

Second **50** Years
in El Dorado County

**2014-2015 Update
to the 2012-2016 Area
Plan**

An Action Plan for Addressing
the Opportunities and Challenges
of Aging in El Dorado County



Prepared by
El Dorado County Area Agency on Aging
April 2014

2014-2015 AREA PLAN UPDATE (APU) CHECKLIST
(Revised January 2014)

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ Update A) through F) ANNUALLY :		
n/a	A) APU-(submit electronically only)	<input checked="" type="checkbox"/>	
n/a	B) Transmittal Letter–(requires hard copy with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and Long Term Care Ombudsman Program Measures and Targets	<input checked="" type="checkbox"/>	
	➤ Update the following <i>only if</i> there has been a CHANGE or the section was not included in the 2012/16 Area Plan:	Mark Changed/Not Changed (C or N/C)	
		C	N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:		
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B/VIIA-Long-Term Care Ombudsman/Elder Abuse Prevention Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title III E-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Legal Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>

¹ Prior to the development of the 2016/2020 Area Plan, at least one Needs Assessment must be conducted.

ANNUAL UPDATE FISCAL YEAR 2014-2015

AAA Name: El Dorado County

PSA Number: 29

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This report serves as the Annual Update for Area Agencies on Aging (AAAs) to provide yearly information on the progress AAAs are making on achieving goals and objectives detailed in the Area Plan. The due date for the Annual Update and the original Transmittal Letter is no later than May of each Fiscal Year.

TRANSMITTAL LETTER

Four-Year Area Plan 2012-2016

2014-2015 Area Plan Update

AAA Name: El Dorado County

PSA Number: 29

This 2014-2015 Area Plan Update to the 2012-2016 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. Norma Santiago

Chair, Governing Board

Date

2. Roger Berger

Chair, Advisory Council

Date

3. Michelle Hunter

Director, Area Agency on Aging

Date

FISCAL YEAR 2014-2015 AREA PLAN UPDATE

The El Dorado County Area Agency on Aging (AAA), Planning and Service Area (PSA) 29, developed the 2014-2015 Area Plan Update, the second annual implementation plan to the 2012-2016 Area Plan for Senior Services. As required by the federal Older Americans Act and in accordance with direction from the California Department of Aging (CDA), the 2014-2015 Area Plan Update is developed for submittal to CDA. The Annual Update provides the mechanism through which the AAA reports on modifications to 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. The Update details the status of annual objective accomplishments and discusses the impact of activities undertaken during the second fiscal year of the 2012-2016 planning cycle.

Based upon the information provided by CDA in the Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) report, the 60+ senior population in El Dorado County has increased steadily, increasing 4.6% from 2010 to 2011. However, for the first time, the County has experienced a decrease in the senior population of 8% from 2011 to 2012. The total 60+senior population in 2010 was 41,050 and decreased to 39,494 in 2012. In 2013, the senior population returned to previous trends and increased 12.6% over 2012. The table below details the changes in the demographics for PSA 29.

Table 1 Demographics	2011	2012	2013	Change from 2011 to 2013
Population 60+	42,952	39,494	44,439	3.46%
Non-Minority 60+	39,063	35,648	39,779	1.83%
Minority 60+	3,889	3,846	4,660	19.83
Low Income 60+	2,255	2,240	2,240	-0.67%
Medi-Cal Eligible 60+	2,213	2,267	2,671	20.70%
Geographic Isolation 60+	10,897	10,897	16,600	52.34%
SSI/SSP* 65+	346	662	656	89.60%
Population 75+	11,701	11,087	11,735	0.29%
Lives Alone 60+	5,300	7,737	7,737	45.98%
Non-English Speaking	70	230	230	228.57%

*Supplemental Security Income/State Supplementary Payment

Reviewing the demographic data above, the number of seniors meeting the criteria for need based programs has increased. When compared to the total senior population for 2013, the percent of low income seniors is 5.04%, the percent of Medi-Cal eligible seniors is 6.01%, and the percent of SSI/SSP eligible seniors 1.48%. This compares to 2012 when the percentage of low income seniors was 5.67%, Medi-Cal was 5.74% and SSI/SSP was 1.68%. It is expected that the number of seniors who will become eligible

for Medi-Cal will increase due the Affordable Care Act which has increased eligibility to 135% of the federal poverty guidelines. A two person family would become eligible for Medi-Cal if their income is \$20,939 or less and other program requirements are met.

Table 1 also identifies a large increase (5,703 seniors or 52.34%) in the number of 60+ seniors living in geographic isolation which may be misleading due to the nature of our County. The California State Plan on Aging defines geographic isolation as rural areas compared to urban highly densely settled core areas. El Dorado County only contains two cities, Placerville and South Lake Tahoe. Many areas of our County are rural areas but not necessarily isolated areas.

El Dorado County has a myriad of services available to low income seniors. These include In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Housing Choice Voucher Program (Section 8), Low Income Home Energy Assistance (LIHEAP) and Weatherization Programs, Senior Legal Services, Family Caregiver Support Program, Senior Nutrition Congregate and Home Delivered Meals. The Information and Assistance Program can provide appropriate referrals for seniors, disabled and low income individuals to these programs and others within the community by evaluating their unique needs and helping them make informed decisions about needed community-based programs and available support services.

Table 1 highlights the increase in minorities and Non-English speaking seniors. Since 2011, the minority senior population has increased 19.83% and the Non-English speaking senior population has increased 228.57%. In order to meet this need, the Information and Assistance Program has Spanish speaking assistance available Monday through Friday from 7:00am to 4:00pm.

SIGNIFICANT ACCOMPLISHMENTS FISCAL YEAR 2013-2014

Significant accomplishments have been achieved by the El Dorado County AAA during the second year of the 2012-2016 planning cycle. These accomplishments and activities demonstrate the AAA's commitment to assess the needs of older adults, adults with disabilities, and their caregivers in the community and make responsive improvements to enhance the service delivery system. These accomplishments include:

Increase in Meals Served by Senior Nutrition Services

Senior Nutrition Services continues to significantly increase the number of Home Delivered Meals served. With the help of community volunteers delivering on 24 routes, 95,061 meals were served to our most vulnerable homebound older adults during Fiscal Year 2012/2013. This is a 7.15% change over the previous fiscal year. The prior year, Fiscal Year 2011/2012 saw a twelve percent increase over the previous fiscal year creating a total increase of 19.15% change over the last two years. During the first two quarters of Fiscal Year 2013/2014, the Senior Nutrition Program delivered 51,876 meals and we are projecting to serve approximately 100,000 Home Delivered Meals this year. Senior Nutrition Services continues to maintain the health and wellness of older adults through good nutrition, and provides an important safety net to help older adults remain independent.

Accomplishments of the Commission on Aging (COA)

The third COA Annual Report was presented to the El Dorado County Board of Supervisors on March 11, 2014 detailing the Commission's achievements, advocacy, reports, and trainings. The COA submitted a letter of support dated February 21, 2013 to the Board recommending a second Senior Day Care facility be opened in El Dorado Hills at the El Dorado Hills Senior Center. A business plan was developed, with input from the program supervisor at the Placerville Senior Day Care facility, for presentation to the Board of Supervisors. The COA also conducted education and outreach and partnered with local community groups in fundraising efforts. The new Senior Day Care facility in El Dorado Hills held its grand opening on March 27, 2014 and began operations on March 31, 2014.

Several educational courses were held to provide information on topics of interest to seniors including but not limited to Medicare, Social Security, Veterans issues, Aging in Place, Decoding Dementia, and Coping with Loss.

- A three course series, "Boomer 101", was presented at the El Dorado Hills Senior Center on September 16th, 23rd, and 30th.
- A ten course program, "Aging Well", was completed at the Cameron Park Community Center. Five courses were held in the Fall of 2013 and five additional courses were held in the Winter/Spring of 2014.

- A Falls Prevention class held at the Cameron Park Community Center was sponsored and hosted by the Commission on Aging.
- Retirement Planning Workshop was presented on April 12, 2014 at the El Dorado County Library in Placerville, CA. This workshop included a focus on specific concerns of women nearing retirement.
- A six seminar series, "Healthy Aging Seminars", sponsored in conjunction with Marshall Community Health Library covering the following topics: dementia, fall prevention, tremors, stress, stroke and pain medications.

Monitoring of the Senior Nutrition Program was completed as part of the Area Agency on Aging annual evaluation. The Commissioners interviewed staff, volunteers, and program participants. They monitored all seven congregate meal sites, the two central kitchens, and completed a ride along with a volunteer Home Delivered Meals driver. This resulted in a comprehensive report on the Senior Nutrition Program and included information on the You Are Not Alone (YANA) program, the volunteer program coordinated through Information and Assistance (I&A) and Senior Activities.

Change in the Area Agency on Aging (AAA) Director

Michelle Hunter was appointed as the AAA Director on November 1, 2013. Michelle is a Program Manager within the Health & Human Services Agency, Community Services Division, with extensive knowledge and primary responsibility over many of our Aging Programs. Michelle has worked with the AAA and the Commission on Aging for over 20 years.

Bilingual Services Available Through the Information and Assistance Program

The number of non-English speaking seniors 60 years and older in El Dorado County has remained constant since increasing by 228.6% from 2010 to 2011. Spanish is the most predominant language of the non-English speakers. Bilingual services for Spanish speaking seniors and their families are available Monday through Friday, 7:00am – 4:00pm through the Information and Assistance Program.

Implementation of a Title IIIB funded Transportation and Assisted Transportation Program

Transportation and assisted transportation will be purchased with an allocation of \$3,000 of Title IIIB funding. This limited funding is being used primarily to provide or coordinate the transportation needs of older adults and their caregivers to medical appointments, locally and within the greater Sacramento region. When all other resources are exhausted, the Information & Assistance Program will coordinate medical transportation needs with home health agencies for clients with physical and/or cognitive difficulties. Bus passes are provided through El Dorado Transit for those clients with greater mobility. The ability to provide services will be limited to the budgeted funding allocation of \$3,000.

Mental Health Services Act (MHSA) Grant

The Senior Peer Counseling Program has received a MHSA grant from the Health & Human Services Agency, Mental Health Division. This grant will provide funds for a

part-time administrator, clinical supervision costs, trainings, outreach, marketing materials and mileage for volunteers. Volunteer Senior Peer Counselors perform free confidential individual evaluation, counseling services and referrals to Mental Health, for adults 55 and over. Senior Peer Counseling has moved to a centrally located room in the Placerville Senior Center which will allow for one-on-one counseling session in a welcoming setting.

Health Insurance Counseling and Advocacy Program (HICAP)

HICAP has also moved to a new dedicated room in the Placerville Senior Center which provides for additional privacy during one-on-one counseling sessions between clients and volunteer HICAP counselors. During Calendar Year 2013, HICAP provided 533 one-on-one counseling sessions. This was an increase of 55 sessions (11.5%) over the previous year. HICAP counselors conducted outreach providing 20 presentations in 2013.

Health & Human Services Agency Strategic Plan

The Health & Human Services Agency has developed a strategic plan to determine the future direction of the agency. The strategic plan contains four goals: Staff Investment, Fiscal Responsibility, Program Effectiveness/Integration, and Agency Infrastructure. Within these four goals are objectives that define specific projects and methods to achieve these goals. Several of the objectives directly involve the Aging Programs and improved services to older adults in the community. Some of the objectives include: expanding and creating a more formalized Volunteer Program with annual public recognitions of service, implementing GovPayNet Credit Card Services to provide automated payment options, implementing a new Aging Programs data base, increasing the number of Senior Nutrition Meal Sites, and improving the Placerville Senior Center facility.

South Lake Tahoe Senior Center

In a cost saving measure, the South Lake Tahoe Mental Health Outpatient Clinic and Wellness Center relocated to the South Lake Tahoe Senior Center. This reduced the space available for senior activities in this very busy center. A senior advocacy group was established to work with the Health & Human Services Agency and the South Lake Tahoe City Council to assist in the process of finding a solution to restore the building to a full time Senior Center. After months of planning, the Mental Health programs have moved to 1360 Johnson Boulevard, South Lake Tahoe, CA. A South Lake Tahoe Senior Center Grand Re-Opening was held on April 17, 2014.

AARP Tax-Aid Program

The AARP Tax-Aid Program continues to grow in popularity. Annually, the AARP Tax-Aid Program assists low and middle income taxpayers, many of whom are older adults, prepare and file their income tax returns free of charge. The AAA provided the meeting space and outreach at the Placerville and South Lake Tahoe Senior Centers. The space at the El Dorado Hills Senior Center has become too small for the program and it has moved to the El Dorado Hills Library. At the South Lake Tahoe Senior Center, the 16 counselors and six facilitators prepared an estimated 550 e-filed returns and 30

paper returns. This represents assistance to 800 community members. At the Placerville Senior Center, the 13 AARP/Tax Aide volunteers filed 639 federal and 635 California returns, six paper returns, four prior year returns, and seven amended returns. The volunteers also reviewed the information 170 Public Guardian clients and submitted 60 returns. Tax questions were answered for 80 people, and an additional 39 returns that were out of scope or had missing information were worked on.

ANNUAL BUDGET

The El Dorado County AAA continues to maximize its revenue funding streams to offer as many senior programs and activities as possible. The California State budget appears to have stabilized and cuts to senior programs are not expected. There are proposals being developed to move the IHSS program to the Managed Care Organizations (MCO) and, depending upon the type of program adopted, this may have a significant impact on the structure of the program at the County level. The original 20% across the board reduction in IHSS hours has been nullified in a recent settlement between the State of California and IHSS consumer advocates and provider unions. In its place, the parties agreed to continue the existing 3.6% across the board cut to hours and increased the cut by another 4.4% for total across the board cut to hours of 8% effective July 1, 2013. This total cut will drop to 7% beginning July 1, 2014.

The El Dorado County Board of Supervisors continues to support programs for older adults and provide financial assistance beyond the required match as well as policy direction to the AAA. The COA continues to explore avenues and community partners to expand services to seniors without expanding costs to the AAA. The County budget for FY 2014-2015 is stable, with no reductions in services planned for the fiscal year.

The unknown variable has been the federal budget, where many of the funding streams for senior programs originate. These funding sources are part of the sequester cuts that were scheduled to begin January 2013 but were postponed until March 1, 2013. These cuts impacted programs and services funded through the Older Americans Act such as Senior Nutrition Services and other supportive services. At this point, partial restoration of pre-sequestration federal Nutrition funding has occurred for the Senior Nutrition Services Program. Health & Human Services, Community Services Division gave a presentation to the Board of Supervisors on August 26, 2013 on the Impacts of the Budget Control Act of 2011, Federal Sequestration 2013. This included programs funded by Older Americans Act (AOA), Multipurpose Senior Services Program (MSSP), Low Income Home Energy Assistance Program (LIHEAP), and Public Housing Authority (PHA). It is unknown how long the restoration in funding will remain or if additional reductions will occur with the next federal budget approval. El Dorado County will attempt to maintain current service levels to the extent possible. Should budget cuts become unavoidable, we will have to adjust in order to ensure the least impact on our most frail and vulnerable older adults.

Progress on the Four Year Plan Goals and Objectives

This section provides an account of the progress made toward specified goals and objectives during the current year, Fiscal Year 2013-2014, including any modifications necessary for the upcoming third year of the planning cycle. Our commitment to addressing these goals continues in our effort to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older persons in our community.



Active Aging



- ▶ **Empower older adults to maintain active and healthy lifestyles.**
- ▶ **Improve awareness and increase access to opportunities that enable older adults to remain active and involved in their communities.**

RATIONALE

The Centers for Disease Control and Prevention recently reported that by the year 2030 the proportion of the United States' population aged 65 and older will double to about 71 million older adults, or one in every five Americans. Our country is on the brink of a longevity revolution. Technological advances in medical care help people live longer, but not necessarily in better health. Viable systems of community supports are needed to maintain older adults and/or functionally impaired persons in the community and avoid premature or inappropriate institutionalization. Almost without exception, the majority of older adults want to remain in their own homes as long as they possibly can.

The senior needs assessment and key informant survey attest to the high level of unmet health and social need in the older adult population. Enhanced community education and outreach on aging issues, accessible and affordable health care, and social support services will assist older adults to remain independent, or in the least restrictive environment possible, and provide greater access to a full range of continuum care services. Promoting volunteerism and civic engagement is a way for our community to tap into the time, talent, and experience of the growing ranks of older adults.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 1.1 The Senior Health Education Program (SHEP) will collaborate with the In-Home Supportive Services (IHSS) Advisory Committee, the Family Caregiver Support Program (FCSP), Information and Assistance Program (I&A), and Commission on Aging (COA) to participate in a community health fair with the dual purpose of conducting health screenings and performing outreach about the services available to older adults and adults with disabilities by 06/30/16. It is anticipated that more than 100 individuals and 15 governmental and non-profit organizations will attend.

- 1.2 To assist in the prevention of inappropriate medication management and potential adverse effects, SHEP will schedule semi-annual "brown-bag check-ups" with a local pharmacist(s) from 7/1/12-6/30/16. Older adults can bring their current medications, over-the-counter products, and supplements in a "brown-bag" so a pharmacist can provide a pharmaceutical review of the medications and their use for any potential problems. The number of "brown-bag check-ups" performed will measure the outcome.

Status: This objective is moved to the following fiscal year. The first brown bag check-up is scheduled for August 22, 2013.

Status: Partially completed and activities will be ongoing. The "brown bag check-up" was held on August 22, 2013. Another "brown bag check-up" will be scheduled in the Fall or Winter 2014. Due to limited staffing resources, one annual "brown bag" has been provided.

- 1.3 To educate the older adult community about Medicare and Medicare Part D, the Health Insurance Counseling and Advocacy Program (HICAP) will provide one session each in Placerville, South Lake Tahoe, and El Dorado Hills prior to the Medicare Part D annual open enrollment period from 7/1/12-6/30/16. The number of participants in attendance will measure the outcome.

Status: Completed and activities will be ongoing. During October 2012, HICAP provided a Medicare Overview/Update session in El Dorado Hills (25 attendees) and two sessions in South Lake Tahoe (a total of 30 attendees). The session scheduled for Placerville was cancelled due to building repairs. A session was scheduled in Diamond Springs, a nearby location (27 attendees).

Status: Completed and activities will be ongoing. During October 2013, HICAP provided a Medicare Overview/Update session at the South Lake Tahoe Senior Center (a total of 12 attendees), El Dorado Hills Senior Center (a total of 26 attendees), and Placerville Senior Center (a total of 30 attendees).

- 1.4 To promote strength training and fall prevention for seniors in the community, the El Dorado County Active Aging Program, sponsored by SHEP, will expand the number of exercise classes from five to seven throughout the county and develop a brochure of exercise opportunities available in the community by 6/30/13.

Status: Completed. There are 11 exercise classes being held at 5 locations throughout the county. A Tai-Chi class for seniors entitled "Moving for Better Balance" was added this fiscal year. This new class at the Placerville Senior Center has 24 students enrolled and a waiting list for the next class. A brochure has been developed and is posted on SHEP's website which provides information on exercise programs specifically for older adults and information related to the "Silver Sneaker" discount program.

- 1.5 To encourage community engagement, the Senior Activities Program Coordinator will promote various forms of activities and opportunities for recreation by featuring bimonthly articles in the Senior Times Newsletter (an AAA publication) and other media sources from 7/1/12-6/30/16.

Status: Completed and activities will be ongoing. The Senior Times Newsletter provides readers with the weekly activity calendar for all Nutrition sites, information on senior trips and other opportunities. The local newspapers also highlight selected trips and activities in their publications.

Status: Completed and activities will be ongoing. Senior Activities are featured in the AAA publication, the Senior Times, the local newspaper, the Mountain Democrat, and other publications, the Gold Panner and The Clipper. Community engagement has increased in response to the new wide variety of activities offered. The current mix of classes and activities has attracted both new and younger seniors.

- 1.6 COA, in collaboration with the Employment Services Program Manager, will pursue employment training opportunities to help older adults seeking employment. The outcome will be measured by the completion of a dedicated space earmarked for the older adult job seeker in both the Placerville and South Lake Tahoe offices of the Connections One Stop Workforce Development and Business Resource Center by 6/30/13.

Status: Timely completion anticipated. An area will be developed in the two offices of the Connections One Stop Workforce Development and Business Resource Center to highlight employment opportunities and training for older adults in both the Placerville and South Lake Tahoe areas. This information will also be added to the website.

Status: Completed. An area of the Placerville One Stop Workforce Development and Business Resource Center has been dedicated to the Mature Job Seeker. This area is adjacent to the Veterans area. The bulletin board also includes information pertinent to older adults such as Social Security and Medicare. An AARP Senior Community Service Specialist (SCSS) is on location at the Placerville One Stop for 18.5 hours per week. The Specialist is available to talk with mature workers, provide computer assistance, and make referrals to job search workshops. The Specialist is also developing a resource guide for mature workers and one-on-one appointments will be instituted in the near future. At this time, this program is only available at the Placerville One Stop.

- 1.7 To meet the needs of the growing older adult population and to espouse the benefits of consuming a nutritionally-balanced meal while socializing with others in a congregate setting, Senior Nutrition Services will increase the number of congregate meals served at the seven nutrition sites by three percent annually from 7/1/12-6/30/16.

Status: Completed and activities will be ongoing. El Dorado County Senior Nutrition Services increased the number of meals served in Fiscal Year 2011/2012. A total of 56,436 congregate meals were served which was a five percent increase over the previous year.

Status: Partially completed and activities will be ongoing. El Dorado County Senior Nutrition Program served a total of 56,973 congregate meals which is an increase of 537 meals or one percent increase over the previous year. The Nutrition Program will continue to perform outreach to increase attendance at the congregate meal sites and meet the goal of a three percent annual increase in meals served.

- 1.8 A proper fit in one's car can greatly increase not only the driver's safety but also the safety of others. CarFit is an educational program designed to help older drivers find out how well they currently fit their personal vehicle, highlight actions they can take to improve their fit, and promote conversations about driver safety and community mobility. COA will identify a volunteer to become a CarFit Event Coordinator who will be trained to host CarFit Checkups in our community and to train two volunteers to serve as CarFit Technicians by 6/30/16.
- 1.9 SHEP will collaborate with the Friends of El Dorado County Seniors, a private, non-profit organization supporting older adults and their caregivers through advocacy and financial assistance, to sponsor a "Step out for Seniors" walk-a-thon by 6/30/15. Depending on the success of the fundraising event in mobilizing broad-based community support, the sponsored walk may become an annualized fundraising event. This presents an opportunity not only for physical activity, but to connect with community members in a fun, social environment.
- 1.10 To improve the accessibility to recreational activities and leisure enrichment classes in the Placerville and Cameron Park areas, COA and the Senior Activities Program Coordinator will partner with the City of Placerville Recreation and Parks Department and the Cameron Park Community Services District to offer classes and activities geared for older adults at the Placerville Senior Center, the Town Hall, the Cameron Park Community Center, or other available sites by 6/30/13.

Status: This objective is moved to the following fiscal year. The COA has met with the Cameron Park Community Services District to increase programs and activities specifically for seniors. Recommendations have been discussed and it is anticipated that additional activities for seniors will begin with the Cameron Park CSD summer catalog. At this time, the COA has not contacted the City of Placerville Recreation and Parks Department. Limited staffing at the AAA may reduce the participation in this objective.

Status: Completed and activities will be ongoing. The COA has met with seniors in the Cameron Park area and assisted in the organization of the Mature Leadership Council of Cameron Park. This council advocates for seniors through the staff and the Board of Directors of the Cameron Park Community Services District to increase the exposure and

development of activities for seniors within this community. A room at the Cameron Park Community Center has been dedicated for senior activities. Two Commissioners from the COA have met with the Mayor of Placerville. No additional meetings are planned at this time.

- 1.11 The YANA (You Are Not Alone) Program, a free daily telephone reassurance program, will increase the provision of services to isolated older adults by ten percent annually from 7/1/12-6/30/16.

Status: Completed and activities will be ongoing. The YANA Program served 50 isolated older adults in El Dorado County during Fiscal Year 2011/2012 and 60 older adults during Fiscal Year 2012/2013. This is a 20% increase. Outreach will continue to be provided to increase the provision of services.

Status: Revised and activities will be ongoing. During the first two quarters of Fiscal Year 2013/2014, the YANA Program served 51 clients which is a 16.7% decrease from Fiscal Year 2012/2013. YANA will conduct outreach to increase the provision of services to isolated older adults by 3% annually.

- 1.12 COA will advocate and work with El Dorado Transit Authority and Tahoe Transportation District to enhance public transportation for older adults. Efforts will focus on expanding transportation services in El Dorado County's underserved communities including the west slope county region, enhancing paratransit service and route deviations for disabled persons, and exploring options for transportation to Senior Nutrition sites and Certified Farmers' Markets. A COA representative will regularly attend El Dorado Transit community meetings by 6/30/13.

Status: Completed. The COA has an appointed representative to advocate for the needs of seniors at various county meetings such as Parks and Recreation, Trails, Transportation, Safety, and the General Plan. A member of the COA has also been appointed to the Social Services Transportation Advisory Council. This council is a diverse group of persons representing the elderly, the physically challenged, and other individuals who are transit dependent, as well as commuters who meet to identify possible unmet transit needs that may be reasonable to achieve.

- 1.13 Given the county's rapidly aging population and current fiscal conditions, volunteers will remain an important component in sustaining aging programs and services. I&A staff will be designated to coordinate volunteer recruitment/outreach activities and organize efforts with program supervisors to identify, develop, and prioritize needs for volunteer staffing by 6/30/14.

Status: Completed. I&A staff are working closely with program supervisors to identify their program needs. Continuous outreach, via the media, a dedicated bulletin board in the Placerville Senior Center and "meet and greet" meetings are conducted seeking

volunteers from the community based on program needs. A data base has been created to track and match interested volunteers with programs in need.

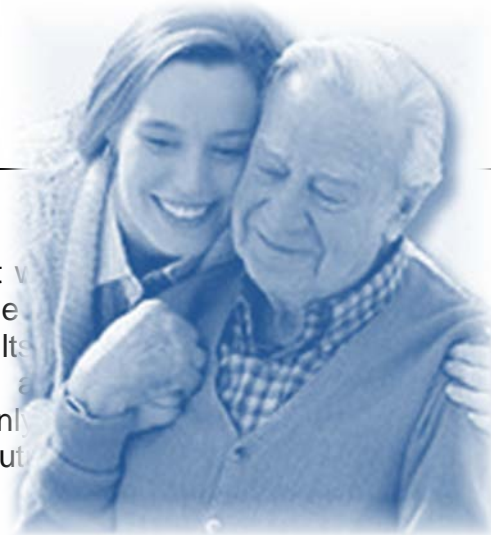
- 1.14 To meet the needs of the growing diverse older adult population, the COA subcommittees *Planning* and *Placerville Metro Workgroup*, will continue to promote awareness of the need for and explore the feasibility of a new community/senior center in the greater Placerville area by 6/30/16. The current Placerville Senior Center is housed in an antiquated building that is inadequate in size, parking, and facilities.

Status: The COA Placerville Metro Workgroup, working with community partners, continues to explore options and the feasibility of a new community/senior center in the greater Placerville area. The workgroup has conducted networking meetings with various individuals and groups, a local community foundation, and the current users of the Placerville Senior Center. A review will begin comparing the Senior Centers in different communities throughout California and their development and support by AAAs.

Status: The COA continues to promote awareness of the need for a new community/senior center, but funding is currently not available. The COA Placerville Metro Workgroup continues to advocate and provide input regarding improvements to the Placerville Senior Center.

2 Aging Readiness

- ▶ Address basic needs and plan future.



RATIONALE

El Dorado County is undergoing a dramatic shift with the number of older adults expected to double by 2030. It is imperative that we prepare older adults and our communities to face the challenges and opportunities raised by this population shift not only by addressing basic needs, but planning for future necessities.

In community-based studies of older adults, self-perceptions of well-being are strong predictors of mortality. One study found that older people with more positive perceptions of aging were found to live longer. Beyond health and social support, perhaps the most important basic needs of older adults are economic security, adequate housing, and a safe environment. The perception of inadequately met basic needs is a significant predictor of mortality in older community-dwelling adults.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 2.1 FCSP in collaboration with Senior Day Care Services, Employee Assistance Program, and Workforce Investment Act Program will launch an awareness campaign to educate employers of the impact of caregiving in the workplace by 6/30/15. Education efforts will include the development of an informational fact sheet with resources pertinent to the issues and needs of working caregivers and the provision of speaking engagements on an as-needed basis.

- 2.2 FCSP will increase the number of unduplicated caregiver services including comprehensive assessments, respite, trainings, and support group attendance by five percent annually from 7/1/12-6/30/16.

Status: This objective will be revised and moved to the following fiscal year. FCSP will provide 28 comprehensive assessments, 470 hours of respite, 350 hours of training and 350 hours of support group time per fiscal year.

Status: This objective is ongoing and timely completion is anticipated. FCSP will provide 50 comprehensive assessments, 925 hours of respite care, 980 hours of caregiver training and 760 hours of support groups during Fiscal Year 2013/2014.

- 2.3 To reduce the fear of falling and increase the activity levels of older adults who have this concern, SHEP and COA will collaborate with the El Dorado Hills Community Services District to expand the falls prevention and balance training program to one other community by 6/30/13.

Status: Timely completion is anticipated. A balance training class was scheduled in Fiscal Year 2012/2013 at the El Dorado Hills Senior Center, however, it was cancelled due to lack of participants. The COA is collaborating with the Cameron Park Community Services District to hold a fall prevention and balance training class on April 30, 2013.

Status: Completed. The COA, in collaboration with the Cameron Park Community Services District, held a successful Falls Prevention Class, presented by a Fall Prevention Specialist on April 30, 2013. The class had 30 attendees.

- 2.4 COA will advocate for and collaborate with the El Dorado County Library to develop a monthly library program with senior-specific topics, books, and events in addition to a fixed theme-driven display of literature, videos, and service agency brochures by 6/30/13.

Status: This objective will be moved to the following fiscal year. A COA Commissioner has developed a program for older adults and this is currently under review by El Dorado County Library staff.

Status: Completed. A COA Commissioner developed a twelve month plan and outline for the El Dorado County Library. This plan includes monthly awareness topics targeted to older adults, promotion of various areas of expertise of older adults, highlights of different periods of history and availability of outreach materials on activities, programs and services available to older adults within the community. The first workshop on Retirement Planning was held on April 12, 2014.

- 2.5 To help members of the boomer generation understand Social Security, long-term care, and working beyond age 65, COA will sponsor a Boomer Education 101 course annually from 7/1/12-6/30/16. Seventy-five percent of participants completing the course will report an increase in knowledge based on class exit evaluations.

Status: This objective will be moved to the following fiscal year. Planning of the event has begun and completion of the first annual Boomer Education 101 course is expected during the fall of Fiscal Year 2013/2014.

Status: Completed and activities will be ongoing. A three course series, "Boomer 101" was presented at the El Dorado Hills Senior Center on September 16th, 23rd, and 30th, 2013.

- 2.6 To assure that older adults remain informed and have important health information accessible to them, COA, in collaboration with I&A and the Marshall Community Health Library, will develop a series of lectures and/or webinars on health topics such as hearing, vision, and dental problems to be held bi-annually from 7/1/12-6/30/16.

Status: This objective is moved to the following Fiscal Year of 2014/2015 and 2015/2016 and will be held bi-annually. The Marshall Community Health Library moved to a new location in January 2013.

Status: Completed and activities will be ongoing. A series of seminars began on September 25, 2013 and will run monthly through May 2014. Marshall Community Health Library received a grant for these seminars from the Friends of El Dorado Seniors.

- 2.7 SHEP will collaborate with the El Dorado County Emergency Medical Services Agency and Office of Emergency Services to promote and distribute an amount equivalent to a 10 percent increase of Vital Health Information Packets by 6/30/13. These kits contain useful patient information that can be important to field providers and hospitals alike, especially when the patient has an altered level of consciousness.

Status: This objective is deleted. The Federal Fiscal Year 2012 Congressional appropriations now require that Older Americans Act Title IIID (SHEP) funding is used only for programs and activities which have been demonstrated to be evidence-based. We cannot demonstrate through evaluation that the Vital Health Packets are effective for improving the health and well-being or reducing disease, disability and/or injury among older adults as required.

- 2.8 The COA will explore the feasibility of opening a second Senior Day Care Services Center, if funding becomes available, adjacent to the El Dorado Hills Senior Center to decrease the distance individuals currently have to travel to attend Senior Day Care Services located in Placerville by 6/30/14.

Status: The COA is actively exploring the feasibility of opening a Senior Day Care Services Center in El Dorado Hill adjacent to the El Dorado Hills Senior Center. The COA is conducting outreach and partnering with local community groups to raise start-up funding and secure needed donations of equipment and other services.

Status: Completed. The new Senior Day Care Center in El Dorado Hills held an Open House on March 27, 2014 and opened for clients on Monday, March 31, 2014. This project has been a community wide effort with support from the El Dorado County Board of Supervisors, the Health & Human Services Agency, the Commission on Aging, various businesses within the County, and countless volunteers.

3 Older Adult Rights

- ▶ **Protect vulnerable older adults from abuse, neglect, and exploitation.**
- ▶ **Promote elder rights by providing information and resources for individuals to defend themselves against elder abuse, neglect, and exploitation.**



RATIONALE

In the past few years, according to the California Department of Social Services, the statewide number of elder abuse reports has grown by 23 percent. Unfortunately, more than two-thirds of abusers are family members. Currently, it is estimated that only one in five cases is reported within our state. El Dorado County Adult Protective Services also reports an increase in referrals regarding the suspected abuse of an older adult. With more than 39,000 residents in El Dorado County 60 or older, and an expected population growth to more than 62,000 by 2020, the incidents of elder and dependent adult abuse are likely to grow. El Dorado County has a strong commitment to protecting individuals from elder abuse.

Elderly persons residing in residential care homes and skilled nursing facilities are particularly vulnerable due to decreased ability for self-care and medical illnesses affecting cognitive and physical function. Long-term care providers must be vigilant in looking for markers of mistreatment and reporting suspected cases so that elderly persons are protected and quality of care is maintained.

Older Americans Act programs such as caregiver support, information and assistance, home-delivered meals, care management, and long-term care resident advocacy reduce risk factors for elder abuse and exploitation for individuals residing in the community. The Area Agency on Aging also supports a range of activities to raise awareness about elder abuse and to build capacity of the long-term care system to prevent, identify, and respond to elder abuse, fraud, neglect, and exploitation. Elder abuse prevention efforts are critical to assisting vulnerable older adults in defending their dignity, independence, and hard-earned resources.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 3.1 Senior Legal Services will develop a program to disseminate information regarding fraud schemes targeting older adults. Monthly articles will be written for the local newspaper, the Senior Times Newsletter, and the County website from 7/1/12-6/30/16. The intent is to educate older adults on the detection, prevention and reporting of popular scams, identity theft, and financial fraud.

Status: Objective 3.2 will be combined with Objective 3.1. As well as disseminating information on fraud schemes, Senior Legal Services will publish articles to increase awareness of important legal issues for older adults. This objective is partially complete and will be ongoing. Monthly articles are written for the Senior Times and also posted on the El Dorado County Website. Monthly articles have not been written for the local newspaper. A COA Commissioner has volunteered to assist Senior Legal Services with articles for the local newspaper.

Status: Completed and activities will be ongoing. Senior Legal Services continues to publish monthly articles on fraud schemes in the Senior Times Newsletter. These articles also continue to be posted on the El Dorado County website. At this time, monthly articles are not being submitted to the local newspaper.

- 3.2 Senior Legal Services will publish monthly articles in the Senior Times Newsletter to increase awareness of important legal issues for older adults from 7/1/12-6/30/16. Educational articles will highlight a particular legal topic and include frequently asked questions and answers.

Status: This objective is deleted and has been merged with Objective 3.1.

- 3.3 To increase awareness of advanced directives and protective services, Senior Legal Services will conduct quarterly workshops in which participants are provided direction and assistance by an attorney in completing their planning documents from 7/1/13-6/30/16.

Status: Completed and activities will be ongoing. During FY 2012/2013, 4 workshops related to Power of Attorney (POA) were provided. Two workshops were held at the Placerville Senior Center, one at the El Dorado Hills Senior Center, and one at the South Lake Tahoe Senior Center.

Status: Completed and activities will be ongoing. During the first two quarters of Fiscal Year 2013/2104, Senior Legal Services has presented three seminars on Powers of Attorney and one on Long Term Care. Additional seminars are planned for the remainder of the fiscal year. The seminars have been held at the Placerville Senior Center and the El Dorado Hills Senior Center.

- 3.4 The District Attorney's office has initiated an effort to educate the community businesses on elder abuse issues by offering a program to train employees to identify and report concerns. This program, called WISE (Watching, Inquiring, Serving and Educating) is being implemented by members of the Elder Protection Unit. WISE will create and provide 12 presentations for local businesses and their employees by 6/30/2014.

Status: This objective is deleted. Due to program staffing shortages, this program will not be implemented.

- 3.5 To enhance awareness and prevention of elder abuse, EPU and Senior Legal Services will participate in an elder abuse conference by 6/30/16 as part of Elder and Dependent Adult Abuse Awareness Month/Older Americans Month. Over 40 attendees are anticipated to participate in the conference representing a significant cross-section of individuals including representatives of law enforcement, protective services, financial institutions, faith-based organizations, local media, and more.

- 3.6 The Long-Term Care Ombudsman Program (LTCOP) will provide at least twelve volunteer training classes on the scope of the ombudsman responsibilities in ensuring the rights of institutionalized older adults annually from 7/1/13-6/30/16.

Status: Completed and activities will be ongoing. The Long Term Care Ombudsman provided 22 volunteer training classes on the scope of the ombudsman responsibilities in providing resident advocacy and protection of rights of institutionalized older and dependent adults in FY 2012/2013.

Status: Timely completion anticipated and activities will be ongoing. The LTCOP provided six volunteer training classes on the scope of the Ombudsman responsibilities in ensuring the rights of institutionalized older adults and complaint investigation protocol in the first two quarters of FY 2013/2014.

- 3.7 LTCOP will increase the availability of field representatives to conduct abuse investigations by 50%. Five new LTC Ombudsman volunteers will be recruited, certified, and assigned to routinely visit residents and investigate complaints in long-term care facilities throughout the County by 6/30/14.

Status: Timely completion anticipated. The LTC Ombudsman program continues to recruit and certify volunteers to routinely visit residents and investigate complaints in long-term care facilities.

Status: Timely completion anticipated. A plan for volunteer recruitment, training, and supervision will be developed and certification training will be conducted for at least five new LTC Ombudsmen representatives by 6/30/14.

4

Access & Awareness of Services

- Increase awareness of services to improve access and choice of community resources and enhance the ability of older adults to advocate for benefits and needed support services on their own behalf.
- Promote effective, efficient, and responsive delivery of aging services by enhancing the quality and capacity of Older Americans Act-funded in-home and community-based services. The AAA will provide opportunities for quality assurance activities and professional development which will maximize the service delivery system for compliance and change.



RATIONALE

Increasing utilization of services by older adults who have the highest economic and social needs and who are least able to advocate for themselves demonstrates the AAA's commitment to the greater good of community resources. Ensuring that the needs of underrepresented groups are adequately assessed during the planning and development of programs and services will increase access to the programs administered by the AAA.

As administrator of the Older Americans Act 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 Area Agency on Aging. Changing and emerging needs of the aging population require ongoing learning for all staff. Providing opportunities for quality assurance activities and for professional development maximizes the service delivery system for compliance and change.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 4.1 I&A and FCSP will facilitate referrals into aging and caregiver services through an educational campaign focused on clergy/faith-based community and medical professionals. Outcome measurement will be the number of outreach events provided from 7/1/12-6/30/16.

Status: Completed and activities will be ongoing. An educational outreach campaign was provided to a Parish Nurse Group that meets at a local church. This group of medical professionals consisted of various denominations of religions.

Status: Completed and the activities will be ongoing. FCSP held an informational series on planning and providing in-home care at Barton Home Health and Hospice in the South Lake Tahoe area. The final session in the series was held on April 22, 2014.

- 4.2 Enhancing the quality of life and supporting caregivers improves the care provided to older adults dependent on long-term supports and services and decreases the risk of premature or inappropriate institutionalization. FCSP, SHEP, and In-Home Supportive Services (IHSS) Public Authority will increase the provision of educational opportunities by nearly 25% to 18 classes annually from 7/1/12-6/30/16.

Status: Completed and activities will be ongoing. A total of 18 classes were completed.

Status: Timely completion anticipated and activities will be ongoing. A total of seven classes have been completed and an additional six to nine classes will be scheduled prior to the end of the fiscal year.

- 4.3 To encourage utilization of Senior Legal Services' phone consultation services "LawLine," Senior Legal staff will provide outreach regarding this availability utilizing public service announcements, the Senior Times Newsletter, and other local publications to increase the number of phone appointments to four weekly by 6/30/13.

Status: Timely completion anticipated. A brochure has been developed and is in the process of being published.

Status: Completed. The phone consultation service, LawLine has been implemented and Senior Legal Services is receiving approximately five to six calls per week.

- 4.4 Senior Legal Services will expand the number of locations at which client appointments will be held to include the Pioneer Park and Greenwood Community Centers. At least six clients monthly per site will be provided legal services at these off-site locations from 7/1/13-6/30/16.

Status: This objective is moved to the following fiscal year. Arrangements will be made to expand client appointments to Pioneer Park and Greenwood Community Centers.

Status: This objective is being deleted. The client response to our Senior Legal Services does not support regular scheduled appointment times at the Pioneer Park and Greenwood Community Center locations. Senior Legal Services will travel to these locations on an as-needed basis.

- 4.5 FCSP will continue to advocate and conduct outreach for the Kinship Support Services Program (KSSP) to enhance accessibility of grandparent/kinship caregivers to information and support from 7/1/12-6/30/16. The number of referrals to KSSP will measure the outcome.

Status: Completed and activities will be ongoing. FCSP received one call from a grandparent seeking information regarding guardianship of the grandchildren. This inquiry was referred to KSSP. Follow-up on this referral was made by FCSP and the grandparent is currently receiving assistance from KSSP. Information was also obtained and distributed to WIC, Senior Legal Services and Information and Assistance on the location and times of the KSSP Support Group meeting in Placerville.

Status: Completed and activities will be ongoing. During FY 2013/2014, FCSP received two calls from grandparents. Both callers were referred to KSSP.

- 4.6 COA will conduct quarterly focus groups/roundtable discussions on multiple topics for older adults to enhance awareness and access to community services and supports from 7/1/13-6/30/16.

Status: This objective was partially completed and will be ongoing. A focus group was held by the COA with the Activity Leaders of the Placerville Senior Center on 2/28/13 to identify optimal uses for the Senior Center. A second focus group will be scheduled at the Cameron Park Community Services District with a goal to increase services and activities for older adults in the Cameron Park Community Center.

Status: Partially completed and activities will be ongoing. A small focus group was held at the Cameron Park Community Center on January 16, 2014. At this time, a second focus group has not been scheduled.

- 4.7 AAA staff will establish affiliations with stakeholder groups representing the interests of target populations (isolated, Latino, LGBT older adults) to develop resource links and enhance knowledge and skills for working with these often hidden, underserved older adults. Progress and accomplishments will be

measured through participation by the AAA in at least two stakeholder groups and as demonstrated by delivery of training to COA and AAA staff on subject matter pertaining to improving delivery of services to target groups by 6/30/15.

- 4.8 To assure that staff and volunteers develop awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment, treatment, and interaction with clients, AAA staff will plan and implement a cultural competency/sensitivity training program by 6/30/14. This training will equip staff with skills to better serve older adults and caregivers of targeted populations and will be customized to meet the needs of the AAA team based upon the nature of the contacts with clients.

Status: Timely completion anticipated. The film, "GenSilent," has been ordered to educate all Health & Human Services staff.

Status: Completed. The film, "GenSilent" has been received by the Health & Human Services Agency and 20 staff members reviewed the film. The Agency, in conjunction with U.C. Davis, also provided a course entitled "Cultural Competency in Providing Adult Services" which was attended by 26 staff members and an additional course entitled "Gay and Gray: Aging & Long-Term Care" which was attended by 6 staff members.

- 4.9 To expand outreach of aging services and education on older adult issues, I&A will increase subscriptions to the Senior Times Newsletter annually by five percent. Additionally, COA will collaborate with I&A to enhance outreach of the COA website, www.2nd50yrs.org, to increase the number of visits per month by ten percent.

Status: This objective is partially completed and activities will be ongoing. The number of visits to the COA website exceeded the expectations. The number of visits to the website increased by 16.1% receiving 9,826 hits. The Senior Times Newsletter has not increased by 5% but has remained at previous year's subscription levels. Currently, there are 1,200 subscribers by mail, 400 on-line subscriptions, and issues are available at all Nutrition sites within the County.

Status: Partially completed and activities will be ongoing. The number of visits to the COA website was 10,485. This is an increase of 6.7% over the prior year. It is anticipated that the visits to the website will remain at the current level in the upcoming year and not reach the goal of ten percent growth each year. The Senior Times has not increased by five percent but has continued to remain at the previous year's subscription levels. Many older adults access the Senior Times Newsletter on the Health & Human Services Agency website. The COA is exploring paid advertisement to promote the newsletter.

SECTION 7. PUBLIC HEARINGS

PSA 29

At least one public hearing must be held each year of the four-year planning cycle.

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹ Yes or No	Was hearing held at a Long-Term Care Facility? ² Yes or No
2012-13					
2013-14	4/18/13	Placerville, CA	27	No	No
2014-15	4/17/14	Diamond Springs	21	No	No
2015-16					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

The public hearing for the 2014-2015 Area Plan Update was advertised at all Senior Nutrition Congregate dining sites as well as the three senior centers located within the County (PSA 29). A notice was also posted at the Health & Human Services Agency office. The public hearing was noticed in the Mountain Democrat, which is the largest local newspaper for the PSA and included on the Commission on Aging website.

2. Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and C

Not Applicable.

4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services

Yes. Go to question #5

No, Explain:

² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

This Public Hearing for the Annual Update reviewed the progress on the Goals and Objectives as well as the achievements of the Area Agency on Aging, PSA 29. Attendees were provided the opportunity to comment and make recommendations regarding the Update. No changes are being made in PSA 29's existing funding percentages of the Title IIIB funds for Priority Services.

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

Not Applicable.

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

The comments received at the Public Hearing were as follows:

1. *What is the definition of Geographic Isolation? Why are seniors moving to areas of the county that are isolated and do not have services available to them?*
2. *The Commission on Aging would like to see more collaboration between the City of Placerville and El Dorado County in the development of additional activities for seniors within the Placerville area.*
3. *The South Lake Tahoe Nutrition Site Home Delivered Meals Program only serves the South Lake Tahoe City area which does not extend to the town of Meyers. Can this program be expanded to this area? Additional volunteers are needed to provide this service.*
4. Note any changes to the Area Plan which were a result of input by attendees.

A paragraph regarding the definition of geographic isolation was added to the Area Plan Update. Other areas of the Update are unchanged.

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 29

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the NAPIS State Program Report.

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary.

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

1. Personal Care (In-Home) *Not applicable* **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

2. Homemaker *Not applicable* **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

3. Chore *Not applicable* **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	90,000	2	
2013-2014	90,000	2	
2014-2015	110,000	2	
2015-2016			

5. Adult Day Care/Adult Day Health *Not applicable*

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

6. Case Management *Not applicable*

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

7. Assisted Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	n/a		
2013-2014	50	2	
2014-2015	15	2	
2015-2016			

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	60,000	1	1.7
2013-2014	60,000	1	1.7
2014-2015	60,000	1	1.7
2015-2016			

9. Nutrition Counseling *Not applicable*

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

10. Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	n/a		
2013-2014	100	2	
2014-2015	50	2	
2015-2016			

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,300	3, 4	3.1, 3.2, 3.3, 3.4, 3.5, 4.3, 4.4
2013-2014	4,500	3, 4	3.1, 3.3, 3.4, 3.5, 4.3, 4.4
2014-2015	5,000	3, 4	3.1, 3.3, 3.5, 4.3
2015-2016			

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,500	1	1.7
2013-2014	4,800	1	1.7
2014-2015	5,000	1	1.7
2015-2016			

13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
2013-2014	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
2014-2015	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
2015-2016			

14. Outreach *Not applicable*

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

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

Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)

Title III D/Health Promotion and Medication Management requires a narrative goal and objective. The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

Title III B, Other Supportive Services ³

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

Service Category: Telephone Reassurance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	480	1	1.11
2013-2014	720	1	1.11
2014-2015	550	1	1, 11
2015-2016			

Instructions for Title III D /Health Promotion and Medication Management: List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

Service Activity: List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

⁶ Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: Education on Preventative Health Services, Group Exercise

Title III D/Health Promotion: Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3,000	1, 2, 4	1.1, 1.4, 1.9, 2.3, 4.2
2013-2014	2,000	1, 2, 4	1.1, 1.4, 1.9, 2.3, 4.2
2014-2015	3,000	1, 2, 4	1.1, 1.4, 1.9, 2.3, 4.2
2015-2016			

Note: Health Screenings are no longer being provided by the PSA due to lack of funding.

Title III D Medication Management ⁴

Units of Service = 1 Contact

Service Activities: Brown Bag Clinic with a Pharmacist

Title III D/Medication Management: Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	2,000	1, 2	1.1, 1.2, 2.7
2013-2014	30	1	1.2
2014-2015	10	1	1.2
2015-2016			

Note: Vital Health Packets are no longer being provided as they do not meet the evidence based requirements.

7 Refer to Program Memo 01-03

TITLE III B and Title VII A:LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**2012–2016 Four-Year Planning Cycle**

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:**A. Complaint Resolution Rate** (AoA Report, Part I-E, Actions on Complaints)

The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: <u>76%</u> Number of complaints resolved <u>84</u> + Number of partially resolved complaints <u>5</u> divided by the Total Number of Complaints Received <u>117</u> = Baseline Resolution Rate <u>76%</u>
2. FY 2012-2013 Target: Resolution Rate <u>75%</u>
3. FY 2011-2012 AoA Resolution Rate <u>66%</u> FY 2013-2014 Target: Resolution Rate <u>75%</u>
4. FY 2012-2013 AoA Resolution Rate <u>82</u> % FY 2014-2015 Target: Resolution Rate <u>80</u> %
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: 3

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

FY 2010-2011 Baseline: number of meetings attended <u>7</u>
2. FY 2012-2013 Target: <u>8</u>
3. FY 2011-2012 AoA Data: <u>10</u> FY 2013-2014 Target: <u>8</u>
4. FY 2012-2013 AoA Data: <u>11</u> FY 2014-2015 Target: <u>8</u>
5. FY 2013-2014 AoA Data: <u> </u> FY 2015-2016 Target: <u> </u>
Program Goals and Objective Numbers: 3

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

1. FY 2010-2011 Baseline: number of meetings attended <u>2</u>
2. FY 2012-2013 Target: number <u>2</u>
3. FY 2011-2012 AoA Data: <u>5</u> FY 2013-2014 Target: <u>2</u>
4. FY 2012-2013 AoA Data: <u>4</u> FY 2014-2015 Target: <u>4</u>
5. FY 2013-2014 AoA Data: <u> </u> FY 2015-2016 Target: <u> </u>
Program Goals and Objective Numbers: 3

D. Consultation to Facilities (AoA Report, Part III-D, #4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>29</u>
2. FY 2012-2013 Target: <u>96</u>
3. FY 2011-2012 AoA Data: <u>110</u> FY 2013-2014 Target: <u>96</u>
4. FY 2012-2013 AoA Data: <u>136</u> FY 2014-2015 Target: <u>100</u>
5. FY 2013-2014 AoA Data: <u> </u> FY 2015-2016 Target: <u> </u>
Program Goals and Objective Numbers: 3

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>668</u>
2. FY 2012-2013 Target: <u>150</u>
3. FY 2011-2012 AoA Data: <u>522</u> FY 2013-2014 Target: <u>600</u>
4. FY 2012-2013 AoA Data: <u>843</u> FY 2014-2015 Target: <u>600</u>
5. FY 2013-2014 AoA Data: <u> </u> FY 2015-2016 Target: <u> </u>
Program Goals and Objective Numbers: 3

F. Community Education (AoA Report, Part III-D, #10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2010-2011 Baseline: number of sessions <u>15</u>
2. FY 2012-2013 Target: <u>4</u>
3. FY 2011-2012 AoA Data: <u>3</u> FY 2013-2014 Target: <u>4</u>
4. FY 2012-2013 AoA Data: <u>1</u> FY 2014-2015 Target: <u>4</u>
5. FY 2013-2014 AoA Data: <u> </u> FY 2015-2016 Target: <u> </u>
Program Goals and Objective Numbers: 3

G. Systems Advocacy

FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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.)

Enter information in the box below.

Systemic Advocacy Effort(s)
 Develop a training and advocacy program for program volunteers dedicated to addressing specific topics of interest as determined by the Ombudsman team. On a monthly basis, the Ombudsman team will choose a topic based upon issues they have been encountering in their facilities on which to receive training at a subsequent meeting. As a team, guidance will be developed as to the role of the Ombudsman, observations to be made in the field, resident rights, relevant regulations, and tips for communicating such information to facility staff, residents, and family members. Possible topics may include resident visitation rights, representation in care planning process, and abuse in long term care facilities.

Outcome 2. Residents have regular access to an Ombudsman.
[(OAA Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: <u>14</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>1</u> divided by the number of Nursing Facilities <u>7</u> .
2. FY 2012-2013 Target: <u>80%</u>
3. FY 2011-2012 AoA Data: <u>60%</u> FY 2013-2014 Target: <u>100%</u>
4. FY 2012-2013 AoA Data: <u>80%</u> FY 2014-2015 Target: <u>80%</u>
5. FY 2013-2014 AoA Data: <u> </u> % FY 2015-2016 Target: <u> </u> %
Program Goals and Objective Numbers: 3

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: <u>27</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>10</u> divided by the number of RCFEs <u>36</u>
2. FY 2012-2013 Target: <u>75%</u>
3. FY 2011-2012 AoA Data: <u>37%</u> FY 2013-2014 Target: <u>75%</u>
4. FY 2012-2013 AoA Data: <u>72%</u> FY 2014-2015 Target: <u>75%</u>
5. FY 2013-2014 AoA Data: <u> </u> % FY 2015-2016 Target: <u> </u> %
Program Goals and Objective Numbers: 3

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs <u>.4</u>
2. FY 2012-2013 Target: <u>.73</u> FTEs
3. FY 2011-2012 AoA Data: <u>.73</u> FTEs FY 2013-2014 Target: <u>.73</u> FTEs
4. FY 2012-2013 AoA Data: <u>1.0</u> FTEs FY 2014-2015 Target: <u>.8</u> FTEs

5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs

Program Goals and Objective Numbers: 3

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers
as of June 30, 2010 14

2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2013 10

3. FY 2011-2012 AoA Data: 20 certified volunteers
FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2014 15

4. FY 2012-2013 AoA Data: 10 certified volunteers
FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2015 14

5. FY 2013-2014 AoA Data: ___ certified volunteers
FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2016 ___

Program Goals and Objective Numbers: 3

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner.
[OAA Section 712(c)]

Measures and Targets:

A. NORS Training. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 5

Please obtain this information from the local LTC Ombudsman Program Coordinator.

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 5

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 2

FY 2013-2014 Target 2

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 2

FY 2014-2015 Target 2

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____

FY 2015-2016 Target: _____

Program Goals and Objective Numbers: 3

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. **OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.**
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES PSA 29

Fiscal Year	Total # of Public Education Sessions
2012-13	20
2013-14	20
2014-15	20
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	60
2013-14	60
2014-15	60
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-2013	750
2013-2014	750
2014-2015	750
2015-2016	

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

2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1 Total est. audience for above: 75	1, 2, 4	1.1, 2.1, 4.1, 4.5
2013-2014	# of activities: 1 Total est. audience for above: 75	1, 2, 4	1.1, 2.1, 4.1, 4.5
2014-2015	# of activities: 1 Total est. audience for above: 40	1, 2, 4	1.1, 2.1, 4.1, 4.5
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	1,100	2, 4	2.1, 2.2, 4.5
2013-2014	900	2, 4	2.1, 2.2, 4.5
2014-2015	1,000	2, 4	2.1, 2.2, 4.5
2015-2016			
Support Services	Total hours		
2012-2013	800	2, 4	2.2, 4.2
2013-2014	900	2, 4	2.2, 4.2
2014-2015	800	2, 4	2.2, 4.2
2015-2016			
	Total hours		

Respite Care			
2012-2013	1,700	2	2.2
2013-2014	1,000	2	2.2
2014-2015	700	2	2.2
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	10	2	2.2
2013-2014	4	2	2.2
2014-2015	4	2	2.2
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1 Total est. audience for above: 10	4	4.5
2013-2014	# of activities: 0 Total est. audience for above: 0		
2014-2015	# of activities: 0 Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	4	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016			
Support Services	Total hours		
2012-2013	2	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016			

Respite Care	Total hours		
2012-2013	3	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	1	2, 4	2.2, 4.5
2013-2014	0		
2014-2015	0		
2015-2016			

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

MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	406	1
2013-2014	388	1
2014-2015	552	1
2015-2016		

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

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	20	1
2013-2014	19	1
2014-2015	18	1
2015-2016		

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	905	1
2013-2014	995	1
2014-2015	1,619	1
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	1,792	1
2013-2014	1,711	1
2014-2015	1,403	1
2015-2016		

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	200	1
2013-2014	191	1
2014-2015	271	1
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	409	1
2013-2014	391	1
2014-2015	1,289	1
2015-2016		

Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	740	1
2013-2014	764	1
2014-2015	1,393	1
2015-2016		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	600	1
2013-2014	573	1
2014-2015	1,231	1
2015-2016		

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counseling Assistance Hours in PSA	Goal Numbers
2012-2013	1.4 Counselor FTEs in PSA	1
2013-2014	533	1
2014-2015	848	1
2015-2016		

Note: FY 12/13--This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

Section 3: HICAP Legal Services Units of Service (if applicable) ⁵

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	4	1
2013-2014	4	1
2014-2015	6	1
2015-2016		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	8.2	1
2013-2014	8.2	1
2014-2015	10	1
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	10	1
2013-2014	10	1
2014-2015	12	1
2015-2016		

⁵ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**GOVERNING BOARD MEMBERSHIP
2012-2016 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

Norma Santiago, Chair	January 2015
Ray Nutting, First Vice Chair	January 2015
Brian K. Veerkamp, Second Vice Chair	January 2015

Names and Titles of All Members:

Board Term Expires:

Ron Mikulaco, District I	January 2017
Ray Nutting, District II	January 2017
Brian K. Veerkamp, District III	January 2017
Ron Briggs, District IV	January 2015
Norma Santiago, District V	January 2015

**ADVISORY COUNCIL MEMBERSHIP
2012-2016 Four-Year Planning Cycle**

45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 14

Number of Council Members over age 60 14

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>92.1%</u>	<u>93%</u>
Hispanic	<u>3.72%</u>	<u>0%</u>
Black	<u>0.31%</u>	<u>7%</u>
Asian/Pacific Islander	<u>0.17%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.61%</u>	<u>0%</u>
Other	<u>3.09%</u>	<u>0%</u>

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

Roger Berger, Chair , Community Representative	3/2015
Roberta Rimbault, Vice Chair , Supervisor Appointee Member-at-Large	1/2015

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

Hal Erpenbeck, Supervisor Appointee – District 1	1/2017
Elizabeth Drummond, Supervisor Appointee – District II	1/2017
Michael Roberts- Supervisor Appointee-District III	01/2017
Vicki Ludwig, Vice Chair – Supervisor Appointee -- District IV	1/2015
Siubhan Stevens, Supervisor Appointee – District V	Resigned 1/2014
Ken Eibert, Community Representative	6/2016
Geraldine Grego, City of South Lake Tahoe Appointee	1/2015
Marlene Back, Community Representative	11/2014
Steven Shervey, City of Placerville Appointee	n/a
Brian Reeves, Community Representative	3/2015
Raymond Wyatt, Community Representative	3/2015
Horace Holmes, Community Representative	4/2014

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

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

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 and the Director of the Area Agency on Aging. The chosen applicant(s) are nominated by the Membership Committee and approved by the Commission.