LTCOP will increase the recruitment and retention of volunteer ombudsmen by conducting 1-2 recruitment activities annually (to include meet and greets, health fairs, senior expos, group presentations, etc.). Conduct ongoing quarterly training and networking opportunities for ombudsmen. Hold at least one annual volunteer recognition event and other special recognition of volunteers.  Measurement: number of LTC volunteers and the number of trainings.	7/1/24-6/30/28		New
4.4 LTCOP will collaborate with local law enforcement to coordinate efforts to investigate and respond to reports of abuse in long-term care facilities with appropriate consent from the resident. The LTCOP will establish a memorandum of understanding (MOU) with local law enforcement that defines jurisdiction and services by 12/30/24.  Measurement: number of MOUs.	7/1/24-6/30/25		New
4.5 Increase and efficiently track the resident satisfaction outcomes. The long-term community care survey will be developed, and the assessment will be implemented by 6/30/25 with the assistance of the LTCOP. 110 surveys will be distributed by	7/1/24-6/30/25		New

<sup>4</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>ombudsmen to residents of long-term care facilities, including residential care facilities for the elderly (RCFE) and skilled nursing facilities. A summary report of survey data will interpret and discuss the findings.</p> <p>Measurement: The number of completed surveys received.</p>			
<p>4.6 The COA in conjunction with AAA will meet with the senior communities throughout the County to explore the housing needs of seniors within the County.</p> <p>Measurement: White Paper</p>	7/1/24-6/30/27		New
<p>4.7 By 6/30/25, Ombudsmen representatives will be provided with County-issued laptops to ensure that their work with confidential information, personally identifiable information, and protected health information are password protected and safeguarded at all times. Volunteers will receive training on the required protection of personal and or confidential information used and maintained by the program and County that resides on such devices, to be used for County business purposes. Representatives will sign an acknowledgment of the portable computer usage form.</p> <p>Measurement: The number of laptops provided to program representatives.</p>	7/1/24-6/30/25		New

Goal # 5

<b>Goal: Education &amp; Training</b>			
<b>Rationale:</b> The Older Adults Needs Assessment identified Education as an area of interest to many seniors. The survey also identified many seniors are caring for their spouses who have physical limitations and memory or cognitive deficiencies. Training will provide these seniors with support and education to become effective caregivers.			
<b>List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>5</sup></b>
5.1 FCSP will continue to provide/facilitate support groups in South Lake Tahoe and El Dorado Hills. A new support group will be piloted in another area of the county.  Measurement: Number of support groups held	7/1/24-6/30/28		New
5.2 Collaborating with facility staff and discharge planners, LTCOP will be alerted to at-risk residents, new residents, un-befriended residents and those lacking regular visitors. By 12/30/20, LTCOP will have established protocol to ensure vulnerable residents are identified.  Measurement: Established policy and procedure	7/1/24-6/30/28		New
5.3 FCSP will facilitate and sponsor two caregiver education series in location South Lake Tahoe, one mini-series in Placerville, and another mini-series in a North County area.  Measurement: Number of attendees	7/1/24-6/30/28		New

<sup>5</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.



## SECTION 8. SERVICE UNIT PLAN (SUP)

PSA 29

### 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	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

#### Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

#### Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Adult Day Care/ Adult Day Health (In-Home)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	15		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	4		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	3,600		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	5,500		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Legal Assistance

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	12,433		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Congregate Meals

Unit of Service = 1 meal

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	11,600		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	156,500		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

## Nutrition Education

Unit of Service = 1 session

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	3,000		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**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: Public Information**

**Unit of Service: 1 Contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (If applicable)
<b>2024-2025</b>	3,600		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**Other Supportive Service Category: Telephone Reassurance**

**Unit of Service: 1 Conact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (If applicable)
<b>2024-2025</b>	3,600		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

### 3. Title IIID/Health Promotion—Evidence-Based

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

**Evidence-Based Program Name(s):** Tai Chi for Better Balance **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	900	2	2.5
2025-2026			
2026-2027			
2027-2028			

**Evidence-Based Program Name(s):** Bingocize **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	400	2	2.5
2025-2026			
2026-2027			
2027-2028			

**Evidence-Based Program Name(s):** Powerful Tools for Caregivers **Unit of Service: 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	60		
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	15	66	23%	<u>47</u> % 2024-2025
2023-2024				<u>      </u> % 2025- 2026
2024-2025				<u>      </u> % 2026- 2027
2026-2027				<u>      </u> % 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>18</u> FY 2024-2025 Target: <u>20</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: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>0</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 _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>110</u> FY 2024-2025 Target: <u>75</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: _____



**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>333</u> FY 2024-2025 Target: <u>300</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: _____

**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>4</u> FY 2024-2025 Target: <u>4</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: _____

**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.

<b>FY 2024-2025</b>
<p><b>FY 2024-2025 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <p>Enhance coordination with interdisciplinary teams to serve residents in long-term care better. The program will closely collaborate with the local financial abuse specialist team (FAST) to help increase awareness and prevention of elder financial abuse within long-term care facilities. The Ombudsman representative will use the information learned from monthly meetings to educate the families and caregivers of long-term care residents. The program will also participate in the Multidisciplinary Adult Services Team (MAST), a collaboration of legal, medical, social services, and law enforcement agencies. It strives to improve communication and coordination among agencies serving older independent adults. The LTCOP will participate in meetings monthly.</p>
<b>FY 2025-2026</b>
<p><b>Outcome of FY 2024-2025 Efforts:</b></p> <p><b>FY 2025-2026 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2026-2027</b>
<p><b>Outcome of FY 2025-2026 Efforts:</b></p> <p><b>FY 2026-2027 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2027-2028</b>
<p><b>Outcome of 2026-2027 Efforts:</b></p> <p><b>FY 2027-2028 Systems Advocacy Effort(s):</b> (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>4</u> divided by the total number of Nursing Facilities <u>4</u> = Baseline <u>100</u> % FY 2024-2025 Target: <u>4</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: _____

**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.

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>31</u> divided by the total number of RCFEs <u>34</u> = Baseline <u>91</u> % FY 2024-2025 Target: <u>91</u> %
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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 \_\_\_\_\_ %

FY 2025-2026 Target: \_\_\_\_\_

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 \_\_\_\_\_ %

FY 2026-2027 Target: \_\_\_\_\_

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 \_\_\_\_\_ %

FY 2027-2028 Target: \_\_\_\_\_

Program Goals and Objective Numbers: \_\_\_\_\_

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

1. FY 2022-2023 Baseline: 1.2 FTEs

FY 2024-2025 Target: 1.2 FTEs

2. FY 2023-2024 Baseline: \_\_\_\_\_ FTEs

FY 2025-2026 Target: \_\_\_\_\_ FTEs

3. FY 2024-2025 Baseline: \_\_\_\_\_ FTEs

FY 2026-2027 Target: \_\_\_\_\_ FTEs

4. FY 2025-2026 Baseline: \_\_\_\_\_ FTEs

FY 2027-2028 Target: \_\_\_\_\_ FTEs

Program Goals and Objective Numbers: \_\_\_\_\_

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>10</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>8</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: _____

**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 program supervisor will audit/review complaint documentation maintained by program representatives regularly and periodically. Training on documentation, including NORS consistency training, will be reviewed quarterly as continuing education training to improve the identification of activity elements and types

Fiscal Year 2025-2026

Fiscal Year 2026-2027

Fiscal Year 2027-2028

**TITLE VII ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN**

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

<input type="checkbox"/>	Ombudsman Program
<input checked="" 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.



**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN**

The agency receiving Title VII Elder Abuse Prevention funding is: \_Senior Legal Services

<b>Total # of</b>	<b>2024-2025</b>	<b>2025-2026</b>	<b>2026-2027</b>	<b>2027-2028</b>
<b>Individuals Served</b>				
<b>Public Education Sessions</b>	4			
<b>Training Sessions for Professionals</b>				
<b>Training Sessions for Caregivers served by Title IIIE</b>				
<b>Hours Spent Developing a Coordinated System</b>	8			

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2024-2025</b>	100	Brochures detailing the legal services available through the AAA and other information as applicable to the topic presented.
<b>2025-2026</b>		
<b>2026-2027</b>		
<b>2027-2028</b>		

**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**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>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.</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	900	1, 2, 5	1.1, 2.4, 5.3
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	40 Of activities and Total est. audience (contacts) for above:	1, 2, 5	1.1, 2.4, 5.3
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	900	2	
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
2024-2025	40	2	
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			

<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Required</i> Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Required</i> Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Required</i> Objective #(s)</b>
2024-2025	144	5	5.1
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Required</i> Objective #(s)</b>
2024-2025	375	5	5.3
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Required</i> Objective #(s)</b>
2024-2025			
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			
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
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: 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			
2025-2026			
2026-2027			
2027-2028			

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

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



Caregiver Support Training	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
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/](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**

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

**SECTION 2: FEDERAL PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.1 Client Contacts (Interactive)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.2 PAM Outreach (Interactive)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.3 Medicare Beneficiaries Under 65</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		

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

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.5 Enrollment Contacts (Qualifying)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		

**SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)<sup>13</sup>**

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

HICAP Services are provided through an MOU with PSA 4. PSA 29 provides the space, telephone, and computer system.

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<sup>8</sup> 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.

<b>Designated Community Focal Point</b>	<b>Address</b>
See Below	

<b>Senior Center</b>	<b>Address</b>
Placerville Senior Center	937 Spring Street, Placerville, CA
El Dorado Hills Senior Center	990 Lassen Lane, El Dorado Hills, CA
South Lake Tahoe Senior Center	3050 Lake Tahoe Blvd, South Lake Tahoe, CA

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

**1. Provider name and address.**

*El Dorado County Health & Human Services  
 3057 Briw Road, Suite A  
 Placerville, CA 95667  
 Phone: (530) 642-7300  
[www.edcgov.us](http://www.edcgov.us)*

**2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary)**

*All inquiries regarding older relative caregiver, such as a Grandparent caring for a grandchild, are referred to the appropriate Health & Human Services Agency (HHS) programs to meet their needs. HHS provides a wide variety of services to serve the youth population and simplify the navigation of these services by the parents, grandparents, and other adults caring for these children. These services can include, but are not limited to: CalWorks, Foster Care, Welfare-to-Work, Children's Mental Health, Mental Health Support Groups, Public Health Programs with intensive case management such as Maternal Child & Adolescent Health (MCAH), California Children's Services (CCS), Cal Fresh, and Women Infants and Children's (WIC). Additional referrals can also be made to the El Dorado County Office of Education.*

**3. Where is the service provided (entire PSA, certain counties)?**

*The service is provided throughout PSA 29, El Dorado County.*



**4. 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 is under the umbrella of HHSA which contains four divisions; Community Services, Behavioral Health, Public Health and Social Services. HHSA, is a large county agency, receives multiple sources of funding for various programs.*

**Note:** The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

**Example of Justification:**

1. Provider name and address:  
*ABC Aging Services  
1234 Helping Hand Drive  
City, CA Zip*
2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):  
*This agency offers Supplemental Services/Home Modifications and Supplemental Services/Assistive Technologies. We can refer family caregivers in need of things such as shower grab bars, shower entry ramp, medication organizer/dispenser, iPad for virtual medical visits, etc.*
3. Where are the service is provided (entire PSA, certain counties, etc.)? *Entire PSA*
4. How does the AAA ensures that the service continues to be provided in the PSA without the use of Title III E funds?

*This agency is listed in our Information and Assistance Resource File as a non OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up-to-date.*

## **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)]<sup>12</sup>. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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

*30% of Title IIIB funding is allocated to our Senior Legal Services Program. Senior Legal Services, is a high demand program and has a 3-6 month waiting list.*

2. 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:**

*As a result of the growing senior population within our PSA, Senior Legal Services has seen an increase in the number of clients in low income categories and an increase in the number of clients with issues related to evictions, elder abuse, reverse mortgages and consumer debt.*

3. 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:**

*Not Applicable. The AAA and the LSP are both part of the El Dorado County Health & Human Services Agency (HHS). The LSP is operated directly by the AAA.*

4. 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 LSP is a program operated and housed within the AAA. The LSP was involved in the creation of the Area Plan Goals and Objects. The LSP meets monthly and collaborates more frequently as necessary with the other supervisors of the AAA programs. Outreach presentations are often held at the local senior centers. The top four priority issues are: education and prevention of elder abuse, at risk seniors' legal issues, housing specific to landlord tenant issues and consumer debt.*

5. 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:**

*The AAA includes the LSP in the development of various surveys and provides information regarding available LSP services to clients of other AAA programs. The LSP is a part of the AAA and brochures contain information on all programs. Referrals, as appropriate, are made within the many AAA programs including the LSP.*

6. 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

<b>2025-2026</b>		
<b>2026-2027</b>		
<b>2027-2028</b>		

<sup>12</sup> 

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 For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or [Jeremy.Avila@aging.ca.gov](mailto:Jeremy.Avila@aging.ca.gov)

**7. What methods of outreach are Legal Services Providers using? Discuss:**

*Outreach is conducted through presentations by the AAA Senior Legal Services (SLS) Program. The offices for the SLS are in the same building as the other AAA services and informational brochures are available for interested older adults to pick up. In addition, the AAA Information & Assistance program provides outreach for the SLS. SLS is available to be a speaker for the FCSP support groups and other FCSP events.*

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2024-2025</b>	a. <i>Senior Legal Services</i> b. c.	a. <i>El Dorado County (PSA 29)</i> b. c.
<b>2025-2026</b>	a. b. c.	a. b. c.
<b>2026-2027</b>	a. b. c.	a. b. c.
<b>2027-2028</b>	a. b. c.	a. b. c.

**9. 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:**

*Seniors can access legal services in a variety of ways through the Senior Legal Services program;*

*a) Call and make an appointment. Appointments can be at the SLS office in the Placerville Senior Center, or at one of the several outlying facilities from El Dorado Hills to South Lake Tahoe. Appoints are also arranged in senior's homes, hospitals, and care homes.*

*b) Depending upon the need, in-person and phone appointments are available.*

*c) Workshops and seminars featuring attorneys are located throughout the PSA.*

*d) Selfhelp pamphlets and handouts are available for interested older adults.*

**10. 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:**

*Financial fraud and abuse, restraining orders, landlord and tenant issues, consumer law, debt, foreclosures, planning for incapacity, Medi-Cal, Medicare, Social Security and SSI, real property and wills and trusts.*

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

*Barriers include:*

Transportation: *El Dorado is a very large and rural county that extends from the Sierra foothills to South Lake Tahoe. Weather and transportation is a problem. Public transportation is limited. The attorney currently travels to South Lake Tahoe (weather permitting), El Dorado Hills, homes, hospitals, and care facilities.*

*Strategies to overcome this barrier include expanding and promoting our phone appointments, and increasing the locations where attorneys travel to provide services—areas such as Pollock Pines, South and North County areas. Additional days at existing sites is being explored.*

Language: *El dorado County has limited but growing ESL population that infrequently accesses legal services for a variety of reasons.*

*Strategies to overcome this barrier include informational brochures in Spanish and distributing them throughout the county. Interpreters are available to assist with appointments.*

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

**Discuss:**

*As a County AAA program, SLS has access to and works closely with many other county agencies such as but not limited to: Adult Protective Services, Public Guardian, Long-Term Care Ombudsman, Family Caregiver Support, Information & Assistance, Housing & Homelessness, law enforcement, county supervisors, Behavioral Health, Public Health, HICAP, IHSS, Senior Education programs, and the Senior Nutrition program.*

## **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)

1. 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
  -

*The El Dorado County Office of Emergency Services (OES) has lead responsibility when disasters occur locally. The El Dorado County Operational Area Emergency Operations Plan (EOP) provides guidance for El Dorado County government and other local agencies on prevention, preparation, response and recovery from emergency and disaster situations. The Area Agency on Aging (AAA) role is clearly defined in the EOP and responsibilities include identifying and locating at-risk individuals with the potential need for assistance in the event of an emergency, providing information on residential and skilled nursing facilities, providing trained volunteers and providing vendor information for food, medical supplies, equipment and pharmaceuticals. The AAA also plays an essential role in preparing for local heat/cold emergencies and has two representatives, including the Long Term Care Ombudsman, on the OES planning group targeting outreach to the elderly population in the county. The AAA also provides staff and outreach and assistance in identifying vulnerable County residents during extreme heat and cold weather conditions.*

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

Name	Title	Telephone	Email
Lieutenant Tory Morton		Office: 530-642-4705	mortont@edso.org
Sergeant Leslie Schlag		Office: 530-621-5170	schlagl@edso.org
Deputy Greg Almos	South Lake Tahoe OES	Office: 530-573-3058	almosg@edso.org
Deputy Scott Bare		Office: 530-621-7660	bares@edso.org
Deputy Jeff Whitlock		Office: 530-621-5131	Whitlockj@edso.org
Other Contact Information		Non-Emergency Dispatch for after hour calls 530-621-6600	eldoradoes@edso.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Yvette Wencke	Program Manager	Office: 530-621-6161	yvette.wencke@edcgov.us

4. 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):

<b>Critical Services</b>	<b>How Delivered?</b>
<b>A. Congregate Meals</b>	<b>A</b> Back-up staff available or if sites are closed, non-perishable lunches and/or frozen meals available for most frail homebound clients.
<b>B. Home Delivered Meals.</b>	<b>B.</b> Non-perishable lunches and/or frozen meals available for most frail homebound clients.
<b>C Long-Term Care Ombudsman Services (LTCO)</b>	<b>C</b> LTCO Program Coordinator, LTCO Staff, Volunteer Ombudsman
<b>D Information &amp; Assistance (I&amp;A)</b>	<b>D</b> I&A provides outreach and educational materials related to disaster preparedness. Depending upon the type of disaster, I&A may work with OES to provide information to and from vulnerable seniors. After a disaster, I&A will work with OES as needed, and if necessary, follow-up with seniors who access our services.



5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

*As part of El Dorado County Health & Human Services Agency, (HHSA), PSA 29 is supported by the County infrastructure. In the event of a disaster to the AAA offices, staff would be relocated to other county buildings and technical support would be provided by the County Information & Technologies Department. In addition, HHSA has a Continuity of Operations & Government Plan (COOP/COG) specific to the agency.*

Critical Services	How Delivered?
A. Fire at AAA Offices or Emergency Evacuation of Site	A. Staff would be relocated, as appropriate to other county buildings.
B. Cyber-Attack/Network Issues	B. The El Dorado County Information Technologies Department is the responding staff.
C.	C.
D	D

6. List critical resources the AAA need to continue operations.

- *Telephone & Internet Services, including laptop computers*
- *Commercial Kitchen*
- *Vehicles to transport/deliver meals*
- *Office space to meet with affected clients*

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

*California Master Mutual Aid Agreement*

*El Dorado County Animal Services*

*Sheriff's Office of Emergency Services*

*El Dorado County Emergency Medical Services Agency*

*El Dorado County Environmental Management*

*American Red Cross, Sierra Delta Chapter*

*Local Hospitals, Schools, Community Groups, and Community Volunteers*

8. Describe how the AAA will:

- Identify vulnerable populations:

*Vulnerable populations include clients of the following programs: Home-Delivered Meals, Older Adult Day Services, MSSP, Public Guardian, IHSS, etc. All of these clients are in the Agency's database including their address, phone number, emergency contact, etc.*

- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)

*Upon notification of an upcoming PSPS or severe weather event, the AAA will contact potentially affected program participants to determine if emergency non-perishable food boxes or other items will be needed. Appropriate referrals to community agencies will be made as necessary.*

- Follow up with vulnerable populations after a disaster event.

*Program staff, including I&A staff will follow-up with vulnerable populations by telephone if possible. Staff would also work with OES as defined in the El Dorado County Operational Area Emergency Operations Plan (EOP) as stated above.*

## 9. How is disaster preparedness training provided?

- AAA to participants and caregivers

*Disaster Preparedness information is promoted by the AAA programs. AAA staff distribute printed materials at outreach events, with the Senior Nutrition menus, and the Senior Times Newsletter. Information is also posted at the Senior Centers within the County.*

- To staff and subcontractors

*Community and AAA staff education is available through the Emergency Preparedness and Response Program. This training focuses on personal preparedness, understanding vulnerabilities faced in El Dorado County, the importance of personal support networks, and developing communication and evacuation plans. Additional information is posted on the Emergency Preparedness and Response website [Emergency Preparedness and Response - El Dorado County \(ca.gov\)](https://www.el-dorado-county.ca.gov/emergency-preparedness-and-response).*

**SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES****PSA 29**

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**

- ☒ ☒ ☒ ☒  
☐ ☐ ☐ ☐  
☒ ☒ ☒ ☒  
☐ ☐ ☐ ☐  
☐ ☐ ☐ ☐  
☒ ☒ ☒ ☒

**Title IIID**

Promotion – Evidence-Based

☒**24-25**☒**25-26**☒**26-27**☒**27-28** ☒ Health**Title IIIE<sup>9</sup>**

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

**24-25**☒**25-26**☒**26-27**☒**27-28**☒**Title VII**☒ Long Term Care Ombudsman**24-25**☒**25-26**☒**26-27**☒**27-28**☒**Title VII**☒ Prevention of Elder Abuse, Neglect, and Exploitation.**24-25**☒**25-26**☒**26-27**☒**27-28**☒

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

*Resources are allocated and priority assigned to targeted populations as mandated in the Older Americans Act (OAA). These individuals live in a variety of settings within our community, including long-term care facilities. They include older individuals, particularly low-income minority older adults, with the greatest economic need resulting from an income level at or below the federal poverty line and those with greatest social need caused by physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Other older adult populations of special interest include individuals with the following characteristics: individuals residing in rural areas; individuals who are frail; individuals with severe disabilities; isolated, abused, neglected, and/or exploited individuals; individuals who are of limited English-speaking ability; individuals with Alzheimer's disease or related disorders and their caregivers; Native Americans; unemployed, low-income individuals; and caregivers as defined in Title III E.*

*The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly*

*impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic need assessments, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. Along with the required legal notification within the two major newspapers, the Mountain Democrat, and the Tahoe Daily Tribune, public hearing notices was posted in the AAA main hallway, distributed to the seven congregate nutrition sites, and online on the COA website.*

*The goals and objectives outlined in the Plan provide for targeting the above populations. The goals of outreach, education and training, and availability of aging services, and elder abuse prevention target the most socially isolated older and dependent adults in the community. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. The goal of education and training also addresses the needs of older adults who wish to age in place and targets those at greatest economic and social need. The plan also provides objectives that address education and training for caregivers and Boomers, It also addresses the changing needs and interests of individuals who are becoming seniors. The last goal addresses elder abuse prevention and several objectives as specific to the Long-Term Care Ombudsman Program and individuals residing in long term care facilities. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.*

*The current services provided by Home-Delivered Meals Program, MSSP Care Management Program ,Adult Protective Services, Information and Assistance, Senior Day Care Services, In-Home Supportive Services, Family Caregiver Support Program, and Long-Term Care Ombudsman Program are evidence of how the AAA addresses the targeted populations. We are fortunate as a single-county AAA, that we are able to provide services to the entire county. We serve our community as a focal point for older adults at our three senior centers and seven congregate nutrition sites.*

<sup>6</sup> 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: Congregate Nutrition

Check applicable funding source:<sup>9</sup>

☐ 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 service<sup>1</sup>

1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*

a) *Provision of Title III services, including congregate nutrition, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*

b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

2) *This Area Agency on Aging directly provides Title III services, including congregate nutrition, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and*

*compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>7</sup> Section 15 does not apply to Title V (SCSEP).

<sup>8</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## **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: Legal Services

Check applicable funding source:<sup>9</sup>

☒ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.
  - a) *Provision of Title III services, including legal services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.**
- 2) *This Area Agency on Aging directly provides Title III services, including legal services, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and*

*compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.



## 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:<sup>9</sup>

☐ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

*1) This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*

*a) Provision of Title III services, including nutrition education, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*

*b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As*

*a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

- 2) *This Area Agency on Aging directly provides Title III services, including nutrition education, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>11</sup> Section 15 does not apply to Title V (SCSEP).

<sup>12</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## 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: Senior Center Staffing

Check applicable funding source:<sup>9</sup>

☒ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including senior center staffing, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency on Aging directly provides Title III services, including senior center staffing, efficiently as part of a*

*department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>13</sup> Section 15 does not apply to Title V (SCSEP).

<sup>14</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## **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:<sup>9</sup>

☒ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including telephone reassurance, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency on Aging directly provides Title III services, including telephone reassurance, efficiently as part of a*

*department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

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

<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## 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 Meals

Check applicable funding source:<sup>9</sup>

☐ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

*1) This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*

*a) Provision of Title III services, including home delivered nutrition services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*

*b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a*

*direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

- 2) *This Area Agency on Aging directly provides Title III services, including home delivered nutrition services, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>17</sup> Section 15 does not apply to Title V (SCSEP).

<sup>18</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.



## 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: Public Information

Check applicable funding source:<sup>9</sup>

☒ 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 service<sup>1</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

*1) This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*

*a) Provision of Title III services, including Public Information has historically proven difficult in this small rural PSA. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County. Public Information will be provided through PSA 29's Information and Assistance Program.*

*b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services*

*Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

- 2) *This Area Agency on Aging directly provides title III services, including Public Information, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and does not have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>19</sup> Section 15 does not apply to Title V (SCSEP).

<sup>20</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## **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:<sup>9</sup>

☒ 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 service<sup>1</sup>

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*a) Provision of Title III services, including Public Information has historically proven difficult in this small rural PSA. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County. Public Information will be provided through PSA 29's Information and Assistance Program.*

*b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services*

*Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

- 2) *This Area Agency on Aging directly provides title III services, including Assisted Transportation, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and does not have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

<sup>21</sup> Section 15 does not apply to Title V (SCSEP).

<sup>22</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## 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:<sup>9</sup>

☒ 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

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*Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

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<sup>23</sup> Section 15 does not apply to Title V (SCSEP).

<sup>24</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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

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

**Total Number of Board Members:** 5

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Supervisor Wendy Thomas, District III, Chair	January 2025
Supervisor John Hidahl, District I, First Vice Chair	January 2025
Supervisor George Turnboo, District II, Second Vice Chair	January 2025

<b>Names and Titles of All Members:</b>	<b>Board Term Expires:</b>
Supervisor John Hidahl, District I	January 2025
Supervisor George Turnboo, District II	January 2025
Supervisor Wendy Thomas, District III	January 2025
Supervisor Lori Parlin, District IV	January 2027
Supervisor Brooke Laine, District V	January 2027

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

*The El Dorado County Board of Supervisors is comprised of five elected officials representing each of the five supervisory districts in the County. Each Board Member is elected to a four-year term. Per the El Dorado County Charter, “No person elected supervisor may serve as such for more than two successive four-year terms. No person having served two successive four-year terms may serve as a supervisor until at least four years after the expiration of the second successive term in office. The term of office commences at noon on the first Monday after the January 1<sup>st</sup> succeeding their election. Supervisors for the First, Second, and Third Districts are elected in the same year. Supervisors for the Fourth and Fifth Districts are elected in the same year.”*

*The position of Chairperson rotates annually among the five members.*



## PSA 29

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

Number and Percent of Council Members over age 60 13 93% Council 60+

	% Of PSA's	% on
<b>Race/Ethnic Composition</b>	<b><u>60+Population</u></b>	<b><u>Advisory</u></b>
White	90%	92%
Hispanic	6%	
Black	1%	
Asian/Pacific Islander	4%	8%
Native American/Alaskan Native	1%	
Other		

**Office Term Expires:**[illegible]

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

Raelene Nunn, District I Representative	January 2025
Linda Grimoldi, District II Representative	January 2025
Roger Berger, District III Representative	January 2025
Lisbeth Powell, District IV Representative	January 2027
Penny Huber, District V Representative	January 2027
Scott Coffin, Member-At-Large Board of Supervisors Representative	January 2025
Jim Wassner, Community Representative	September 2026
Joan Fuquay, Community Representative	March 2027
Tita Bladen, Community Representative	August 2025
Ray Wyatt, Community Representative	March 2027
Keith Roberts, City of South Lake Tahoe Representative	January 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**

- ☒ ☐ Representative with Low Income  
☒ ☐ Representative with a Disability  
☒ ☐ Supportive Services Provider  
☒ ☐ Health Care Provider  
☐ ☒ Local Elected Officials  
☒ ☐ Persons with Leadership Experience in Private and Voluntary Sectors

**Yes No Additional Other (Optional)**

- ☒ ☐ Family Caregiver, including older relative caregiver  
☐ ☐ Tribal Representative  
☐ ☐ LGBTQ Identification  
☒ ☐ Veteran Status  
☐ ☐ Other \_\_\_\_\_

**Explain any “No” answer(s):**

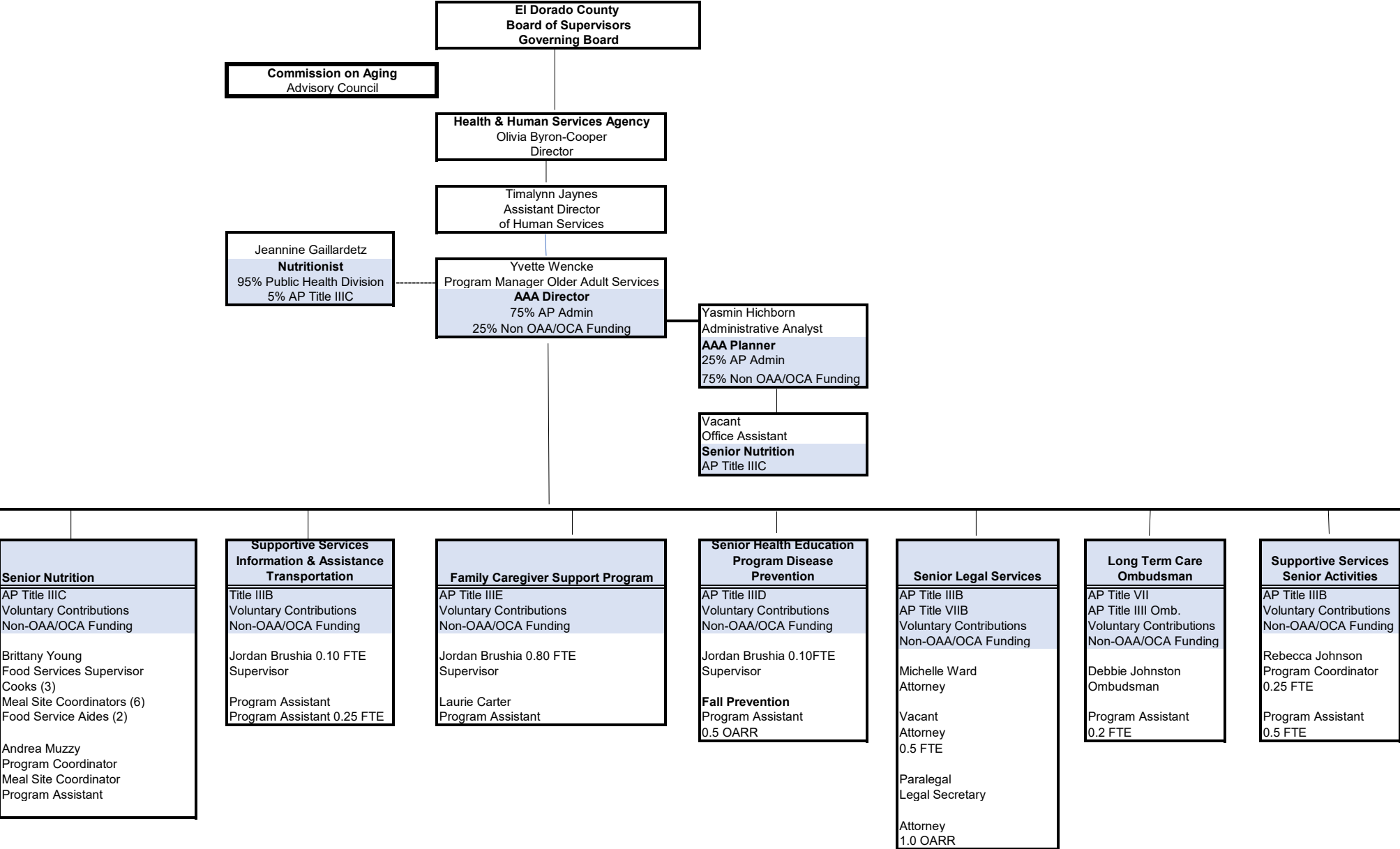
*Six members are appointed by the County Board of Supervisors, two members are appointed by the two chartered cities within the county. The remaining six are appointed by the Commission.*

**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 vacancy occurs, it is advertised in the local newspapers and on the Commission website. Interested parties are asked to complete an application and are also interviewed by the Commission Membership Committee. The chosen applicant(s) are nominated by the Membership Committee and approved by the Commission.*

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

*The El Dorado County Board of Supervisors' office will post a Notice of Vacancy for the Commission on Aging and the specific district that the vacancy pertains to. The elected Supervisor for this district has the option to interview the candidate and/or forward the application for review by the Commission on Aging's Membership Committee. The Membership Committee may also interview the candidate virtually or in-person.*



Note: All positons, with the exception of Meal Site Coordinator and Food Service Aide are 1.0 FTE unless otherwise noted. Each Meal Site Coordinator positions is 0.81 FTE & one Food Service Alide position is 0.63 FTE and one position is 0.56 FTE.

## SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW<sup>11</sup>

### 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:						

<sup>25</sup> 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 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.