

## **AREA PLAN UPDATE REQUIREMENTS FISCAL YEAR 2004-05**

### **TABLE OF CONTENTS**

<b>2004-05 AREA PLAN UPDATE CHECKLIST</b>	<b>5</b>
<b>TRANSMITTAL LETTER FORMAT AND INSTRUCTIONS</b>	<b>10</b>
<b>STRATEGIC PLAN CROSS REFERENCE INDEX</b>	<b>11</b>
<b>TITLE III/VII SERVICE UNIT PLAN</b>	<b>12</b>
<b>TITLE III-E SERVICE UNIT PLAN</b>	<b>16</b>
<b>TITLE V SERVICE UNIT PLAN</b>	<b>20</b>
<b>OTHER STATE FUNDED GRANTS (OSFG) SERVICE UNIT PLAN</b>	<b>21</b>
<b>HICAP SERVICE UNIT PLAN</b>	<b>23</b>

### **APPENDICES**

<b>APPENDIX IA – NOTICE OF INTENT TO PROVIDE TITLE III/VII DIRECT SERVICES</b>	<b>24</b>
<b>APPENDIX IA (TITLE III-E) – NOTICE OF INTENT TO PROVIDE FCSP DIRECT SERVICES</b>	<b>25</b>
<b>APPENDIX IB – REQUEST FOR APPROVAL TO PROVIDE TITLE III/VII DIRECT SERVICES</b>	<b>26</b>
<b>APPENDIX IB (TITLE III-E) – REQUEST FOR APPROVAL TO PROVIDE TITLE III-E DIRECT SERVICES</b>	<b>27</b>
<b>APPENDIX IC – REQUEST FOR APPROVAL TO PROVIDE OSFG DIRECT SERVICES</b>	<b>28</b>
<b>APPENDIX II – PUBLIC HEARINGS</b>	<b>29</b>
<b>APPENDIX III – GOVERNING BOARD</b>	<b>31</b>
<b>APPENDIX IV – ADVISORY COUNCIL</b>	<b>32</b>

<b>APPENDIX V – ADEQUATE PROPORTION PERCENTAGES</b>	<b>33</b>
<b>APPENDIX VI – COMMUNITY FOCAL POINTS LIST</b>	<b>35</b>
<b>APPENDIX VII – MULTIPURPOSE SENIOR CENTER ACQUISITION AND CONSTRUCTION COMPLIANCE REVIEW</b>	<b>36</b>
<b>APPENDIX VIII – CORPORATE ELDERCARE</b>	<b>37</b>
<b>APPENDIX IX (TITLE III-E) – FAMILY CAREGIVER SUPPORT PROGRAM NOTICE OF INTENT FOR NON-EXPENDITURE OF FUNDS</b>	<b>38</b>
<b>APPENDIX X – NEEDS ASSESSMENT QUESTION GUIDE (2005-2009)</b>	<b>39</b>
<b>APPENDIX XI – PROGRAM DEVELOPMENT (PD) AND COORDINATION (C) ACTIVITIES INFORMATION GUIDE</b>	<b>40</b>

## **THE 2004-05 AREA PLAN UPDATE CHECKLIST**

**Includes Title III (B, C, D), III-E, V, VII, Other State Funded Grants (OSFG), and HICAP**

Instructions: **Check the boxes for the items completed, as applicable. For all required components, provide an explanation for any unchecked boxes.**

1.	Necessary Copies and Format	<b>REQUIRED</b>
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☐ All updated information is provided on single-sided sheets.

☐ An original and ONE copy of the entire Area Plan Update, the Area Plan Update Checklist, and all updated material, as required.

2.	Transmittal Letter	<b>REQUIRED</b>
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☐ The Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board is attached (place the Transmittal Letter behind the cover page of your Area Plan Update).

**OR**

☐ The Transmittal Letter will be submitted by \_\_\_\_\_.  
(DATE)

Note: Approval of Area Plan Update will be delayed pending receipt of fully executed Transmittal Letter.

3.	Strategic Plan: <b>REQUIRED</b> , IF STRATEGIC PLAN IS SUBMITTED AS AREA PLAN UPDATE
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☐ A Strategic Plan was submitted as the Area Plan Update.

☐ The Strategic Plan Cross-Reference Index was completed (See Page 11).

4. Narrative Description of Relevant Changes: This section must be completed to reflect all changes related to all programs or services funded by grants from CDA. **REQUIRED**

☐

The Narrative Description of Relevant Changes is attached and includes the **page number(s)** for:

☐

Sections of the area plan that have been amended.

☐

Goals that are new, revised, ongoing, completed, or deleted.

☐

Objectives that are new, revised, ongoing, completed, or deleted.

☐

Discussion of other major changes, which may include, but are not limited to:

- Changes in the Planning and Service Area (PSA) or its demographics;
- Changes in the Area Agency (include new organizational chart);
- Changes in local resources;
- Effects of local disasters;

☐

Title III-E Implementation Challenges (*Applies to Title III-E Only If Implementation Process Has NOT Been Completed*).

☐

Describe challenges to implementation of the Family Caregiver Support Program (FCSP) encountered by AAA, such as:

- Adequacy of providers to serve the eligible service population;
- Discrepancies between budgeted services versus actual services delivered;
- Cultural barriers to service delivery;
- Capacity to meet the needs of grandparents raising grandchildren; and
- Ability to meet funding requirement.

## 5. Goals and Objectives

## REQUIRED



A goal and/or objective is included for each of the programs or services funded by the AAA from the following sources:

\_\_Titles III/VII \_\_ Title III-E \_\_Title V \_\_OSFG \_\_HICAP



Goals and/or objectives addressing any applicable findings in the most recent CDA onsite assessment/monitoring report and AAA corrective action plan are included and reference is made to the appropriate monitoring report and the findings.



All goals and objectives comply with the requirements of the California Code of Regulations, Title 22, Article 3, §7300(c).

Goals are statements of ideal conditions that the AAA wishes to achieve through its planning efforts. Objectives are measurable statements of action to meet the goals. Objectives **must** indicate the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.



New, revised, and ongoing goals & objectives correspond to the Service Unit Plan.



If the AAA has objectives identified as Program Development and Coordination (PD&C) for Title III-B funds allocated in the 2004-2005 budget:  
(See *Appendix XI* for more information on PD&C).

- 1) Objectives designated for these activities meet the criteria found in PM 00-21 (Reference Guide for the 2001-2005 Area Plan Development),

**and**

- 2) Objectives are designated as Program Development (PD) and/or Coordination (C).

**and**

- 3) A rationale for continuing or deleting PD&C objectives is provided.

## 6. Targeted Populations

REQUIRED

- ☐ Update includes specific objectives targeting and providing services to older individuals in greatest economic and social need.
- ☐ Update includes specific objectives for targeting and providing services to low-income minority older individuals.
- ☐ Update includes the estimated number of low-income minority older individuals residing in the PSA. The number is:\_\_\_\_\_.
- ☐ Update includes documented efforts for providing services to older individuals residing in rural areas, e.g. outreach efforts. **(OAA, 2000)**
- ☐ Update includes the estimated number of older individuals residing in rural areas of the PSA. The number is:\_\_\_\_\_.
- ☐ Update includes specific objectives for providing services to older individuals with disabilities, with particular attention to individuals with severe disabilities. **(OAA, 2000)**
- ☐ Update includes specific objectives for providing services to older individuals with limited English-speaking ability, i.e., outreach component, counseling assistance, provider cultural sensitivity training. **(OAA, 2000)**

## 7. Needs Assessment Activities

OPTIONAL/REQUIRED

- ☐ If any needs assessment activities are planned for fiscal year 2004-05, the Update includes a description of those activities (optional).
- ☐ See Appendix X for more details related to 2005-2009 needs assessment planning Appendix X must be completed (required).

## 8. Service Unit Plans

REQUIRED

- ☐ The FY 2004-05 Title III/VII Service Unit Plan is attached and is consistent with the Area Plan Budget.
- ☐ The FY 2004-05 Title III-E Service Unit Plan is attached and consistent with the Area Plan Budget.

- ☐ The FY 2004-05 Title V Service Unit Plan is attached and is consistent with the Title V Budget.
- ☐ The FY 2004-05 Other State Funded Grants Service Unit Plan is attached and is consistent with the Area Plan Budget.
- ☐ The FY 2004–05 HICAP Service Unit Plan is attached and is consistent with the HICAP Budget.

9. Appendices: *(See Table of Contents for Appendix Titles)*

**REQUIRED AS SPECIFIED**

The following Appendices are attached.

- ☐ Appendix 1A, 1B, and/or 1C (**required if there has been a change in direct service activities for Titles III/VII or OSFG**).
- ☐ Appendix IA (Title III-E) – (**required if there has been a change**).
- ☐ Appendix IB (Title III-E) – (**required if there has been a change**).
- ☐ Appendix II for local public hearings (**required**).
- ☐ Appendix III (**required if there has been a change**).
- ☐ Appendix IV (**required if there has been a change**).
- ☐ Appendix V (**required if there has been a change**).
- ☐ Appendix VI (**required if there has been a change**).
- ☐ Appendix VII (**required if there has been a change**).
- ☐ Appendix VIII (**required if there has been a change**).
- ☐ Appendix IX (Title III-E) (**required**).
- ☐ Appendix X 2005-2009 Needs Assessment Question Guide (**required**).
- ☐ Appendix XI PD&C Information Guide (**reference document**)

**TRANSMITTAL LETTER - REQUIRED**

**Instructions:** A Transmittal Letter is **required** for the Area Plan Update. Approval of the Area Plan Update will not occur until this Letter is completed. Transmittal Letter required language is shown in the sample below. Include your PSA number, official name of the appropriate governing body (Board of Directors, Governing Board, etc.), and signatures of the Chair of the Governing Board, Chair of the Advisory Council, and the AAA Director. The Transmittal Letter is placed behind the title page of your Area Plan Update.

Please note that the language used in this transmittal letter may also be used in local resolutions required for transmittal of the Area Plan.

**SAMPLE TRANSMITTAL LETTER WITH REQUIRED LANGUAGE**

This FY 2004-05 Update of the 2001-2005 Area Plan, including the 2004-05 Area Plan Update Checklist, for Planning and Service Area **(indicate the number of your PSA)** is hereby submitted to the California Department of Aging for approval. By signing below, the Governing Board, Advisory Council, and Area Agency Director support the planning and development of community-based systems of care. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this planning and service area.

1. (Type Name) \_\_\_\_\_

(Signed) \_\_\_\_\_  
Chair, Governing Board

\_\_\_\_\_  
Date

The Area Agency Advisory Council has had the opportunity to participate in the planning process and to review and comment on the Area Plan.

2. (Type Name) \_\_\_\_\_

(Signed) \_\_\_\_\_  
Chair, Area Agency on Aging  
Advisory Council

\_\_\_\_\_  
Date

3. (Type Name) \_\_\_\_\_

(Signed) \_\_\_\_\_  
Director, Area Agency on Aging

\_\_\_\_\_  
Date



**STRATEGIC PLAN CROSS-REFERENCE INDEX**  
**Required if a Strategic Plan is submitted as Area Plan Update**

The following required documents must be submitted in the prescribed format:

- The 2004-05 Area Plan Update Checklist
- Transmittal Letter
- Narrative Description of Changes
- Service Unit Plans
- Appendices

If a Strategic Plan is submitted as the Area Plan Update, use this table to identify the location of all required components, as indicated in the Area Plan Update Checklist.

Update Component - REQUIRED	Location in Strategic Plan (page number and section)
Identify objectives that are: <ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Revised (explain new components)</li> <li>• New</li> <li>• Completed</li> <li>• Deleted (explain reason)</li> </ul>	
Objectives for each program or service funded by Title III-B for Supportive Services (List by program)	
Objectives for Title III-B Ombudsman and Title VII-A LTC Ombudsman and Title VII-B Elder Abuse Prevention (List by program)	
Objectives that relate to Title III-B Program Development funding	
Objectives that relate to Title III-B Coordination funding	
Objectives for each program or service funded by Title III-C-1 and C-2	
Objectives for each program or service funded by Title III-D	
Objectives funded by Title III-E	
Objectives funded by Title V	
Objectives funded by the Other State Funded Grants	
Objectives funded by the HICAP	
Objectives addressing CDA monitoring findings and the AAA Corrective Action Plan.	
Objectives addressing targeted populations (See Area Plan Update Checklist for categories.)	

**Title III/VII Service Unit Plan: 2004-05**  
**Fourth Year of the 2001-2005 Four-Year Planning Period**

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The Service Unit Plan utilizes National Aging Program Information System  
(NAPIS) Categories

Indicate the number of **units of service** to be provided with ALL funding sources, including federal, State, USDA, program income, and local funds. Units of service are listed in PM 97-02. All the programs identified must be listed in the budget, in compliance with California Code of Regulations, Title 22, Article 3, §7300(d).

The Goals and Objectives column provides the AAA with an opportunity to relate each Title III/VII funded service/program to a goal and objective statement. Goals and/or Objectives are **required** for every program/service funded by the AAA.

**If a Strategic Plan is submitted as the Area Plan Update**, identify the location in the Strategic Plan of the goal and objective(s) for each program.

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<u>TITLE III</u>	<u>Program</u>	<u>Goals and Objectives (Required)</u>
1.	<u>Personal Care</u> (In-Home)*  Units of Service _____ (1-Hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
2.	<u>Homemaker</u> (In-Home)*  Units of Service _____ (1-Hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
3.	<u>Chore</u> (In-Home)*  Units of Service _____ (1-Hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
4.	<u>Home Delivered Meals</u>  Units of Service _____ (1-Meal)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____

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**\*Indicates Title III-B Priority Services**

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5.	<u>Adult Day Care/Health</u> (In-Home)*	Goal # _____	
	Units of Service _____ (1-Hour)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	
<hr/>			
6.	<u>Case Management</u> (Access)*	Goal # _____	
	Units of Service _____ (1-Hour)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	
<hr/>			
7.	<u>Congregate Meals</u>	Goal # _____	
	Units of Service _____ (1-Meal)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	
<hr/>			
8.	<u>Nutrition Counseling</u>	Goal # _____	
	Units of Service _____ (1-Hour)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	
<hr/>			
9.	<u>Assisted Transportation</u> (Access)*	Goal # _____	
	Objective #s _____		
	Units of Service _____	Objective #s _____	
	(1-One-Way Trip)	Objective #s _____	
<hr/>			
10.	<u>Transportation</u> (Access)*	Goal # _____	
	Units of Service _____	Objective #s _____	
	(1-One Way Trip)	Objective #s _____	
		Objective #s _____	
<hr/>			
11.	<u>Legal Assistance</u> *	Goal # _____	
	Units of Service _____ (1-Hour)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	
<hr/>			
12.	<u>Nutrition Education</u>	Goal # _____	
	Units of Service _____ (1-Session)	Objective #s _____	
		Objective #s _____	
		Objective #s _____	

\*Indicates Title III-B Priority Services

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13.	<u>Information and Assistance</u> (Access)*	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Contact)	Objective #s	_____

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14.	<u>Outreach</u> (Access)*	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Contact)	Objective #s	_____
		Objective #s	_____

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15. "Other"

Title III Services

- Specify what constitutes a "unit of service".
- Specify services **not** reported under NAPIS categories 1 – 14.

<u>Disease Prevention/Health Promotion</u>	Goal # _____	
Units of Service _____ (      )	Objective #s	_____
	Objective #s	_____
	Objective #s	_____

<u>Medication Management</u>	Goal # _____	
Units of Service _____ (      )	Objective #s	_____
	Objective #s	_____
	Objective #s	_____

_____	Goal # _____	
Units of Service _____	Objective #s	_____
	Objective #s	_____
	Objective #s	_____

_____	Goal # _____	
Units of Service _____	Objective #s	_____
	Objective #s	_____
	Objective #s	_____

_____	Goal # _____	
Units of Service _____	Objective #s	_____
	Objective #s	_____
	Objective #s	_____

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\*Indicates Title III-B Priority Services

Ombudsman Services (Title VII-A)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Total number of cases to be closed \_\_\_\_\_

Training for Ombudsman staff and volunteers

Number of sessions \_\_\_\_\_

Number of hours \_\_\_\_\_

Total number of trainees \_\_\_\_\_

Resident visitation (other than in response to complaints)

Number of SNFs to visit \_\_\_\_\_

Number of RCFEs to visit \_\_\_\_\_

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Elder Abuse Prevention (Title VII-B)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Units of Service \_\_\_\_\_

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**Title III-E Service Unit Plan: 2004-05**  
**Fourth Year of the 2001-2005 Four-Year Planning Period**

Indicate the number of **units of service** to be provided with ALL funding sources, including federal, State, program income, and all local funds. Use only units of service identified in the Family Caregiver Support Program Service Matrix and approved services in the "Other" category. Service categories can be found in the most current service matrix, see PM 03-10 (P). Goals and/or Objectives are **required** for every program/service funded by the AAA.

In the goals and objectives column, identify the goal and objective number(s) for each service category funded. **If a Strategic Plan is submitted as the Area Plan Update**, identify the location in the Strategic Plan of the goal and objective(s) for each program.

	<b><u>TITLE III-E</u></b> <b>Service Categories</b>	<b><u>Goals and Objectives (Required)</u></b>
1.	<u>Outreach</u>  Units of Service ____ (1-Contact)	Goal # ____ Objective #s ____ Objective #s ____ Objective #s ____
<hr/>		
2.	<u>Community Education</u>  Units of Service ____ (1-Hour)	Goal # ____ Objective #s ____ Objective #s ____ Objective #s ____
<hr/>		
3.	<u>Information and Assistance</u>  Units of Service ____ (1-Contact)	Goal # ____ Objective #s ____ Objective #s ____ Objective #s ____
<hr/>		
4.	<u>Comprehensive Assessment</u>  Units of Service ____ (1-Hour)	Goal # ____ Objective #s ____ Objective #s ____ Objective #s ____
<hr/>		

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5.	<u>Case Management</u>	Goal # _____
	Units of Service _____ (1-Hour)	Objective #s _____
		Objective #s _____
		Objective #s _____

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6.	<u>Transportation</u>	Goal # _____
	Units of Service _____ (1 One-way Trip)	Objective #s _____
		Objective #s _____
		Objective #s _____

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7.	<u>Assisted Transportation</u>	Goal # _____
	Units of Service _____ (1 One-way Trip)	Objective #s _____
		Objective #s _____
		Objective #s _____

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8.	<u>Counseling</u>	Goal # _____
	Units of Service _____ (1-Hour)	Objective #s _____
		Objective #s _____
		Objective #s _____

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9.	<u>Caregiver Support Group</u>	Goal # _____
	Units of Service _____ (1-Hour Meeting)	Objective #s _____
		Objective #s _____
		Objective #s _____

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10.	<u>Caregiver Training</u>	Goal # _____
	Units of Service _____ (1-Contact)	Objective #s _____
		Objective #s _____
		Objective #s _____

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11.	<u>Respite Care Services</u>	Goal # _____
	Units of Service _____ (1-Hour)	Objective #s _____
		Objective #s _____
		Objective #s _____

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12.	<u>Minor Home Modifications</u>	Goal # _____
	Units of Service _____ (1-Occurrence)	Objective #s _____
		Objective #s _____
		Objective #s _____

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13.	<u>Placement</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1 Placement)	Objective #s	_____
		Objective #s	_____

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14.	<u>Homemaker</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

---

15.	<u>Chore</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

---

16.	<u>Home Security &amp; Safety</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1 Occurrence)	Objective #s	_____
		Objective #s	_____

---

17.	<u>Assistive Devices</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1 Single Occurrence)	Objective #s	_____
		Objective #s	_____

---

18.	<u>Visiting</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

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19.	<u>Home Delivered Meals</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Meal)	Objective #s	_____
		Objective #s	_____

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20.	<u>Legal Assistance</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____



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21.	<u>Peer Counseling</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

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22.	<u>Translation/Interpretation</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

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23.	<u>Income Support/Material Aid</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Occurrence)	Objective #s	_____
		Objective #s	_____

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24.	<u>Money Management</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Hour)	Objective #s	_____
		Objective #s	_____

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25.	<u>Registry</u>	Goal # _____	
		Objective #s	_____
	Units of Service _____ (1-Match)	Objective #s	_____
		Objective #s	_____

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26. Other - Specify: Requires **PRIOR** CDA Approval, attach documentation.

_____	Goal # _____	
	Objective #s	_____
Units of Service _____	Objective #s	_____
	Objective #s	_____

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27. Other – Specify: Requires **PRIOR** CDA Approval, attach documentation.

_____	Goal # _____	
	Objective #s	_____
Units of Service _____	Objective #s	_____
	Objective #s	_____

**TITLE V Service Unit Plan: 2004-05**  
**Fourth Year of the 2001-2005 Four-Year Planning Period**

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*The Goals and Objectives column relates the Title V funded service/program to an Area Plan goal and objective statement. A goal and/or objective is required for each AAA that receives Title V Program funds. Details regarding participant slots and funding are found in the Title V Planning Estimate.*

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**If a Strategic Plan is submitted as the Area Plan Update**, identify the location in the Strategic Plan of the goal and objective(s) for each program.

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<b><u>Program Title</u></b>		<b><u>Goal and Objective (Required)</u></b>	
1.	<u>SCSEP</u>	Goal #	_____
		Objective #s	_____
	<b># of Slots</b> _____	Objective #s	_____

---

The minimum requirements for the program are to serve 140 percent of authorized slots and to transition 25 percent of authorized slots into unsubsidized employment. Sample goals might relate to how many participants will be served or will be transitioned into unsubsidized employment over the minimum. Listed below are sample objectives.

---

Sample objectives:

- Recruit, orient, and place 10 new participants in the program by June 30, 2005.
- 25 percent of newly enrolled Title V participants will attend job search workshops through the One-Stop Career Centers by December 31, 2005.
- Develop a system to track unsubsidized placement of individuals by the SCSEP, but not enrolled in the Program by December 31, 2005.
- Establish five new light industrial host sites to expand and enhance vocational opportunities for participants by June 30, 2005.
- Implement an approved Memorandum of Understanding (MOU) between all One-Stop Career Centers and the AAA by June 30, 2005.
- Implement an approved MOU between the Local Workforce Investment Board and the AAA by June 30, 2005.

**OTHER STATE FUNDED GRANTS (OSFG) SERVICE UNIT PLAN: 2004-05**  
**Fourth Year of the 2001-2005 Four-Year Planning Period**

The Goals and Objectives column relates to an Area Plan goal and objective statement for each OSFG (formerly authorized CBSPs under the OCA). A goal and/or objective is required for each service funded with OSFG.

**If a Strategic Plan is submitted as the Area Plan Update**, identify the location in the Strategic Plan of the goal and objective(s) for each program.

<u>OSFG Service Title</u>	<u>Goals and Objectives (Required)</u>
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Specialized Day Care (ADCRC)	Goal #: _____ Objective #s: _____ Objective #s: _____ Objective #s: _____
---------------------------------	--

1. Caregiver Support Sessions: \_\_\_\_\_
2. In-service Training Sessions: \_\_\_\_\_
3. On-site Training Sessions: \_\_\_\_\_

Surplus & Donated Food (Brown Bag) Program	Goal #: _____ Objective #s: _____ Objective #s: _____ Objective #s: _____
---	--

1. Unduplicated Persons Served: \_\_\_\_\_
2. Pounds of Food Distributed: \_\_\_\_\_
3. Volunteers: \_\_\_\_\_
4. Volunteer Hours: \_\_\_\_\_
5. Distribution Sites: \_\_\_\_\_

**Respite Purchase of Service (RPOS)**

1. Families Served (Unduplicated): \_\_\_\_\_
2. Respite Hours Provided: \_\_\_\_\_
3. Point of Service Transportation: \_\_\_\_\_ (# of one-way trips)
4. Alzheimer's Day Care Resource Center: \_\_\_\_\_ (# of days)

Case Management  
(Linkages)

Goal #: \_\_\_\_\_  
Objective #s: \_\_\_\_\_  
Objective #s: \_\_\_\_\_  
Objective #s: \_\_\_\_\_

1. Annual Number of Unduplicated  
Clients Served: \_\_\_\_\_
  2. Active Monthly Caseload: \_\_\_\_\_
- 

Visiting Program  
(Senior Companion)

Goal #: \_\_\_\_\_  
Objective #s: \_\_\_\_\_  
Objective #s: \_\_\_\_\_  
Objective #s: \_\_\_\_\_

1. Volunteer Service Years (VSY): \_\_\_\_\_
  2. Volunteer Hours: \_\_\_\_\_
  3. Senior Volunteers: \_\_\_\_\_
  4. Seniors Served: \_\_\_\_\_
-

**HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM (HICAP)**  
**Service Unit Plan: 2004-05**  
**Fourth Year of the 2001-2005 Four-Year Planning Period**

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Indicate the estimated service performance units provided with federal and state HICAP funds, program income, and other local funds.

Definitions can be found at [www.aging.ca.gov](http://www.aging.ca.gov), Services and Programs, Area Agencies on Aging, AAA Business Index Page, Reporting Instructions, and the HICAP MIS Instructions.

In the Goals and Objectives column, identify the goal and objective number(s) for each service funded. At least one objective is required for HICAP services. If HICAP Legal Services are offered, at least one objective is also required for that service. If a Strategic Plan is submitted as the Area Plan Update, identify the location in the Strategic Plan of the goal and objective(s) for each service.

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Health Insurance Counseling and Advocacy Program (HICAP)	Goal #: _____ Objective #s: _____ Objective #s: _____ Objective #s: _____
 1. Estimated Number of Interactive Presentations to Public: _____ 2. Estimated Number of Attendees Reached at Interactive Presentations: _____ 3. Estimated Clients Counseled: _____ 4. Estimated average number of Registered Counselors for the year: _____ 5. Estimated average number of <b>Active</b> Registered Counselors for the year: _____ (At any point within the year, what is the average? This may be the same number as Registered Counselors, but can <b>not be greater</b> than Registered Counselors.)	

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HICAP Legal Representation Services (if provided)	Goal #: _____ Objective #s: _____ Objective #s: _____ Objective #s: _____
 1. Estimated number of Clients Served: _____ 2. Estimated number of Representation Hours: _____	

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## APPENDIX IA

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**NOTICE OF INTENT FOR AREA AGENCY ON AGING  
TO PROVIDE SPECIFIED DIRECT TITLE III/VII SERVICES  
California Code of Regulations, Article 3, §7320**

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CDA has determined that direct provision of the specific Title III and Title VII services listed below is considered part of the function of an AAA.

On the basis of completion of Appendix IA, the AAA will receive authorization to provide these services for **Fiscal Year 2004-05**.

Check all applicable Services

- ☐ Title III-B  
Information and Assistance      \_\_\_FY 2001-02 \_\_\_FY 02-03 \_\_\_FY 03-04 \_\_\_FY 04-05  
(formerly Information and Referral)
- ☐ Title III-B  
Case Management      \_\_\_FY 2001-02 \_\_\_FY 02-03 \_\_\_FY 03-04 \_\_\_FY 04-05
- ☐ Title III-B  
Program Development      \_\_\_FY 2001-02 \_\_\_FY 02-03 \_\_\_FY 03-04 \_\_\_FY 04-05  
And Coordination
- ☐ Title III-D  
Disease Prevention      \_\_\_FY 2001-02 \_\_\_FY 02-03 \_\_\_FY 03-04 \_\_\_FY 04-05  
And Health Promotion
- ☐ Title VII  
Prevention of Elder Abuse,      \_\_\_FY 2001-02 \_\_\_FY 02-03 \_\_\_FY 03-04 \_\_\_FY 04-05  
Neglect, and Exploitation

Describe below the methods that will be used to assure that target populations will be served throughout the PSA, attach additional documentation, as needed.

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## APPENDIX IA (TITLE III-E)

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**NOTICE OF INTENT FOR AREA AGENCY ON AGING  
TO PROVIDE SPECIFIED DIRECT FAMILY CAREGIVER SUPPORT SERVICES  
California Code of Regulations, Section 7320 and  
Older Americans Act, as amended 2000**

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The Title III-E services listed below are considered part of the function of an AAA and may be provided as a **direct service**. AAAs that intend to provide direct Family Caregiver Support Services in FY 2004-05 must submit Appendix IA with the Area Plan Update.

The AAA will receive authorization to provide these services in FY 2004-05 through the Area Plan Update approval process.

If this is a **NEW** request to provide direct services, check FY 2004-05 and **COMPLETE THE NARRATIVE SECTION BELOW**.

Check all applicable service categories

- |   |   |
|---|---|
| <input type="checkbox"/> Information and Assistance<br>(for caregivers)                         | ___FY 2001-02 ___FY 02-03 ___FY 03-04 ___FY 04-05 |
| <input type="checkbox"/> Comprehensive Assessment<br>To collect Information about<br>Caregivers | ___FY 2001-02 ___FY 02-03 ___FY 03-04 ___FY 04-05 |
| <input type="checkbox"/> Case Management<br>For Caregivers<br>and Coordination                  | ___FY 2001-02 ___FY 02-03 ___FY 03-04 ___FY 04-05 |
| <input type="checkbox"/> Outreach to Caregivers   | ___FY 2001-02 ___FY 02-03 ___FY 03-04 ___FY 04-05 |

Describe the methods that will be used to assure that the above direct services will be available to the eligible service population throughout the PSA.

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## APPENDIX IB

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**REQUEST FOR APPROVAL TO PROVIDE TITLE III-DIRECT SERVICES**  
**Older Americans Act, Section 307(a) (8)**  
**California Code of Regulations, Article 3, §7320(c)**

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Complete a separate Appendix IB for each **Title III-B, C, and D ONLY (excluding Title III-E)** service for which the AAA is requesting a waiver to provide as a direct service in FY 2004-05.  
(Do **not** include services identified in Appendix IA.)

Service: \_\_\_\_\_

Basis of Request for Waiver:

☐ Necessary to Assure an Adequate Supply of Services

-OR-

☐ Comparable Quality is More Economical if Provided by the AAA

Check Fiscal Year 2004-05:

\_\_\_FY 2001-02    \_\_\_FY 2002-03    \_\_\_FY 2003-04    \_\_\_FY 2004-05

Summarize below the process followed and the facts that support this request. Also list the documentation available.

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**APPENDIX IB (TITLE III-E)**

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**REQUEST FOR APPROVAL TO PROVIDE TITLE III-E DIRECT SERVICES**  
**Older Americans Act, Section 307 (a) (8)**  
**California Code of Regulations, Article 3, Section 7320 (c)**

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Complete a separate Appendix for each type of Family Caregiver Support Program service category for which the AAA is requesting **NEW** direct service approval. Do **NOT** include any of the services identified in Appendix IA (III-E). Approval for a direct service waiver will be included in the Area Plan Update approval process.

Type of Service: \_\_\_\_\_

Basis of Request for Waiver (check the appropriate box):

☐

Necessary to Assure an Adequate Supply of Services

OR

☐

Comparable Quality is More Economical if Provided by the AAA

If this is a **NEW** request to provide direct services in **FY 2004-2005** complete the justification section.

Justification: Summarize the process followed and the facts that support this request. List the documentation available.

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## **APPENDIX IC**

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**Other State Funded Grant (OSFG)  
REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES  
Welfare and Institutions Code, §9533 (f)**

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For each OSFG, formerly authorized CBSPs under the OCA, prior approval to provide direct services must be obtained from CDA in accordance with PM 98-12(P).

Complete a separate Appendix IC for each OSFG for which the AAA is requesting direct service approval.

Service: \_\_\_\_\_

Basis of Request for Direct Service:

☐ Necessary to assure an adequate supply of services

OR

☐ Comparable quality is more economical if provided by the AAA

Check Fiscal Year 2004-05:

\_\_\_ FY 2001-02    \_\_\_ FY 2002-03    \_\_\_ FY 2003-04    \_\_\_ FY 2004-05

Summarize below the process followed and the facts that support this request. Also list the documentation available.

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## APPENDIX II

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**PUBLIC HEARINGS**  
**Conducted for the 2004-2005 Planning Period**  
**California Code of Regulations, Title 22, Article 3, §7302(a) (10) and §7308**

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1. Place an asterisk besides the hearing(s) where the Area Plan was presented in a language other than English and/or a translator was used.
2. Indicate any hearing held at a long-term care facility by entering (LTC) after the appropriate location.

<u>Location</u>	<u>Date</u>	<u>Number Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Discuss outreach efforts used in seeking input from institutionalized, homebound, and/or disabled older individuals.

4. Were proposed expenditures for Program Development and Coordination discussed at the hearing?

\_\_\_\_\_Yes

\_\_\_\_\_No

\_\_\_\_\_Not Applicable

(continued)

**Public Hearings (Appendix II, continued)**

5. Summarize the comments received concerning proposed expenditures for Program Development and Coordination, if applicable. (See Appendix XI)

6. Were all interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify regarding the establishment of minimum percentages for adequate proportion funding for priority services? (See Appendix V).

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not Applicable

7. Summarize the comments received concerning the establishment of minimum percentages for adequate proportion funding for priority services? (See Appendix V).

8. Summarize other major issues discussed or raised at the public hearings.

9. List major changes in the Area Plan resulting from input by attendees at the hearings.

**APPENDIX III**

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**GOVERNING BOARD**  
**California Code of Regulations, Article 3, §7302(a) (11)**

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Number of Members on the Board: \_\_\_\_\_

Names/Titles of Officers and Contact Information

Term Expires

Names/Titles of all other Board Members and Contact Information

Term Expires

## APPENDIX IV

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**ADVISORY COUNCIL**  
**Code of Federal Regulations 42 CFR §1321.57**  
**California Code of Regulations, Article 3, § 7302(a) (12)**

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Attach a copy of the current advisory council membership that includes:

- Names/Titles of officers and date terms expire
- Names/Titles of other Advisory Council Members and Date Terms Expire
- Indicate which member(s) represent each of the "Other Representation" categories listed below.

---

**Total Council Membership (including vacancies)**

\_\_\_\_\_

**Number of Council Members 60+**

\_\_\_\_\_

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	_____	_____
Hispanic	_____	_____
Black	_____	_____
Asian/Pacific Islander	_____	_____
Native American/Alaskan Native	_____	_____
Other	_____	_____

**Other Representation**

Yes

No

Low Income Representative

\_\_\_\_\_

\_\_\_\_\_

Disabled Representative

\_\_\_\_\_

\_\_\_\_\_

Supportive Services Provider Representative

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider Representative

\_\_\_\_\_

\_\_\_\_\_

Veteran Health Care Provider Representative

\_\_\_\_\_

\_\_\_\_\_

Local Elected Officials

\_\_\_\_\_

\_\_\_\_\_

Individuals with Leadership Experience in  
the Private and Voluntary Sectors

\_\_\_\_\_

\_\_\_\_\_

- Explain any "No" answer.
- Briefly describe the process designated by the local governing board to appoint Advisory Council members, attach additional documentation, as needed.

## APPENDIX V

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### **ADEQUATE PROPORTION PERCENTAGES for Access, In-Home Services, and Legal Assistance**

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The California Code of Regulations, Article 3, §7312, requires that the AAA allocate a percentage of federal funds to provide Access, In-Home Services, and Legal Assistance in the Planning and Service Area. The annual minimum allocation is determined by the Area Agency through the planning process.

This appendix is not required if the minimum percentages of applicable Title III-B funds\* previously approved in the 2001-2005 Area Plan will **NOT** change in FY 2003-04.

		Percentage of Title III-B Funds To Be Expended in FY 2004-05
<u>Category of Service</u>		
Access :	(Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach)	_____ %
In-Home Services:	(Personal Care, Homemaker, Chore, Visiting, Minor Home Modification, In-Home Respite and Day Care as a respite service for families)	_____ %
Legal Assistance:		_____ %

*\* Minimum percentages of applicable funds are calculated on the annual Title III-B baseline allocation, minus Title III-B Administration and Ombudsman.*

(continued)

**Changes in Adequate Proportion for 2004-05 (Appendix V, continued)**

If the percentage to be expended for Access, In-Home Services, or Legal Assistance is less than the percentage currently approved by the California Department of Aging, the Area Agency on Aging shall provide the following information (use additional paper if necessary):

1. Demonstrate that services being provided for each applicable category are sufficient to meet the need for the service within the PSA.
2. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that: a change was proposed; the proposed change would be discussed at the hearing; and all interested parties would be given an opportunity to testify regarding the change.
3. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings.



## **APPENDIX VI**

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### **COMMUNITY FOCAL POINTS LIST** **California Code of Regulations, Article 3, §7302(a) (14)**

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Provide an updated list of designated community focal points and their addresses. This information should match the National Aging Program Information System (NAPIS) SPR 106.

## APPENDIX VII

**TITLE MULTIPURPOSE SENIOR CENTER (MPSC)  
\*ACQUISITION AND \*CONSTRUCTION COMPLIANCE REVIEW  
California Code of Regulations, Title 22, Article 3, §7302(a) (15)**

**(This has a 20-year tracking requirement.)**

**PSA # \_\_\_\_\_**

- ☐ No, Title funds have not been used for MPSC Acquisition or Construction.  
☐ Yes, Title funds have been used for MPSC Acquisition or Construction.

If yes, complete the chart below.

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

\*Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

\*Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with an existing facility, which more than doubles the square footage of that original facility and all physical improvements.

## APPENDIX VIII

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### CORPORATE ELDERCARE

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- Is the AAA currently involved in corporate eldercare?

\_\_\_\_\_No

\_\_\_\_\_Yes

If yes, please describe your activities.

- Is the AAA planning to become involved in corporate eldercare?

\_\_\_\_\_No

\_\_\_\_\_Yes

If yes, please describe your activities.

## APPENDIX IX (Title III-E)

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### **FAMILY CAREGIVER SUPPORT PROGRAM Notice of Intent for Non-Expenditure of Funds**

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Based on review of current family caregiver support needs and services, the AAA does not intend to fund the following federal support service(s) defined in Title III, Part E, Section 373 (b):

#### **Support Service**

☐

Service Information  
(Information to caregivers about available services)

☐

Access  
(Assistance to caregivers in gaining access to services)

☐

Caregiver Support Services

☐

Respite  
(Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities)

☐

Supplemental Services  
(Supplemental services, on a limited basis, to complement the care provided by the caregivers)

**Justification:** For any of the five support services not funded, explain why services will not be funded or how these services are being addressed in the PSA, attach additional pages if necessary.

## Appendix X

## Needs Assessment Question Guide (2005-2009 Area Plan)

**California Code of Regulation, Title 22, Division 1.8 Chapter 3, Article 3, Section 7300 (a), (b)**

*Note: Refer to Program Memo 00-12 for assistance in the Needs Assessment process.*

AAAs should be in the process of conducting a needs assessment prior to the development of the 2005-2009 Area Plan. Identify methods and plans the AAA anticipates following to ensure a quality needs assessment is conducted in accordance with Program Memo 00-12 by answering the following questions.

1. In preparing for the 2005 – 2009 area plan, what assessment methods will be used by your area agency? Specify each method below:
2. In preparing for the 2005 – 2009 Area Plan, what are your plans to increase public participation in the process?
3. Describe how the agency will use the Information and Assistance program data to assess needs:

Beginning date of Needs Assessment for 2005-09 Area Plan: \_\_\_\_\_

Ending date of Needs Assessment 2005-09 Area Plan: \_\_\_\_\_

## **APPENDIX XI**

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### **Program Development (PD) and Coordination (C) Activities Information Guide**

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The purpose of this abbreviated guide is to share information related to Program Development (PD) and Coordination (C) activities that may better assist you in meeting your planning requirements.

The Code of Federal Regulations (CFR) sets the following minimum requirements for expenditure of PD & C funds:

- ❑ The AAA shall not expend funds for PD&C activities until it has first spent the Total Title III allocation for Administration costs. [45 CFR Part 1321.17 (f) (14) (i) ]
- ❑ The AAA shall annually submit to the general public for review and comment the details of proposals to pay for PD&C activities. [45 CFR Part 1321,17 (f) (14) (ii) ]
- ❑ The AAA shall provide assurances that any such expenditure will have a direct and positive impact on the enhancement of services for older persons in the PSA.  
[45 CFR Part 1321.17 (f) (14) (iii)]

#### **Program Development (PD):**

Definition: Program Development Activities are those activities that either establish a new service or expand or integrate existing services

Examples of Program Development Activities/Objectives:

- ☑ Increase the number of participants in the C-1 program by establishing a culturally competent congregate nutrition site for Cambodian older adults where a concentration of Cambodian older persons reside; *To be accomplished by June 30, 2005.*
- ☑ Develop a rent-to prevent-eviction program that specifically targets at-risk older adults and adults with disabilities; *To be accomplished by June 30, 2005.*
- ☑ Prepare a comprehensive list of countywide Long Term Care Services and resources available in each Service Planning Area that will be web accessible to providers of Long Term Care Services and updated regularly; *To be accomplished by June 30, 2005.*
- ☑ Work with county, city and community providers to build a network of peer counselors in the PSA; *To be accomplished by June 30, 2005.*
- ☑ Develop a Links to Life program in conjunction with adjacent PSA, the local police department, county sheriff's department and other organizations; *To be accomplished by June 30, 2005.*
- ☑ Increase social contacts for residents of long-term care facilities by implementing an Adopt-A-Grandparent program; *To be accomplished by June 30, 2005.*

PD&C Activities Information Guide – continued

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**Coordination (C):**

Definition: Coordination activities are activities that involve the active participation of the Area Agency on Aging (AAA) staff to include liaison with non-Older Americans Act funded agencies and organizations with the goal of serving the elderly and services development in the Planning and Service Area (PSA). While coordination activities **must be specific, time limited, and documented**, they may be repeated in subsequent years if the outcome of each event is specific and directly related to improving services to seniors in the PSA.

Examples of Coordination Activities/Objectives:

- ☒ Include providers representing the full continuum of care from acute hospitals, skilled nursing and residential care facilities and independent housing and adult day services and Alzheimer's Daycare Resource Centers option in the long term care strategic planning process; *To be accomplished by June 30, 2005.*
- ☒ Collect, update and disseminate information about housing availability and eligibility to every public private agency servicing older adults and adults with disabilities; *To be accomplished by June 30, 2005.*
- ☒ Work with community based organizations and other county departments to identify roles for Older Americans Act subcontractors in providing disaster relief; *To be accomplished by June 30, 2005.*
- ☒ Coordinate with other agencies in conducting a Health Fair 2004 to increase the knowledge and availability of services to seniors; *To be accomplished by June 30, 2005.*
- ☒ Convene at least three Congregate Living Symposia to be held at three different sites, bringing together operators of three existing congregate facilities and potential developers of three new facilities, for information sharing and mutual support; *To be accomplished by June 30, 2005.*
- ☒ Organize community representatives that have concerns on issues of the health of older persons and meet to explore resolution of these concerns; *To be accomplished by June 30, 2005.*

**Reminder:**

Program Development and Coordination activities funded by Title III-B Supportive Services funds shall include both of the following elements:

- ☐ **Specificity:** Activities must be directed toward a specific service goal or objective in the area plan.
- ☐ **Time Limited:** Activities must occur during a specifically defined and limited period of time, rather than ongoing or general in nature.
- ☐ **Documented time records:** Time spent on each PD & C activity must be documented by the use of employee time records for each staff assigned responsibilities for these activities.