



# The 60+ Year Old Population .... the Other Gold in El Dorado County



Area Agency on Aging

Area Plan for 2020-2024

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

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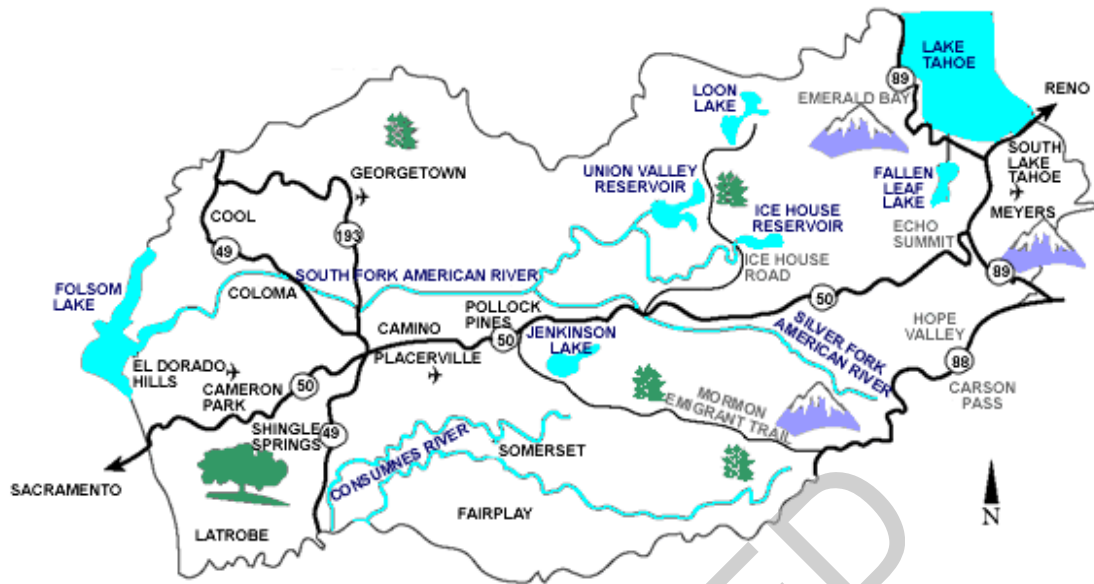
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El Dorado County Area Agency on Aging  
**Planning and Service Area 29**

Richard Todd, Director





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

# TABLE OF CONTENTS

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Area Plan Checklist.....	9
Transmittal Letter .....	10
Special Acknowledgement.....	11
Letter from Area on Agency Director.....	13
Introduction .....	14
Executive Summary .....	16
Section 1: Mission Statement.....	21
Section 2: Description of the Planning and Service Area (PSA) .....	22
Section 3: Description of the Area Agency on Aging (AAA) .....	34
Section 4: Planning Process/Establishing Priorities .....	43
Section 5: Needs Assessment .....	44
Section 6: Targeting.....	51
Section 7: Public Hearings.....	53
Section 8: Identification of Priorities .....	55
Section 9: Area Plan Narrative Goals and Objectives.....	58
Section 10: Service Unit Plan (SUP) Objectives Guidelines .....	69
Section 11: Focal Points .....	90
Section 12: Disaster Preparedness.....	91
Section 13: Priority Services .....	94
Section 14: Notice of Intent to Provide Direct Services.....	95
Section 15: Request for Approval to Provide Direct Services .....	97
Section 16: Governing Board.....	115
Section 17: Advisory Council .....	116

Section 18: Legal Assistance .....118

Section 19: Multipurpose Senior Center Acquisition or Construction Compliance Review  
.....121

Section 20: Family Caregiver Support Program.....122

Section 21: Organization Chart .....125

Section 22: Assurances .....127

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## LIST OF TABLES

Table 1: Older Adult Needs Assessment, Response to Question #4 “I have lived in this Community” .....	25
Table 2: El Dorado County Age 60+ Population by Race .....	27
Table 3: El Dorado County 2020 Population by Race and Ethnicity Comparison by Race and Hispanic Origin .....	28
Table 4: Ability to Speak English for the 60+ Population.....	28
Table 5: Older Adults Living Alone, El Dorado County.....	29
Table 6: El Dorado County 60+ Population At or Below Poverty Level .....	30
Table 7: Elder Economic Security Index El Dorado County 2019 .....	31
Table 8: El Dorado County 60+ Demographic Comparison 2016-2019 .....	33
Table 9: El Dorado County Area Agency on Aging has many programs that serve the 60+ population. Which programs do you feel are the most needed? .....	46
Table 11: Which of the programs have you or your family accessed? .....	47
Table 12: Top Aging Concerns of Survey Respondents .....	48
Table 13: Which of the programs do you or your family plan to access? .....	48
Table 13: Top Interests of Survey Respondents .....	49
Table 14: Tasks Needing Some Physical Assistance .....	49
Table 15: Basic Monthly Living Expenses Associated with Having Insufficient Funds .....	50

## LIST OF FIGURES

Figure 1: Projected Growth Rate 2010-2060 (60+ Years) El Dorado County, California, and the United States.....	24
Figure 2: Percentage of Americans Aged 65 Expected to Survive Age 90 .....	26
Figure 3: If you are over 60 years of age, how would you describe yourself? .....	45

## LIST OF ACRONYMS

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



## AREA PLAN CHECKLIST

PSA \_\_\_\_\_ 29

### 2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

**To ensure all required components are included, “X” mark the far-right column boxes.  
Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan  
 due 5-1-20 only**

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

## TRANSMITTAL LETTER

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### Four-Year Area Plan 2020-2024

AAA Name: El Dorado County

PSA Number: 29

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

1. Brian Veerkamp

*Brian Veerkamp*  
Chair, Governing Board

8-4-2020  
Date

2. Steven Shervey

*Steven Shervey*  
Chair, Advisory Council

7-7-2020  
Date

3. Richard Todd

*Richard W. Todd*  
Director, Area Agency on Aging

7-7-2020  
Date

## SPECIAL ACKNOWLEDGEMENT

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In March 2020, Governor Gavin Newsom issued a Shelter-in-Place order to prevent the spread of the COVID-19 virus. Individuals 65 years and older were identified as particularly vulnerable to the virus and are encouraged to limit their contact with the general public. Many, especially those with chronic medical conditions, are afraid to leave their own home for fear of catching the virus.

All congregate meal sites were immediately closed, the Adult Day Centers, senior and community centers and all of their activities were closed. However, the need for services remains.

As a direct service provider, AAA staff continued to come to work and quickly mobilized to “think outside the box”. Existing congregate meal site facilities were evaluated to determine which would be appropriate for a “Take-Out” meal service location. A new “Take-Out” lunch service was created and implemented at 6 of the congregate sites (Placerville, South Lake Tahoe, Cameron Park, Pioneer Park, Greenwood and Pollock Pines). Every day, Monday – Friday, from 11:00am to 12:15pm, seniors drive up or walk-up and receive a hot lunch and, if needed, several frozen meals for a one-week supply.

Home delivered meals are provided to pre-COVID-19 clients and the newly eligible clients. Many of our volunteer drivers are seniors themselves. Some have decided to shelter-in-place and some continue to deliver meals to other seniors. Staff from other programs and departments have stepped up to deliver meals and El Dorado Transit has provided drivers for this service. This has been very rewarding new experience for many people.

In addition to the Take-Out Meals and Home Delivered Meals, Nutrition staff has created a weekly grocery bag program that contains fresh fruits, vegetables, and non-perishable items. These grocery bags are distributed to home delivered meal clients and also available on a first-come, first-serve basis to our Take-Out meal clients.

The Nutrition staff involved in both the kitchen and with meal route and volunteer coordination have gone above and beyond to make sure that all seniors who need food receive a meal.

It is very important that the caregivers and clients of our Adult Day Services Programs remained in touch and engaged. Due to sheltering in place 24 hours per day, the stress level on the caregivers can be very high and the clients with Dementia and Alzheimer’s can have set backs without their familiar routines. Staff from The Club locations have made U-Tube videos that caregivers can access and play for their family member. Zoom meetings are instrumental in keeping eyes and ears on this vulnerable population.

During times of isolation, depression can easily overcome someone. Frequent check-in phone calls and other forms of communication, engagement, and connection are critical. Senior Peer Counseling is continuing to meet with clients via Zoom or one-on-one phone calls. The Family Caregiver Support Program and Information & Assistance, along with help from other staff, are checking up on our El Dorado County older adults and providing a friendly voice and any necessary referrals.

All of this and more would not be possible without the dedication of our staff and volunteers. Our seniors ask us every day, when we will return to normal and open our programs for in-person interaction. They miss their friends and activities. When it is proclaimed safe to do so, we will be here for our community.

  
\_\_\_\_\_  
Steven Shervey  
Chair, Commission on Aging

  
\_\_\_\_\_  
Richard Todd  
Director, Area Agency on Aging

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## LETTER FROM THE DIRECTOR

April 2020

Dear Community Member,

The El Dorado County Area Agency on Aging (AAA) is pleased to present the 2020-2024 Area Plan, *The 60+ Year Old Population ...the Other Gold in El Dorado County*, as mandated by the federal Older Americans Act and the Older Californians Act. This important document will guide our efforts to improve programs and services for our older adults over the next several years. This Plan updates the 2016-2020 Area Plan, which identified trends and issues relevant to today's older adults and aging boomers. Most importantly, the 2020-2024 Plan is the AAA's response to the opportunities and challenges of the growing older adult population in a diverse and multi-faceted way. By developing local strategies to support an aging community, this Plan is instrumental in building community capacity to serve our older residents. The Plan provides a flexible and dynamic framework that builds awareness, encourages action, fosters collaborative efforts, and improves access to information.

We are proud of El Dorado County's accomplishments benefiting older adults and their families. During the four-year period since the previous Area Plan, the AAA and the aging network have, through coordination and advocacy, been providing needed services and implementing programs aimed at maintaining and improving quality of life, safety, and dignity for older residents and their families.

We developed the 2020-2024 Area Plan with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. The goals and objectives set forth in this plan have been developed to serve the greatest number of older adults and their families in the most comprehensive manner. The 31 objectives for the coming four years are presented within the context of five goals for the agency: Outreach, Availability and Increasing Access of Services, Emergency Preparedness, Volunteering, Civic Engagement, Community Collaboration, and Education and Training.

While the authorizing State and federal legislation require the AAA to develop this Area Plan, we sought wide input from local experts and key community partners and invited participation from consumers, service providers, and interested parties. I extend my gratitude to the many individuals and groups who contributed valuable information and ideas for action. The AAA acknowledges and supports the efforts of individuals, families, and the communities in our County to prepare and provide for our most needy and vulnerable older adults.

We are confident that our coordination across service systems will continue to make the El Dorado County region a great place to live for people of all ages.

Sincerely,

Richard Todd  
Director, Area Agency on Aging

## INTRODUCTION

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### The Aging Landscape

Older people are a significant and growing part of our community. They offer rich life experience, knowledge, and wisdom. These qualities significantly contribute to the social fabric of our community. An important dimension of the growing older population is the diversity of needs, interests, and backgrounds. Older adults and their experience of aging is influenced by a range of inter-related factors such as gender, lifestyle, socioeconomic circumstances, cultural background, education level, general health, and proximity and awareness of supportive services.

El Dorado County is experiencing an extraordinary increase in its older adult population. Between 2000 and 2020, the aging population is expected to more than double and 29% of our total population will be over the age of 60. Given increased longevity, a steady migration of retirees to the area, and the aging of the boomers, a dramatic demographic shift is inevitable. This change in demographics requires proactive and innovative, but also compassionate, sensitive, and inclusive policy responses from local government.

Our aging population also affects the planning and service delivery system, bringing about real and emergent challenges for the aging network in our County. Despite these challenges, the rapidly increasing older adult population offers the El Dorado County region the opportunity to re-imagine what it means to live as a rural community and recognize that preparing for the future older adult population will improve the quality of life for all residents, no matter their age.

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### The Older Americans Act and the Area Plan

The Area Agency on Aging (AAA) was created by the federal Older Americans Act (OAA) of 1965 to serve as a visible and effective advocate for older adults and to provide local leadership in accomplishing the goals of the State and federal programs. These OAA goals, as broadly defined, are:

- Securing and maintaining maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
- Removing individual and social barriers to economic and personal independence for older individuals; and

- Providing a continuum of care for frail and vulnerable older individuals to prevent unnecessary or premature institutionalization.

The 1996 revision of the Older Californians Act (OCA) moved the primary focus for the delivery of services from the State to the local level. It identified Area Agencies on Aging as the local units in California to administer programs in compliance with the OAA, OCA, and other applicable regulations.

This Area Plan is a document submitted by the AAA to the California Department of Aging (CDA) in compliance with the OAA. Its format was developed to facilitate a quality, long-range, needs-driven planning process that meets goals set forth in the OAA. The AAA is mandated by CDA to develop a local Area Plan every four years and to submit annual updates. This latest Four-Year Plan is for the period July 1, 2020 through June 30, 2024.

The Area Plan for 2020-2024 will direct the focus of the AAA with regards to policy decisions, program development, and advocacy for those years. The specific objectives of the Area Plan for the AAA services include:

- Serve as an informational tool for educating and informing the public including providers, public officials, advocates, caregivers, and older adults;
- Serve as a management tool to guide local initiatives, decision making, and budget development;
- Coordinate local services with those provided by other organizations to assist them in their planning efforts;
- Communicate the needs of older adults in El Dorado County with CDA; and
- Serve as a tool for self-evaluating and monitoring AAA efforts to address the ever-burgeoning needs of older adults in El Dorado County.

The Area Plan, as a planning document, includes a compilation of identified needs from various assessment tools and description of agency goals and subsequent activities that the AAA will undertake relative to programs for older persons in El Dorado County. It represents a formal commitment to CDA, in that it describes the manner in which the AAA plans to utilize the OAA funds, including how it will carry out its administrative responsibilities. The Area Plan also confirms the AAA's responsibility to fulfill its role as the planner, catalyst, and advocate on behalf of older persons in El Dorado County.

## EXECUTIVE SUMMARY

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The El Dorado County Area Agency on Aging (AAA) has developed the 2020-2024 Area Plan, *The 60+ Year Old Population ... the Other Gold in El Dorado County*, for submittal to the California Department of Aging (CDA) as required by the federal Older Americans Act and in accordance with direction from CDA. The Area Plan is designed to report on the status of older adults, structure the AAA's priorities based on a comprehensive evaluation of needs, and set an aging agenda for planning and service area to enhance the aging experience of local residents at home and in the community. The Area Plan is submitted on a four-year cycle. This Four-Year Plan for El Dorado County covers the period July 1, 2020, through June 30, 2024. The Plan outlines a strategy that builds awareness, encourages action, fosters collaborative efforts, and improves resident access to information in the aging network. This strategy provides guidance to help the AAA meet the challenges of and create opportunities for a growing older adult population during the next four years.

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

El Dorado County is experiencing an extraordinary increase in its older adult population. Between 2000 and 2020, the aging population is expected to more than double, with one in four residents over the age of 60. Over the last few generations, there has been a significant increase in the percentage of Americans aged 65 who are expected to survive to age 90. Changes in the composition of the older adult population include marked differences in the values, interests, and need for information about aging-related issues, as well as the likelihood of accessing this information, brought about by diverse age groups that will comprise the County's older population. In this context, the service delivery system for the boomers (who were born between 1946 and 1964) will differ substantially from those that the post-war and Depression age groups (who were born prior to 1946) find acceptable and effective in meeting their needs. To meet the growing demands that will result from escalating numbers of older adults in El Dorado County, the AAA will need to improve its organizational capacity to plan for and develop a long-term continuum of care system that identifies and addresses unmet needs, improves service coordination, eliminates duplication of services, and delivers services in a manner that is satisfactory to the many changing faces of older El Dorado County residents.

Recognizing these needs has inspired the AAA and the Commission on Aging (COA) to investigate new collaborations with community service districts, community



based organizations and other HHS programs. The majority of the senior programs are co-located at the Placerville Senior Center. Staff can frequently communicate with each other to resolve unique challenges for clients. Seniors can access a wide range of services from exercise, nutrition, legal services, Senior Day Care, support groups, information and assistance, and needed social activities in one location.

## Content of the Area Plan

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This Plan, which provides the format and the structure to identify and address older adult needs, consists of 22 Sections as required by the California Department of Aging. A few sections are highlighted below.

- **Section 2: Description of the Planning and Service Area (PSA)** provides a description of El Dorado County which encompasses the PSA, its physical and demographic characteristics, unique resources and service delivery systems.
- **Section 3: Description of the Area Agency on Agency** describes how the AAA, on behalf of all older individuals, adults with disabilities, and their caregivers in the PSA carries out its role as a leader on aging issues within the PSA.
- **Section 9: Area Plan Narrative Goals and Objectives** details the Goals and Objectives that were developed for this four year planning cycle. This section sets out our specific goals under five priority areas. In each area, there is the introduction of the principal objectives with a brief rationale, a list of responsible parties and potential collaborators, and plans for action over the next four years.

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

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

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

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

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

**Objectives include:** Exploring new innovative ideas to increase interest and attendance at congregate meals sites, revamping the Senior Shuttle program, exploring data base possibilities to track attendance at various activities, develop a Fall Prevention Program, sponsor Senior Health Education Programs, and collaborate with 211.

**Goal 3: Emergency Preparedness.** El Dorado is a very rural county and is subject to extreme cold in the winter and extreme heat in the summer. In addition, the county is predisposed to wild fires, mudslides, and floods. The PG&E Planned Power Outages have affected seniors within the communities, especially in the more remote areas.

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

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

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

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

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

There are a total of 31 objectives within these five goals. The details of these objectives, measurement of the objectives and the programs responsible for the completion of the goal are found in Section 9 of the Area Plan.

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## CONTENT OF THE AREA PLAN

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## Section 1: Mission Statement

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The mission statement of all Area Agencies on Aging (AAA) is: “To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

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

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## Section 2: Description of Planning and Service Area (PSA)

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### A. Physical Characteristics

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

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

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

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

#### ● The West Slope County Region

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

neighborhoods, this area also contains low-income apartments, a mobile home park, and an industrial business center.

- The Placerville Region

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

- The West Slope Mountain Region

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

- The South Lake Tahoe Region

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

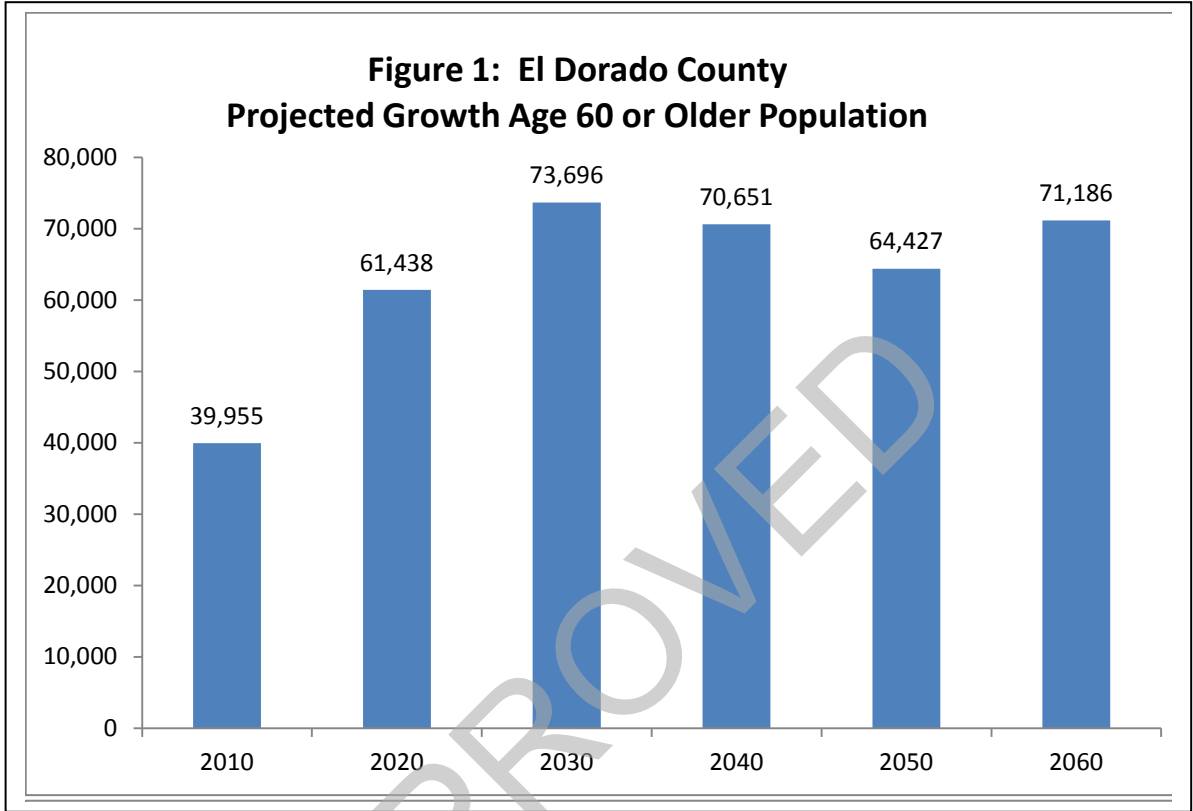
The geography of the County includes many natural boundaries. While enhancing the beauty of the region, these boundaries present one of the biggest constraints to service delivery in our rural community, especially for older adults with limited access to transportation or for whom little informal support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

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

### **Demographics**

The older population in El Dorado County is growing at a tremendous pace. Since 2010, the older population in El Dorado County has grown by 53.8%. It is projected that by 2060, more than 71,000 older adults will call the El Dorado County region home.

This trend in the El Dorado County region is consistent with the state and the nation as a whole. It is projected that the older population in the United States will increase significantly as the boomers (persons born between 1946 and 1964) reach the age of 65. Longer life spans will increase the number of older adults



significantly at a national and state level.

El Dorado County is experiencing an extraordinary increase in its older adult population (see Figure 1 above). In 2010, there were 39,955 adults aged 60 and over, representing 21.8% of the total population. In 2020, it was projected that the aged 60 and over population would grow to 61,438.

Given increased life expectancy, a steady migration of retirees to the area, the development of 55+ Active Communities and Assisted Living facilities, the effect of the boomers moving through older age groups, and aging in place, a dramatic demographic shift in El Dorado County is inevitable. As the region's once-young residents age, they are continuing to call El Dorado County home. In the 2020 AAA Older Adult Needs Assessment Survey, more than 33% of the respondents have lived in this county over 30 years. Table 1 below compares the results from the 2016 and the 2020 Older Adult Needs Assessment Survey.



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

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

Consistent with national surveys, the majority of older adults in El Dorado County continue to express a strong desire to remain in their homes. With so many individuals deciding to age in place, the region’s median age has risen steadily over the last several decades. According to the website [www.welldorado.org](http://www.welldorado.org), the median age for El Dorado County is 46.4 years old which is significantly older than the median for California of 37.3 years old. This trend is expected to continue over the coming decades. Currently the 60 years and older age group makes up 32% of the county’s population.

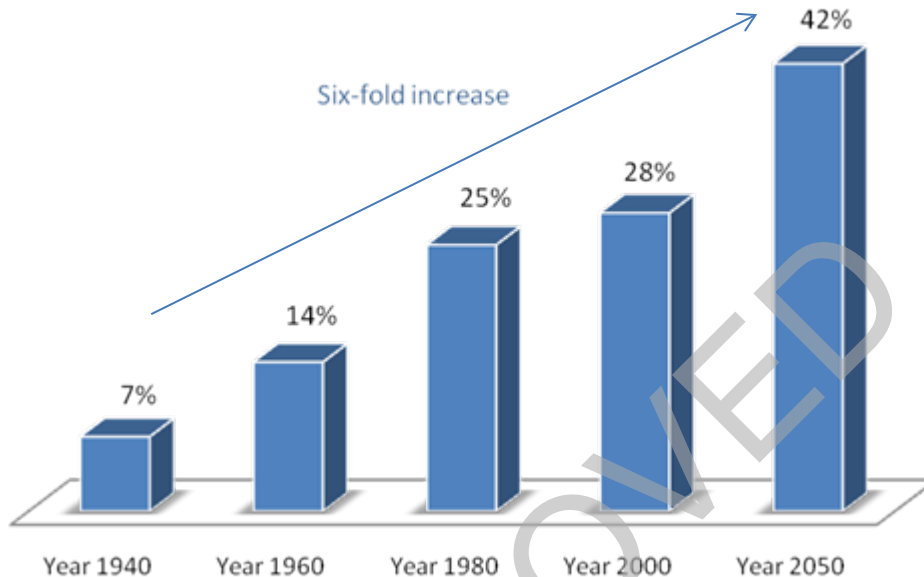
This trend presents important opportunities for aging services, as older adults make an important contribution to our community. But the aging of the population also has a range of impacts, which will present real challenges for all service providers. To identify the makeup and needs of the older population in El Dorado County, AAA staff conducted a detailed review of census data and other related demographic data. The following is a thumbnail review of the great shift in the age structure of our County that will influence all we do for the next 20 to 30 years. All data has been extracted from 2010 Census data unless otherwise noted.

As Figure 2 illustrates, there was a significant increase in the percentage of Americans aged 65 who were expected to survive age 90 over the last few generations. From 1940 to 2050 there is a projected six-fold increase in older adults expected to survive age 90.

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**Figure 2**  
**Percentage of Americans Aged 65 Expected to Survive Age 90**

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The older population will continue to grow significantly in the future (see Figure 2), particularly between the years 2010 and 2030, when the “baby boom” generation reaches age 65. This will likely have profound effects on the delivery of aging services.

The 60+ population is far from homogeneous. It is comprised of three generations of individuals with significant differences in experiences, values, and service needs. As a result, programs and policies designed for our older community members must take into account the needs of at least three different cohorts of older adults:

**Boomers:** Most “young” older adults, often defined as Baby Boomers, are usually active, healthy, and independent. Many are still working. Boomers are born between 1946 and 1964 (56 to 74 years old). Approximately 70 million Americans were born during this time frame. According to AARP, about 10,000 baby boomers turn age 65 every day and this is expected to continue into the 2030s. This means that nearly seven baby boomers are turning 65 every minute. The current focus of the baby boomer generation is on retirement, aging, social security, encore careers, staying active, healthy eating, lifelong learning, and care giving to parents.

**Silent Generation:** This middle group of “older” older adults may be starting to experience disabling conditions. The Silent Generation is defined as individuals born between 1928 and 1945 (75 to 92 years old in 2020). This generation is much smaller than the Boomers and many of this generation lived during the Great Depression, World War II and the Korean War. This generation is characterized by a strong work ethic, reliability, and thriftiness. As a result, this generation is considered to have accumulated the greatest amount of wealth.

**Greatest Generation:** This generation is the “oldest” of the older adult-group and were born between 1901 and 1927 (92 years and older). They are the most likely to be living with physical and/or mental disabilities. This generation experienced many technological innovations in everyday life, such as the radio and telephone, that other generations take for granted. However, this generation is not always comfortable using new electronic technology such as the computer. The Greatest Generation lived during the of Stock Market Crash of 1929 leading into the Great Depression, and World War II. This generation is known for perseverance, strong work ethic, humility, commitment and a strong sense of personal responsibility.

### Racial and Ethnic Composition

Compared to California’s older adult population, the population of El Dorado County is predominately white (see Table 2). In 2010, about 93.6% of older adults were white (non-minority). In 2019, the California Department of Aging is estimating that the non-minority population will be about 88.2%.

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

Year	60+ Population	White		Minority	
2010	39,494	36,953	93.6%	2,541	6.4%
2019	55,970	49,375	88.2%	6,595	11.8%

The aging minority population in our County has increased 159.5% over the last decade, more than two and a half times the number of older adults in 2000. For the 2010 Census, race and Hispanic origin (ethnicity) were defined as separate and distinct concepts. Federal standards mandate the use of a minimum of two ethnicities: Hispanic or Latino and Not Hispanic or Latino. Individuals who identify their origin as Hispanic or Latino may be of any race. Federal standards mandate the use of a minimum of five race categories: White, Black/African American, American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander. Other race categories include Some Other Race and Two or More Races. Table 3 specifies the current comparison of El Dorado County’s population by race and Hispanic origin.

**Table 3**  
**El Dorado County 2020 Population by Race and Ethnicity**  
**Comparison by Race and Hispanic Origin**

<b>Race and Hispanic Origin</b>	<b>El Dorado County</b>		<b>California</b>	
<b>Total Population</b>	191,790	100%	39,892,126	100%
<b>Race</b>				
<b>White</b>	161,180	84.04%	21,620,625	54.20%
<b>Black/African American</b>	1,888	0.98%	2,311,855	5.80%
<b>American Indian/Alaskan Native</b>	2,090	1.09%	390,317	0.98%
<b>Asian</b>	9,013	4.7%	5,991,539	15.02%
<b>Native Hawaiian/Other Pacific Islander</b>	381	0.20%	160,338	0.40%
<b>Some Other Race</b>	8,515	4.44%	7,253,185	18.18%
<b>Two or More Races</b>	8,723	4.55%	2,164,267	5.43%
<b>Hispanic Origin</b>	25,722	13.41%	16,123,690	40.42%

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

El Dorado County is not as diverse as the state of California. However, this has been changing over the last decade. In California, 40.42% of the population identifies as Hispanic or Latino compared to 13.41% of the population in El Dorado County. With the popularity of DNA testing by companies such as Ancestry.com and 23andme, it is expected there will be an increase in individuals identifying as two or more races and/or of Hispanic origin.

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

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

The ability to speak and understand English can affect how easy or difficult it is for an older adult to access needed services. The majority of El Dorado County's older adults speak exclusively English at home. The 2011-2015 American Community Survey estimates that less than one percent reported speaking a language other than English at home (See Table 4).

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

<b>Population Age 60 years and over:</b>	<b>Total</b>	<b>Percent</b>
English Speaking Population	55,440	99.1%
Non-English Speaking Population	530	0.9%

## Older Adults Living Alone

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

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

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

## Disability/Difficulties

The US Census, 2010 American Community Survey estimates one in three adults 65 years and older in El Dorado County are living with some type of long-lasting condition or disability. The County's 65+ disability distribution is close to the national distribution. The likelihood of having a disability varied with age in the County: from 5% of people 5 to 17 years old, to 12% of people 18 to 64 years old, and to 49% of those 75 and older. Of older adults that reported some type of disabling condition, 61% indicated that they were living with two or more types of disabilities or difficulties.

*49% of seniors, age 75 years or older are living with a disability.*

Older adults are often struggling with various conditions that make living in their homes safely and without assistance challenging. Difficulty with living independently was reported as the most common problem experienced by men and women 65 year and over followed by difficulty ambulating. One in five older adults is living with a sensory disability involving sight or hearing. Cognitive difficulties (the ability to learn, remember, or concentrate) affects 9% of older adults, followed by 8% reporting that some condition causes difficulty in managing their self-care needs. Women were more than twice as likely to have experienced difficulties with independent living as their counterparts. Men are most likely to be living with hearing difficulties.

## Disabled Persons under 60 Years of Age

Like most organizations serving older adults today, the AAA is increasingly working with older adults who have disabling conditions and/or are responsible for other family members, including their own adult children, with disabilities. Identifying and accessing needed resources is especially difficult for these individuals, who frequently need assistance and supportive services for themselves and a loved one across multiple social agencies. Coordination of public benefits and services for families with a variety of self-help needs can best be provided when services are managed through a single entity. Our Area Agency on Aging is able to provide information and access to needed services to any El Dorado County resident with long-term care needs, whether due to age or disability.

## Income and Poverty

An indicator of economic well-being is the portion of older adults near or below the federally designated poverty level. El Dorado County has a lower poverty rate than California. Statewide, approximately nine percent of individuals 65 years of age and over live at or below the federal poverty level, while in El Dorado County, approximately five percent of those in that age group reported incomes that were below the poverty thresholds. Table 6 shows the percentage of those 65 and older who are at or below 100% and 125% poverty levels in the County. The US Census, 2008-2010 American Community Survey estimates that as women age, they are more susceptible to living in poverty.

The majority of older adults are living with incomes at or above poverty level. However, caution should be used when presuming that the older adult population is economically stable. The 2019 Federal Poverty Guidelines define poverty level for El Dorado County residents as having an annual income equal to or less than \$12,490 for an individual or \$16,910 for a couple. The guidelines are used to determine financial eligibility for certain federally funded programs. The federal poverty line is based on an unrealistically low assessment of what it costs to make ends meet.

**Table 6**  
**El Dorado County 60+ Population At or Below Poverty**

<b>Income Below 100% of the Poverty Level</b>	<b>Income At 100% to 149% of the Poverty Level</b>
6.7%	6.8%

## Elder Economic Security

The 2019 California Department of Aging Population Demographic Projections for El Dorado County estimate 8.2% of all seniors (60+ years) are low income based on federal poverty guidelines. These individuals do not have sufficient income to meet their basic needs.

Low-income older adults depend upon public programs like Medi-Cal, cash assistance, and Supplemental Security Income (SSI) to make ends meet. The Federal Poverty Level (FPL) guidelines are often used to determine income eligibility for such federally-funded programs. The guidelines, created nearly 50 years ago, have not been modified to account for the

substantial changes in consumer spending patterns and standard of living. Further, the guidelines do not take into account the cost of living. As we live in a high-cost state, this is a significant disadvantage.

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

**Table 7**  
**Elder Economic Security Index**  
**EI Dorado County 2019**

	Single Elder Person			Elder Couple		
	Owner w/out Mortgage	Renter w/one bedroom	Owner with Mortgage	Owner w/out Mortgage	Renter w/one bedroom	Owner with Mortgage
2019 Federal Poverty Level	\$12,490	\$12,490	\$12,490	\$16,910	\$16,910	\$16,910
150% of Federal Poverty Level	\$18,735	\$18,735	\$18,735	\$25,356	\$25,356	\$25,356
200% of Federal Poverty Level	\$24,980	\$24,980	\$24,980	\$33,820	\$33,820	\$33,820
Yearly Income Needed to Meet Basic Needs (Housing, Food, Transportation, Health Care, etc.)	\$21,420	\$25,212	\$37,116	\$31,332	\$35,124	\$47,028

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

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

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

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

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

- An increasing older adult minority population
- An increasing older adult low-income population
- An increasing older adult population, particularly the 85+ population

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



**Table 8**  
**El Dorado County 60+ Demographic Comparison 2016 -2019**

<b>Demographics</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Change from 2016 to 2019</b>
Population 60+	51,761	53,891	55,406	55,970	8.13%
Non-Minority 60+	45,749	47,519	48,876	49,375	7.93%
Minority 60+	6,012	6,372	6,530	6,595	9.70%
Low Income 60+	2,935	3,425	4,260	4,580	56.05%
Medi-Cal Eligible 60+	3,890	4,164	4,364	4,555	17.10%
Geographic Isolation 60+	16,600	16,600	16,600	16,600	0.00%
SSI/SSP* 65+	674	728	769	801	18.84%
Population 75+	13,877	14,480	16,003	16,164	16.48%
Lives Alone 60+	7,305	7,895	8,525	8,760	19.92%
Non-English Speaking	220	285	415	530	140.91%

\*Supplemental Security Income/State Supplementary Payment

APPROVED

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

### A. Administration and Structure

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

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

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

#### Assets

The El Dorado County AAA enjoys a unique relationship in the community through its association with County government. This relationship strengthens and supports the AAA in maintaining a leadership role in the community, and makes it possible for older adults, disabled adults, and caregivers to access an array of services. In addition to this, the El Dorado County AAA is a direct service provider. This role heightens the awareness of older adult needs and reinforces the commitment to meet those needs. Further, the organizational restructuring of Human Services (Social Services and Community Services) with Health Services (Mental Health and Public Health) into a unified agency, Health and Human Services (HHSA) continues to provide opportunities for more effective collaboration with existing programs serving older adults, such as Adult Protective Services, In-Home Supportive Services, Medi-Cal Program, Employment Services, Public Guardian, Behavioral Health Services, and Public Health Services. The overall effect of this integration has been a more efficient and effective planning and delivery of a continuum of aging services.

#### Improving Quality and Capacity of Care

As administrator of OAA programs to support aging community members to remain at home, providing quality service to older adults, their families, and caregivers is a high priority for the AAA. Changing and emerging needs of the aging population require continuing education and

training for all staff. Promoting effective, efficient, and responsive delivery of aging services by enhancing the quality and capacity of OAA-funded home and community-based services is an ongoing activity of the agency. Providing opportunities for quality assurance activities and for professional development maximizes the service delivery system for compliance and change.

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

The AAA has developed a progressive four-year needs assessment list of activities to provide continual evaluation of the needs and issues facing older adults and their caregivers in our community in preparation for the 2020-2024 contracting cycle. The AAA remains flexible with its resources and staff time in order to address critical areas of unmet need and to anticipate the impending demographic trends and future service needs of the boomers and other underserved target populations. Collection of both quantitative and qualitative data enables synthesis of information to better prepare service delivery and to respond more efficiently to service accessibility issues.

### System Coordination

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

### Advocacy

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

## B. Challenges

### Limited OAA Funding

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

### Challenges in Delivery of Services

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

## C. Service Delivery in El Dorado County

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

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

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

### Overview of Services

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

#### ● Family Caregiver Support Program (FCSP)

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

#### ● Health Insurance Counseling and Advocacy Program (HICAP)

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

- Information and Assistance (I&A)

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

- Long-Term Care Ombudsman Program (LTCOP)

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

- Senior Activities

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

- The Clubs -- Senior Day Care Services

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

- Senior Health Education Program (SHEP)

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

- Senior Legal Services

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

- Senior Nutrition Services, Congregate & Home-Delivered Meals

Hot, nutritious, and balanced meals are provided to seniors through congregate meal sites and home-delivered meals to the homebound. During the recent COVID-19 Governor's Stay at Home order, the congregate sites were closed and a Drive Thru Take-Out Meal Service was implemented. Seniors can drive up and pick up a fresh hot lunch each day or one hot lunch and up to six frozen meals. A Grocery Bag program was also implemented for home delivered meal clients and was available at the Drive Thru Take-Out sites.

- Senior Shuttle

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

● Senior Times Newsletter

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

● Volunteer Opportunities

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

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

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

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

*Home Delivered Meal Survey Respondent*

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

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

## D. Coordination and Advocacy

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

**Family Caregiver Support Program (FCSP) Collaboratives.** The El Dorado County community is equipped with many effective programs and resources. As often as possible, AAA programs incorporate the use of these resources, whether in the South Lake Tahoe service area, Placerville, or other more remote regions. Resources are utilized to the best advantage possible for the benefit of the clients being served. FCSP strives to reach the more rural and outlying areas of our County. The program provides two on-going support groups and caregiver educational classes throughout the county. In many areas, FCSP provides the only continuing support services available to caregivers. FCSP has also developed partnerships with numerous agencies such as the Alzheimer's Association of Northern California and Northern Nevada, the IHSS/Public Authority to provide trainings for their caregivers, and grandparents caring for their grandchildren who contact FCSP are referred to appropriate programs to meet their needs within the community. The Gold Country Chapter of the American Sewing Guild provide numerous specific items requested by caregivers to enhance their caregiving ability.

**Securing Assistance to Minimize Gaps in Service.** Services are available to elderly and disabled adults regardless of income and/or level of dependency. When a program must adhere to specific age and/or income guidelines, such as MSSP (Multipurpose Senior Service Program) serving those 65 and older who are Medi-Cal eligible, every effort is made to suggest other options for assistance. Senior Nutrition Services has a long history of demonstrating its ability to serve older and disabled adults regardless of income and/or level of dependency. Congregate Dining meets the social and nutritional needs of those able to access a community dining center, while Home-Delivered Meals meets the needs of those challenged by frailty, declining health and limitations, and/or physical disability. The Nutrition Program suggests a voluntary contribution per meal, but service is provided regardless of the contribution. Access is enhanced by the strategic location of eight congregate dining centers throughout the County, serving a total of 700+ meals daily Monday through Friday. Referrals are received from hospitals, home health care agencies, MSSP, family members, neighbors, and older adults themselves.

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

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

## Section 4: Planning Process/Establishing Priorities

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

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

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

## Section 5: Needs Assessment

### A. Process and Methods Used for Needs Assessment

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

The process of planning and priority identification is more than an event that occurs every four years. The identification of priorities is an ongoing process that is formally discussed and reviewed in relationship to the annual update of the Area Plan. Each year the AAA staff and COA members review and evaluate the Area Plan objectives. Objectives are modified, deleted, or added based on the progress report and the determination of the AAA and COA as to feasibility and current community needs. The yearly update is used as the focus for the annual planning process. The goal of this process is to ensure that the AAA maintains ongoing planning development and, more importantly, a close connection to the issues and needs affecting older adults and adults with disabilities in El Dorado County.

#### Community Needs Assessment for Area Plan

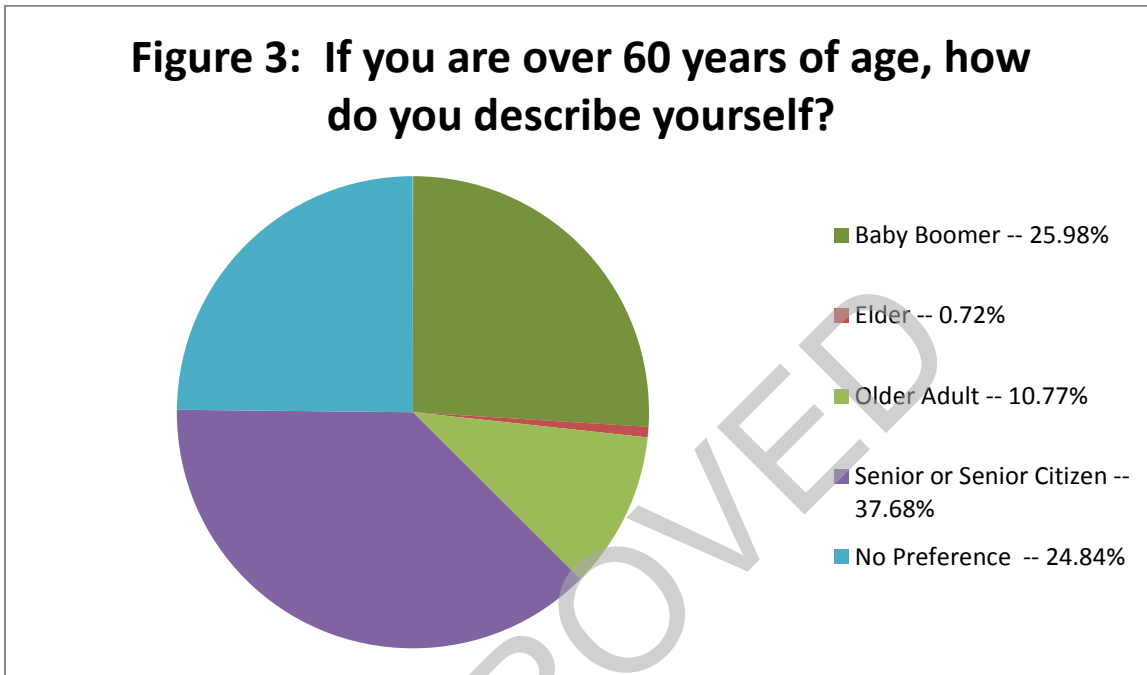
The Older Americans Act (OAA) and the Older Californians Act (OCA) require that the AAA conduct a community needs assessment every four years to determine the need for services and to lay the foundation by which a plan for service delivery specific to the needs of older adults in our community is developed.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

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

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

### B. Do Not Call Us “Old”

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



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

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

### C. Needs Assessment

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

The AAA is a direct service provider and has many programs available to assist seniors, keep seniors active and engaged in their community and remain safely in their homes as long as possible. Of the many programs and activities, survey respondents were asked to choose the top 5 most needed programs or activities. Table 9 below ranks the top eight responses.

**Table 9**

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

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

Senior Nutrition and Senior Legal are the most utilized programs within the AAA. The Senior Nutrition Program serves over 1,040 unduplicated seniors in the congregate dining program and 835 unduplicated seniors in the home delivered meal program. The majority of these individuals receive at least five meals per week. During Fiscal Year 2018/2019, there were 121,542 meals delivered and 64,116 meals served at the dining sites.

During Fiscal Year 2018/2019, over 1,690 unduplicated seniors were assisted by the Senior Legal Services Program. Appointments are often booked several months in advance. The program is located in the Placerville Senior Center. Appointments are also provided at the El Dorado Hills Senior Center, the Cameron Park Community Center and the Tahoe Senior Center.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Respondents are interested in the following activities:

**Table 13**  
**Top Interests of Survey Respondents**

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

The top interests of respondents have not changed during the last four years. Lifelong learning opportunities is a new activity added to the 2020 survey.

The majority of caregiver respondents take care for their spouse (51.61%) and/or their parents (20.97%). The caregiving is provided to a person with memory or cognitive deficiencies (46.04%), someone who has physical limitations (67.33%), and/or the caregivers provide transportation for someone unable to drive (49.5%).

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

**Table 14**  
**Tasks Needing Some Physical Assistance**

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

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

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

**Table 15**  
**Basic Monthly Living Expenses Associated with Having Insufficient Funds**

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

As a rural county that is divided by the Sierra Nevada Mountain Range, El Dorado County is impacted by natural disasters, power outages, and man-made emergencies. During 2019, the country experienced several PSPS events that, in the more remote parts of the county, lasted several days.

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

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

71.73% of the survey respondents indicated that they had a support network to assist them during an emergency response or evacuation. The Commission on Aging has created an Emergency Preparedness Committee and Emergency Preparedness Goal in a part of the 2020-2024 Area Plan.

## Section 6: Targeting

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

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

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

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic need assessments, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. The required legal notification was published in the two major newspapers within the PSA, The Mountain Democrat and the Tahoe Daily Tribune. However, due to COVID-19 and the closure of the congregate meal sites, senior centers, and community centers, Public Hearing notices were not posted at these locations. The notice was posted online on the COA page of the El Dorado County website.

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

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

APPROVED

## Section 7: Public Hearings

Due to COVID-19 and the State of California’s Shelter-in-Place Order, the Public Hearing for the 2020 – 2024 Area Plan was held as a Zoom meeting in conjunction with the Commission on Aging meeting. An overview of the goals and objectives developed as a result of the community needs assessment were presented at the public hearing to solicit public input and insure opportunities for older adults to provide oral and written testimony to the development of the Plan.

In June 2020, the public notice for the 2020 - 2024 Area Plan was posted in the Mountain Democrat Newspaper and the on-line newspaper in the South Lake Tahoe area.

July 7, 2020  
 Via Zoom Virtual Meeting  
 El Dorado County  
 Commission on Aging Meeting

### SECTION 7 PUBLIC HEARINGS

**PSA 29**

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>1</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>2</sup> Yes or No
2020-2021	7-7-20	Zoom Virtual Meeting	23	No	No
2021-2022					
2022-2023					
2023-2024					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.  
 The Long-Term Care Ombudsman was a key participant in the development of goals and objectives in the Area Plan. The Commission on Aging distributed copies of the Needs Assessment Survey to various agencies throughout the county. The Needs Assessment was also distributed to all home delivered meal participants. Unfortunately, due to COVID-19 additional outreach efforts were not conducted.

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

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

2. Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?
  - Yes. Go to question #3
  - Not applicable, PD and C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and C
4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services
  - Yes. Go to question #5
  - No, Explain:
5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.
6. List any other issues discussed or raised at the public hearing.

There was concern regarding Objective 4.1, Explore the feasibility of creating a Volunteer Coordinator position within HHSA. It was noted that this is very needed due to the high number of volunteers utilized within HHSA. A Volunteer Coordinator is needed to be a central point of contact, tracking volunteer applications, process required documents and record volunteer hours.
7. Note any changes to the Area Plan which were a result of input by attendees.

There will be no changes to the Area Plan as a result of the Public Hearing.

APPROVED

## Section 8: Identification of Priorities

This Area Plan will help guide this agency through the four years of providing services to older adults and disabled persons in the County. Changes in population, as outlined in the demographic section of this Plan, are dramatic. The increased growth rate in the older adult population for this planning and service area (PSA) places a greater emphasis on the need for services and a greater geographic distribution of those services.

Historically, Federal and State funds have not kept pace with the demand for services, and the County has provided significant funding to this PSA. While County support for older adult programs continues to be excellent, financial realities inevitably may affect the County's ability to continue to meet the needs, especially in light of the increase in the older adult population. Many services are needed to effectively and efficiently provide for the needs of our aging community members. The fact that the Area Agencies on Aging and Older American Act programs are most appropriately poised to meet these needs must be balanced with the reality of current Federal and State funding mechanisms. The demand for supportive services is continuing to grow at a rate where adequate service delivery will be challenged.

Without exception, targeting of services to specific older adult populations is a priority of this Plan. Not only will low-income minority older adults be targeted for services, but also older adults who have minimum and inadequate financial resources, are frail and at-risk of institutionalization, reside in rural areas in the county, and are otherwise isolated. Of particular interest to this AAA is the provision of services to the most frail, socially isolated older adults and those with Alzheimer's disease or related disorders. The AAA is dedicated to committing resources to ensure the availability and accessibility of vital safety net services necessary to help our most vulnerable older adults and functionally impaired adults maintain independence, dignity, and control over where and how they live.

In preparation of an aging landscape, the AAA will continue collaborative and advocacy efforts with other service providers to meet the needs of older adults and disabled persons in the County. This process will require a commitment of public, private, and voluntary resources. The AAA and Commission on Aging will persist in ardently advocating for maintaining existing funding for senior services, as well as pursuing other avenues of funding.

### A. Adequate Proportion

The Older Americans Act designates certain services as priority services and requires that an adequate proportion of Older Americans Act (Title III B) funds be allocated to these services. If changes are made to these proportions, a specific public hearing process is required. These designated priority services are:

- Access (outreach, transportation, information and assistance, and care management)
- In-Home Services
- Legal Assistance

The minimum funding budgeted on access (18%), in-home services (1.3%), and legal services (30%) from 2016-2020 Area Plan will not change under this plan. The results of our Needs Assessment demonstrate that the Senior Legal Services Program is the most needed supportive services. This is followed by Information and Assistance.

## **B. Priorities for the 2020-2024 Planning Period**

The AAA has been committed to the process of bridging the gap from need to solution strategy and setting needs-based priorities. The ultimate goal of the needs assessment is to enhance the ability of the AAA to provide services to the targeted groups. All efforts to prepare for an aging population in the County must be responsive and strive to reduce disparities in availability and access to services.

Most of the needs identified from the comprehensive community needs assessment utilizing both quantitative and qualitative analysis methods extend beyond the scope of any one agency's capabilities. The AAA and the Commission on Aging have determined the feasibility of addressing each need, and assigned relative priorities for action for the 2020-2024 planning period, each of which have associated objectives. Based on need and feasibility for short and long-term impact, the focus for this Plan was narrowed to the following five areas: Outreach, Availability & Increasing Access of Services, Emergency Preparedness, Volunteering, Civic Engagement & Community Collaboration, and Education & Training.

The listed recommendations for action are neither comprehensive nor exhaustive. Our intention is to put forward innovative ideas to focus attention on aging and motivate a commitment of time and resources to address at least some of the many needs of older adults in our community. We hope to stimulate broader support and enthusiasm to enhance services already in place as well as generate momentum for new initiatives.

Within each of these priority areas, proposed activities have been identified and will provide the basis for the development of annual updates during the contracting cycle. The goals of Outreach, Availability & Increasing Access of Services, Emergency Preparedness, Volunteering, Civic Engagement & Community Collaboration, and Education & Training will provide the foundation for continued responsiveness to aging population in the County. Identifying and fostering partnerships to support a more collaborative approach to providing a continuum of care is a priority of the AAA.

**Commission on Aging Team.** Ongoing discussions to solicit input with Commission on Aging (COA) members regarding the community needs assessment, identification of older adult and service provider needs and concerns, and subsequent formulation of issues of priority for the agency have been an integral component of the planning process. AAA staff met frequently with COA members in October 2019 through February 2020 to assist in the development of specific activities the agency would commit to pursue. The process involved review of the data, identification of the needs of targeted groups, and assistance in setting short and long-term goals for the AAA's older adult services and programs. The COA has committed to being involved in the completion of a majority of the objectives within the Area Plan.

**Data Evaluation Team.** Using the more than 1,045 surveys that were completed from older adults in the community as a springboard, a data evaluation team of AAA staff and COA members was formed and met to review the data and evaluate both the assets and the needs represented by the older adult population.



Issues of discussion in preparation for goal determination included the primary concerns of older adults in our community, the AAA response to consumer need, and priorities for Older Americans Act funding. Examination focused on the following list of targeted older adult populations: low-income minority, isolated (socially and/or geographically), disabled (physically and/or cognitively), boomers, abused, neglected and/or exploited, and lesbian, gay, bisexual, transgender persons.

### **C. Preparing for the Increased Senior Population in 2020 and Beyond**

Our mandate is to meet the ever-changing needs of the older population and to listen with full attention as older adults and their caregivers inform us about these needs and suggestions for service delivery so they can live meaningful lives with quality of life and dignity. The AAA's priority is to target the most frail and at-risk populations of the County. However, the AAA also recognizes that the 50+ population in the County is rapidly growing. The future long-range planning for older adults and persons with disabilities in El Dorado County must take into account the upcoming age wave due to the boomer population.

Without a doubt, there are many opportunities and challenges presented by the growth in the older adult population in El Dorado County. The most effective way to ensure that the local aging network makes the decisions that will have the greatest impact is by staying informed of the concerns and needs of our older residents. The results of this needs assessment process provide a community-based perspective to the larger, national demographic shift and a place to begin the local conversation and planning process. By taking small but intentional steps today, communities throughout the region will be able to enhance the quality of life for residents of all ages, and in the process make El Dorado County a place to live well for all ages.

The AAA is in an excellent position to provide leadership in guiding the community to meet the needs of this growing and very diverse population. Planning will require collaboration between the AAA, Commission on Aging, Board of Supervisors, community leaders, service organizations, and older adults themselves. Knowing that funding will not keep pace with the increasing need for services, several goals and objectives address empowering individuals to remain independent by increasing awareness of the availability of services with outreach, education and training, addressing the changing needs of seniors by promoting active aging, improving health and wellness and giving back to the community and promote elder abuse prevention activities.

## Section 9: Area Plan Narrative Goals and Objectives

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

The 2020-2024 Area Plan was developed with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. Through the implementation of this plan, the AAA seeks to provide far-reaching education and understanding of the choices and opportunities that exist to enhance the quality of life of El Dorado County's older residents. The five goals and 31 objectives of the four-year plan, with accompanying anticipated outcomes and evaluation measures, addresses a wide variety of identified areas of need.

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

*The 60+ Year Old Population ... the Other Gold in El Dorado County* celebrates successful aging in our community and provides direction to the AAA and Commission on Aging in addressing the identified needs of older adults and their caregivers. We are confident that our coordination across service systems will continue to make El Dorado County a desirable place in which to live and age with dignity.

**Goal #**   1  

<b>Goal: Outreach</b>			
<b>Rationale:</b> The Area Agency on Aging (AAA) offers many services within the Planning Service Area (PSA) that can be of benefit to many seniors. In order to maximize the awareness and usage of programs, effective outreach is necessary. This will enhance the ability of older adults to make decisions regarding appropriate and available services.			
<b>List Objective Number(s) ___ and Objective(s)</b> <b>[Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>3</sup></b>	<b>Update Status<sup>4</sup></b>
<p>1.1. Create a marketing campaign and schedule to increase identity in the community and promote AAA and other services of benefit to seniors. The marketing schedule would include monthly press releases, articles/features in local magazines, media lists, Facebook, twitter, etc. Explore the feasibility of a Senior Services Facebook account</p> <p>Measurement: Number of press releases and/or articles/features in magazines</p>	7/1/20-6/30/22		New
<p>1.2. Contact mobile home park managers, apartment managers, local churches, etc. to distribute complimentary lunch coupons and menus to seniors.</p> <p>Measurement: Increase in number of congregate senior nutrition meals</p>	7/1/20-6/30/24		New

<sup>3</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

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

<p>1.3 Host Information &amp; Assistance sessions prior to or after lunch at nutrition sites in Placerville, Diamond Springs, and El Dorado Hills once or twice per year. Feature a panel of speakers. Distribute complimentary lunch coupons. Explore the feasibility of a senior services event.</p> <p>Measurement: Number of presentations</p>	<p>7/1/22-6/30/24</p>		<p>New</p>
<p>1.4 The COA, in conjunction with AAA, will explore opportunities to work with the County School Districts to provide Senior Program Information to extended families, especially in outlying areas.</p> <p>Measurement: Number of presentations to school boards and principals</p>	<p>7/1/20-6/30/24</p>		<p>New</p>

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**Goal: 2**

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

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

<b>List Objective Number(s) ___ and Objective(s)</b> <b>[Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>5</sup></b>	<b>Update Status<sup>6</sup></b>
2.1 Explore new and innovative ideas to increase interest and attendance at congregate meal sites. Possibilities include: new or alternative entrees, increasing frequency of favorites, types of frozen meals, entertainment or informational events, etc.  Measurement: Increased number congregate of meals served	7/1/20-6/30/24		New
2.2 Re-vamp the Senior Shuttle program to align with the needs of the seniors and with the goal of increasing ridership. Explore the feasibility of expanding door-to-door services for seniors and disabled in rural and under-served communities Survey seniors to gather ideas, attend focus groups, and create a pilot program  Measurement: Increased Ridership	7/1/23-6/30/24		New
2.3 Multiple activities and classes occur at the Placerville Senior Center on a daily basis. Explore the use of the current AAA data base or the purchase of a compatible data base to track the attendance at various classes and activities held at the Placerville Senior Center.  Measurement: Implementation of Attendance System	7/1/23-6/30/24		New

<sup>5</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>6</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>2.4 Continue to collaborate with 211 to ensure that the on-line data base contains up-to-date information on services available in El Dorado County.</p> <p>Measurement: Reduction in basic information calls</p>	<p>7/1/20-6/30/24</p>		<p>New</p>
<p>2.5 Senior Health Education Program (SHEP) will continue to sponsor the Tai Chi for Better Balance evidence-based class twice per week at the Placerville Senior Center. SHEP will also sponsor the evidence based class, Bingocize at an off-site location.</p> <p>Measurement: Class attendance</p>	<p>7/1/20-6/30/24</p>		<p>New</p>
<p>2.6 Develop a Fall Prevention Program that meets the requirements of the Dignity at Home Fall Prevention Funding.</p> <p>Measurement: Implementation of Program</p>	<p>7/1/20-6/30/21</p>		<p>New</p>

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**Goal # 3**

<b>Goal: Emergency Preparedness</b>			
<p><b>Rationale:</b> El Dorado County is a rural county in Northern California and is subject to extreme cold in the winter and extreme heat in the summer. In addition, because of its rural nature, the county is predisposed to wild fires, mudslides and floods. The PG&amp;E Planned Power Outages have affected the seniors within the communities, especially in the more remote areas.</p>			
<b>List Objective Number(s) ___ and Objective(s)</b> <b>[Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>7</sup></b>	<b>Update Status<sup>8</sup></b>
<p>3.1 Distribute Public Safety Power Outage preparedness information and CodeRED Information during the spring, summer, and fall months. Assist older adults in signing up for CodeRED notifications in the event of an emergency (earthquakes, evacuations, etc.) in El Dorado County.</p> <p>Measurement: Number of Assistance with Sign-Ups</p>	7/1/20-6/30/24		New
<p>3.2 Provide CDA approved Emergency Non-Perishable Meals to all home delivered meal participants when conditions warrant and/or when there is an advance notice of a power shut-off</p> <p>Measurement: Number of emergency meals distributed</p>	7/1/20-6/30/24		New
<p>3.3 To increase awareness and educate consumers on Public Safety Power Shutoff (PSPS) events and Wildfire Safety, staff will host semiannual presentations/workshops throughout El Dorado County.</p> <p>Measurement: Number of participants attending the presentations/workshop</p>	7/1/20-6/30/24		New

<sup>7</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>8</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>3.4 To ensure medically needy households are enrolled in the Medical Baseline Program through their electricity company, staff will assist clients 60 and older enroll in the program.</p> <p>Measurement: Number of households 60+ years old enrolled in the Medical Baseline Program</p>	7/1/20-6/30/24		New
<p>3.5 The Senior Times will feature quarterly articles focusing on PSPS outages and resources/tools.</p> <p>Measurement: Number of Articles submitted</p>	7/1/20-6/30/24		New
<p>3.6 Staff will explore the possibility of providing medically fragile households with emergency portable power devices in the event of a PSPS event.</p> <p>Measurement: Number of devices distribute</p>	7/1/20-6/30/24		New
<p>3.7 Distribute magnets for refrigerators displaying Senior Nutrition contact information in the event of severe weather or PG&amp;E Planned Power Shut-Offs. Clients can contact Senior Nutrition regarding their meal service.</p> <p>Measurement: Number of magnets distributed</p>	7/1/20-6/30/24		New

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**Goal #** 4

<b>Goal: Volunteering, Civic Engagement, Community Collaboration</b>			
<b>Rationale:</b> The Older Adults Needs Assessment identified Volunteering as an area of interest for many seniors. The majority of our senior programs would not be as robust without the assistance of volunteers. It is important that seniors are engaged in their communities and feel that they are needed and relevant.			
<b>List Objective Number(s) ___ and Objective(s)</b> <b>[Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>9</sup></b>	<b>Update Status<sup>10</sup></b>
4.1 Explore the feasibility of creating a Volunteer Coordinator position within HHSA.  Measurement: New Position	7/1/23-6/30/24		New
4.2 Recruit and maintain volunteers to assist in various programs. Develop a volunteer pool. If appropriate, volunteers would be assigned to specific programs and work directly with the program supervisor.  Measurement: Number of volunteers	7/1/20-6/30/24		New
4.3 LTCOP will conduct recruitment activities and schedule training to increase the number of State-Certified Ombudsman volunteers from 7 to 10 by 6/30/2021. LTCOP will add five (5) new training topics to its local curriculum for certified Ombudsman volunteers by 6/30/2021.  Measurement: Number of LTC Volunteers and the number of certification training topics	7/1/20-6/30/21		New

<sup>9</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>10</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>4.4 LTC Ombudsmen will conduct biannual community trainings which may include APS, FCSP, law enforcement, single entry points, hospital organizations, church groups, colleges, etc.</p> <p>Measurement: Number of trainings</p>	7/1/21-6/30/22		New
<p>4.5 LTCO will collaborate with APS and local law enforcement to coordinate efforts to investigate and response to reports of abuse in long-term care facilities with appropriate consent from the victim. The LTCOP will establish a Memorandum of Understanding (MOU) with APS and law enforcement by 06/30/2021.</p> <p>Measurement: Number of MOUs</p>	7/1/20-6/30/21		New
<p>4.6 The COA in conjunction with AAA will meet with the senior communities throughout the County to explore the housing needs of seniors within the County.</p> <p>Measurement: White Paper</p>	7/1/20-6/30/22		New
<p>4.7 Develop senior focused programs within the El Dorado County Library system.</p> <p>Measurement: Number of programs</p>	7/1/22-6/30/22		New
<p>4.8 Explore the Village Concept. Collaborate with and provide outreach to underserved or under represented populations within the county.</p> <p>Measurement: Number of outreach presentations</p>	7/1/21-6/30/22		New
<p>4.9 Explore the feasibility of a restaurant voucher program for weekend breakfast or lunch.</p> <p>Measurement: Implementation of voucher program</p>	7/1/22-6/30/24		New

**Goal # 5**

<b>Goal: Education &amp; Training</b>			
<p><b>Rationale:</b> The Older Adults Needs Assessment identified Education as an area of interest to many seniors. The survey also identified many seniors are caring for their spouses who have physical limitations and memory or cognitive deficiencies. Training will provide these seniors with support and education to become effective caregivers.</p>			
<b>List Objective Number(s) ___ and Objective(s)</b> <b>[Refer to CCR Article 3, Section 7300 (c)]</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>11</sup></b>	<b>Update Status<sup>12</sup></b>
<p>5.1 The Area Agency on Aging and COA will collaborate with Barton Medical Center in South Lake Tahoe and Marshall Medical Center in Placerville to promote an increase in attendance in the evidence based class, Power Tools for Caregivers which will be held twice per year.</p> <p>Measurement: The number of unduplicated attendees in each class.</p>	<p>7/1/20-6/30/24</p>		<p>New</p>
<p>5.2 FCSP will continue to provide/facilitate support groups in South Lake Tahoe and El Dorado Hills. A new support group will be piloted in another area of the county.</p> <p>Measurement: Number of support groups held</p>	<p>7/1/20-6/30/24</p>		<p>New</p>
<p>5.3 Educate general public from high school students to seniors. Curriculum for understanding the aging process and the various programs available for seniors and their family.</p> <p>Measurement: Courses held, number of attendees</p>	<p>7/1/23-6/30/24</p>		<p>New</p>
<p>5.4 Collaborating with facility staff and discharge planners, LTCOP will be alerted to at-risk residents, new residents, un-befriended residents and those lacking regular visitors. By 12/30/20, LTCOP will have established protocol to ensure vulnerable residents are identified.</p> <p>Measurement: Established policy and procedure</p>	<p>7/1/20-6/30/24</p>		<p>New</p>

<sup>11</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>12</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>5.5 FCSP will facilitate and sponsor two caregiver education series in location South Lake Tahoe, one mini-series in Placerville, and another mini-series in an outlying area.</p> <p>Measurement: Number of attendees</p>	<p>7/1/20-6/30/24</p>		<p>New</p>
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## Section 10: Service Unit Plan (SUP) Objectives Guidelines

### SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 29

#### TITLE III/VIIA 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 \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

1. 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 IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

#### Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	120,000	1, 2,3	3.2, 3.7
2021-2022			
2022-2023			
2023-2024			

#### Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6	1, 2	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	50,000	1, 2, 4	1.2, 2.1, 4.9
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4	1, 2	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	1, 2, 4, 5	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	5	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	9,000	1, 2, 3	1.3, 2.4
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	300	1, 2, 3	1.2
2021-2022			
2022-2023			
2023-2024			

**2. 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 B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

**Title III B, Other Priority and Non-Priority Supportive Services**

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.

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

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

**Other Supportive Service Category Telephone Reassurance Unit of Service =1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	14,000	1, 2, 3	
2021-2022			
2022-2023			
2023-2024			

**Other Supportive Service Category Public Information Unit of Service =1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	15	1, 2, 3	
2021-2022			
2022-2023			
2023-2024			

**3. Title IIID/ Disease Prevention and Health Promotion**

Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

**Unit of Service = 1 contact**



**Service Activities: Health Promotions - Powerful Tools for Caregivers, Tai Chi Moving for Better Balance**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	650	2	2.5
2021-2022			
2022-2023			
2023-2024			

**Service Activities: Health Promotions - Bingocize**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	36	2	2.5
2021-2022			
2022-2023			
2023-2024			

TITLE IIIB and Title VIIA:LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**2020–2024 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.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2017-2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved ___ + Number of partially resolved complaints ___ divided by the Total Number of Complaints Received 78 = Baseline Resolution Rate ___% FY 2020-2021 Target Resolution Rate <b>62.82%</b>
2. FY 2019-2020 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2021-2022 Target Resolution Rate _____%
3. FY 2020-2021 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2022-2023 Target Resolution Rate _____%

<p>4. FY 2021-2022 Baseline Resolution Rate:  Number of complaints resolved _____ + Number of partially resolved complaints _____  divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate  _____ %  FY 2023-2024 Target Resolution Rate _____ %</p>
<p>Program Goals and Objective Numbers: <b>4.3, 4.4, 4.5</b></p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>55</u>  FY 2020-2021 Target: <u>16</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____  FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____  FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____  FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

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

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

<p>1. FY 2018-2019 Baseline: Number of Instances <u>154</u>  FY 2020-2021 Target: <u>200</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances _____  FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Instances _____  FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Instances _____  FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

1. FY 2018-2019 Baseline: Number of Instances <u>512----</u> FY 2020-2021 Target: <u>240</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions <u>9</u> FY 2020-2021 Target: <u>2</u>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues,

etc.) Be specific about the actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

<b>FY 2020-2021</b>
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <p>Effective March 16, 2020, the State Ombudsman directed Ombudsman representatives to refrain from conducting facility visits. LTCO representatives will continue to resolve complaints, protect rights, and promote access to services for residents before, during, and after emergencies, including the COVID-19 crisis. Ombudsman representatives provide remote advocacy services by regularly contacting facilities, residents, resident representatives, families, and resident councils by phone, Skype, and window visits.</p>
<b>FY 2021-2022</b>
<p><b>Outcome of FY 2020-2021 Efforts:</b></p> <p><b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2022-2023</b>
<p><b>Outcome of FY 2021-2022 Efforts:</b></p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2023-2024</b>
<p><b>Outcome of 2022-2023 Efforts:</b></p> <p><b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

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

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA

that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>5</u> divided by the total number of Nursing Facilities <u>5</u> Baseline <u>100</u> % FY 2020-2021 Target:     %
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____% FY 2021-2022 Target:     %
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____% FY 2022-2023 Target:     %
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____% FY 2023-2024 Target:     %
Program Goals and Objective Numbers: _____

**B. Routine access: Residential Care Communities** (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>27</u> divided by the total number of RCFEs <u>31</u> = Baseline <u>87</u> % FY 2020-2021 Target:     %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2021-2022 Target:     %
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2022-2023 Target:     %

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2023-2024 Target: _____ %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: <u>.8</u> FTEs FY 2020-2021 Target: <u>1.2</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>7</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>7</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]**

**Measures and Targets:**

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

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

The LTCOP will address data input procedures by conducting an evaluation of the overall work flow to determine standard processes and actions for managing complaints and grievances. Certified ombudsman volunteer representatives will be recruited and trained to assist in timely data entry of their investigative activities.

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**TITLE VIIA 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. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

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**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: AAA

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2020-2021	10
2021-2022	
2022-2023	
2023-2024	

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

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

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
2020-2021	20
2021-2022	
2022-2023	
2023-2024	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2020-2021</b>		
<b>2021-2022</b>		
<b>2022-2023</b>		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	100
2021-2022	
2022-2023	
2023-2024	

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**TITLE IIIE SERVICE UNIT PLAN OBJECTIVES****CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds

**Direct and/or Contracted IIIE Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: 10 Total est. audience for above: 100	1	
<b>2021-2022</b>	# of activities: Total est. audience for above:		
<b>2022-2023</b>	# of activities: Total est. audience for above:		
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	3,000	1, 2	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

<b>Access Assistance</b>		<b>Total contacts</b>	
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	200	3	
2021-2022			
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	1,000	3	
2021-2022			
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

**Direct and/or Contracted IIIIE Services—*Not Applicable***

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

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

**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 an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their 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 Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

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

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)



- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA’s should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning).

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

**HICAP Legal Services Units of Service (if applicable) <sup>6</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	6	
2021-2022		
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	10	
2021-2022		
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	12	
2021-2022		
2022-2023		
2023-2024		

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

**COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 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.

<b>Designated Community Focal Point</b>	<b>Address</b>
Placerville Senior Center	937 Spring Street Placerville, CA 95667
South Lake Tahoe Senior Center	3050 Lake Tahoe Blvd. South Lake Tahoe, CA 96150
El Dorado Hills Senior Center	990 Lassen Lane El Dorado Hills, CA 95762

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## Section 12 - Disaster Preparedness

PSA 29

**Disaster Preparation Planning** Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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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:

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

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

Name	Title	Telephone	email
Moke Auwae	Sergeant	Office: 530-621-5170	<a href="mailto:auwaem@edso.org">auwaem@edso.org</a>
Todd Crawford	Deputy Sheriff	Office: 530-621-5131	<a href="mailto:crawfordt@eso.org">crawfordt@eso.org</a>
Jared Melton	Deputy Sheriff	On-Call through Central Dispatch 530- 621-6600	<a href="mailto:meltonj@edso.org">meltonj@edso.org</a>

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Richard Todd	Program Manager	Office: 530-621-6161  Cell:	<a href="mailto:richard.todd@edcgov.us">richard.todd@edcgov.us</a>

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

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

*El Dorado County is a participant in multiple mutual aid agreements such as the California Master Mutual Aid Agreement, Volunteer and private Agency's Mutual Aid Agreement, etc.*

6. Describe how the AAA will:

- Identify vulnerable populations.

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

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

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

APPROVED

**2016-2020 Four-Year Planning Cycle**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>13</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-24

**Access:**

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

2020-21 18 %                      21-22 18%                      22-23 18%                      23-24 18%

**In-Home Services:**

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

2020-21 1.3 %                      21-22 1.3%                      22-23 1.3%                      23-24 1.3%

**Legal Assistance Required Activities:<sup>14</sup>**

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

2020-21 30 %                      21-22 30%                      22-23 30%                      23-24 30%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. 29

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

<sup>13</sup> Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>14</sup> 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 29**

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

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

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

**Check applicable direct services**

**Check each applicable Fiscal Year**

<b>Title IIIB</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</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 type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IID</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IIIE<sup>9</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

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



## Section 15 - Request For Approval To Provide Direct Services PSA 29

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: Congregate Nutrition

Check applicable funding source:<sup>15</sup>

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

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.

20-21

21-22

22-23

23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>16</sup> : \_\_\_\_\_

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.
  - a) *Provision of Title III services, including congregare nutrition, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the**

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

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

*same service more economically and the Governing Board voted to keep providing the service direct by the County.*

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides Title III services, including congregate nutrition, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

APPROVED

**Section 15 - Request for Approval to Provide Direct Services PSA 29**

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

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

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

**Identify Service Category: Legal Services**

Check applicable funding source:<sup>17</sup>

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- 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.

- 20-21       21-22       22-23       23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>18</sup> :

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including legal services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult*

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

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

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

APPROVED

## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Nutrition Education

Check applicable funding source:<sup>19</sup>

- IIIB  
 IIIC-1  
 IIIC-2  
 Nutrition Education  
 IIIE  
 VIIA  
 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.

- 20-21       21-22       22-23       23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>20</sup> :

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

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

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

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

- b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency on Aging directly provides Title III services, including nutrition education, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

APPROVED

## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Senior Center Staffing

Check applicable funding source:<sup>21</sup>

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- 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.

- 20-21       21-22       22-23       23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>22</sup> :

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

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

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

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

*services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

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

APPROVED



## Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

### Identify Service Category: Telephone Reassurance

Check applicable funding source:<sup>23</sup>

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- 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.

- 20-21       21-22       22-23       23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>24</sup> :

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

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

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

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

*services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*

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

APPROVED

## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Home Delivered Meals

Check applicable funding source:<sup>25</sup>

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

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.

20-21

21-22

22-23

23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>26</sup> :

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

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

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

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

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

*could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides Title III services, including home delivered nutrition services, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

APPROVED

## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Public Information

Check applicable funding source:<sup>27</sup>

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

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.

20-21

21-22

22-23

23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>28</sup> :

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

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

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

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

*economically and the Governing Board voted to keep providing the service direct by the County. Public Information will be provided through PSA 29's Information and Assistance Program.*

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides title III services, including Public Information, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and does not have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

APPROVED

## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Assisted Transportation

Check applicable funding source:<sup>29</sup>

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

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.

20-21

21-22

22-23

23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>30</sup> :

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

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

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

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

*economically and the Governing Board voted to keep providing the service direct by the County. Public Information will be provided through PSA 29's Information and Assistance Program.*

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides title III services, including Assisted Transportation, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and does not have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

APPROVED



## Section 15 - Request for Approval to Provide Direct Services PSA 29

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: Transportation

Check applicable funding source.<sup>31</sup>

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

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.

20-21

21-22

22-23

23-24

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>32</sup> :

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

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

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

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

*economically and the Governing Board voted to keep providing the service direct by the County. Public Information will be provided through PSA 29's Information and Assistance Program.*

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides title III services, including Assisted Transportation, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and does not have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

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**GOVERNING BOARD MEMBERSHIP  
2016-2020 Four-Year Area Plan Cycle**

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

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**Total Number of Board Members: 5**

**Name and Title of Officers:**

**Office Term Expires:**

Brian K. Veerkamp, Chair	January 2021
John Hidahl, First Vice Chair	January 2021
Lori Parlin, Second Vice Chair	January 2023

**Names and Titles of All Members:**

**Board Term Expires:**

John Hidahl, Supervisor District I	January 2021
Shiva Frentzen, Supervisor District II	January 2021
Lori Parlin, Supervisor District IV	January 2023
Brian K. Veerkamp, Supervisor District III	January 2021
Sue Novasel, Supervisor District V	January 2023

**ADVISORY COUNCIL MEMBERSHIP  
2020-2024 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 14

Number of Council Members over age 60 10

	<u>% of PSA's 60+Population*</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>88.6%</u>	<u>91.7%</u>
Hispanic	<u>13.2%</u>	<u>0%</u>
Black	<u>1.0%</u>	<u>0%</u>
Asian/Pacific Islander	<u>5.0%</u>	<u>8.3%</u>
Native American/Alaskan Native	<u>1.3%</u>	<u>0%</u>
Other	<u>3.9%</u>	<u>0%</u>

*\*Note: Based on the 2014 American Community Survey*

**Name and Title of Officers:**

**Office Term Expires:**

Steven Shervey, Chair – City of Placerville Appointee	N/A
Lisbeth Powell, Vice Chair – Supervisor Appointee – District IV	3/2019

**Name and Title of other members:**

**Office Term Expires:**

Raelene Nunn, Supervisor Appointee – District 1	3/2021
Eileen Strangfeld, Supervisor Appointee – District II	1/2021
Roger Berger, Supervisor Appointee – District III	1/2021
Penny Huber, Supervisor Appointee—District V	1/2023
Vacant, Supervisors Appointee – Member-at-Large	1/2018
Jim Wassner, Community Representative	4/2022
Beth Southorn, Community Representative	5/2020
Tita Bladen, Community Representative	8/2021
Barbara Raines, Community Representative	3/2022
Barbara Kaufmann, City of South Lake Tahoe Appointee	3/2021
Vacant, Community Representative	

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

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

Explain any "No" answer(s):

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

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

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

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

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] <sup>12</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:

*To ensure the rights and entitlements of residents of El Dorado County, 60 years of age and older, by providing and securing legal assistance, regardless of income.*

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?  
30%

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).

*As a result in the growing senior population within our PSA, we have seen an increase in the number of clients in low income categories and increase in the number of clients with issues related to reverse mortgages and consumer debt.*

4. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

*Not Applicable—AAA and LSP are both part of the El Dorado County Health & Human Services Agency (HHS). An agreement is not necessary. LSP is a program that is operated directly by the AAA.*

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

*The LSP is a program operated and housed within the AAA. The LSP was involved in the creation of the Area Plan Goals and Objectives and several questions on the Needs Assessment were directly related to the LSP. The LSP meets monthly and collaborates with the other supervisors of the AAA programs. Outreach presentations are often held at the local senior centers.*

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

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

7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:

*Our target population is low-income and/or low-competency seniors who cannot afford private legal services and/or who would be easily taken advantage of in the private marketplace due to diminished capacity. Other targeted populations include low income minority individuals and caregivers, Mechanisms for reaching these populations include pamphlets, and public announcements, articles in newsprint, public seminars and workshops, county website, flyers posted in public spaced, and referrals through other public and private programs and agencies.*

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

Fiscal Year	# of Legal Assistance Services Providers
<b>2020-2021</b>	1
<b>2021-2022</b>	<i>Leave Blank until 2021</i>
<b>2022-2023</b>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>

9. Does your PSA have a hotline for legal services?

*No-however, Senior Legal Services also provides phone appointments.*

10. What methods of outreach are Legal Services providers using? Discuss:

*See #7 above.*

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

Fiscal Year	Name of Provider	Geographic Region covered
<b>2020-2021</b>	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.
<b>2021-2022</b>	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
<b>2022-2023</b>	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA:

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

- a. Call and make appointment: Appointments can be at the program office in the Placerville Senior Center, or at one of several outlying facilities from El Dorado Hills to South Lake Tahoe. Appointments are also arranged in senior's homes, hospitals and care homes.*
- b. Legal services available by phone via phone appointment.*
- c. Free workshops and seminars featuring attorneys and located around the county.*
- d. Self-help pamphlets and handouts available for clients.*

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

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

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss:

*See #3 Above*

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

*Major barriers include:*

a. transportation - *El Dorado is a very large and rural county that extends from the Sierra foothills to South Lake Tahoe. Weather and transportation is a problem. Public transportation is limited. Attorneys currently travel to South Lake Tahoe and El Dorado Hills, homes, hospitals, and care facilities.*

*Strategies to overcome this barrier include expanding and promoting our phone appointments, and increasing the locations where attorneys travel to provide services—areas such as Pollock Pines, Georgetown, and Fairplay.*

b. language - *El Dorado County has a limited but growing ESL population that infrequently access legal services for a variety of reasons.*

*Strategies - We have interpreters available, and are currently working with LAAC (Legal Aid Association of California) to expand our written materials to offer information in a variety of languages. We are also planning on printing our brochure in Spanish and distributing it throughout the county.*

c. underserved communities -

1. *LGBT community.*

*Strategies - We have already increased outreach by preparing and posting legal information of particular interest to the LGBT population. We are training our staff to increase their sensitivity regarding gender-neutral language and are discussing ways to make the office environment more welcoming to cultural diversity.*

2. *Residents of skilled nursing facilities, residential care facilities, mobile home parks—they all have special rights and protections under the law.*

*Strategies - Create information brochures summarizing rights and referring to Senior Legal Services and Ombudsman programs for assistance and advocacy.*

16. What other organizations or groups does your legal service provider coordinate services with? Discuss:

*Being a county program, we have access to and work closely with many other county agencies: Adult Protective Services, Public Guardian, Long Term Care Ombudsmen, Family Caregiver Support Program, Information and Assistance, housing, law enforcement, county supervisors, mental health, MSSP, HICAP, IHSS, Senior Health Education program, Senior Nutrition program.*



**Section 19 - Multipurpose Senior Center Acquisition or Construction  
Compliance Review**<sup>33</sup>

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	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

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

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2016,**

**Section 373(a) and (b)**

**2016–2020 Four-Year Planning Cycle**

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

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

**Family Caregiver Services**

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

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

PSA 29 will not be providing or contracting supplemental services for FCSP clients. We will make referrals to local providers who already provide these services within our County. At least one provider installs grab bars and other bathroom safety features free of charge to low income seniors.

## Grandparent Services

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

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

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

*All inquiries regarding Grandparent Services are referred to the appropriate Health & Human Services Agency (HHS) programs to meet the needs of the grandparents contacting FCSP.*

- Provider name and address of agency  
*El Dorado County Health & Human Services  
3057 Briw Road, Suite A  
Placerville, CA 95667  
Phone: (530) 642-7300  
www.edcgov.us*
- Description of the service  
*HHS provides a wide variety of services that can be accessed by grandparents who are caregivers for their grandchildren. In addition, HHS is exploring the development of a Children’s System of Care to further enhance the integration of the services and programs HHS provides to better serve the youth population and simplify the navigation of these services by the parents, grandparents, and other adults caring for these children. These services can include, but are not limited to: CalWorks, Foster Care, Welfare-to-Work, Children’s Mental Health, Mental Health Support Groups, Public Health Programs with intensive case management such as Maternal Child & Adolescent Health (MCAH), California Children’s Services (CCS), Cal Fresh, and Women Infants and Children’s (WIC). Additional referrals can also be made to the El Dorado County Office of Education.*
- Where the service is provided (entire PSA, certain counties, etc.)  
*HHS services are provided throughout El Dorado County which encompasses PSA 29.*
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)  
*Other programs within HHS are already established and able to meet the needs of Grandparents caring for their grandchildren and can provide all of the FCSP type services for grandparents such as Information Services, Access Assistance, Support Services (including*

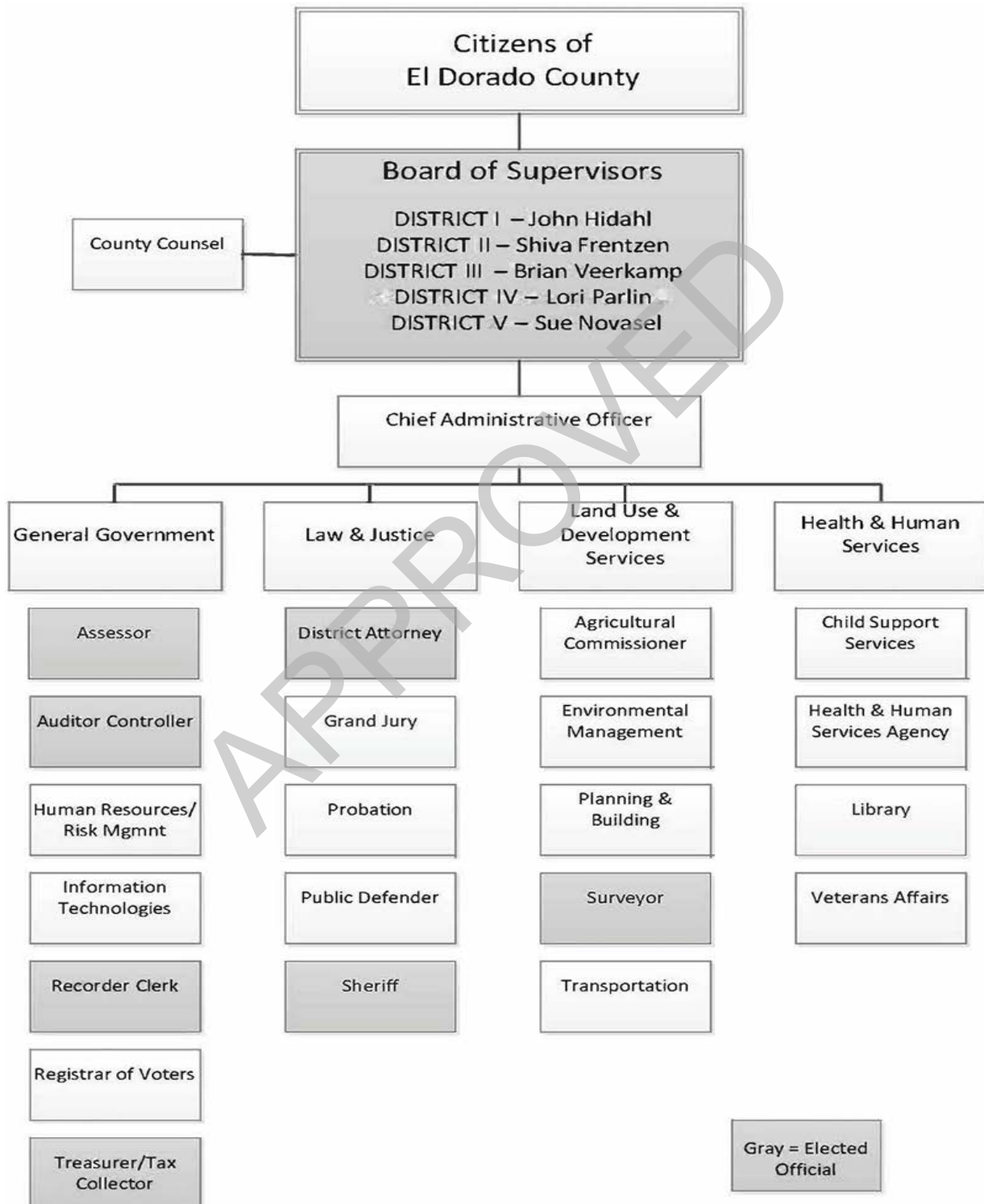
*Case management regardless of diminished capacities due to mental impairment or temporary severe stress and/or depression), Respite and Supplemental Services.*

- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds  
*The FCSP staff are also part of HHSA and, as such, are in constant communication with the other programs within HHSA. FCSP staff can contact and discuss grandparent referrals in an immediate timeframe and determine the best program to meet the needs of the caregiving grandparents. This also prevents duplication of services within the PSA.*

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## SECTION 21: Organization Chart

### El Dorado County Organizational Chart

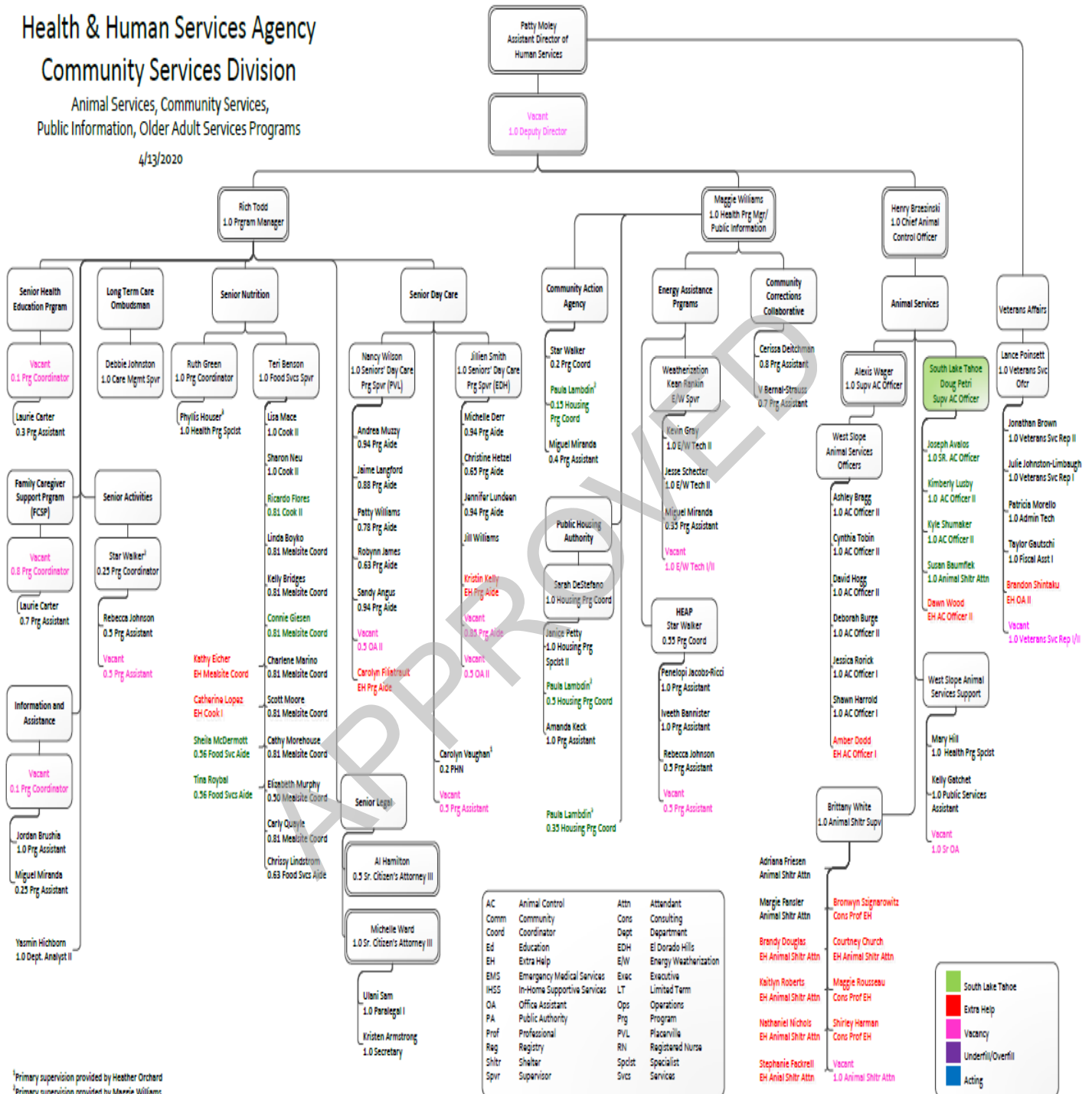


# El Dorado County Health & Human Services Agency Organization Chart

## Health & Human Services Agency Community Services Division

Animal Services, Community Services,  
Public Information, Older Adult Services Programs

4/13/2020



<sup>1</sup>Primary supervision provided by Heather Orchand  
<sup>2</sup>Primary supervision provided by Maggie Williams  
<sup>3</sup>Primary supervision provided by Rich Todd

AC	Animal Control	Attn	Attendant
Comm	Community	Cons	Consulting
Coord	Coordinator	Dept	Department
Ed	Education	EDH	El Dorado Hills
EH	Extra Help	E/W	Energy Weatherization
EMS	Emergency Medical Services	Exec	Executive
IHSS	In-Home Supportive Services	LT	Limited Term
OA	Office Assistant	Ops	Operations
PA	Public Authority	Prg	Program
Prof	Professional	PVL	Placerville
Reg	Registry	RN	Registered Nurse
Shtr	Shelter	Spcst	Specialist
Svpr	Supervisor	Svcs	Services

- South Lake Tahoe
- Extra Help
- Vacancy
- Underfill/Overfill
- Acting

## 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, and 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.