

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 21

**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)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	5185	II	
2013-2014	5191	II	
2014-2015	5191	II	
2015-2016	5191	II	

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3952	II	
2013-2014	3839	II	
2014-2015	3839	II	
2015-2016	3839	II	

3. Chore

Unit of Service = 1 hour

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	290,610	II	
2013-2014	276,080	II	
2014-2015	320,000	II	
2015-2016	320,000	II	

5. Adult Day Care/Adult Day Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,154	II, IV	
2013-2014	10,154	II, IV	
2014-2015	10,154	II, IV	
2015-2016	10,154	II, IV	

6. Case Management**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1970	II	
2013-2014	1871	II	
2014-2015	1871	II	
2015-2016	1871	II	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	12,250	I, II	
2013-2014	13,321	I, II	
2014-2015	13,321	I, II	
2015-2016	13,321	I, II	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	190,739	II	
2013-2014	181,190	II	
2014-2015	190,739	II	
2015-2016	190,739	II	

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

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

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	N/A		
2014-2015	N/A		
2015-2016	N/A		

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,255	IV	
2013-2014	2,255	IV	
2014-2015	2,255	IV	
2015-2016	2,255	IV	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	7,331	II	
2013-2014	11,004*	II	
2014-2015	11,004	II	
2015-2016	11,004	II	

*More accurate projection based on the combination of quarterly Info Van nutrition education for home-delivered meal clients and quarterly nutrition education conducted at congregate nutrition sites.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	38,240	III, IV	
2013-2014	34,512	III, IV	
2014-2015	32, 560	III, IV	
2015-2016	32, 560	III, IV	

14. Outreach**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5050	I, II, IV	
2013-2014	13,250*	I, II, IV	
2014-2015	13,250	I,II, IV	
2015-2016	13,250	I,II, IV	

*More accurate projection based on the combination of IIIB Outreach conducted by the East and West Info Vans and program specific IIIB Outreach.

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 ³⁸

For all Title III B “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All “Other” services must be listed separately. Duplicate the table below as needed.

Service Category Senior Center Activities

Unit of Service I Hr

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,550	II, IV, V	II.D.7 IV.B.1
2013-2014	1,550	II, IV, V	II.D.7 IV.B.1
2014-2015	1,550	II, IV, V	II.D.7 IV.B.1
2015-2016	1,550	II, IV, V	II.D.7 IV.B.1

Service Category Senior Center Staffing

Unit of Service I Hr

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A	II	
2013-2014	N/A	II	
2014-2015	N/A	II	

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

2015-2016	N/A	II	
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Service Category Comprehensive Assessment

Unit of Service I Hr

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,175	II, IV	
2013-2014	1234	II, IV	
2014-2015	1357	II, IV	
2015-2016	1357	II, IV	

Service Category Cash/Material Aid

Unit of Service I Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	15,020	II	
2013-2014	15,000	II	
2014-2015	10,990*	II	
2015-2016	10,990*	II	

*More accurate estimate based on 2012-2013 and 2013-2014 performance data.

Service Category Community Education

Unit of Service I Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	16	II	
2013-2014	16	II	
2014-2015	16	II	
2015-2016	16	II	

Service Category Public Information

Unit of Service | Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	30	I, II, IV	
2013-2014	30	I, II, IV	
2014-2015	30	I, II, IV	
2015-2016	30	I, II, IV	

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.

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: Physical Fitness (Evidence Based)

- **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	17,250	II	II.D. 11
2013-2014	18,113	II	II.D. 11
2014-2015	19,924	II	II.D. 11
2015-2016	19,924	II	II.D. 11

Title III D Evidence Based Health Promotion ³⁹

Units of Service = 1 Contact

Service Activities: Chronic Disease Self-Management

- **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	800*	II	D.11
2013-2014	800	II	D.11
2014-2015	800	II	D.11
2015-2016	800	II	D.11

*More accurate projection based on mid-January 2013 actual start of the program and contact count.

Title III D Evidence Based Health Promotion ⁴⁰

Units of Service = 1 Contact

Service Activities: Pre-Depression Screening

- **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	1200	II	D.10
2013-2014	1200	II	D.10
2014-2015	1200	II	D.10
2015-2016	1200	II	D.10

7 Refer to Program Memo 01-03
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: 77%

Number of complaints resolved 388 + Number of partially resolved complaints 335 divided by the Total Number of Complaints Received 936 = Baseline Resolution Rate 77%

2. FY 2012-2013 Target: Resolution Rate 80%

3. FY 2011-2012 AoA Resolution Rate 72% FY 2013-2014 Target: Resolution Rate 82%

4. FY 2012-2013 AoA Resolution Rate 74% FY 2014-2015 Target: Resolution Rate 85%

5. FY 2013-2014 AoA Resolution Rate 80% FY 2015-2016 Target: Resolution Rate 86%

Program Goals and Objective Numbers: Goal II, Objective D.5.

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

FY 2010-2011 Baseline: number of meetings attended <u>92</u>
2. FY 2012-2013 Target: <u>86</u>
3. FY 2011-2012 AoA Data: <u>129</u> FY 2013-2014 Target: <u>90</u>
4. FY 2012-2013 AoA Data: <u>62</u> FY 2014-2015 Target: <u>95</u>
5. FY 2013-2014 AoA Data: 65 FY 2015-2016 Target: <u>98</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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

1. FY 2010-2011 Baseline: number of meetings attended <u>3</u>
2. FY 2012-2013 Target: number <u>5</u>
3. FY 2011-2012 AoA Data: <u>9</u> FY 2013-2014 Target: <u>7</u>
4. FY 2012-2013 AoA Data: <u>8</u> FY 2014-2015 Target: <u>9</u>
5. FY 2013-2014 AoA Data: <u>9</u> FY 2015-2016 Target: <u>11</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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>95</u>
2. FY 2012-2013 Target: <u>500*</u>
3. FY 2011-2012 AoA Data: <u>279</u> FY 2013-2014 Target: <u>280*</u>
4. FY 2012-2013 AoA Data: <u>372</u> FY 2014-2015 Target: <u>530*</u>
5. FY 2013-2014 AoA Data: 530 FY 2015-2016 Target: <u>535*</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

* These target t number have been reduced due to a reduction in phone based assistance and an increase in face-to-face contact

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>278</u>
2. FY 2012-2013 Target: <u>500*</u>
3. FY 2011-2012 AoA Data: <u>642</u> FY 2013-2014 Target: <u>645*</u>
4. FY 2012-2013 AoA Data: <u>993</u> FY 2014-2015 Target: <u>530*</u>
5. FY 2013-2014 AoA Data: <u>995</u> FY 2015-2016 Target: <u>535*</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

* These target t number have been reduced due to a reduction in phone based assistance and an increase in face-to-face contact

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>4</u>
2. FY 2012-2013 Target: <u>10</u>
3. FY 2011-2012 AoA Data: <u>0</u> FY 2013-2014 Target: <u>6</u>
4. FY 2012-2013 AoA Data: <u>14</u> FY 2014-2015 Target: <u>16</u>
5. FY 2013-2014 AoA Data: <u>16</u> FY 2015-2016 Target: <u>18</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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)

- III.I. The Ombudsman program will collaborate with the Curtailing Abuse Related to the Elderly (CARE) Team in order to improve the quality of life and to expedite investigations of abuse in the County.
- IV.II. The Ombudsman Program will meet regularly with Operational Area Planning Committee and Voluntary Organization Active in Disaster (VOAD) in preparation for a disaster.
- V.III. The Ombudsman Program will work with the local Skilled Nursing and Assisted Living facilities with a focus on the changes within the law based on AB-40.

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>83%</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>45</u> divided by the number of Nursing Facilities <u>45</u> .
2. FY 2012-2013 Target: <u>90%</u>
3. FY 2011-2012 AoA Data: <u>83%</u> FY 2013-2014 Target: <u>100 %</u>
4. FY 2012-2013 AoA Data: <u>67%</u> FY 2014-2015 Target: <u>100 %</u>
5. FY 2013-2014 AoA Data: <u>90%</u> FY 2015-2016 Target: <u>100 %</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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>25%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>365</u> divided by the number of RCFEs <u>365</u>
2. FY 2012-2013 Target: <u>83 %</u>
3. FY 2011-2012 AoA Data: <u>15%</u> FY 2013-2014 Target: <u>85 %</u>

4. FY 2012-2013 AoA Data: <u>23</u> % FY 2014-2015 Target: <u>100</u> %
5. FY 2013-2014 AoA Data: <u>85</u> % FY 2015-2016 Target: <u>100</u> %
Program Goals and Objective Numbers: Goal II, Objective D.5.

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>6.0</u>
2. FY 2012-2013 Target: <u>8.0</u> FTEs
3. FY 2011-2012 AoA Data: <u>6.15</u> FTEs FY 2013-2014 Target: <u>6.15</u> FTEs
4. FY 2012-2013 AoA Data: <u>6.15</u> FTEs FY 2014-2015 Target: <u>6.15</u> FTEs
5. FY 2013-2014 AoA Data: 6.15 FTEs FY 2015-2016 Target: <u>8.0</u> FTEs
Program Goals and Objective Numbers: Goal II, Objective D.5.

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 <u>26</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>27</u>
3. FY 2011-2012 AoA Data: <u>27</u> certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u>30</u>

4. FY 2012-2013 AoA Data 16 certified volunteers

FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2015 25

5. FY 2013-2014 AoA Data: 25 certified volunteers

FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2016 30

Program Goals and Objective Numbers: Goal II, Objective D.5.

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. 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 31

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 31

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 34

FY 2013-2014 Target 38

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 38

FY 2014-2015 Target 43

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 38

FY 2015-2016 Target: 49

Program Goals and Objective Numbers: Goal II, Objective D.5.

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

Fiscal Year	Total # of Public Education Sessions
2012-13	40
2013-14	40
2014-15	25*
2015-16	25*

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

*Transitioning work from current community partner to new community partner for the same service

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	N/A
2013-14	N/A
2014-15	2
2015-16	2

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

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	1200	Fraud Prevention and Protection
2013-2014	1200	Fraud Prevention and Protection
2014-2015	1200	Fraud Prevention and Protection
2015-2016	1200	Fraud Prevention and Protection

Fiscal Year	Total Number of Individuals Served
2012-2013	1200
2013-2014	1200
2014-2015	1200
2015-2016	1200

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: 70 Total est. audience for above: 101,500	V	
2013-2014	# of activities: 61 Total est. audience for above: 100,485	V	
2014-2015	# of activities: 55 Total est. audience for above: 90,437	V	
2015-2016	# of activities: 55 Total est. audience for above: 90,437		
Access Assistance	Total contacts		
2012-2013	1,105	V	
2013-2014	4,420*	V	
2014-2015	4,420	V	
2015-2016	4,420	V	
Support Services	Total hours		
2012-2013	3,615	V	
2013-2014	3,732	V	
2014-2015	3,732	V	
2015-2016	3,732	V	

Respite Care	Total hours		
2012-2013	7,618	V	
2013-2014	7,350	V	
2014-2015	7,350	V	
2015-2016	7,350	V	
Supplemental Services	Total occurrences		
2012-2013	15	V	
2013-2014	10	V	
2014-2015	10	V	
2015-2016	10	V	

*More accurate projection based on program specific III E Access Assistance services.

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: 16 Total est. audience for above: 6240	V	
2013-2014	# of activities: 16 Total est. audience for above: 6240	V	
2014-2015	# of activities: 16 Total est. audience for above: 6,000*	V	
2015-2016	# of activities: 16 Total est. audience for above: 6,000	V	
Access Assistance	Total contacts		
2012-2013	366	V	
2013-2014	360	V	
2014-2015	600**	V	
2015-2016	600**	V	
Support Services	Total hours		
2012-2013	111	V	
2013-2014	105	V	
2014-2015	111	V	
2015-2016	111	V	
Respite Care	Total hours		
2012-2013	N/A		
2013-2014	N/A		
2014-2015	N/A		
2015-2016	N/A		
Supplemental Services	Total occurrences		
2012-2013	N/A		
2013-2014	N/A		
2014-2015	N/A		
2015-2016	N/A		

*More accurate projections based on inclusion of additional activities

** More accurate based upon III E and IIIB I&A numbers combined.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): Hemet Service Center
Street Address: 749 North State Street, Hemet, CA 92543
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff <u> 0 </u> Number of participant staff <u> 2 </u>
How many participants are served at this site? 16

Location/Name (AAA office, One Stop, Agency, etc): Riverside County Office on Aging
Street Address: 78-900 Ave 47, Suite 200, La Quinta, CA 92253
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff <u> 0 </u> Number of participant staff <u> 3 </u>
How many participants are served at this site? 16

Location/Name (AAA office, One Stop, Agency, etc): Riverside County Office on Aging
Street Address: 6296 River Crest Drive, Suite K, Riverside, CA 92507
Name and title of all SCSEP staff members (paid and participant): Lynette Worrell – Program Manager
Number of paid staff <u> 1 </u> Number of participant staff <u> 9 </u>
How many participants are served at this site? 35

More accurate projection based on Federal vs. California minimum wage differential, and 5% sequester cuts.

8 If not providing Title V, enter PSA number followed by "Not providing".

**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	1,690	II, IV
2013-2014	2,000	II, IV
2014-2015	2565	II, IV
2015-2016	2616 2727	II, IV

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	137	II, IV
2013-2014	138	II, IV
2014-2015	182	II, IV
2015-2016	185	II, IV

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	8,039	II, IV
2013-2014	8,712	II, IV
2014-2015	17,838	II, IV
2015-2016	18,195	II, IV

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	15,203	II, IV
2013-2014	20,000	II, IV
2014-2015	41,774	II, IV
2015-2016	42,609 22,000	II, IV

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	1,183	II, IV
2013-2014	1,302	II, IV
2014-2015	2,400	II, IV
2015-2016	2,448	II, IV

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	3,077	II, IV
2013-2014	3,869	II, IV
2014-2015	10,203	II, IV
2015-2016	10,407	II, IV

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	5,988	II, IV
2013-2014	6,489	II, IV
2014-2015	12,708	II, IV
2015-2016	12,962	II, IV

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	2,816	II, IV
2013-2014	3,052	II, IV
2014-2015	10,334	II, IV
2015-2016	10,540	II, IV

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 Counselor FTEs in PSA	Goal Numbers
2012-2013	29.4	II, IV
2013-2014	29.4	II, IV

2014-2015	4,982*	II, IV
2015-2016	5,081* 6787	II, IV

*This number reflects the total number of counseling hours, rather than FTEs.

Section 3: HICAP Legal Services Units of Service (if applicable) ⁴²

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	

⁴² Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11 - FOCAL POINTS**PSA 21****COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Ageless Reflections – Blythe Community Center	445 North Broadway Blythe, CA 92225
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Parkway Beaumont, CA 92223
Arlanza Community Center – Bryant Park	7950 Philbin Avenue Riverside, CA 92503
Banning Senior Center	769 North San Geronio Avenue PO Box 998, Banning, CA 92220
Cathedral Center	37-171 West Buddy Rogers Avenue Cathedral City, CA 92234
Coachella Senior Center	1540 Seventh Street Coachella, CA 92236
Colorado River Senior Community Center	HCR 20, Box 3408 – Rio Loco Blythe, CA 92225
Corona Senior Center	921 South Belle Street Corona, CA 92882
Dales Senior Center	3936 Chestnut Street Riverside, CA 92501
Desert Hot Springs Senior Center	11-777 West Drive Desert Hot Springs, CA 92240
Eddie Dee Smith Senior Center	5888 Mission Boulevard Rubidoux, CA 92509
Idyllwild Town Hall	25925 Cedar Street Idyllwild, CA 92549
Indio Senior Center	45-700 Aladdin Street Indio, CA 92201
James A. Venable Community Center	50-390 Carmen Avenue Cabazon, CA 92230
James Simpson Memorial Center	305 East Devonshire Avenue Hemet, CA 92543
Janet Goeske Center	5257 Sierra Street Riverside, CA 92504

Designated Community Focal Point	Address
Jerry Rummonds Senior Center	87-225 Church Street PO Box 701 Thermal, CA 92274
Joslyn Senior Center	73-750 Catalina Way Palm Desert, CA 92260
Kay Cenicerros Senior Center	29995 Evans Road Sun City, CA 92586
La Quinta Senior Center	78-450 Avenida La Fonda La Quinta, CA 92247
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505
Lake Elsinore Activity Center	420 East Lakeshore Drive Lake Elsinore, CA 92530
Marion Ashley Community Center	25625 Briggs Road Menifee, CA 92585
Mary Phillips Senior Center	41845 Sixth Street Temecula, CA 92590
Mead Valley Community Center	21091 Rider Street Perris, CA 92570
Mizell Senior Center	480 South Sunrise Way Palm Springs, CA 92262
Moreno Valley Senior Center	25075 Fir Avenue Moreno Valley, CA 92553
Moses Schaffer Community Center	21565 Steele Peak Drive Perris, CA 92570-8296
Murrieta Senior Center	41717 Juniper Street Murrieta, CA 92562
Norco Senior Center	2690 Clark Avenue PO Box 428 Norco, CA 92860
Norton Younglove Community Center	459 West Center Street Riverside, CA 92507
Norton Younglove Community Center	908 Park Street PO Box 1190 Calimesa, CA 92320
Perris Senior Center	100 North "D" Street Perris, CA 92570
Riverside-San Bernardino County Indian Health	11555 ½ Potrero Road Banning, CA 92220
Ruth H. Lewis Community Center at Reid Park	701 North Orange Street Riverside, CA 92501
San Jacinto Community Center	625 South Pico Avenue San Jacinto, CA 92583
Stratton Community Center at Bordwell Park	2008 Martin Luther King Boulevard Riverside, CA 92507
The Center	611 S. Palm Canyon Drive, Suite 201 Palm Springs, CA 92262
Ysamel Villegas Community Center	3091 Esperanza Street Riverside, CA 92503

SECTION 12 - DISASTER PREPAREDNESS

PSA 21

Disaster Preparation Planning Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

Riverside County Office on Aging (OoA) in its role as area agency on aging is responsible for creating a disaster plan that will ensure the provision of critical services that will meet the emergency needs of its consumers in the event of a natural disaster, such as an earthquake, fire or flood.

Office on Aging's Disaster Plan has been developed to coordinate with the County of Riverside's disaster plan, which includes five Standardized Emergency Management System (SEMS) functional units which may be activated at any time following an official activation by the Emergency Operations Center in a major disaster. The five SEMS are as follows:

- Care and Shelter Operations
- Resources and Support Operations
- Mental Health Operations
- Disaster Assistance Centers
- Radiological Protection

OoA is represented under the Care and Shelter Operations unit, which provides basic human needs and relocation of those in need, along with specific services targeted to the elderly and individuals with disabilities.

OoA's Disaster Response Coordinator is responsible to execute activation of OoA's Disaster Plan's policies and procedures, following an agency emergency/disaster and/or an official activation by the Emergency Operations Center. In the absence of the Disaster Response Coordinator, the designated alternate or the Director shall execute activation. In the absence of all three persons, the highest level supervisor available is authorized to execute activation of these policies and procedures.

In the event the emergency/disaster occurs during non-working hours, staff must report to the nearest operating OoA site and assume normal operating duties unless designated or assigned otherwise.

Information and Assistance staff has been provided written emergency procedures on how to provide services during and after a disaster. Earthquake and fire evacuation procedures occur twice a year as required by Riverside County Safety. In addition, the Disaster Response Coordinator participates in the Riverside County Operations Committee meetings and trains quarterly with Riverside County Public Health, Bioterrorism Branch, Riverside County Environmental Health, Riverside County Office of Emergency Services, and Riverside County Fire.

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

Name	Title	Telephone	email
Diana Rocket	Emergency Services Coordinator/EOC Manager Riverside County Fire	Office: (951) 955-4700 Cell: (951) 453-5130	Diana.rockot@fire.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Renee Dar-Khan	Supervising Prog Specialist I&A, ADRC Coordinator	Office: (951) 867-3800 Cell: (951) 591-5397	RDarkhan@co.riverside.ca.us

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

Critical Services	How Delivered?
<p>a Information and Referral Services, for such services as transportation, disaster assistance, etc.</p> <p>b Work with local OES, CDA, FEMA to provide accessible disaster aid</p> <p>c Connect food, water, and other supplies to consumers</p> <p>d Advocate and assist in providing seniors with gov't disaster assistance.</p> <p>e Assess the results of the disaster as well as the immediate needs of the clients and convey the result to the local OES and the CDA AAA Disaster Preparedness Coordinator.</p>	<p>a Through trained I&A staff on site or at designated location</p> <p>b In person or via call center; assistance in completion of forms for federal or state emergency assistance</p> <p>c Through contracted congregate meal sites or home delivered meals, or through emergency services as appropriate</p> <p>d Through trained staff and volunteers</p> <p>e Coordinated through the Disaster Preparedness Coordinator or the Director of the OoA.</p>

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

Formal emergency preparation or response agreements are included in our contracted meal service providers' agreements, which are Sodexo, Inc. and Family Services Agreement currently. As the OoA is currently in the RFP process, the contractor may change dependent on the results of the bidding process

6. Describe how the AAA will:

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

Our vulnerable population is identified through existing client data base system that is accessible to our social workers and other trained staff via the internet at any location. In addition, our Disaster Preparedness Coordinator and assigned staff will be prioritizing the needs and identifying additional vulnerable populations. In coordination with the local OES, FEMA, and CDA, the OoA will follow-up with these vulnerable populations based on the prioritization. The follow-up will be telephonic or home visits of identified clients through the first responders that are coordinating the responses.

SECTION 13 - PRIORITY SERVICES

PSA 21

2012-2016 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds ⁴³ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

Access:

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

12-13 **25.9%** 13-14 **25.9%** 14-15 **25.9%** 15-16 **25.9%**

In-Home Services:

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

12-13 **6%** 13-14 **6%** 14-15 **6%** 15-16 **6%**

Legal Assistance Required Activities: ⁴⁴

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

12-13 **3.5%** 13-14 **3.5%** 14-15 **3.5%** 15-16 **3.5%**

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Based on target populations and prior year usage.

⁴³ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

⁴⁴ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**PSA 21**

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

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

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

Check applicable direct servicesCheck each applicable Fiscal Year

	12-13	13-14	14-15	15-16
Title III B				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Medication Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title III E ⁴⁵	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VII A	12-13	13-14	14-15	15-16
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIB	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

⁴⁵ Refer to PM 11-11 for definitions of Title III E categories.

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

The Riverside County Office on Aging (OoA) has been the direct service provider of the services indicated in the preceding list and will continue to do so in the coming fiscal year 2012-2013. The OoA assures that the targeted populations are served through various outreach efforts and partnerships with community based service organizations throughout the county, as detailed in the Objectives/Actions under the Goals section of the Plan. The OoA and its Advisory Council are constantly reviewing programs and making sure that targeted populations are reached. OoA staff and Advisory Council members attend community events and collaborative meetings to promote services.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA 21

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

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

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

Identify Service Category: Meals (Blythe)

Check applicable funding source⁴⁶:

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

Request for Approval Justification:

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

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

- 2012-13 2013-14 2014-15 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁴⁷ :

Unable to establish a contract provider for the Blythe area.

⁴⁶ Section 15 does not apply to Title V (SCSEP).

⁴⁷ For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

Identify Service Category: Comprehensive Assessment

Check applicable funding source⁴⁸:

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

Request for Approval Justification:

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

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

- 2012-13
- 2013-14
- 2014-15
- 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁴⁹:

These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure by eliminating any gaps in service and allowing for more comprehensive service delivery to clients.

⁴⁸ Section 15 does not apply to Title V (SCSEP).

⁴⁹ For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

Identify Service Category: Cash/Material Aid

Check applicable funding source⁵⁰:

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

Request for Approval Justification:

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

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

- 2012-13
- 2013-14
- 2014-15
- 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁵¹:

These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure by eliminating any gaps in service and allowing for more comprehensive service delivery to clients.

⁵⁰ Section 15 does not apply to Title V (SCSEP).

⁵¹ For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**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:
Marion Ashley (District 5)	01/06/15
Jeff Stone (District 3) Chairman	01/03/17
Marion Ashley (District 5) Vice Chairman	01/06/15

Names and Titles of All Members:	Board Term Expires:
Kevin Jefferies (District 1)	01/03/17
John Tavaglione (District 2)	01/06/15
Jeff Stone (District 3) Chuck Washington (District 3)	6/30/2016
John Benoit (District 4)	01/06/15

District 1:

Includes Lake Elsinore, Wildomar, Canyon Lake and most of the City of Riverside. The District also comprises unincorporated areas including Gavilan Hills, Good Hope, LaCresta, Lake Hills Lake Mathews, Mead Valley, Meadowbrook, Temescal Valley Woodcrest, Warm Springs De Luz, Santa Rosa Plateau, and Tanaja.

District 2:

Includes Corona, Norco, Eastvale, Jurupa Valley, and the western half of the City of Riverside. The District also includes the unincorporated areas of Coronita, El Cerrito, High Grove and Home Gardens.

District 3:

Includes Canyon Lake, Hemet, San Jacinto, Temecula, and Murrieta. The District also includes the unincorporated areas of Anza, Aguanga, Idyllwild, Menifee Valley, Pinyon Pines, Valle Vista, Winchester, and Wine Country.

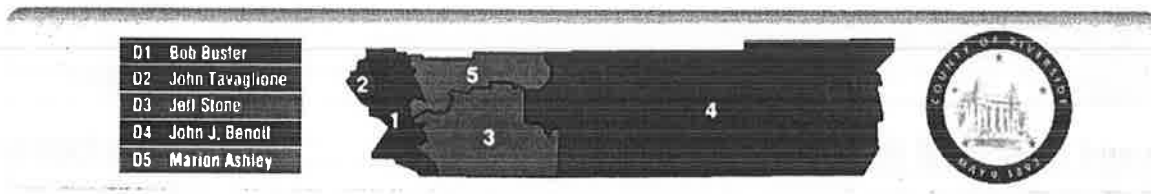
District 4:

Includes Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The District also includes the unincorporated areas of Bermuda Dunes, Chiriaco Summit, Colorado River communities, Desert Center, Lake Tamarisk, Eagle Mountain, Desert Edge, Desert Palms, Indio Hills, Mecca, Mesa Verde, North Shore, Oasis, Ripley, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa.

District 5:

Includes Moreno Valley, Perris, Calimesa, Beaumont, Banning and Unincorporated areas include Nuevo, Lakeview, Juniper Flats, Meadowbrook, portions of Mead Valley, Romoland, Homeland, Green Acres, Highgrove, Box Springs, Pigeon Pass, Reché Canyon, San Timoteo Canyon, Oak Valley, Cherry Valley, Banning Bench, Cabazon, Palm Springs Village, and Palm Springs West. The District also includes the Tribal Governments from the Sovereign Nations of the Mörongo Band of Mission Indians and the Agua Caliente Band of Cahuilla Indians as well as a portion of the March Air Reserve Base.

DISTRICT MAP OF RIVERSIDE COUNTY



Source: <http://www.rivcoconnection.com/RiversideCountyDistrictInfo/>

**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) 17

Number of Council Members over age 60 14

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>68.6 %</u>	<u>68.4%</u>
Hispanic	<u>19.7 %</u>	<u>126%</u>
Black	<u>04.7 %</u>	<u>6%</u>
Asian/Pacific Islander	<u>05.4 %</u>	<u>6%</u>
Native American/Alaskan Native	<u>00.6 %</u>	<u>6%</u>
Other	<u>04.9 %</u>	<u>6%</u>

Name and Title of Officers:

Office Term Expires:

Gary Kelley, Chairman, District 1 Representative	20142017
Gloria Sanchez, Chairperson, District V Representative	
Patricia Smith, District 3 Representative	20142017
Gary Kelley, Vice Chairman, District I Representative	
Jerry Corrales, Parliamentarian, Member	20132016

Name and Title of other members:

Office Term Expires:

Vacant, District III Representative	
Diana Camba, Member	2014
Alice Chandler, Member, District II Representative	2014
Erwin Fromm, Member	20122015
Beverly Greer, Member	20122015
Ann Kasper, Member	20142016
Dianne Lewis, Member	2012
Sharon Lambeth, Member	2016
Vee Maiden, Member	20142016
Sonja Martin, Member, District IV Representative	2017
Stephen Mehlman, Member	2017

Barbara Mitchell, Member	2016
Doris Morgan-Hayes, Member	2014-2016
Eileen Packer, Member	2015
Cyhtnia Quintero, Member	2016
Gloria Sanchez, District V Representative Patricia Smith	2017
Luella Thornton, Member	2013-2016

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s): N/A

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

Twelve members of the Advisory Council are selected by the Council members. When there is a vacancy, the vacancy is advertised in the local papers and on the agency's website. There is also an email blast through collaborative partners and through local senior organizations. The applications are accepted and reviewed by the Membership Committee of the Advisory Council. The applicants that are approved are then scheduled for an interview at the Riverside County Office on Aging. A member is selected by the committee and presented to the Advisory Council as an action item on the agenda. After approval by the Advisory Council, a request for approval is submitted to the Board of Supervisors. Once approved, the applicant becomes a member of the Advisory Council.

Five members of the Advisory Council are selected by each of the Board of Supervisors to represent their district. Each Board of Supervisor performs his own application, interview, and selection process. Once a member has been selected, the BOS informs the Office on Aging of the selection.

2012-2016 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.⁵²

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements: To enhance the quality of life across generations preventing elder abuse through community awareness, education, and providing access to legal services.
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 3.5% of Title III B funding will be allocated to Legal Services.
3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). There have been several changes in local needs in the past four years, including:

Family Law: Seniors have continued to become primary custodians of their grandchildren and the need for guardianships has continued to be strong. There is very limited free legal assistance available to assist seniors, and the need is greater in the rural areas.

Consumer Law: The number of seniors experiencing legal issues seems to be largely in two areas – consumer finance and foreclosures. As to consumer finance much of the focus involves credit card debt. Since issuers are permitted to make wholesale changes to terms without any express consent required by the cardholder seniors often see major interest rate and payment increases. When seniors default creditors are increasingly relying on litigation to try and collect. With foreclosures, many seniors were lured into negative amortization loans or ARMS that are now resetting to much higher payments.

Consumer/Health Law: As the senior population continues to increase, seniors who enter nursing homes and do not understand the coverage end up with significant debt and also have to sign themselves out.

Need for In-Home Supportive Assistance has been drastically reduced in the last four years; with most seniors unable to afford long term care, many are being cared for by family members who need more education about how to care for seniors especially for seniors who are suffering from diminished mental faculties .

There has also been a slight increase in Elder Financial Abuse over the past four years.

4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The targeted senior population are those seniors in the greatest social or economic need who do not have supportive resources to assist them with their personal business matters such as resolving a dispute with an insurance company or in dealing with family members or others who are being financially abusive. In person appointments are the

⁵² For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

most effective but also the most costly. Conducting an initial telephone intake to screen for eligibility followed up by timely contact by a legal advocate or a scheduled appointment at a senior center near their area of residence has also been effective.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1
2014-2015	1
2015-2016	1

6. Does your PSA have a hotline for legal services? Inland Counties Legal Services (ICLS) has a Housing Law Services Center that serves both Riverside and San Bernardino Counties which has a Housing Hotline component staffed by program paralegals who conduct client intake exclusively on housing cases.

Additionally, the ICLS Riverside Branch Office conducts Seniors Telephone Intake on the full range of civil legal problems handled by ICLS.

7. What methods of outreach are providers using? Discuss: During 2011-2012, ICLS paralegals conducted outreach through scheduled appointments at 8 senior citizen centers throughout Riverside County: 1 monthly, 4 every two months and 3 quarterly.

ICLS has published a Legal Guide for Seniors handbook with the last update in May, 2010; the Guide is widely disseminated by advocates to their clients and is also posted on the ICLS website.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	<ul style="list-style-type: none"> •a. Inland Legal Services •b. c. 	<ul style="list-style-type: none"> a. All of Riverside County b. c.
2013-2014	<ul style="list-style-type: none"> a. Inland Legal Services b. c. 	<ul style="list-style-type: none"> a. All of Riverside County b. c.
2014-2015	<ul style="list-style-type: none"> a. Inland Legal Services b. c. 	<ul style="list-style-type: none"> a. All of Riverside County b. c.
2015-2016	<ul style="list-style-type: none"> a. Inland Legal Services b. c. 	<ul style="list-style-type: none"> a. All of Riverside County b. c.

9. Discuss how older adults access Legal Services in your PSA: Older adults access legal services through outreach intake at senior citizen centers as well as through the telephone.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): Major types of legal issues include: Housing; Family; Elder Abuse; Consumer; Benefits; Health; Simple wills.

Older Adults continue to take in their grandchildren and have a need for guardianships. Older Adults are increasingly being taken care of by their adult children who seek assistance with conservatorships. Financial Elder Abuse continues to be a serious problem with a perceived increase as the economy has worsened.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: In the past four years, there has been an increase in Elder Abuse, Consumer Debt, Housing and Benefits legal problems as the economy has worsened.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The lack of adequate transportation, lack of sufficient legal staffing, and limited funding are barriers to accessing legal assistance in the PSA.

13. What other organizations or groups does your legal service provider coordinate services with? Discuss: The expectation is for the PSA's legal service providers to provide, at a minimum, a coordinated system of care through linkages with the Ombudsman program and the Health Insurance Counseling and Advocacy Program (HICAP).

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION
COMPLIANCE REVIEW**⁵³

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

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

¹⁶ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

PSA 21

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Section 373(a) and (b)**

2012–2016 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Grandparents who are raising grandchildren ages 0-5 who qualify under the First 5 contract receive respite to take care of errands, medical appointments, and other needs. Those grandparents who do not fall in this category are referred to in-house respite services through the Office on Aging or other agencies that provide this service. Supplemental services are offered and available to grandparents through services and programs with the Office on Aging. The social worker with the Grandparents Raising Grandchildren program is able to make referrals for these services if needed and if the grandparents qualify for this type of assistance.

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

SECTION 21 - ORGANIZATION CHART (Samples follow)

Office on Aging Executive Team



Michele Haddock
Director



Rachelle Roman
Deputy Director

Leadership Team Members

Administrative Services Manager

- Coordinated Care Programs Manager
- Care Access
- Caregiver Program Manager

Veronica Rodroquez

Robin McCall
-Traci Cornelius
Mary Hrinko

Contracts and Services Officer

Deniece Berry

I&A Supervising Program Specialist and ADRC Coordinator

- Grandparents Raising Grandchildren Program Manager

Renee Dar-Khan

Stephen Geist

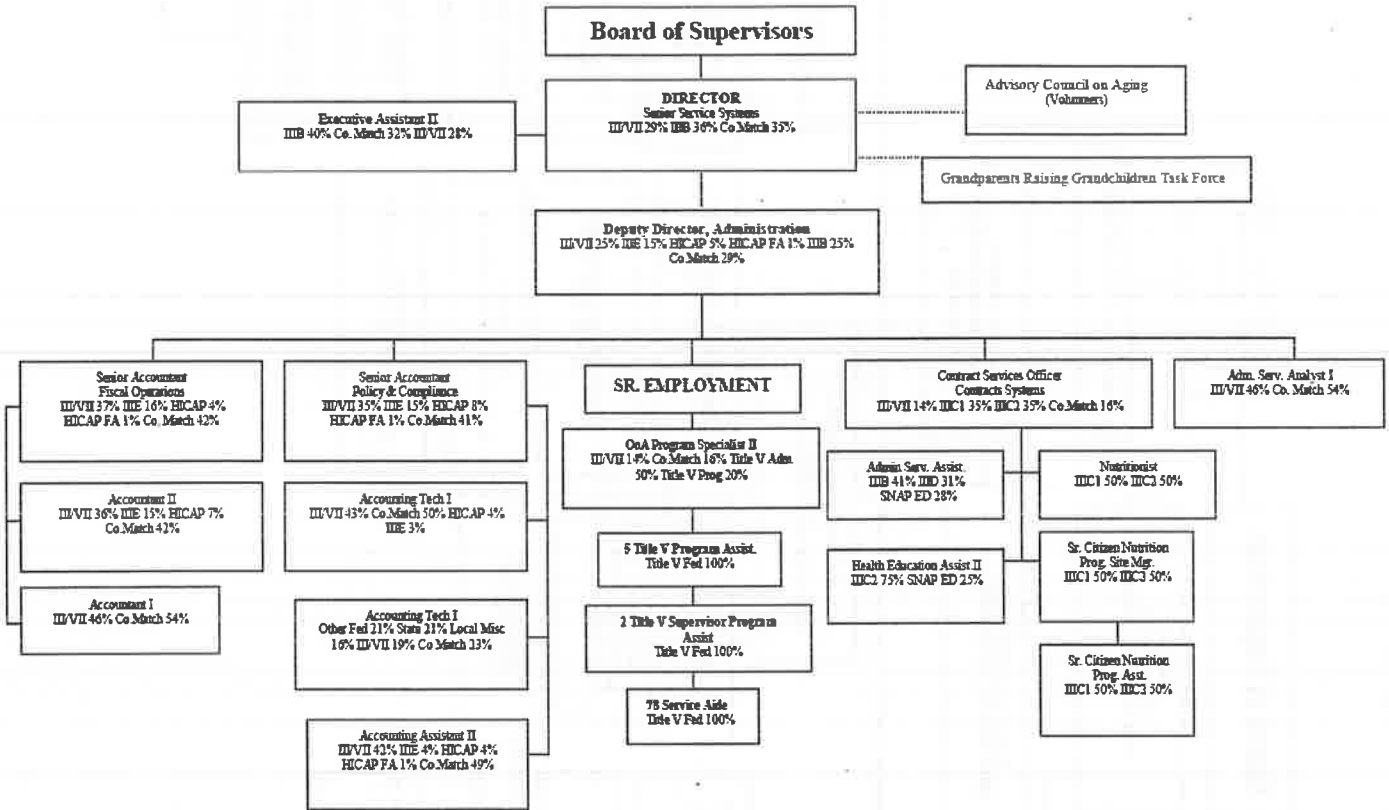
Supervising Program Specialist/Planner

- Senior Community Services Employment Program (SCSEP)
- Outreach and Health Promotion Programs
- Desert Regional Manager and Volunteer Systems

Jamiko Bell

Rhonda Morken

Riverside County Office on Aging Organization Chart 2015/2016



SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

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

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

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

CONCLUSION

“Focusing on a Healthy Tomorrow” is the overarching theme of the Riverside County Office on Aging’s 2012-2016 Strategic Plan and is reflected in our stated goals and objectives. As we look forward to the next four years, there is no doubt that the need for timely, diverse, and person-centered services will increase dramatically as a result of the aging Boomers and increasing diversity in the population that we serve. Static or non-growth funding that does not keep pace with inflation can only reduce our ability to meet the increasing needs of our aging population. Given this reality, we are challenged to find creative ways to pursue alternative funding, allocate existing resources more efficiently, and develop new dynamic programs that help meet the needs of older adults and adults with disability. Although we have planned activities based on the current demographic analysis and needs assessment, we are continuing ongoing trending analysis to develop responsive activities based on newly identified needs.

Through the provision of home and community based services, older adults are able to remain healthy and socially active, prolonging their ability to live independently in their own homes within their community. The alternatives are reduced quality of life and premature institutional care. Failure to provide funding for Older Americans and Older Californians Act programs that is commensurate with the increasing demand for service will come at great personal and financial cost to our County’s elders, disabled, their families, and to the community as a whole.





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