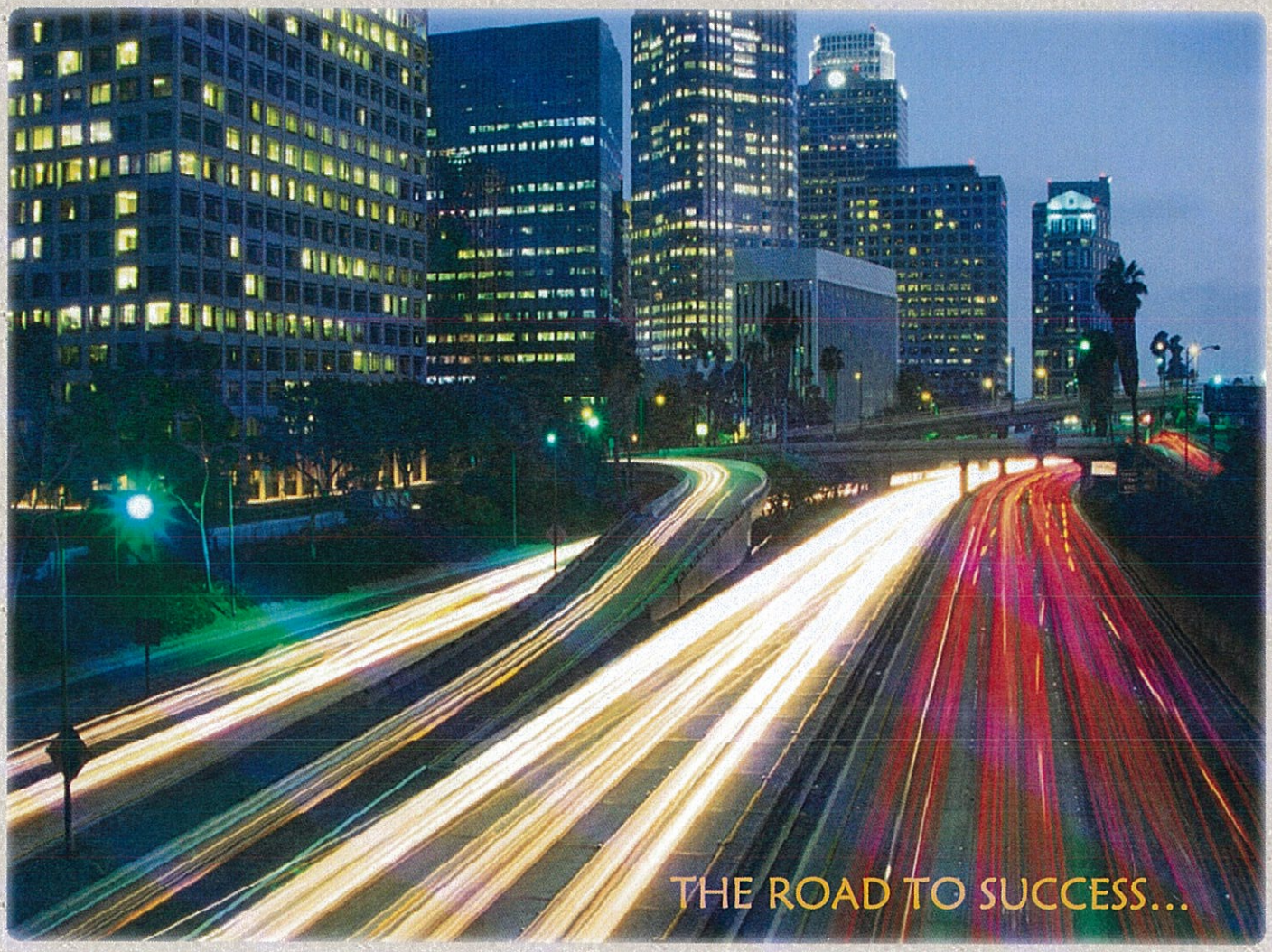
LOS ANGELES COUNTY
PSA 19



AREA AGENCY ON AGING
2012 – 2016 AREA PLAN

LOS ANGELES COUNTY
AREA AGENCY ON AGING
COMMUNITY AND SENIOR SERVICES

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AREA PLAN REQUIRED COMPONENTS CHECKLIST

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	☑
1	Mission Statement	☑
2	Description of the Planning and Service Area (PSA)	☑
3	Description of the Area Agency on Aging (AAA)	☑
4	Planning Process / Establishing Priorities	☑
5	Needs Assessment	☑
6	Targeting	☑
7	Public Hearings	☑
8	Identification of Priorities	☑
9	Area Plan Narrative Goals and Objectives:	
	Title III B Funded Program Development (PD) Objectives	☑
	Title III B Funded Coordination (C) Objectives	☑
	System-Building and Administrative Goals & Objectives	☑
	Title III B/VII A Long-Term Care Ombudsman Objectives	☑
	Title VII B Elder Abuse Prevention Objectives	☑
10	Service Unit Plan (SUP) Objectives	☑
11	Focal Points	☑
12	Disaster Preparedness	☑
13	Priority Services	☑
14	Notice of Intent to Provide Direct Services	☑
15	Request for Approval to Provide Direct Services	☑
16	Governing Board	☑
17	Advisory Council	☑
18	Legal Assistance	☑
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	☑
20	Title III E Family Caregiver Support Program	☑
21	Organization Chart	☑
22	Assurances	☑

TRANSMITTAL LETTER
Four-Year Area Plan
2012-2016

AAA Name: Los Angeles County Area Agency on Aging **PSA Number** 19

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

1. Signature: Zev Yaroslavsky by CDB
Supervisor Zev Yaroslavsky
Governing Board Chair [1]
April 20, 2012
Date

2. Signature: Bernard Weintraub
Bernard Weintraub, President
Los Angeles County Commission for Older Adults
April 2, 2012
Date

3. Signature: Cynthia D. Banks
Cynthia D. Banks, Director
Community & Senior Services,
Area Agency on Aging
April 20, 2012
Date

[1] Original signatures or official signature stamps are required.

SECTION 1

MISSION STATEMENT

SECTION 1 - MISSION STATEMENT

PSA 19

California Department of Aging

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.

Community and Senior Services (CSS)

CSS and our community partners are committed to the delivery of quality services to youth, adults and seniors that promote independence, dignity, choice and well-being.

Area Agency on Aging

To provide support services that will enable our elderly and disabled adults to maintain their independence, improve their quality of life and prevent abuse and neglect through collaborative intervention.

SECTION 2

DESCRIPTION OF THE PLANING AND SERVICE AREA (PSA 19)

SECTION 2 - DESCRIPTION OF THE PLANNING AND SERVICE AREA PSA 19

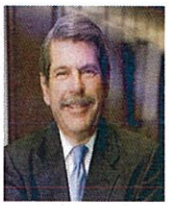
History

The County of Los Angeles was established February 18, 1850 as one of the 27 original counties in the State of California. It is the largest and most diverse county in the State of California. The County's population is over 10 million people, representing more residents than any county in the nation. Thirty-six major administrative units or departments serve the needs of the County's population. The County has an annual budget in excess of $23.6 billion. The County's budget includes over 101,296 full-time personnel to serve its diverse population.

The five-member Board of Supervisors, created by the state Legislature in 1852, is the governing body of the County of Los Angeles. The Board has executive, legislative and quasi-judicial roles. Members are elected by voters in their respective districts and are limited to three four-year terms. Below are current Board members.

Gloria Molina

Mark Ridley-Thomas



Zev Yaroslavsky

Don Knabe

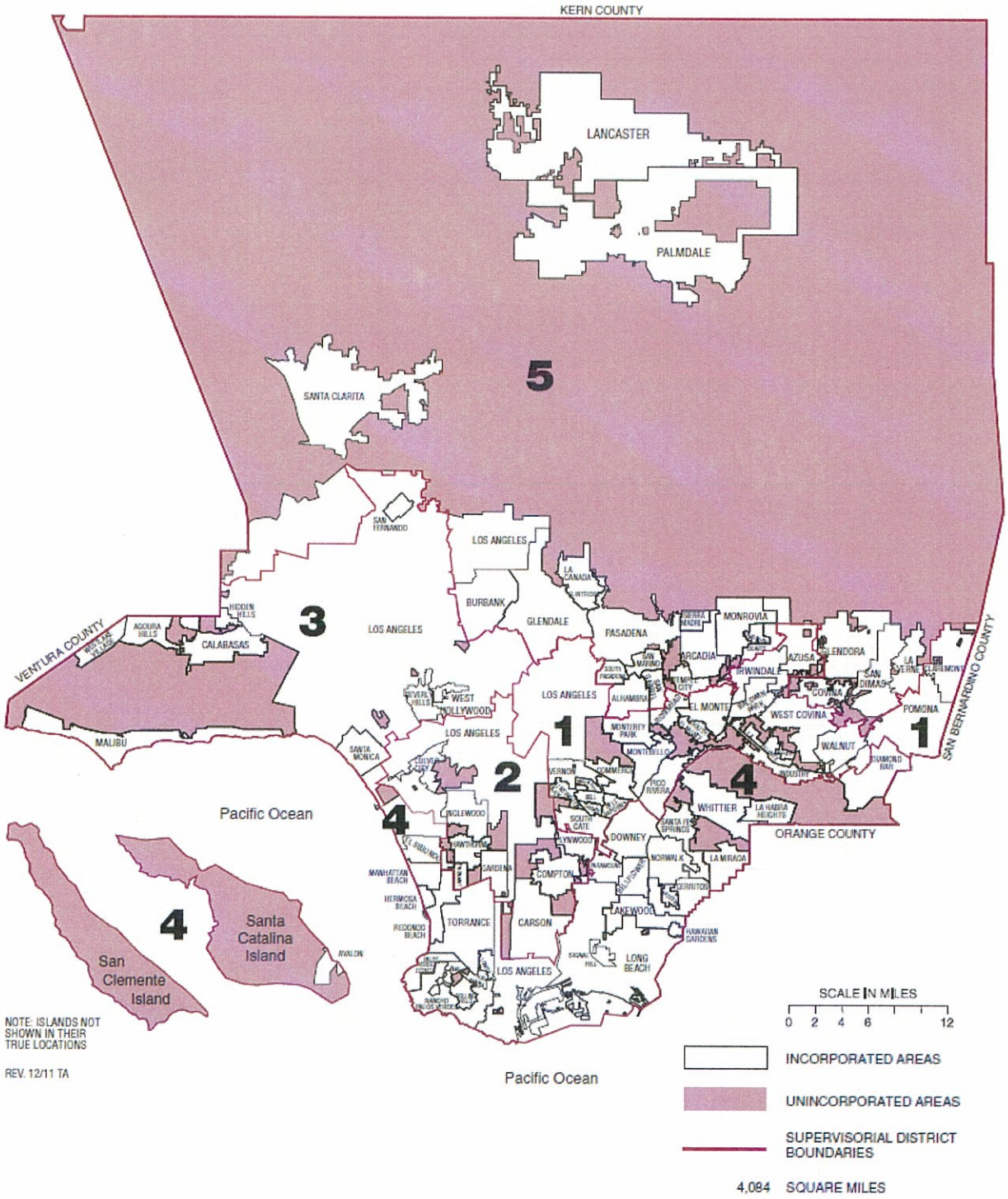
Michael Antonovich

The Board appoints all department heads other than the assessor, district attorney and sheriff, which are elective positions. As a subdivision of the state, the County is charged with providing numerous services that affect the lives of all residents, including law enforcement, property assessment, tax collection, public health protection, public social services, elections and flood control. There are 88 cities within the County, each with its own city council. All of the cities, in varying degrees, contract with the County to provide municipal services. The Board of Supervisors acts as the "city council" for unincorporated areas.

Geographic Boundaries

The County, which is a single county PSA, encompasses an area of 4,084 square miles, roughly the size of Jamaica, with altitudes that vary from nine feet below sea level in Wilmington to 10,080 feet above sea level at Mt. San Antonio. There are 72 miles of beaches, which represents nearly nine percent of California's 840 mile coastline. Los Angeles County includes the islands of San Clemente and Santa Catalina, and is bordered on the east by Orange and San Bernardino Counties, on the north by Kern County, on the west by Ventura County and on the south by the Pacific Ocean. It is the nation's most populous county and, yet, it includes difficult to serve rural areas as well.

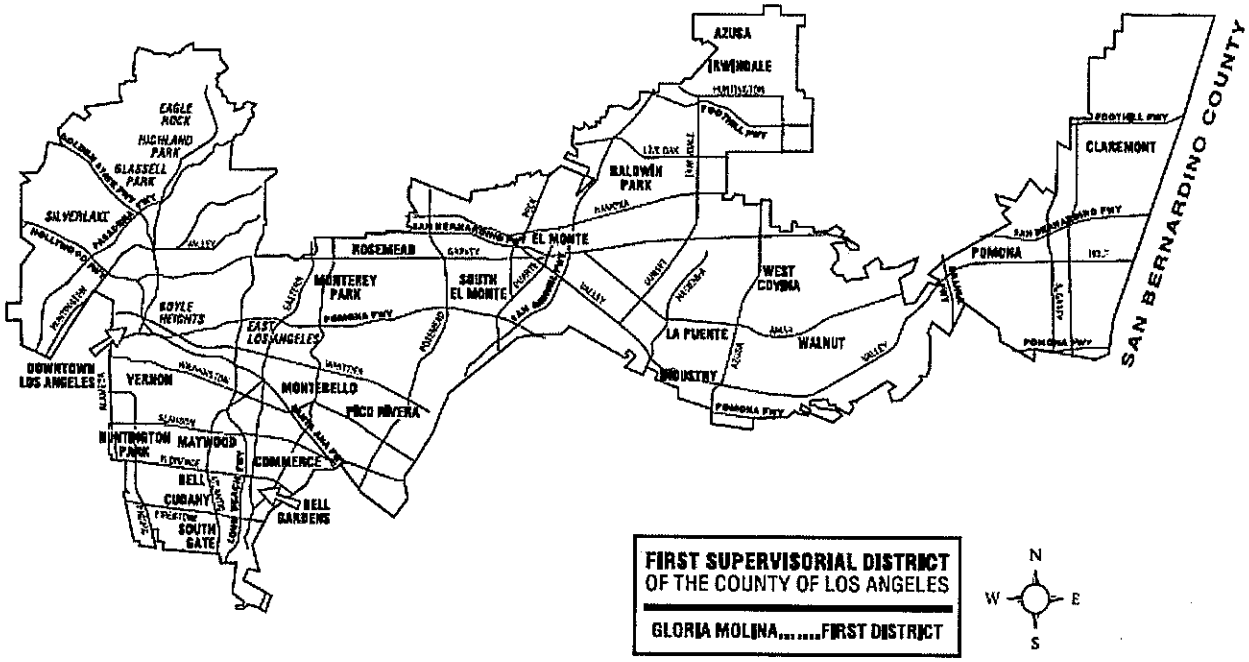
Geographic Boundaries



The physical characteristic of Los Angeles County ranges from seaside areas to some of the highest mountains and most densely populated areas in the nation. Because the area is so vast, this presents multiple challenges in delivering services.

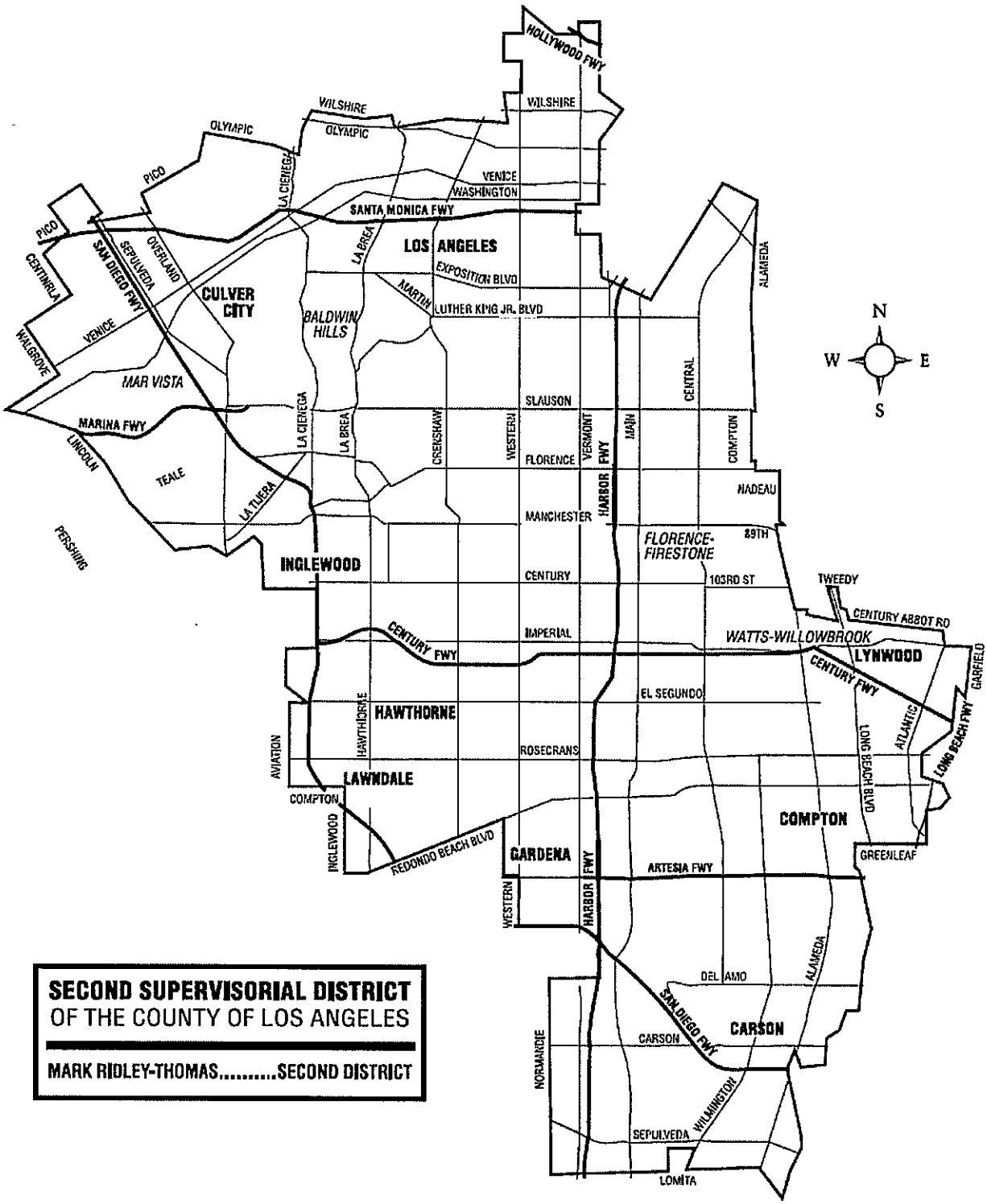
LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 1 includes the cities shown below.



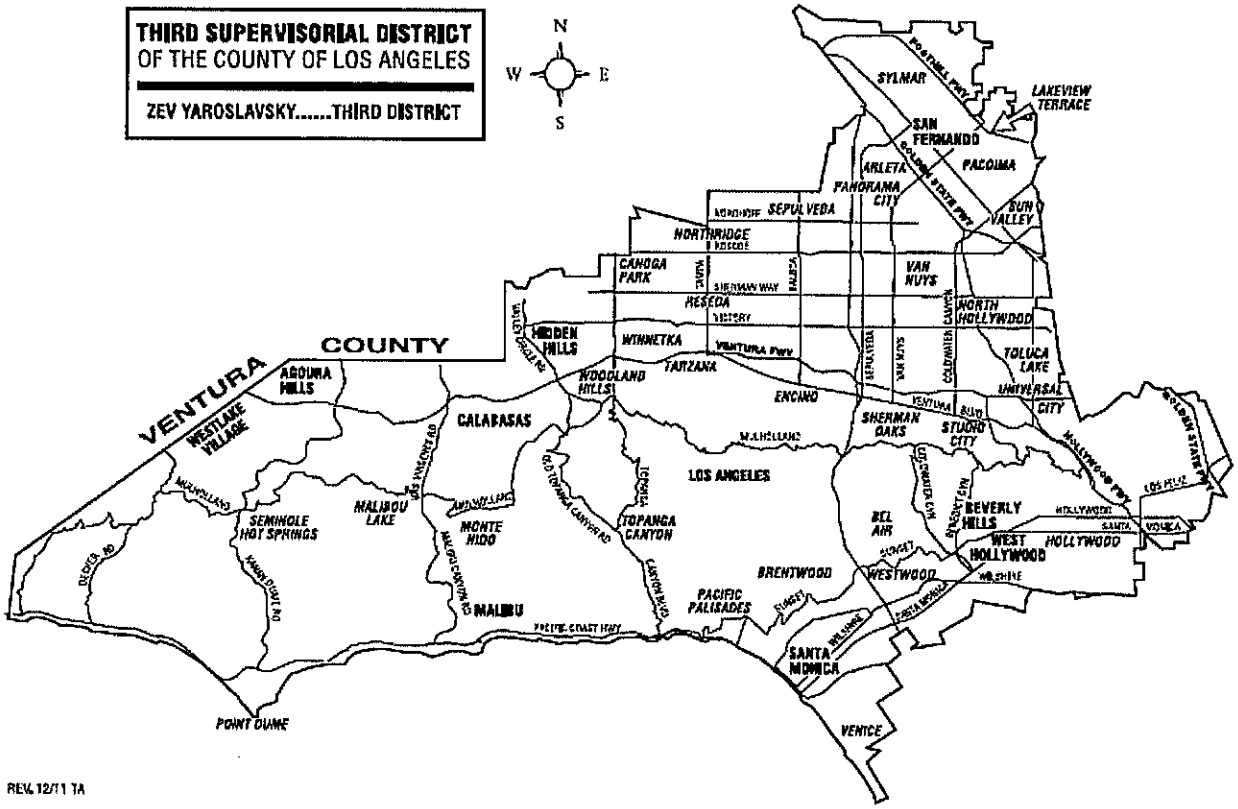
LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 2 includes the cities shown below.



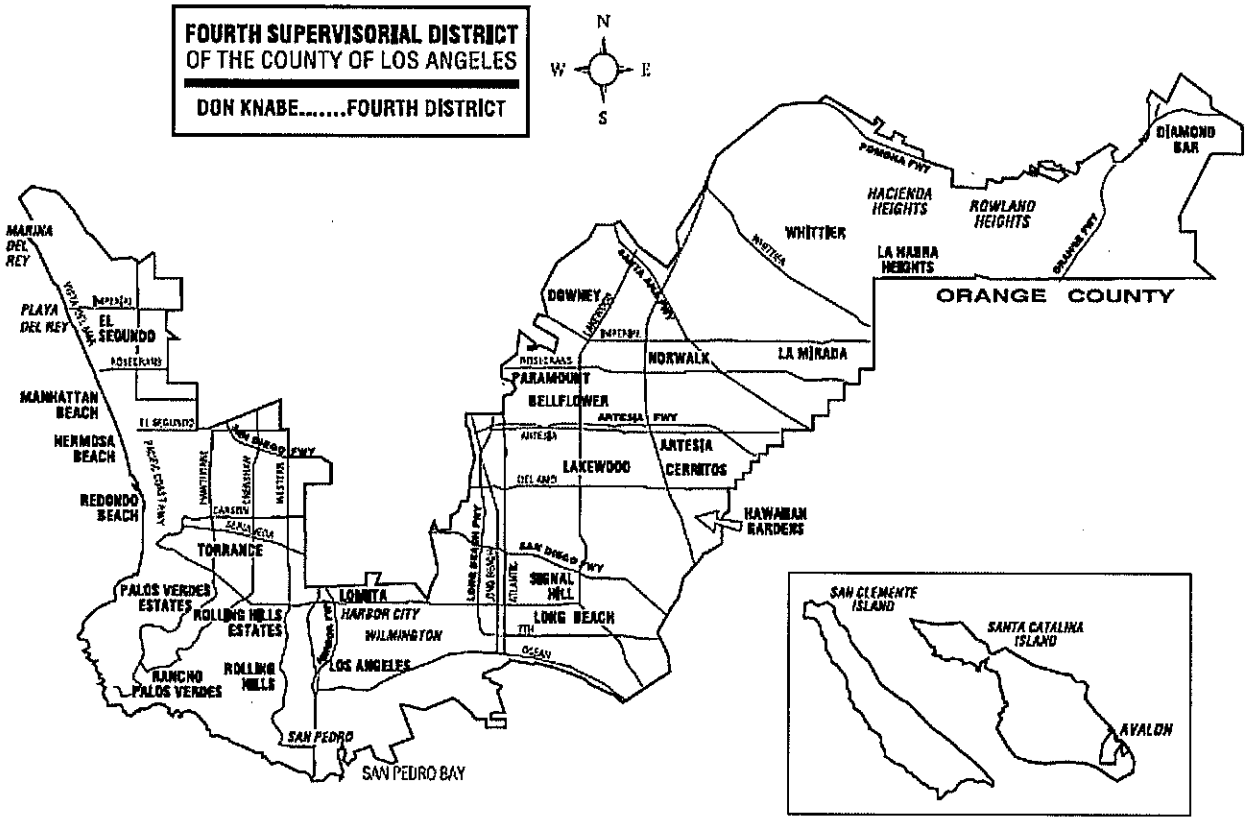
LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 3 includes the cities shown below.



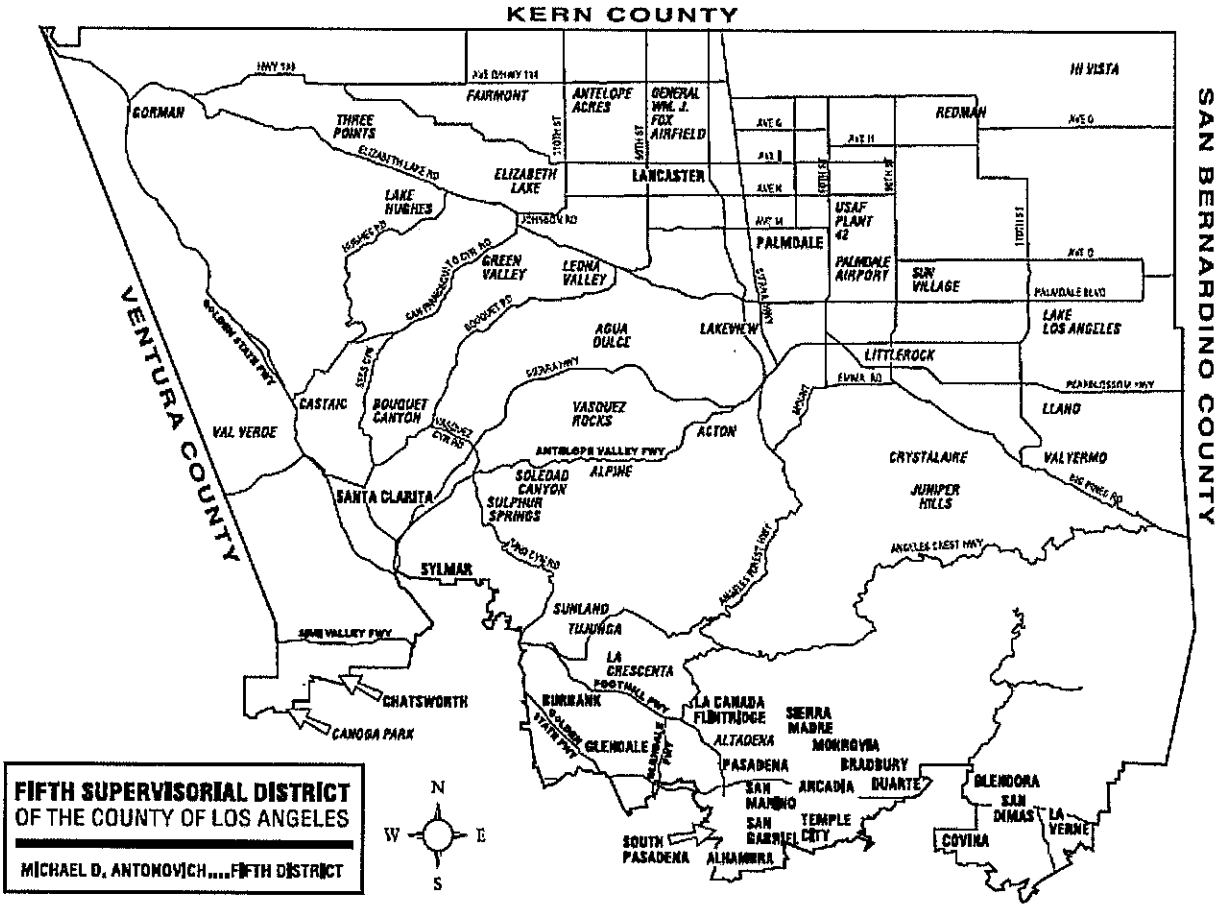
LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 4 includes the cities shown below.



LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 5 includes the cities shown below.



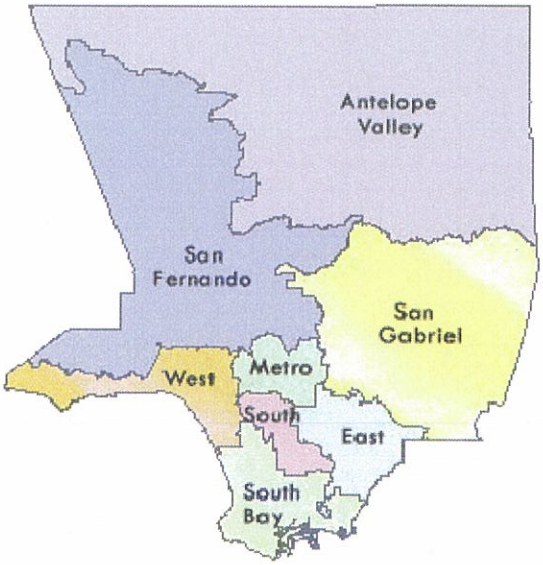
SECTION 2 - DESCRIPTION OF THE PLANNING AND SERVICE AREA PSA 19

Demographic Data

The County is not only divided into Supervisorial District, it is also divided into eight "Service Planning Areas" (SPAs) for purposes of planning and service delivery. The service areas vary widely in geographic size and climate, as well as a variety of demographic and socio-economic factors, such as density of population, racial/ethnic diversity, poverty levels, etc. The impact of these characteristics also complicates planning efforts and service delivery.

The SPA structure is shown below.

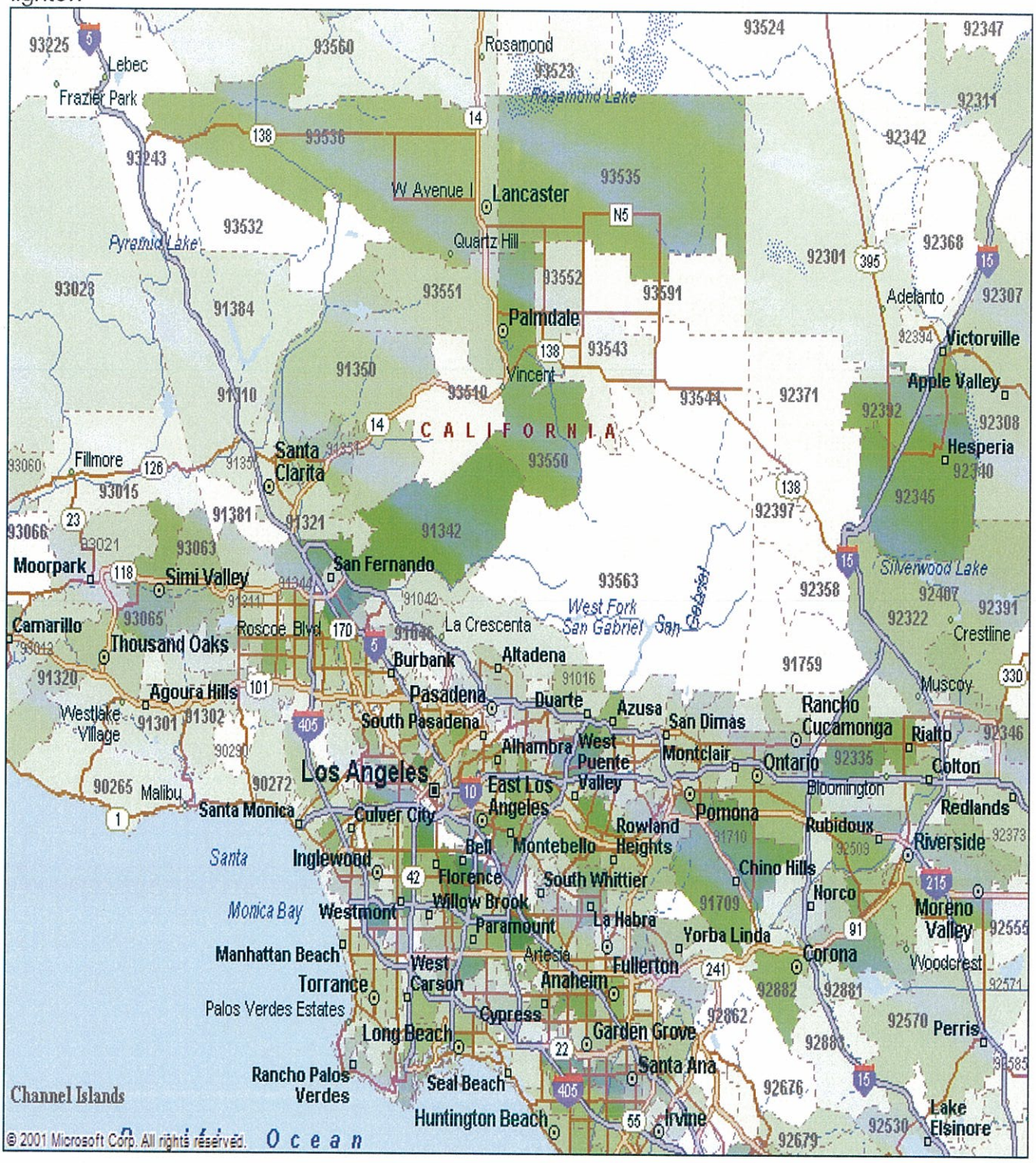
MAP OF LOS ANGELES COUNTY SERVICE PLANNING AREAS



Service Area 1: Antelope Valley
Service Area 2: San Fernando
Service Area 3: San Gabriel
Service Area 4: Metro
Service Area 5: West
Service Area 6: South
Service Area 7: East
Service Area 8: South Bay

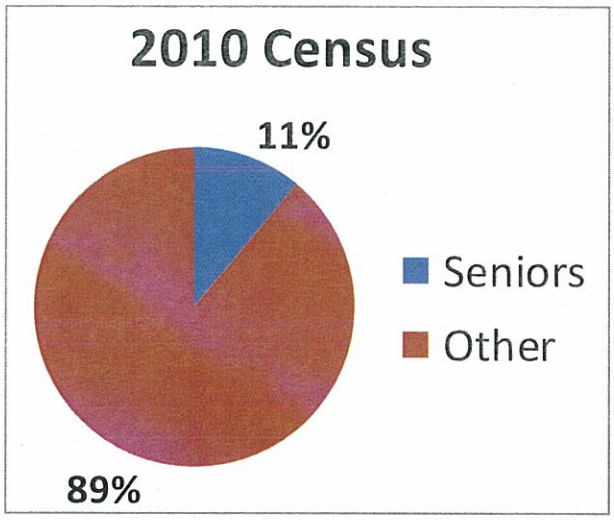
Demographic Data

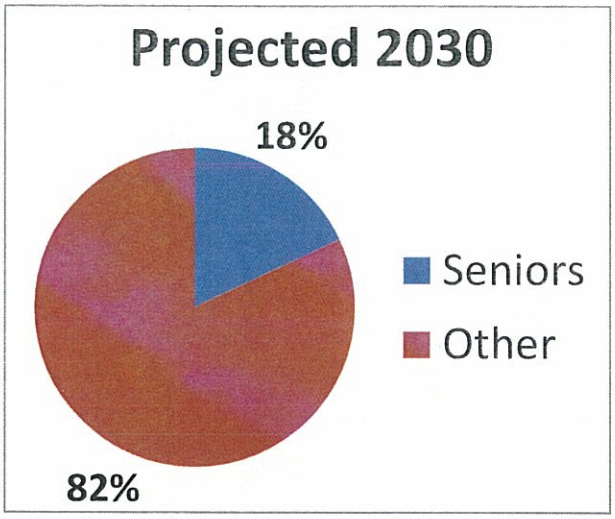
The map below shows the breakout of cities in Los Angeles County and the zip codes for these cities. More populous zip codes are darker and less populous, rural, zip codes are lighter.



Population Projections

California's population is among the fastest growing of all the states in the nation. According to the 2010 U.S. Census, California's population of 65 years and older is expected to exceed 11.9 million by 2030. The charts below indicate the percentages from the 2010 Census and the projected growth in the senior population through the year 2030.

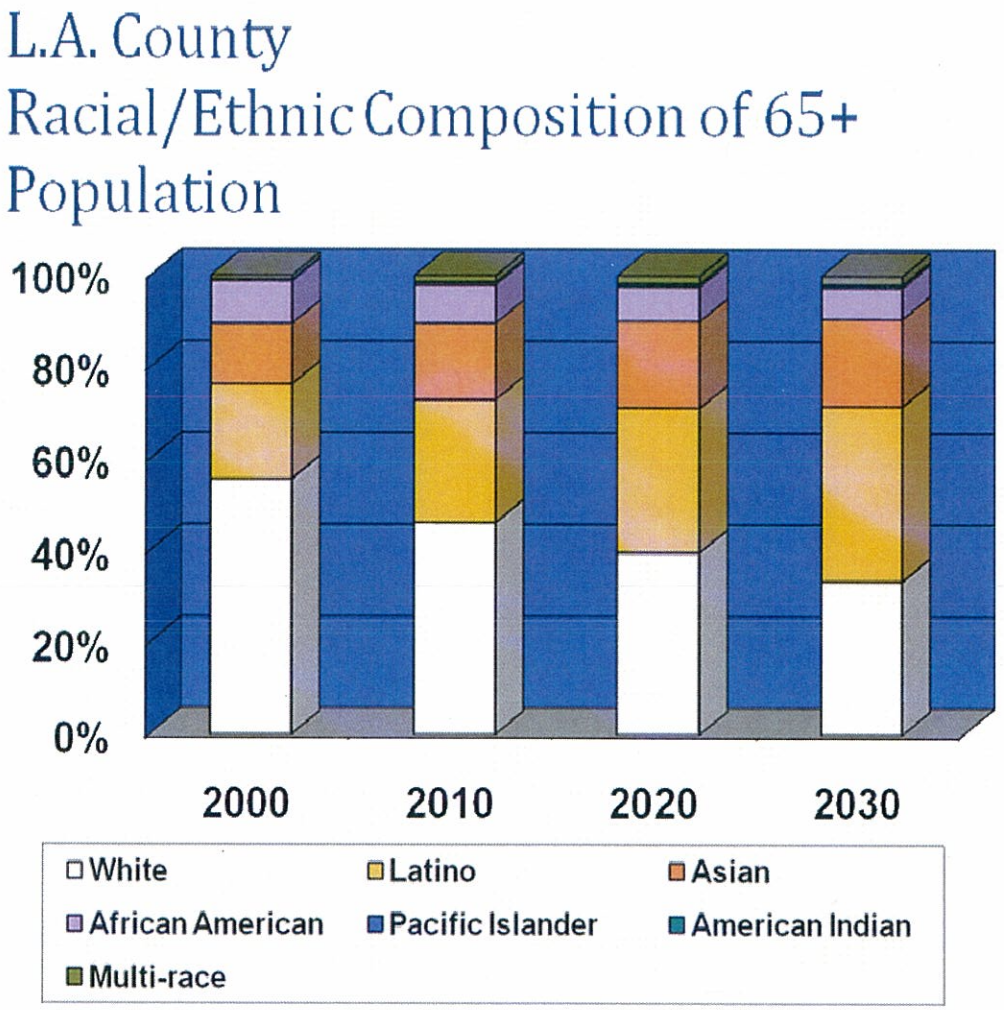




Los Angeles County Demographics

Ethnic Composition

Los Angeles County is the largest county in the nation, with one of the most diverse population in the world. Nearly 3.5 million Los Angeles County residents, or 36% of its total population, were born outside the United States. In contrast, only 26% of the state's population is foreign-born. The chart below shows the racial/ethnic diversity in the senior population, 65 years and above.*



* Data taken from the 2000 Census (Compiled by the Asian Pacific American Legal Center)

Language Skills

The large diverse population presents multiple challenges for Los Angeles County, one of which is the language barrier. Approximately 2.5 million county residents are limited English proficient (LEP). The nine most frequently spoken languages, other than English, spoken countywide are: Spanish, Chinese, Tagalog, Korean, Armenia, Vietnamese, Farsi, Japanese and Russian (according to the U.S. 2000 Census). Language barriers can pose serious consequences for seniors, particularly in accessing healthcare and other critical services.

Approximately one third of Los Angeles County residents 65 years and older, or nearly 245,000 seniors, are limited English proficient (see table below).

L.A. COUNTY
LIMITED ENGLISH PROFICIENCY OF PERSONS 65+
BY RACIAL GROUP

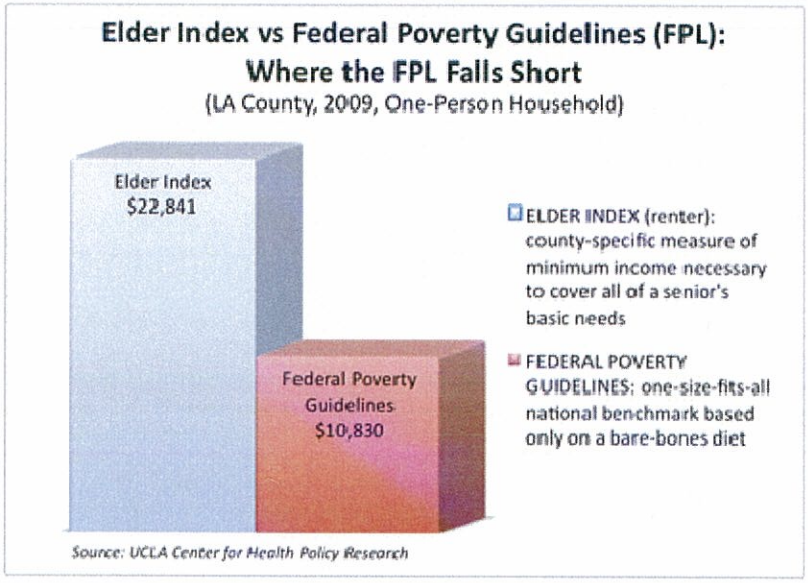
GROUP	NUMBER	PERCENT
Asian	81,053	65
Latino	105,805	57
NHOPI*	927	42
Am. Indian or Alaska Native**	1.474	18
Non-Hispanic White	54,861	10
African American	1,656	2
TOTAL SENIOR POPULATION	**245,776**	**Overall Average = 32 %**

*Native Hawaiian or other Pacific Islander
**American Indian or Alaska Native
(Data taken from U.S. 2000 Census – Compiled by Asian Pacific American Legal Center)

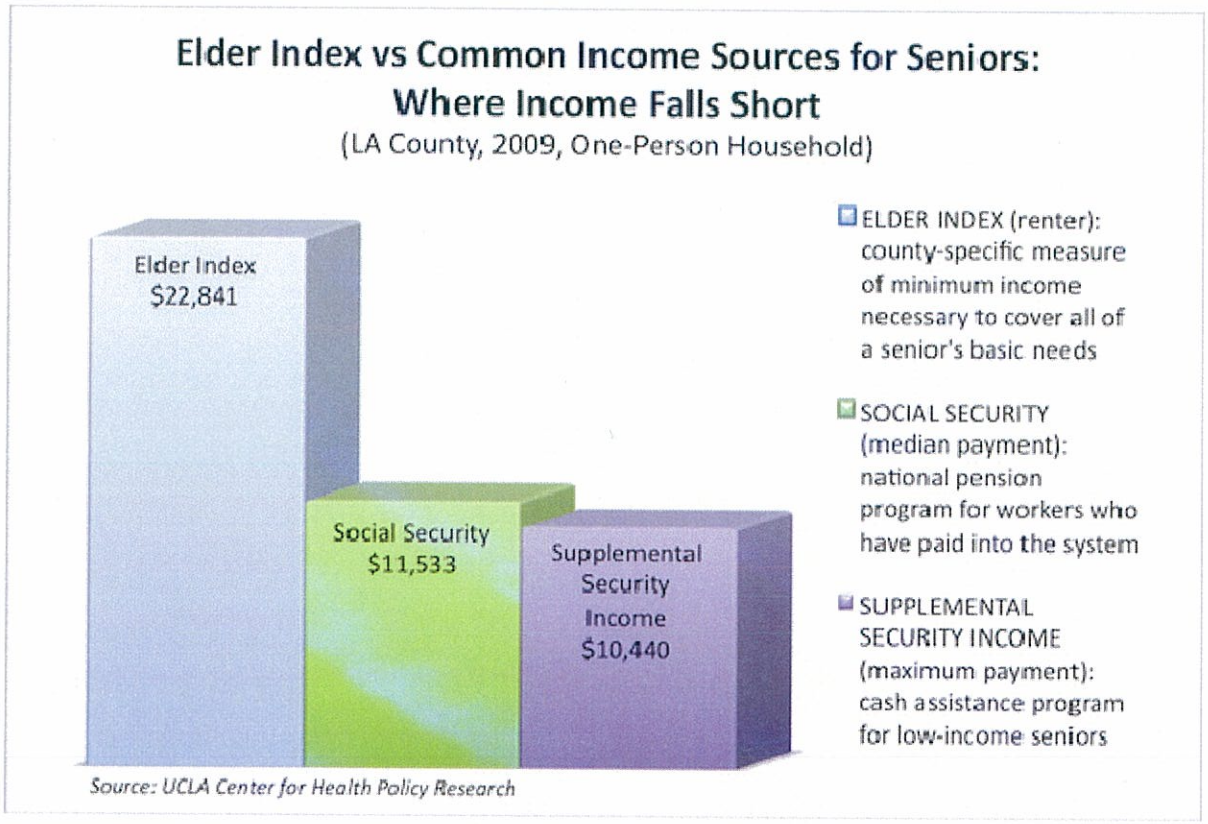
Economics

Los Angeles County also faces a growing economic challenge which affects the well-being of those we serve. The Federal Poverty Level (FPL), currently used to determine income eligibility for many public programs, covers less than half of the basic costs experienced by adults age 65 and older in the state. In 2010, the FPL for a single, elderly person was an annual income of $10,830, and for an older couple, $14,570. In Los Angeles County, the basic annual cost of living for a retired older adult, in good health and living in rental housing, is $21,763 for an individual, and $30,634 for a couple. However, the California Elder Economic Security Standard index (Elder Index) measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs, including housing, food, out-of-pocket medical expenses, transportation and other necessary spending.

The Elder Economic Planning Act of 2011 (AB 138) was signed into law in October 2011. This law requires the inclusion of the California Elder Economic Security Standard Index (Elder Index) as a guide in developing and making resource allocation decisions and in crafting statewide and local area plans. The Elder Index raises awareness and it promotes policies and programs that assure income adequacy for all of the state's older adults. The statewide initiative was led by the Insight Center for Community Economic Development, part of a national project headed by Wider Opportunities for Women. In Los Angeles County, the lead agency for the Elder Index is the UCLA Center for Health Policy Research, School of Public Health. The chart below demonstrates the gap between the Elder Index and the FPL.



The chart below illustrates the gap between the Elder Index and two common sources of income for elders: Social Security and SSI.



The following is a breakdown of the costs used to calculate the Elder Index, as well as Elder Index information for seniors in a variety of living situations.

Los Angeles County (excluding LA City), CA 2010
Elder Economic Security Standard™ Index

Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

Elder Index Per Year

	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Income Needed to Meet Basic Needs (based on monthly expenses shown below*)	**$14,760**	**$32,992**	**$23,119**	**$21,685**	**$39,917**	**$30,044**
Annual Comparison Amounts						
Federal Poverty Guideline (2010 DHHS)	$10,830	$10,830	$10,830	$14,570	$14,570	$14,570
% of Federal Poverty [Elder Index divided by (/) Federal Poverty Guideline]	**136%**	**305%**	**213%**	**149%**	**274%**	**206%**
SSI Payment Maximum, California 2010	$10,140	$10,140	$10,140	$16,886	$16,886	$16,886
SSI Income Gap [SSI Payment Maximum minus (-) Elder Index]	**-$4,620**	**-$22,852**	**-$12,979**	**-$4,799**	**-$23,031**	**-$13,157**
Median Social Security Payment 2009	$11,533	$11,533	$11,533	$20,823	$20,823	$20,823
Soc Sec Income Gap [Average Social Security Payment minus (-) Elder Index]	**-$3,227**	**-$21,459**	**-$11,586**	**-$862**	**-$19,094**	**-$9,221**

*Basic Monthly Expenses Used to Calculate Elder Index

	Elder Person			Elder Couple		
Monthly Expenses	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Housing	$383	$1,902	$1,080	$383	$1,902	$1,080
Food	247	247	247	460	460	460
Transportation	214	214	214	299	299	299
Health Care (Good Health)	182	182	182	363	363	363
Miscellaneous @ 20%	205	205	205	301	301	301
Elder Index Per Month	$1,230	$2,749	$1,927	$1,807	$3,326	$2,504

For the complete report, methodology or other counties visit:
http://www.healthpolicy.ucla.edu/elder_index12jan.aspx

For more information about the California Elder Economic Security Initiative™ program visit:
http://www.insightcced.org/communities/cfess/cal-eesi.html

UCLA CENTER FOR HEALTH POLICY RESEARCH

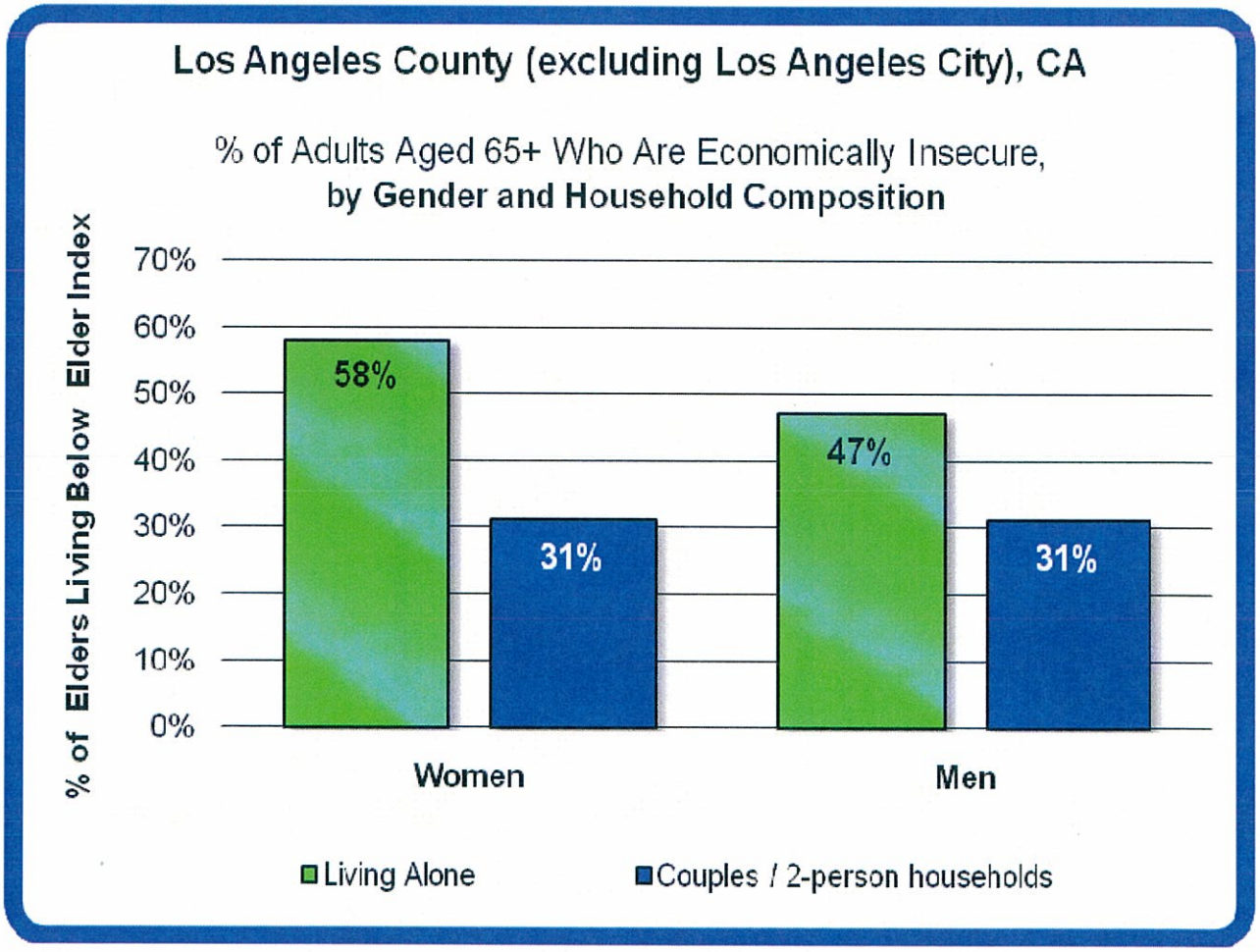
INSIGHT
CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT

WOW Wider Opportunities for Women

Economics

54% of all elders age 65+ do not have enough income to meet their most basic needs, as measured by the Elder Index. **That's over 312,000 elders struggling to make ends meet in L.A. County**. In contrast, according to the FPL, only 9% (52,000) of L.A. County elders are considered "poor," with annual individual incomes below $10,830.

However, a large number of other elders (260,000 or 45%) fall into the "eligibility gap," with incomes above the FPL but below the Elder Index. These elders don't have enough money to cover their most basic needs, but have too much to qualify for many public programs. This distinction is even more prevalent among women, who have historically earned less than men and the multiple ethnic groups, as referenced in the following two charts.



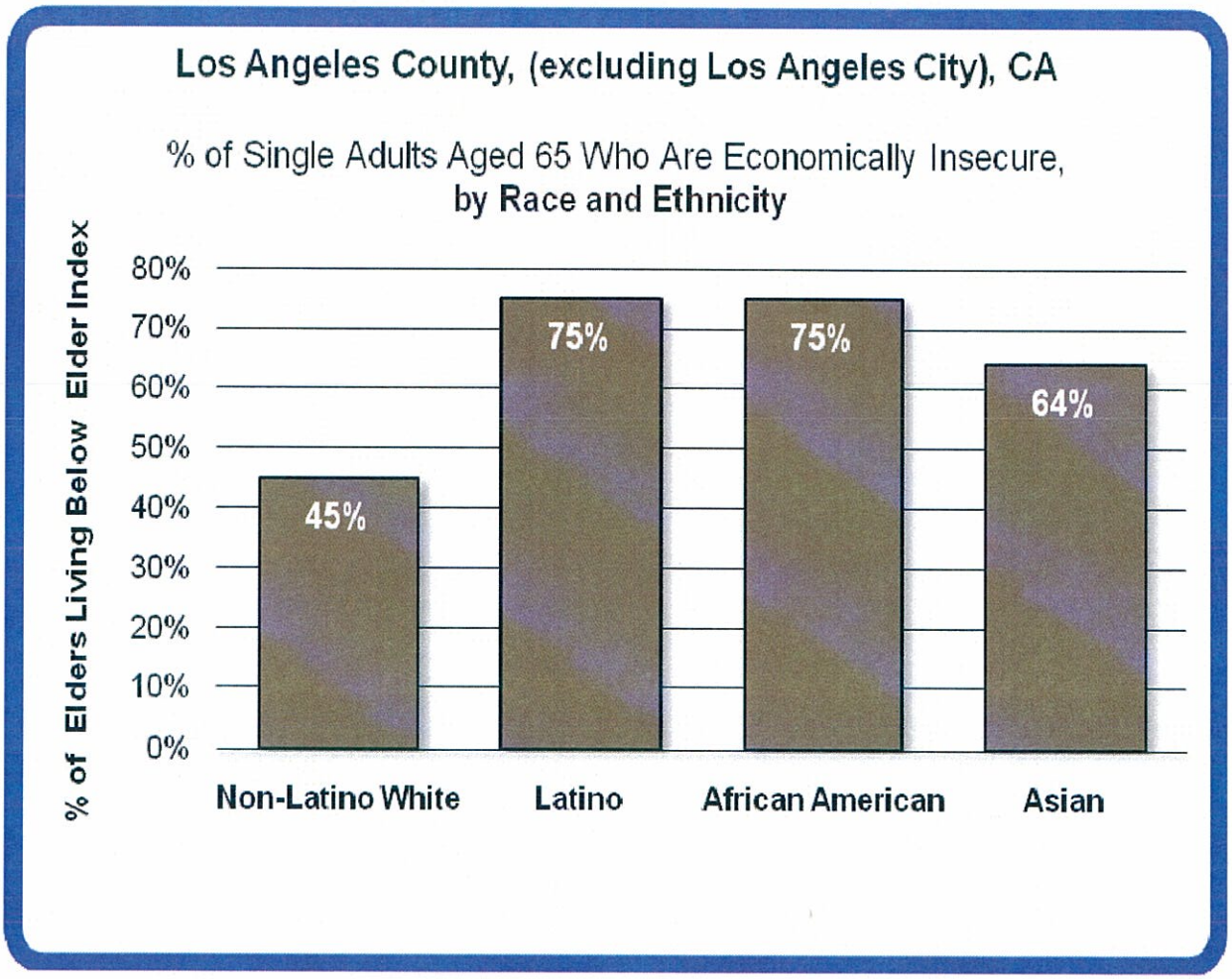
(Source us Census Bureau's 2006 American Community Survey (ACS) data, completed by the UCLA Center for Health Policy Research)

Economics

Elders of all races/ethnicities are struggling in high cost L.A. County. Almost half of non-Latino Whites have incomes below the Elder Index. Elders of color, who typically earned less than Whites throughout their working lives and who often don't have pensions and 401Ks to supplement their Social Security income, are struggling the most:

- Over 7 out of 10 Latinos
- Over 7 out of 10 African Americas
- Over 6 out of 10 Asian elders

...living alone in L.A. County are trying to make ends meet with incomes below the Elder Index.

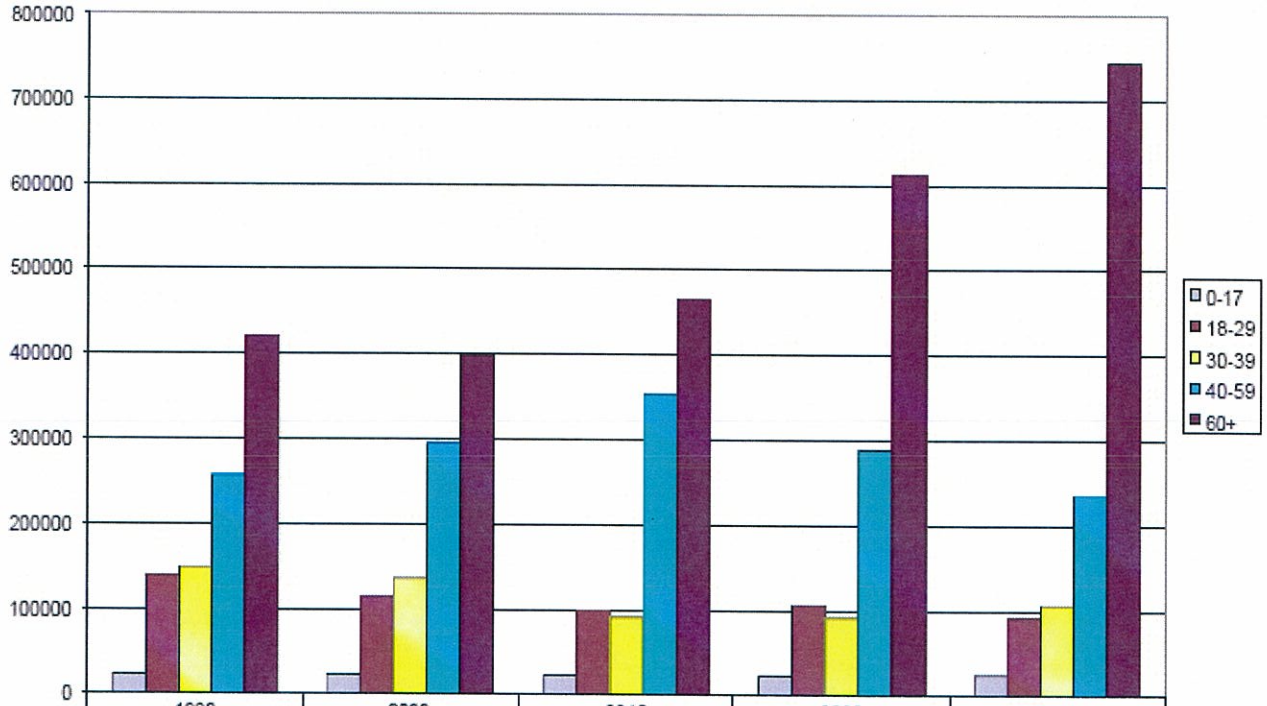


(Source us Census Bureau's 2006 ACS data, completed by the UCLA Center for Health Policy Research)

Disabled Population

The growth in the disabled population and the number of individuals at risk for institutional placement creates additional caregiver challenges. The growth for the number and proportion of older adults and individuals with functional impairments from 1990 to 2030 is shown in the chart below.

Graph 4: Disabled Population by Age
Los Angeles County, 1990 to 2030



	1990	2000	2010	2020	2030
0-17	21598	22596	22444	22171	23380
18-29	137299	114189	99856	105872	92392
30-39	147724	137188	92444	92229	105867
40-59	255441	294533	352800	289267	236714
60+	420236	398274	466384	612181	743788

A cross-reference of the ethnic and economic data, with the age-specific disability rates, reveals that the need is greatest primarily among the low-income, predominantly, ethnically diverse population of the County. Many of these same individuals have limited economic opportunities and limited English proficiency.

Resources and Constraints

Resources

The influx of baby boomers entering the senior population will put additional strains on the aging network. Baby boomers will be the first wave of older adults who will lead a fundamental shift in the demographic structure of the nation. Between 2010 and 2050, the United States is projected to experience rapid growth in its older population. In 2050, the number of Americans aged 65 and older is projected to be 88.5 million, more than double its projected population of 40.2 million in 2010. The baby boomers are largely responsible for this increase in the older population, as they will begin crossing into this category in 2011 (source: U.S. 2010 Census).

Resources for seniors and disabled adults will be spread thin; however, the AAA will continue to make every effort to increase its collaboration and partnership with other county departments to enhance the current services and programs. A well-established network of community-based organizations, including private, non-profit, governmental, and for-profit service providers serving seniors and the disabled will be included in these collaborative efforts.

In addition, Los Angeles County's AAA continues to work with the Los Angeles City Department of Aging to continue the development activities for the Aging and Disability Resource Center (ADRC). Community and Senior Services will also continue to work with other county departments on the Seamless Senior Services (S3) project in order to ensure that seniors and disabled adults throughout Los Angeles County, including unincorporated areas, are able to easily access the myriad of services available to them.

The goals and objectives developed for the Area Plan will be used to help address the needs and concerns of seniors and disabled adults for services and help them to remain in their homes and communities. Also, the goals and objectives were developed based on key priority areas identified in the 2011 Needs Assessment, emerging issues, and input from the Los Angeles County Commission on Older Adults (LACCOA). The entire plan reflects, where appropriate, an integrated approach to serving seniors and disabled adults.

Constraints

The vastness of the County and its numerous political jurisdictions pose great challenges in the development of community-based systems of care. Also, serving frail older and disabled adults who live in remote rural areas poses a major challenge.

Along with the increase in the ethnic populations, the aging population, in general, is increasing by leaps and bounds. The now-aging Baby Boomers, who represent the largest cohort in the history of the United States, have started entering the senior population. Baby Boomers present their own unique challenges for the aging networks. They will require a new approach to services. Even though Baby Boomers tend to continue employment through retirement year, their health challenges will have a substantial impact on the long-term care and overall health care system.

Transportation issues continue to be a major concern for seniors and disabled adults in Los Angeles County. The lack of access to affordable transportation and transportation, in general, poses a major problem for the County. Often times, seniors and disabled adults with mobility issues find it too difficult to use public transportation, as well as the fact that access to public transportation may be too far away, too infrequent or unreliable. However, private transportation is too expensive for them. In addition, for the limited population that drives their own vehicles, it is becoming a challenge to continue to do so with increasing gas costs, upkeep of their vehicles and their diminishing reflex abilities.

Affordable housing continues to be a critical unmet need especially for older and disabled adults on fixed incomes. An emerging trend is the "eviction" of low-income older adults from their communities, particularly in large and highly-developing cities with no rent control. Also, the majority of new housing developments are upscale and unaffordable for seniors and disabled adults because rents are higher and affordable home ownership is limited.

There are over 49 County departments with more than 90 senior programs offered throughout the county; therefore, access to these services is still a challenge for seniors and disabled adults. The maze of programs, funding sources, intake points and eligibility criteria frequently add to the difficulty of accessing services. In addition, due to the State's current fiscal crisis, which translates to decreased funding for the county and programs for older and disabled adults, as well as static federal funding for these programs, the ability of the aging network to comprehensively address all the needs of this vulnerable population is a major factor.

Services

The Los Angeles County AAA currently offers numerous services in collaboration with profit and non-profit organizations in order to meet the needs of seniors and disabled adults. These services include the following:

Information and Assistance
Outreach and Education
Congregate Meals
Nutrition Education
Home Delivered Meals
Alzheimer's Day Care Services
Family Caregiver Support Program
Care Management
Community Education
Health Promotion
Elder Abuse Prevention and Education
Homemaker Services
Legal Assistance
Long-Term Care Ombudsman
Personal Care
Respite Care Services
Health Insurance Counseling and Advocacy Services (HICAP)
Senior Community Services Employment Program (SCSEP)

SECTION 3

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

SECTION 3 - DESCRIPTION OF THE AREA AGENCY ON AGING (AAA) PSA 19

The Los Angeles County AAA is under the umbrella of the Community and Senior Services (CSS) Department and is part of the Aging and Adult Services Branch. CSS is governed by a five-member County Board of Supervisors, representing five supervisorial districts. The AAA's role is to provide leadership and continued support of the needs of older and disabled adults residing within the Los Angeles County area. We are actively involved in advocating for the well-being of the underserved population, which includes low-income and minority seniors, disabled adults, seniors with limited English proficiency, homeless seniors and senior veterans, as well as the frail elderly population that is at risk of institutional placement.

The AAA is focused on developing, implementing and promoting community-based programs to support the independence, self-determination, awareness of services and access to needed services in the interest of protecting the quality of life of older individuals, adults with disabilities, and their caregivers. CSS contracts with 50 different organizations to provide services for seniors and disabled adults, which includes caregiver, care management, nutrition and other services throughout the County. Direct services provided by the AAA include senior employment activities, information and assistance and outreach through our InfoVans and Community/ Senior Centers. These services are funded with federal Older Americans Act, State and local funds.

On June 22, 2009, the Board of Supervisors (BOS) directed the Director of Community and Senior Services (CSS) to form a steering committee with members of the Los Angeles County Commission on Aging and the Area Agency on Aging Advisory Council for developing a plan merging the Los Angeles County Commission on Aging and the Area Agency on Aging Advisory Council.

On September 22, 2009, the Board of Supervisors (BOS) approved to consolidate the Los Angeles County Commission on Aging and the Area Agency on Aging Advisory Council. The two former bodies were consolidated and are now jointly referred to as Los Angeles County Commission for Older Adults (LACCOA). The mission of LACCOA is to advocate, advise and make recommendations regarding the needs and welfare of Los Angeles County seniors, age 60 and older, to the Los Angeles County Board of Supervisors and departments of County government and other entities that provide services to seniors regarding their needs, health, well-being and rights.

The membership was to be reduced from 85 to 50 (25 appointed by the Board of Supervisors and 25 selected by the commision).

The AAA continues to work closely with LACCOA to identify and address the needs of the population served. Members are actively involved in their communities to assess what is needed and make recommendations as to how these needs can be met. Standing LACCOA committees are Area Plan, which includes Veteran Affairs, Employment, Fraud and Elder Abuse; Communications; Health, Nutrition, & Long Term Care; Housing and Transportation; Legislative/Advocacy; and Membership. In addition, ad hoc committees are formed, when needed.

CSS and the AAA's continuous focus is to work toward a comprehensive and coordinated system of home and community-based care for older and disabled adults. Continued collaboration with our partners, contractors, community based organizations, and multiple county departments who offer services for older and disabled adults is a vital component. Focal points also play a major role in this endeavor. Focal points provide an avenue for older and disabled adults to access much needed programs and services, such as information and assistance, care management and nutrition programs.

Over the next four years, the AAA will continue to work toward providing comprehensive, coordinated and effective services in collaboration with its partners. In addition, the AAA will continue to be sensitive to the needs of the population served and explore new and innovative ways to improve the quality of services currently offered. We will also continue to provide the leadership necessary to pursue new and expanded partnerships and promote activities that are beneficial to our seniors and disabled adults.

SECTION 4

PLANNING PROCESS/ESTABLISHING PRIORITIES

SECTION 4 - PLANNING PROCESS / ESTABLISHING PRIORITIES PSA 19

Los Angeles County's AAA, like all AAA's, employs a planning process that is essential to the development of the Area Plan. The planning process includes Public Hearings and a Needs Assessment. Public Hearings are attended by community residents, service providers, the LACCOA members and any other interested parties. The findings from the Needs Assessment, Public Hearings and input from the LACCOA was used to determine the service needs of older and disabled adults throughout the county. This information, as well as input from the public and LACCOA was also used for developing the Area Plan's goals and objectives, which outline the major activities that will be accomplished over the next four-year planning cycle. In addition, CSS is currently in the process of releasing Requests for Proposals to establish new contracts with organizations that can provide services that are not directly provided by the AAA. Also, planning continues to be an ongoing process since services are regularly evaluated to ensure that we are meeting the needs of our seniors and disabled adults.

The Needs Assessment, along with other resources, provided critical information on the needs of the senior population in Los Angeles County. The findings and the other related activities, such as the Public Hearings comment, and input from LACCOA members provided the foundation for developing the goals and objectives for the Area Plan. The Area Plan describes the AAA's response to those needs, as well as the resources and abilities of the agency to address the majority of those needs through direct services, contracted services and collaboration with other county departments, the Los Angeles City Department of Aging and other organizations.

Also, in an effort to address some of the unmet needs of older and disabled adults, the Los Angeles County AAA conducted a door-through-door Needs Assessment to evaluate the transportation needs to a range of individuals, including persons with disabilities and the frail elderly. As the result, of this assessment, Los Angeles County AAA has applied and secured funding for the New Freedom grant to provide door-to-door and door-through-door assistance transportation services to the residents of Los Angeles County. Door-to-door assistance will pick up passengers at the door of their home and will deliver individuals to the door of their destination. A door-through-door service involves a greater level of assistance, from opening doors to providing verbal guidance to physical support, and going into destinations.

The New Freedom grant transportation funds are intended to improve access to transportation and to address gaps in the existing transportation network for the frail elderly and persons with disabilities. This project will be piloted in each of the five Supervisorial Districts of Los Angeles County, will both coordinate and broker services and information and will directly-provide operating services oriented to door-to-door and door-through-door needs. Transportation operations offered through each site may include volunteer driver, escort or taxi voucher transportation services or some combination of these, dependent upon the level of service each organization wishes to propose in the competitive bid process.

SECTION 5

NEEDS ASSESSMENT

Objective

The purpose of the Needs Assessment was to identify present and future aging issues and the needs of seniors sixty years and over throughout Los Angeles County. County of Los Angeles Community & Senior Services, Area Agency on Aging (AAA) and City of Los Angeles Department of Agency and Aging (AAA) in partnership with the Los Angeles County Commission for Older Adults and City Advisory Council conducted Needs Assessment focus groups to prepare for the 2012-2016 Area Plan. On behalf of the Los Angeles County and City AAAs, the University of Southern California Edward R. Roybal Institute was gracious to provide moderators for the focus groups.

Method

The Needs Assessment was conducted to identify the types and extent of existing and potential needs of several target populations including:

- Older adults
- Older adults with disabilities
- Older adults who are, or have been, caregivers
- Lesbian, Gay, Bisexual, and Transgender (LGBT) elders

The Needs Assessment also targeted several older adult population subgroups including those with:

- Low income
- Limited English speaking skills

Participants

A total of ninety-three older adults participated in the study. Participant demographic characteristics are listed in tables below in the following categories:

- Work Status / Age
- Gender
- Living Arrangements / Marital Status
- Ethnicity
- Education
- Low Income Programs
- Language
- Senior Center Activity / Transportation Method Utilized to Participate
- Caregiver / Care Receiver

Work Status	(N)	%
Retired	77	83
Paid Employment	8	9
Volunteer	6	6
Homemaker	1	1
Blank	1	1
Total	93	100

Age	(N)	%
Did not provide	2	2
Under 65	12	13
66-74	45	48
75-84	28	30
85 or older	6	7
Total	93	100

The majority of the participants were retired and between the ages of sixty-six to eighty-four years old.

Gender	(N)	%
Female	59	63
Male	34	37
Total	93	100

Sixty-three percent were females, and thirty-seven percent were males.

Living Arrangements	(N)	%
Alone	40	43
Spouse	30	32
Partner	4	4
Children/Grandchildren	12	13
Other	7	8
Total	93	100

Marital Status	(N)	%
Single	12	13
Married	34	37
Widowed	26	28
Divorced	15	16
Never Married	3	3
Domestic Partner	3	3
Total	93	100

Fifty-seven percent of the participants lived with others (spouse, partner, children/grandchildren, etc.) while forty percent identified themselves as married or in a domestic partnership.

Ethnicity	(N)	%
Black/African American	35	38
White	25	27
Native American	1	1
Latino/Hispanic	25	27
Asian/Pacific Islander	5	5
Other	2	2
Total	93	100

There was a twenty-seven percent equal dispersion of those who identified themselves as Caucasian or Latino/Hispanic. Thirty-eight percent were Black/African Americans. Five percent were Asian/Pacific Islanders, and one percent was Native American.

Education	(N)	%
Less than high school	5	5
High school or GED equivalent	12	13
Some College	37	40
College graduate	20	22
Post graduate	19	20
Total	93	100

Forty percent attended some college, and forty-two percent were college graduates and/or post graduates.

Low Income Programs	(N)	%
Yes	41	44
No	52	56
Total	93	100

More than half of the participants stated they do not participate in low income programs.

Language	(N)	%
English	74	80
Spanish	14	15
Korean	5	5
Total	93	100

Eighty percent spoke English, fifteen percent spoke Spanish and five percent spoke Korean.

Active in Senior Center	(N)	%
Yes	69	74
No	24	26
Total	93	100

Transportation	(N)	%
Self drive	73	79
Get a ride from family members	4	4
Public transportation	6	6.5
Senior/Community van (e.g. dial-a-ride, not transpiration for persons with disabilities)	6	6.5
Blank	4	4
Total	93	100

Most of the participants were active in a senior center and still drove.

Caregiver	(N)	%
Yes	27	29
No	65	70
Unknown	1	1
Total	93	100

Care Receiver	(N)	%
Yes	7	7.5
No	80	86
Unknown	6	6.5
Total	93	100

Very few participants provided care to someone over the age of sixty in the last five years and retained a caregiver for themselves.

Design

Focus groups facilitated by a moderator were used in the study. A total of eleven focus groups were conducted. The number of focus group participants per session ranged from five to sixteen. A series of open-ended questions relating to their current needs and challenges, as well as, their desired programs and activities were asked. The duration of each focus group session was approximately one to two hours long.

Each focus group was led by a moderator who spoke the preferred language(s) used in the session. In addition, each session entailed one note-taker who served as an observer of behavior and recorder of comments. The focus groups were semi-structured and explored the needs and desires of the aging community within Los Angeles County. The moderators encouraged participants to talk to one another about issues pertinent to the questions asked. More specifically, the moderators asked five open-ended questions and probed for further detail of topics introduced in the group ensuring all the participants were given the opportunity to voice their comments. To reinforce confidentiality, participant names were not used during the assessment(s) and the sign-up sheets were destroyed after each session. Audio from all of the focus groups was recorded.

Procedure

A site-based approach was used to recruit ninety-three participants. This approach for identifying and recruiting qualitative participants focuses on "sites" and consists of five general steps, and it is designed to generate a representative or stratified sample for qualitative research in large community-based studies (Arcury and Quandt, 1999).

First, the participants' characteristics were specified to set boundaries. The participants were selected to reflect diversity in geographic location and cultural identity as well as restricted to those sixty years old and over. Second, eleven sites throughout Los Angeles County (seven Los Angeles County sites and four City of Los Angeles sites) were identified such as senior centers, service centers, a social club and a Lesbian, Gay, Bisexual and Transgender residential building. The County sites were chosen accordingly to ensure representation within each supervisorial district and inclusion of LGBT, multi-cultural populations and urban and rural areas. Third, a gatekeeper for each site was contacted and asked to help recruit participants. Most importantly, the gatekeeper helped build community support for the study because often the gatekeepers are highly respected and seen as leaders in the community (Arcury and Quandt, 1999). Fourth, the gatekeeper contacted individuals whom were appropriate for the study. The gatekeeper provided the individuals with the consent form at enrollment. Thus, once the individual agreed to the consent form, the gatekeeper added the individual's name to the "sign-up" sheet. Finally, as participants were recruited, an internal logistics spreadsheet was created to keep track of the overall process and used to make strategic adjustments in order to achieve the desired participation goal in a timely manner.

Results

The audio of all focus group interactions were recorded and transcribed. Focus group transcripts were analyzed using a grounded-theory framework. The transcripts were conceptualized and coded into major themes. Data gathered from the Needs Assessment identified an array of needs, challenges and desires among the aging community via direct participation from the senior population in Los Angeles County. Findings from the analyzed data were used to establish priorities, goals and objectives for the AAA's response to those needs in planning future programs administered by the department.

The top three needs have been founded as follows:

- Transportation
- Information and Assistance
- Elder Abuse

In addition to the above, some other key findings expressed by participants were:

- Advocate/Case Worker
- Emergency Preparedness
- Medical Care Services
- Caregiver Registry
- Sensitivity Training
- Senior Center Staff Monitoring
- Home Maintenance
- Social Isolation
- Senior Center Staff Training
- In Home Support Services Improvement
- Congregate Meals Improvements
- Estate Planning
- Recruit Volunteers to Senior Centers
- Public Safety
- Computer Class
- Environmental Safety
- Housing
- Dental Care Service
- Field Trips

SECTION 6

TARGETING

The Older Americans Act (OAA) defines a number of "target populations" which Area Agencies on Aging (AAA) should make special efforts to include in the planning and delivery of community-based services. These targeted groups consist of older individuals with any of the following characteristics:

- Native American
- Isolated, Neglected, and/or Exploited
- Frailty
- Reside in Rural Areas
- Have Limited English-Speaking Ability
- Have Alzheimer's Disease and Related Disorders
- Have Disabilities, especially Severe Disabilities
- Unemployed Low-income Seniors
- Caregivers (as defined in Title III-E)
- At risk of institutionalization

In addition, the OAA defines two special categories of targeted individuals. Those with the "greatest economic need" are seniors, particularly minority seniors, with need resulting from an income level at or below the Federal Poverty Level. Second, older adults with the "greatest social need" that have a need caused by non-economic factors such as physical or mental disability, language barriers, or cultural, social or geographic isolation that either restricts the ability of an individual to perform daily tasks or threatens their capacity to live independently.

It is the main focus of the AAA to serve those with the greatest economic and social needs and efforts are made to also help all targeted populations. One of the categories included in this population is frail seniors who are at risk of institutionalization. In addition, it is critical that all AAA-funded providers make this a priority. The protection from abuse, neglect and exploitation is also a critical issue for the County and AAA. Addressing these issues is done primarily through a network of partners, including collaboration with administrators of the Ombudsman program. Elder abuse prevention services are also provided by CSS' Adult Protective Services, who partner with agencies such as the Los Angeles County Sheriff's Department, Consumer Affairs, and others.

The AAA also continues to work with its Family Caregivers' network to help older and functionally impaired adults to continue to live in their own homes for as long as possible and support grandparents raising grandchildren. Lastly, the Senior Employment Program continues to be a priority, as well. This program is so vital because of the training programs and helping seniors realize financial security by helping them find meaningful jobs.

In our efforts to serve those with the greatest economic and social need, the AAA requires its contractors to meet minimum goals. The AAA also provides training and technical assistance to help them meet these goals.

SECTION 7

PUBLIC HEARINGS

SECTION 7 - PUBLIC HEARINGS

PSA 19

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? [2] Yes or No	Was hearing held at a Long-Term Care Facility? [3] Yes or No
2012-13	See Below				
2013-14					
2014-15					
2015-16					

Date	Location	Number Attending	Area Plan Presented with Translator	Hearing Held at Long-Term Care Facility
January 4, 2012	JFS/Valley Storefront Senior Center 12821 Victory Blvd. N. Hollywood, CA 91606	22	Yes	No
January 5, 2012	Centro Maravilla Service Center 4716 Cesar E. Chavez Ave. Los Angeles, CA 90022	18	Yes	No
January 10, 2012	ONEgeneration Senior Enrichment Center 18255 Victory Blvd. Reseda, CA 91335	67	Yes	No
January 11, 2012	Wilmington Senior Center 1371 N. Eubank Ave. Wilmington, CA 90744	62	Yes	No
January 26, 2012	Lynwood Senior Center 11329 Ernestine Ave. Lynwood, CA 90262	53	Yes	No
January 31, 2012	Antelope Valley Senior Center 777 W. Jackman St. Lancaster, CA 93534	96	Yes	No

[2] A translator is not required unless the AAA determines a significant number of attendees require translation services.
3 AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

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

   A notice of the Public Hearing was placed in newspapers throughout Los Angeles County and City. Flyers were sent to contract agencies, public libraries, Senior Centers and notification was sent to Board offices.

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

   AAA should do more collaboration with outside agencies and more outreach to promote their programs.

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.

   Since the minimum percentage only equaled 55%, what is done with the remaining balance of the money? In the joint hearings with the LA city Department of Aging, the attendees asked why the percentages for the County were different from the City percentages.

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

   See the following pages outlining Summary of Public Comments from each hearing.

7. Note any changes to the Area Plan which were a result of input by attendees.

   Objective on Transportation was added based on an expressed need.

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 4, 2012 – JFS/VALLEY STOREFRONT SENIOR CENTER

- Providers—Providers appreciate working with the City and County in continuing to provide services to the senior population. These kinds of public hearings are welcomed to obtain further input.

- Supportive Services—Do these services include shopping or running errands?

- Exercise—Do any of the programs include any exercise classes or provide physical therapy?

- Senior Center—The nutrition program at this senior center is very appreciated.

- Exercise—Classes provided at this senior center are very helpful to all seniors.

- Nutrition—How can someone get home-delivered that are kosher?

- Funding—In the handout, under Social Services, Title III-B shows 55% of funding. Where does the rest go?

- Social Services—Seniors at the senior center appreciate the services provided by the social workers.

- Information & Assistance—Need more information on where to find the services for seniors, caregivers, and in general.

- Nutrition Program—Very helpful!

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 5, 2012 – CENTRO MARAVILLA SERVICE CENTER

- Medi-Cal—Suggestion to have more meetings regarding Medi-Cal/Medicare at the senior center to address the changes made to the programs.

- Alzheimer's disease—How is the City/County working with seniors who have Alzheimer's and dementia who are potentially victims of fraud because of their condition?

- Fall prevention—A big problem with seniors falling in the morning, especially before their caregivers arrive. It should be important for seniors to have emergency buttons that are free or subsidized.

- Elder Abuse—seniors have family members that take their SSI checks and leave no money for seniors to use on their own.

- Disabled seniors—many seniors are being taken advantage of because they are deaf. Abuse such as financial and physical are common. There is a need for more advocacy on behalf of seniors. Providing sign language is an important step, but peer counseling is also needed.

- Housing—there is a need for more low-income housing for seniors. A lot of times, SSI is not enough to cover housing costs, much less other necessities. It seems that a lot of senior housing in the Hollywood area gives preferential treatment to seniors that are either Armenian or Russian.

- Nutrition—the food given at the food bank is expired sometimes. A lot of times, the bread is already moldy and unhealthy to eat. The best food is being saved to the Armenian and Russian seniors.

- Transportation—the bus drivers are not being considerate to seniors. The driver does not put the bus close enough to the curb and this makes it difficult for fragile seniors to get on the bus. Once they got on the bus, sometimes that drivers don't wait for the seniors to find a seat and drive off, causing some of the seniors to fall.

- Senior Housing—sometimes the senior housing apartments feel like jails. Seniors are not encouraged to walk around and interact with others. Also, the site managers have no respect for the seniors living at the site and no compassion for them.

- In Home Supportive Services (IHSS)—people who get paid through IHSS to go to seniors houses to clean do a poor job of cleaning. Seniors feel like they are being cheated out of their services.

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 10, 2012 – ONEGENERATION SENIOR ENRICHMENT CENTER

- Family Caregiver—There is a need for additional funding for family caregivers services. Caregivers also need support and need to be linked to resources available that are available to them.

- Senior Housing—Seniors need help dealing with senior housing issues, such as credit, housing, and bankruptcy before they become victims of scam, fraud, and foreclosures.

- State Budget—Governor is threatening to ask cuts of $1 billion to social programs involving seniors. What is the city/county doing about addressing those programs?

- Senior Center—Most of the programs at the senior center have been a success. What is needed is more flexibility in the programs available.

- Senior Housing—Housing issue for seniors is a very big issue with those with limited income.

- Senior Programs—Additional funding for programs is badly needed for seniors to get by.

- Senior Housing—There are no real options in the valley part of the city for senior housing.

- Senior Center—Potential cuts to the senior center will badly affect the senior community.

- Social Security—Recipients of Social Security in California are not allowed to apply for food stamps.

- Senior Center—The funding for the senior center activities and programs come from various sources.

- Food Stamps—Seniors are not allowed to buy basic necessities such as toilet paper or toothpaste with the EBT card but are allowed to buy food from fast food restaurants.

- Senior Center— Classes available at the center and the meals provided are important to the seniors.

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 11, 2012 – WILMINGTON SENIOR CENTER

- Senior Employment—Is the Title V program be available to seniors in the area?
- Emergency Alert System—Is it based on income or other requirements for seniors to qualify?
- Senior Center—How will the Area Plan fund additional exercise classes at the senior center?
- City of Long Beach—No "umbrella" in the city where seniors can go to find services that are needed. How can a plan be developed to assist seniors in Long Beach?
- Transportation—No transportation services for seniors in the city of Long Beach. Who can seniors contact in the city or county to start getting transportation services?
- Elder Abuse—County brochure on elder abuse is a very valuable resource that should be out in the communities.
- Senior Center— City of Carson is losing out in a lot of funding for senior services. There is no funding for nutrition or exercise programs.
- Nutrition—Donation price for meals is a suggestion price and it is not mandatory; however, without these donations, the center will not be able to provide as many meals.
- Senior Programs—Better coordination is needed between the cities and the county to provide services to seniors.
- Senior Housing—Current development for housing did not include housing specifically for seniors.
- Information & Assistance—The information provided should be available in other languages besides English and Spanish.
- Senior Services—It is difficult to sometimes determine who provides which service between the city or county.
- Transportation—Transportation services are only available within the city or within the unincorporated area. It makes it difficult for seniors to travel to neighboring cities for medical visits.
- Advocacy—Social clubs/groups at the senior centers can assist in advocating for issues affecting seniors.

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 26, 2012 – LYNWOOD SENIOR CENTER

- Housing—Seniors appreciate information regarding resources but inquired about direction and referral information on how to obtain assistance for better housing. They need to know where to go and obtain information about affordable housing for low-income seniors.

- Area Plan—Can something be done about the closure of the Lynwood Senior Center? The center's hours of operation will be reduced due to budget restraints and is scheduled to close at 1:00 pm on Friday's.

- Congregate Meals—Seniors are told that meals are free; however, a donation is needed in order to provide and meet the demand of meals currently being served. Seniors at the center complain regarding the quality of food.

- Nutrition—Seniors are not happy with the meals and inquired about changing the menu by requesting that additional options of food be available.

- Exercise—Seniors expressed concern about being deprived from exercise and other activities, as a result of the center closing on Friday. They stated that the closure of the center takes away senior services that provide joy and pleasure to their well-being.

- Programs—How are programs separated from the City? Are the funds allocated specifically for seniors?

- Senior Center—If the Lynwood Senior Center is closed on Fridays, where do seniors go on a very hot day? Some seniors do not have air conditioning in their homes and go to the senior center which is equipped as a cooling station. If it is 100 degrees on a hot day, will the senior center be open? Where are the seniors supposed to go?

- City of Lynwood—It seems that the City controls the senior centers. Whenever budget cuts are made, the seniors are impacted, not the youth.

- Social Services—It is very confusing as to how the programs are funded; State, City and local levels, etc. Usually seniors are referred and given various telephone numbers. Information is lacking and there are very few concentrated areas that provide information to seniors. There is a need to have more social workers available to provide seniors with assistance. A way to navigate the bureaucratic system. Seniors need people to go out and assist at the senior centers to provide specific and reliable information and not just a telephone number.

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 31, 2012 – ANTELOPE VALLEY SENIOR CENTER

- Senior Employment—The County should collaborate more with other government agencies for extra funding for the Title V program that includes more hours of work and a longer stay in the program.

- Senior Employment—Seniors who are in the Title V program must wait for their check in the mail. Can policy be established to include direct deposit?

- Senior Employment—Are there any tax incentives for companies to hire seniors who are in the Title V work program?

- Senior Center—There should be other activities in the senior center, such as cooking classes.

- Senior Safety—Are there programs for seniors who need assistance with minor home repairs?

- Senior Center—There should be technology classes for seniors that teaches them how to use the computer and smart phones.

- Alzheimer's—Decrease in funding for Adult Day Health Care centers has greatly affected the increasing number of seniors who suffer Alzheimer's and dementia. What actions is the County taking to deal with this situation?

- Area Plan—Are the programs stated in the Area Plan in collaboration with cities like Lancaster?

- Senior Health—Is there a defibrillator available at the senior center in case of an emergency?

- Family Caregiver—What is the Family Caregiver program and how does one apply? Does it include family mediation?

- Senior Center—The nurse that used to check for high blood pressure has stopped coming to center.

- Senior Center—The residents of the Antelope Valley have not been treated as well as other parts of the county.

- Nutrition—The donations for lunch are voluntarily, why can't it be mandatory?

- Nutrition—Is the donation for the meal tax deductible?

2012 - 2016 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS

January 31, 2012 – ANTELOPE VALLEY SENIOR CENTER

- Nutrition—The congregate meals program need more funding to provide more meals to seniors who need it.
- Nutrition—Seniors who can afford the donation are not paying their fair share for the meals.
- Veterans—There are many veterans that are homeless in the Antelope Valley. There should be more advocacy to get them the assistance that they need.
- Nutrition—For those seniors that can't afford to donate for meals, maybe they can donate time to help around the senior center.
- Senior Center—There are great social workers at the senior center working to help seniors who need help with various issues.
- Family Caregiver/Housing—Parents are asking the grandparent to take in their children. Will the grandparents qualify for family caregiver program?
- Senior Housing—Senior home communities are not safe for seniors. Most seniors are afraid to come out of their homes.
- Provider—Community and Senior Services is a great department to work with to assist seniors.
- Transportation—Transportation for seniors needs to be more affordable in the Antelope Valley.
- Senior Housing—There needs to be a follow up once a house is ready for a senior to live in to ensure it is properly equipped for seniors and their safety.
- Ombudsman—The program should be more visible at the senior center, because the seniors are afraid to call them to their homes.
- Senior Housing—Is the Section 8 housing program or any other housing programs available to seniors?
- Senior Housing—Who is responsible for security at homes where seniors live?
- Public Hearing—Will the meeting minutes be available to the public to review?

SECTION 8

IDENTIFICATION OF PRIORITIES

SECTION 8 - IDENTIFICATION OF PRIORITIES

PSA 19

The AAA's primary function is to administer Older Americans Act and Older Californians Act programs, along with maximizing independence for all older and disabled adults. The AAA is committed to ensuring that these goals are met and assuring cooperation and coordination within its network of agencies. Based on this, our specific goals for this four-year Area Plan are as follows:

- Goal #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

- Goal #2: Promote an environment that is sensitive to the needs of seniors and adults with disabilities in order to enhance their quality of life which will help maintain their independence and improve their overall health and well-being.

- Goal #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Funding Requirements

The AAA is required to fund a number of programs and services. Over the next four years, the AAA will utilize a combination of direct and predominantly contracted services to meet the needs of seniors, caregivers and disabled adults in the areas of information and assistance and supportive services (Title III-B), nutrition (Title III-C1 and C-2), health promotion (Title III-D), caregiver services (Title III-E), Ombudsman services (Title VII), and other services such as Linkages.

In doing so, the AAA must adhere to a number of funding parameters, such as adequate proportion and parity. The OAA requires that AAAs provide assurances that an "adequate proportion" of Title III-B funds will be allocated to the following priority services established by the federal government: Access Services (including transportation, information and assistance and outreach), In-Home Services (including personal care, homemaker, chore, telephone reassurance, visiting and minor home modification), and Legal Services (including legal advice, representation, assistance to the Ombudsman Program and involvement in the private bar).

In FY 2012-2013, the AAA's adequate proportion allocation are as follows:

- Access – 30%
- In-Home – 20%
- Legal Assistance – 5%

These percentages were reviewed at the Public Hearings.

Funding Priorities

Based on the establishment of the funding levels for the County, CSS will begin the process of determining how program dollars will be spent in order to meet the needs of our older and disabled adults.

Over the next four years, the AAA will explore funding options for transportation services for older and disabled adults, collaborate with its partners to address the housing issues for low-income and homeless seniors and veterans and continue to advocate for increase funding for the multiple other programs that are administered.

In addition, the AAA along with the Adult Protective Services Section of CSS will continue to participate in multi-disciplinary team efforts pertaining to elder abuse and continue to work with law enforcement and Consumer Affairs to help combat elder abuse, fraud and scams targeting seniors.

SECTION 9

GOALS AND OBJECTIVES

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and it partners need to work toward an integrated system of care **to create a "no wrong door" policy**.

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults and help them to maintain their independence, and avoid institutionalization.

Objectives	Start/End Dates	Type [4]	Status [5]
1.1 Aging and Disabilities Resource Center			
a) Expand current Information and Assistance services by providing a single point of contact to services available to seniors and their caregivers using the Aging and Disabilities Resource Center (ADRC) Model.	07/01/12 to 06/30/13	PD	New
b) Collaborate with the Department of Public Social Services' In-Home Supportive Services and Medi-Cal Program Sections, Public Libraries, Social Security Administration and Los Angeles City Department of Aging to evaluate and determine options on how to effectively offer a single point of contact system.	07/01/12 to 06/30/16	C	New
c) Coordinate and expand the distribution of printed material to various local facilities and advocate for use of public computers at libraries for senior to access City and County co-branded ADRC website.	07/01/12 to 06/30/16	A	New
Accountable Party/Lead: Roseann Donnelly/David Kochen			

[4] Legend for Type: A= Administrative C= Coordination PD= Program Development IIIE= Family Caregiver Program IIIB=Supportive Services Program IIID=Disease Prevention/Health Promotion Linkages= Care Management Title V=Senior Employment Program

[5] Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed,** or **Deleted.**

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.			
Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and it partners need to work toward an integrated system of care. Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults.			
Objectives	Start/End Dates	Type	Status
1.2 Information and Assistance (I&A)			
a) Increase awareness of the multiple services available to older and disabled adults by outreaching to this population and their caregivers through collaboration with the Los Angeles County Commission on Older Adults, particularly the Speakers' Bureau and participating in public events, such as community fairs, educational forums, etc.	07/01/12 to 06/30/16	A	New
b) Outreach to the Lesbian, Gay, Bisexual and Transgender (LGBT) community by providing information on services available and making presentations in Senior Centers on LGBT issues.	07/01/12 to 06/30/16	A	New
Accountable Party/Lead: Roseann Donnelly/David Kochen/Larry Littleton			

GOAL #2: Promote an environment that is sensitive to the needs of seniors and adults with disabilities in order to enhance their quality of life which will help maintain their independence and improve their overall health and well being.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
2.1 Transportation			
a) Collaborate with the Los Angeles County Metropolitan Transportation Authority (LACMTA) to pilot door-to-door transportation services for the disabled and frail older adults, particularly in the low-income areas where transportation services are lacking.	07/01/12 to 06/30/16	C	New
b) Develop an electronic data collection system to track transportation services.	07/01/12 to 06/30/13	PD	New
Accountable party/Lead: Sara Dato / Alex McSweyn			

GOAL #2: Promote an environment that is sensitive to the needs of seniors and adults with disabilities in order to enhance their quality of life which will help maintain their independence and improve their overall health and well being.

Rationale: The need for home and community based services and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
2.2 Health & Well-Being			
a) Expand Health Promotion activities through the "Be Well" exercise and weight management program to include problem solving Cognitive Behavior Therapy for seniors with mild depression.	07/01/12 to 06/30/16	IIID	New
b) Expand ENHANCE services by piloting the "Healthy Food/Healthy You" program to target seniors with food-related chronic conditions (e.g. diabetes, high blood pressure, etc.) by providing easy food preparation recipes with known health benefits.	07/01/12 to 06/30/16	IIID	New
c) Provide Health Promotion and Medication Management services to seniors that are moderate to high nutritional risk.	07/01/12 to 06/30/16	IIID	New
d) Work with the Dietary Administrative Supportive Services (DASS) to develop and implement a plan for healthy eating pattern such as using herbs, seasoning and flavor blends that do not contain sodium, or commercial low salt (Sodium) flavor enhancers.	07/01/12 to 06/30/16	A	New
Accountable party/Lead: Lan Ficht			

GOAL #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Rationale: Elder and financial abuse are on the rise in Los Angeles. Fraud and scams are also on the rise. Often times these crimes are not reported because the elderly and disabled population is afraid or embarrassed to speak about these things because many times the crimes are committed by loved ones. In addition, this vulnerable population believes that if they report the incident, they will lose their independence by being placed in an institution.

The need for improved and expanded education, outreach and support is imperative for the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Type	Status
3.1 Elder Abuse			
a) Collaborate with statewide and local Long Term Care (LTC) Ombudsman Offices to develop a Memorandum of Understanding that will define and clarify the roles and responsibilities of Adult Protective Services (APS) and LTC Ombudsman as well as create and foster enhanced communication and collaborative services geared to enhance the services provided to elder and dependent adult victims living in their own homes or placed in long term care facilities.	07/01/12 to 06/30/16	C	New
Accountable party/Lead: Richard Franco			

GOAL #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Rationale: Elder and financial abuse are on the rise in Los Angeles. Fraud and scams are also on the rise. Often times these crimes are not reported because the elderly and disabled population is afraid or embarrassed to speak about these things because many times the crimes are committed by loved ones. In addition, this vulnerable population believes that if they report the incident, they will lose their independence by being placed in an institution.

The need for improved and expanded education, outreach and support is imperative for the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Type	Status
3.2 Ombudsman			
a) Continue to collaborate with the Ombudsman provider to monitor nursing facilities and long term care facilities to prevent all forms of abuse.	07/01/12 to 06/30/16	C	New
b) Streamline program coordination via Skype to maximize time efficiency for Ombudsman staff and volunteers.	07/01/12 to 06/30/16	A	New
Accountable party/Lead: Lan Ficht / Jina Song			

SECTION 10

SERVICE UNIT PLAN (SUP) OBJECTIVES

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

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

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

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

1. Personal Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	14,300	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

2. Homemaker **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	31,500	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

3. Chore **Unit of Service = 1 hour**

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	879,300	1, 2	1.2, 2.2
2013-2014			
2014-2015			
2015-2016			

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

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	34,200	1, 2	1.1, 1.2, 2.2
2013-2014			
2014-2015			
2015-2016			

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

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,200,000	1, 2	1.2, 2.2
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,130	1, 2	1.2, 2.2
2013-2014			
2014-2015			
2015-2016			

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

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	7,000	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	60,000	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	7,500	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	15,000	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

15. NAPIS Service Category – "Other" Title III Services

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

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

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

Title III B, Other Supportive Services [6]

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

Alzheimer's Day Care **Unit of Service = 1 Day of Attendance**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,500	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

In-Home Respite **Unit of Service = 1 Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,300	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

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

Registry **Unit of Service = 1 Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	12,947	1, 2	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

Telephone Reassurance **Unit of Service 1 Contact**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	77,500	2	2.2
2013-2014			
2014-2015			
2015-2016			

Senior Center Activities **Unit of Service = 1 Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	20,000	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

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

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

16. Title III D Health Promotion **Unit of Service = 1 contact**

Service Activities: Support Groups/Physical Fitness/Nutrition Education

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	1,600	2	2.2
2013-2014			
2014-2015			
2015-2016			

Title III D Medication Management [7] **Units of Service = 1 Contact**

Service Activities: Medical Management Review

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

Fiscal Year	**Proposed** Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	8,000	2	2.2
2013-2014			
2014-2015			
2015-2016			

7 Refer to Program Memo 01-03

TITLE III B and Title VII A:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2012–2016 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints)
The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: 70% Number of complaints resolved 3819 + Number of partially resolved complaints 707 divided by the Total Number of Complaints Received 6396 = Baseline Resolution Rate 70%
2. FY 2012-2013 Target: Resolution Rate 70%
3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate ___%
4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

1. FY 2010-2011 Baseline: number of meetings attended _273__
2. FY 2012-2013 Target: 251
3. FY 2011-2012 AoA Data: ___FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

1. FY 2010-2011 Baseline: number of meetings attended 5
2. FY 2012-2013 Target: number 5
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

1. FY 2010-2011 Baseline: number of consultations 239
2. FY 2012-2013 Target: 260
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

1. FY 2010-2011 Baseline: number of consultations 663
2. FY 2012-2013 Target: 665
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

1. FY 2010-2011 Baseline: number of sessions 19
2. FY 2012-2013 Target: 10
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

G. Systems Advocacy

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

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

Enter information in the box below.

Systemic Advocacy Effort(s)
Presentations to legislators and local officials regarding issues impacting residents who reside in long-term care facilities.

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

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6) Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: 55% Number of Nursing Facilities visited at least once a quarter not in response to a complaint 148 divided by the number of Nursing Facilities 269.
2. FY 2012-2013 Target: 50%
3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal 3. Objective 3.2

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6) Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: 7% Number of RCFEs visited at least once a quarter not in response to a complaint _58_ divided by the number of RCFEs 826
2. FY 2012-2013 Target: 5%
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal 3. Objective 3.2

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers) (One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.
Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 8.36
2. FY 2012-2013 Target: 8 FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers: Goal 3. Objective 3.2

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)
Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 149
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 149
3, FY 2011-2012 AoA Data: ___ certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 ____
4. FY 2012-2013 AoA Data: ___ certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 ___
5. FY 2013-2014 AoA Data: ___ certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ___
Program Goals and Objective Numbers: Goal 3. Objective 3.2

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

Measures and Targets:

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

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 45 **Please obtain this information from the local LTC Ombudsman Program Coordinator.**
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 45
3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2013-2014 Target _____
4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2014-2015 Target _____
5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2015-2016 Target: _____
Program Goals and Objective Numbers: Goal 3. Objective 3.2

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

Units of Service: AAA must complete at least one category from the Units of Service below.
Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Professionals** – Please indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title III E** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	10
2013-14	
2014-15	
2015-16	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	500
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	2000	Elder Abuse Resource Guides (English/Spanish)
	500	Mental Health for Elder Abuse
	100	California Elder Justice Blue Print
2013-2014		
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-2013	4500
2013-2014	
2014-2015	
2015-2016	

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

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed* Units of Service**	***Required* Goal #(s)**	***Optional* Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2012-2013	# of activities: 9,870 Total est. audience for above: 169,000	1	1.1, 1.2
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2012-2013	5,868	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			
Support Services	**Total hours**		
2012-2013	12,700	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

Respite Care	Total hours		
2012-2013	27,200	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	**Total occurrences**		
2012-2013	2,200	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	*Proposed* Units of Service	*Required* Goal #(s)	*Optional* Objective #(s)
Information Services	**# of activities and Total est. audience for above**		
2012-2013	# of activities: 1,576 Total est. audience for above: 16,800	1	1.1, 1.2
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2012-2013	1,430	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			
Support Services	**Total hours**		
2012-2013	1,900	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			
Respite Care	**Total hours**		
2012-2013	1,600	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	**Total occurrences**		
2012-2013	70	1	1.1, 1.2
2013-2014			
2014-2015			
2015-2016			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

Location/Name (AAA office, One Stop, Agency, etc): Los Angeles County Area Agency on Aging
Street Address: 3333 Wilshire Blvd., Suite 400, Los Angeles CA 90010
Name and title of all SCSEP staff members (paid and participant): *Paid Staff* Trinka Petties, Program Director Alexis Claiborne, Program Coordinator, Field Operations Maria Mata, Program Coordinator, Office Operations Ann Miller, Program Coordinator, WorkSource Danese Franklin, Payroll Coordinator *Participant Staff* Ken Chin, Program Monitor John Williams, Field Coordinator Merry Miles, Field Coordinator Betty Warren, Field Assistant Alma Dean, Office Coordinator Dorise Jordan, Clerical Aide Frankie Collins, Clerical Aide Junko Cox, Clerical Aide Lydia Garcia, Clerical Aide
Number of paid staff 5 **Number of participant staff** 9
How many participants are served at this site? 29

Location/Name (AAA office, One Stop, Agency, etc): Los Angeles Urban League
Street Address: 12700 Avalon Blvd., Los Angeles CA
Name and title of all SCSEP staff members (paid and participant): Wilma Watson, WorkSource Specialist Lonsworth Goodard, Monitoring Assistant
Number of paid staff _____ **Number of participant staff** 2
How many participants are served at this site? 21

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

Location/Name (AAA office, One Stop, Agency, etc): Willowbrook Senior Center
Street Address: 12915 South Jarvis Los Angeles, CA 90061
Name and title of all SCSEP staff members (paid and participant): Aaron McDonald, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 10

Location/Name (AAA office, One Stop, Agency, etc): Dollarhide Neighborhood Center
Street Address: 1108 N. Oleander Compton, CA 90220
Name and title of all SCSEP staff members (paid and participant): Adrian Davis, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 27

Location/Name (AAA office, One Stop, Agency, etc): Long Beach Senior Center
Street Address: 1150 East 4th St. Long Beach, CA 90802
Name and title of all SCSEP staff members (paid and participant): Chris Gentry, Program Monitor Yvonne Oliver, Monitoring Assistant
Number of paid staff _____ **Number of participant staff** __2__
How many participants are served at this site? 23

Location/Name (AAA office, One Stop, Agency, etc): Antelope Valley WorkSource Center
Street Address: 1420 West Avenue I Lancaster, CA 93534
Name and title of all SCSEP staff members (paid and participant): Patricia Kendall, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 12

Location/Name (AAA office, One Stop, Agency, etc): Santa Clarita Valley Service Center
Street Address: 24271 Main St. Newhall, CA 91321
Name and title of all SCSEP staff members (paid and participant): Helene Schuman, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 12

Location/Name (AAA office, One Stop, Agency, etc): San Gabriel Valley Service Center
Street Address: 1441 Santa Anita Ave South El Monte, CA 91733
Name and title of all SCSEP staff members (paid and participant): Lorraine Contreras, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 5

Location/Name (AAA office, One Stop, Agency, etc): San Pedro Service Center
Street Address: 769 W 3RD St San Pedro, CA 90731
Name and title of all SCSEP staff members (paid and participant): Dora Martinez, Program Monitor
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 27

Location/Name (AAA office, One Stop, Agency, etc): Los Nietos Service Center
Street Address: 11640 E. Slauson Whittier, CA 90606
Name and title of all SCSEP staff members (paid and participant): Luanne Jones
Number of paid staff _____ **Number of participant staff** __1__
How many participants are served at this site? 20

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

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

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

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

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	5,752	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	164	
2013-2014		
2014-2015		
2015-2016		

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	26,783	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	10,888	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	1,618	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	4,450	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	4,536	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	1,461	
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	0.76	
2013-2014		
2014-2015		
2015-2016		

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

Section 3: HICAP Legal Services Units of Service (if applicable) [9]

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	300	
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	**3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)**	**Goal Numbers**
2012-2013	350	
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	**3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)**	**Goal Numbers**
2012-2013	300	
2013-2014		
2014-2015		
2015-2016		

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

SECTION 11

FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

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

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

Designated Community Focal Points	
ALHAMBRA CITY OF/JOSLYN ADULT CENTER JIMMY VENEGAS (626) 570-5089 210 N. Chapel Ave. Alhambra, CA 91801	ANTELOPE VALLEY SENIOR CTR OPHELIA PARRIS (661) 726-4400 777 W. Jackman St. Lancaster, CA 93534
ARCADIA CITY OF COMMUNITY CENTER DAN BELLING ((626) 821-4374 365 Campus Drive Arcadia, CA 91006	AZUSA CITY OF SENIOR CENTER LENORE GONZALES (626) 812-5115 740 N. Dalton Ave. Azusa, CA 91702
BURBANK CITY OF/JOSLYN ADULT CENTER GAYLE MIGDEN (818) 238-5353 1301 W. Olive Avenue Burbank, CA 91506	CARSON SENIOR SOCIAL SERVICES VIRGINIA BROWN (310) 835-0212 3 Civic Plaza Drive Carson, CA 90745
CLAREMONT CITY OF ALI MARTINEZ (909) 399-5488 660 N. Mountain Ave. Claremont, CA 91711	CULVER CITY SENIOR & SOCIAL SERV. DIV. DARREN UHL (310) 253-6729 4095 Overland Avenue Culver City, CA 90232
DUARTE SENIOR CENTER PEGGY DIAMOND (626) 357-3513 1610 Huntington Drive Duarte, CA 91010	EL MONTE CITY OF COMMUNITY & SR SERV SANDRA SALCEDO (626) 258-8611 3120 N. Tyler Avenue El Monte, CA 91731
GARDENA CITY OF KATHY A. MILLS WALKER (310) 217-9543 1670 W. 162nd Street Gardena, CA 90247	GLENDALE CITY ADULT RECREATION CTR JUNE ANN LEVIANT (818) 548-3772 201 E. Colorado Glendale, CA 91205
GLENDORA CITY OF/LA FETRA CENTER DEBBIE DOZAL (626) 914-8235 333 E. Foothill Blvd. Glendora, CA 91741	HUMAN SERVICES ASSOCIATION DARREN DUNAWAY (562) 806-5400 6800 Florence Avenue Bell Gardens, CA 90201
INGLEWOOD CITY OF PATRICIA BITKER (310) 412-4360 333 Centinela Avenue Inglewood, CA 90302	JEWISH FAMILY SERVICE/WEST HOLLYWOOD MARINA BERKMAN (323) 851-8202 7377 Santa Monica Blvd. West Hollywood, CA 90046
LA MIRADA CITY OF/LA MIRADA ACTIVITY CTR JOSH GIRE (562) 902-3160 13810 La Mirada La Mirada, CA 90638	LA VERNE CITY OF NICOLE BRESUANI (909) 596-8777 3680 D Street La Verne, CA 91750
LANGLEY SENIOR CENTER BARBARA HAMER (626) 307-1477 400 W. Emerson Avenue Monterey Park, CA 91754	LONG BEACH SENIOR CENTER SHELLEY HELLEN (562) 570-3504 1150 E. 4th Street Long Beach, CA 90802

Designated Community Focal Points	
OLDTIMERS FOUNDATION MARTIN NAVA (323) 582-6090 3355 E. Gage Ave. Huntington Park, CA 90255	PASADENA SENIOR CENTER EILEEN KOONS (626) 397-3110 MARY WINNERS (626) 665-9992 85 E. Holly Street Pasadena, CA 91103
PICO RIVERA SENIOR CENTER ADRIANA MORAN (562) 948-4844 9200 Mines Avenue Pico Rivera, CA 90660	POMONA CITY OF COMMUNITY SERV DEPT. MAYELA AGUILAR (909) 620-2324 499 E. Arrow Hwy Pomona, CA 91767
SAN DIMAS CITY OF SR CITIZEN/COMM CTR ERICA RODRIGUEZ (909) 394-6293 201 E. Bonita Avenue San Dimas, CA 91773	SAN GABRIEL CITY OF THERESA JOHNSON (626) 308-2875 324 S. Mission Drive (No mail delivery) San Gabriel, CA 91776
SANTA ANITA FAMILY SERVICE AMY GRALEY (626) 359-9358 EXT 37 603 S. Myrtle Avenue Monrovia, CA 91016	SANTA CLARITA VALLEY COMM. ON AGING RACHELLE DARDEAU (661) 259-9444 EXT 123 22900 Market Street Santa Clarita, CA 91321
SOUTH EL MONTE SENIOR CENTER GEORGE MUNOZ (626) 258-8613 1556 Central Avenue El Monte, CA 91731	SOUTH PASADENA SENIOR CITIZENS CTR LILIANA TORRES (626) 403-7364 1102 Oxley Street South Pasadena, CA 91030
TORRANCE CITY OF/BARTLETT SENIOR CTR BEA VIROBIK (310) 320-1300 1339 Post Avenue Torrance, CA 90501	WEST COVINA CITY OF/COMM SERVICE DEPT ADRIAN REYNOSA (626) 339-6057 2501 E. Cortez Street West Covina, CA 91791
WHITTIER CITY OF COMMUNITY SERV DEPT RURI PIERRE (562) 567-9470 13225 Walnut Street Whittier, CA 90602	WISE & HEALTHY AGING GRACE CHENG BRAUN (310) 394-9871 EX 440 1527 4th Street, 2nd Floor Santa Monica, CA 90401
WILLOWBROOK SENIOR CENTER SAUNDRA HAMILTON (310) 217-5650 12915 S. Jarvis Avenue Los Angeles, CA 90401	

SECTION 12

DISASTER PREPAREDNESS

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

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

   - The AAA continues to enhance and expand the Disaster Preparedness Plan by consistently encouraging contract agencies to enhance their emergency plans as required by the initial Request or Proposals.
   - The AAA continues to be an integral part in the alerting contractors of adverse weather conditions as well as any other emergency situations.
   - The AAA coordinates with the Assistant Director, Aging and Adult Services Branch, the mobilization of AAA contractors and Adult Protective Services to carry out emergency support functions and non-deferrable services. Upon determining the scope of the disaster in terms of its effect on older persons; the AAA emergency coordinator will report to the California Department of Aging for relay to the State Office on Emergency Services and Federal Emergency Management Agency. In addition, the AAA emergency coordinator will coordinate the participation of the senior citizens' nutrition sites and central kitchens with the Assistant Director, Aging and Adult Services Branch and the CSS Emergency Operations Center manager. Lastly, link the elderly disaster victims to the nearest Disaster Assistance Center and complete the required California Department of Aging reports, per the Disaster Assistance Handbook for Area Agency on Aging.

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
Jeffery Terry	Program Specialist	Office: (323) 980-2259 Cell: N/A	jterry@ceooemlacounty.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Gabriel J. Boyadjian	HSA I	Office: (213) 351-5288 Cell: (213) 598-0668	gboyadjian@css.lacounty.gov

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?
a Congregate Meals	**a** The AAA emergency coordinator will contact congregate meal site directors to insure services are available.
b Home Delivered Meal	**b** Depending on the nature of the disaster and current road conditions, the AAA emergency coordinator will contact agency directors to ensure homebound clients are receiving home delivered meals.

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

1. Alhambra, City of
2. AltaMed Health Services Corporation
3. Alzheimer's Association
4. Antelope Valley Committee on Aging
5. Armenian Relief Society
6. Avalon Medical Development Corp.
7. Azusa, City of
8. Behavioral Health Services
9. Bet Tzedek Legal Services
10. Burbank, City of
11. Casa Maravilla
12. Claremont, City of
13. Center for Health Care Rights
14. Consulting Nutritional Services
15. Culver City, City of
16. Dickison Community Lighted Schools
17. El Monte, City of
18. ESCAPA / Chinatown Service Center
19. Food & Nutrition Management Services
20. Gardena, City of
21. Glendale, City of
22. Heritage Clinic & Community Assit
23. Human Services Association
24. Inglewood, City of
25. Jewish Family Services of Los Angeles
26. Just Rite Community Programs, Inc.
27. Life Steps Foundation
28. Little Tokyo Service Center
29. Norwalk, City of
30. Office of Samoan Affairs
31. Oldtimers Foundation
32. Pomona, City of
33. San Fernando, City of
34. San Gabriel Valley YWCA
35. Santa Anita Family Services
36. Santa Clarita Valley Committee on Aging
37. Senior Care Action Network (SCAN)
38. South El Monte, City of
39. Southeast Area Social Services Funding Authority
40. Special Services for Groups
41. Torrance / South Bay YMCA
42. USC Los Angeles Caregiver Resource Center
43. Watts Labor Community Action Committee
44. West Covina, City of
45. WISE Senior Services
46. Grandparents as Parents

6. Describe how the AAA will:

- Identify vulnerable populations

  The older and disabled population in Los Angeles County is identified through the following means:
  - Contractors' monthly reports
  - Contractor's list identifying vulnerable population, such as homebound seniors

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

  Upon linking elderly and disabled disaster victims to the nearest Disaster Assistance Center, AAA will follow-up to assure that adequate services are in place.

SECTION 13

PRIORITY SERVICES

2012-2016 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[10] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

12-13 30% 13-14 _____% 14-15 _____% 15-16 _____%

In-Home Services:

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

12-13 20% 13-14 _____% 14-15 _____% 15-16 _____%

Legal Assistance Required Activities:[11]

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

12-13 5% 13-14 _____% 14-15 _____% 15-16 _____%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA 19

The percentages were based on target populations and prior year usage.

[10] Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

[11] 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

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 19

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			
Title III B	**12-13**	**13-14**	**14-15**	**15-16**
☒ Information and Assistance	☒	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
☒ Outreach	☒	☐	☐	☐
☒ Program Development	☒	☐	☐	☐
☒ Coordination	☒	☐	☐	☐
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title III D	**12-13**	**13-14**	**14-15**	**15-16**
☐ Health Promotion	☐	☐	☐	☐
☐ Medication Management	☐	☐	☐	☐
Title III E [12]	**12-13**	**13-14**	**14-15**	**15-16**
☒ Information Services	☒	☐	☐	☐
☒ Access Assistance	☒	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐
Title VII A	**12-13**	**13-14**	**14-15**	**15-16**
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title VIIB	**12-13**	**13-14**	**14-15**	**15-16**
☐ Prevention of Elder Abuse, Neglect and Exploitation	☐	☐	☐	☐

[12] Refer to PM 11-11 for definitions of Title III E categories.

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

The Los Angeles County AAA conducts ongoing outreach activities in communities throughout the County to ensure that under-served, low-income, Limited English Proficient and minorities are aware of the services available to them.

The LA County InfoVans and the Information and Assistance Specialists play an integral part in our continuous efforts to inform the public about our services. In addition to the direct services provided by the AAA, we also contract with multiple agencies that serve seniors and disabled adults throughout LA County. Also, continued collaboration with the LA City Department of Aging and other county departments play a role in outreaching to the population we serve and helping them to have access to quality care.

The AAA staff also attends cultural celebrations, health fairs, community forums as well as other activities to reach targeted populations and distribute information on available services.

SECTION 15

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 19

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 Activities

Check applicable funding source:[13]

☒ III B

☐ III C-1

☐ III C-2

☐ III E

☐ VII A

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[14] :

Some services specifically for older/functionally impaired adults are currently not offered countywide; providing direct services through the Senior Centers affords the AAA the opportunity to enhance services and address the needs of this population in a more expedient way, when necessary.

[13] Section 15 does not apply to Title V (SCSEP).
[14] For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 16

GOVERNING BOARD

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Zev Yaroslavsky/3rd District Supervisor/Chairman	June 2016

Names and Titles of All Members:	Board Term Expires:
Gloria Molina/1st District Supervisor	June 2013
Mark Ridley-Thomas/2nd District Supervisor	June 2013
Zev Yaroslavsky/3rd District Supervisor	June 2013
Michael Antonovich/5th District Supervisor	June 2016

SECTION 17

ADVISORY COUNCIL

Los Angeles County Commission for Older Adults

ADVISORY COUNCIL MEMBERSHIP
2012-2016 Four-Year Planning Cycle

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

Total Council Membership (include vacancies) 50

Number of Council Members over age 60 37

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	55.9	37.5
Hispanic	22.1	17.5
Black	10.2	22.5
Asian/Pacific Islander	9.9	15.0
Native American/Alaskan Native	0	2.5
Other	1.9	5.0

Names and Title of Officers:	Term Expires:
Weintraub, Bernard: President	06/30/2012
Skovgard, Cindy: 1st Vice President	06/30/2012
McGrath, Peter J.: 2nd Vice President	06/30/2012
Igar, Oleeta: Secretary	06/30/2012
Sinclair, Barbara: Financial Officer	06/30/2012

Names and Title of Other Members:	Term Expires:
Ambrose, Natalie	06/30/2014
Amiri, Aziz	06/30/2014
Bhalla, Krishan	06/30/2012
Calderon, Frank P.	06/30/2013
Cruz, Mary Helen	06/30/2012
Duran, Gloria	06/30/2012
Fegan-Perry, Mattye	06/30/2012
Fingold, Sol	06/30/2014
Flores, Rafael	06/30/2013
Frazier, Nneenah	06/30/2013
Fried, Marilyn	06/30/2012
Getzoff, Peter	06/30/2012
Givens, William	06/30/2014
Griffith, Irene	06/30/2013
Ha, William	06/30/2013
Hall, Raymond	06/30/2012
Harrison, Hedy L	06/30/2013
Hutcherson, Zelda	06/30/2012
Igar, Oleeta	06/30/2014
Jackson, William	06/30/2014
Kim, Jung J.	06/30/2014
Jimenez, Robert	06/30/2013
McGrath, Peter J.	06/30/2014
McNamee, Lonnie	06/30/2014
Meltzer, Barbara	06/30/2013
Okamoto, Arlene	06/30/2014
Park, Samuel	06/30/2013
Polk, James	06/30/2014
Riddick, Nathaniel	06/30/2012
Rotter, Theresa	06/30/2014
Schachter, Marvin	06/30/2013
Siegrist, David	06/30/2014
Sinclair, Barbara	06/30/2012
Skovgard, Cindy	06/30/2012
Theus, Lavada	06/30/2014
Villalobos, Aida M.	06/30/2012
Weiner, Maurice	06/30/2012
Weintraub, Bernard	06/30/2013
Wilson, Elizabeth	06/30/2013
Zapata, Vicente	06/30/2013

SECTION 17 - ADVISORY COUNCIL

PSA 19

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

	Yes	No
Low Income Representative	☒	☐
Disabled Representative	☒	☐
Supportive Services Provider Representative	☒	☐
Health Care Provider Representative	☒	☐
Family Caregiver Representative	☒	☐
Local Elected Officials	☐	☒
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐

Explain any **"No"** answer(s):

The Board of Supervisors, who are elected officials of the County, currently appoints 25 of the LACCOA commissioners.

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

Of the total (50) Council Members, 25 are appointed by the Board of Supervisors and 25 selected by the former Advisory Council. The Advisory Council members recruit new members and interested parties from the public complete applications that are reviewed by the whole body and voted on as to whether or not they approve and deny the new potential member.

SECTION 18

LEGAL ASSISTANCE

SECTION 18 - LEGAL ASSISTANCE

PSA 19

2012-2016 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.[15]

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

   Our purpose is to provide support services that will enable our elderly and disabled adults to maintain their independence, improve their quality of life and prevent abuse and neglect through collaborative intervention, which includes contracted legal services. Our purpose is also to improve and protect the lives of Los Angeles County's diverse older and disabled through advocacy, coordination and education.

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

   5%

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).

   The local level of need has remained consistent. This has not had an impact on funding.

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

   The targeted senior population is 60+ with low income, minority, disabled and those in danger of losing their independence. See # 7 below.

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

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

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

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

   Bet Tzedek does not utilize a "hotline" for legal services. Bet Tzedek uses an Outreach Unit, that is comprised of paralegals and attorneys, who visit senior centers throughout the County.

7. What methods of outreach are providers using?

   Several outreach strategies are used that include health fairs, promotional flyers, community education presentations at Senior Centers and Community Center throughout the county. Bet Tzedek participates in over 100 workshops, presentations, clinics and in-service trainings throughout the year. Their efforts to empower with knowledge both lay and professional workers in LA County with the tools needed to help seniors and the disabled.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Bet Tzedek Legal Services b. c.	a. Los Angeles County b. c.
2013-2014	a. b. c.	a. b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

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

   Older adults access legal services by through phone calls to Community and Senior Services' (CSS) Information and Assistance hot line, 211, CSS' website, appointments at Senior/Community Centers and through our community partners and providers who contract with our department to provide legal services

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

    Securing or loss of real estate property by fraudulent means, financial abuse, and other scams targeting the elderly.

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

    Based on the needs of the community there has been a slight change in the type of legal issues that are being handled. Legal advocates are dealing with more consumer debt issues and with seniors seeking bankruptcy information. The major types of legal issues that are handled by Bet Tzedek for the County of Los Angeles has not changed: Landlord/tenant, medi-cal, medicare, social security, SSI, in-home supportive services, kinship care, employment rights issues and other housing issues.

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

    Language and inadequate transportation are major issues. In order to minimize these problems, legal staff of the provider has ensured that they have bilingual staff in their offices, seniors are seen at Community/Senior Center in their neighborhoods and home visits are made for homebound clients or those with transportation problems.

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

    Our legal service provider coordinates their services with the Senior/Community Center staff, Adult Protective Services and local law enforcement as well as other community-based organizations.

SECTION 19

MULTIPURPOSE SENIOR CENTER (MPSC)

ACQUISITION OR CONSTRUCTION

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW [16]

PSA 19

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 MM/DD/YY Begin	Ends	Compliance Verification (State Use Only)
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

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

SECTION 20

FAMILY CAREGIVER SUPPORT PROGRAM

SECTION 20 - FAMILY CAREGIVER SUPPORT PROGRAM PSA 19

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

2012–2016 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Access Assistance	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Respite Care	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract

SECTION 20 - FAMILY CAREGIVER SUPPORT PROGRAM

PSA 19

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Grandparent Access Assistance	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Grandparent Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Respite Care	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.
Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

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

SECTION 21

ORGANIZATION CHARTS

Los Angeles County Department of Community and Senior Services
FY 2012-13 ORGANIZATIONAL CHART
Executive Office (EO)

Executive Office (CSS-EO)

Director	Banks, Cynthia	(8% Admin)
Sr. Management Secretary III	Scolaro, Cheryl	(8% Admin)

Administration (CSS-EO)

Chief Deputy Director	Solorzano, Otto	(Admin 8%)
Executive Secretary III	Nash, Diane	(Admin 8%)
Admin Services Manager I	Lopez, Henry	(Admin 8%)

Research & Statistice (EO-R&S)

#	Position	Employee Name	% Time	Funding Source
*	Human Srvc Admin III	Beyruti, Alfred	8%	Admin
*	Sr Secretary III	Banuelos, Helen	8%	Admin
*	Human Srvc Admin I	Payne, Cheren	50%	Admin
*	Human Srvc Admin I	Setian, Greta	8%	Admin
*	Human Srvc Admin II	Rivas, Jose	60%	Admin
*	Comm Srvc Analyst II	Soto, Sylvia	50%	Admin
*	Info Sys Analyst II	Moreno, Richard	8%	Admin
*	Sr Info Tech Aide	Tortal, Proserfina	8%	Admin
*	Sr Info Sys Analyst	Cui, Carrie	8%	Admin
*	Sr Typist clerk	Bernal, Florentino	8%	Admin

Information Technology (EO-IT)

#	Position	Employee Name	% Time	Funding Source
R	Human Srvc Admin III	Ditto, Frank	8%	Admin
*	Comm Srvc Analyst II	Morales, Jaime	8%	Admin
*	Comm Srvc Analyst II	Curtis, Pete	8%	Admin
*	Info Sys Analyst II	Gutierrez, Maria	8%	Admin
*	Info Sys Analyst II	Martinez, Isaac	8%	Admin
*	Info Systems Manager I	Tang, Alan	8%	Admin
*	Info Sys Supv I	Lau, Andrew	8%	Admin
*	Info Sys Supv II	Merchan, Jorge	8%	Admin
*	Info Sys Supp Analyst I	Whitaker, Angela	8%	Admin
*	Info Sys Supp Analyst I	Ogunnaike, Josephurs	8%	Admin
*	Info Sys Supp Analyst II	Enriquez, Scott	8%	Admin
*	Info Sys Supp Analyst II	Cheng, Edwin	8%	Admin
*	Int Typist Clerk	Shy, Adam	8%	Admin
*	Sr Typist Clerk	Aceves, Vanessa	8%	Admin

* Positions are funded by local County matching, or other non-OAA/OCA revenues

R Rehired retiree - maximum annual work hours is approximately 960 hours

Los Angeles County Department of Community and Senior Services
FY 2012-13 ORGANIZATIONAL CHART
Administrative Services Branch

Administrative Services Branch (AMS-Admin)

Assistant Director	Washington, Joyce	(Admin 8%)
Management Secretary III	Winbush, Emetta	(Admin 8%)
Chief Comm Services Analyst	Elvira Castillo	(Admin 8%)

Finance (FMD)

#	Position	Employee Name	% Time	Funding Source
*	Program Manager	Nelson, Gerry	8%	Admin
*	Sr Secretary III	Uribe, Yazmin	8%	Admin
*	Accountant II	Essilfie, James	100%	Admin
*	Accountant II	Colins, Elizabeth	100%	Admin
*	Accountant II	Chua, Wilson	8%	Admin
*	Accountant II	Ma, Anna	8%	Admin
*	Accountant II	Pham, Caroline	8%	Admin
*	Accountant II	Manawy, Ahmed	8%	Admin
*	Accountant II	Toldoya, Aurora	8%	Admin
*	Accountant III	Ghebreab, Yemane	100%	Admin
*	Accountant III	Grigoryan, Narine	8%	Admin
*	Accountant III	Huynh, Christina	50%	Admin
			TBD	Title V
			TBD	HICAP
*	Accountant III	Karimmashini, Aylin	8%	Admin
*	Accountant III	Naydovska, Inna	8%	Admin
*	Accountant III	Ngo, Jennifer	8%	Admin
*	Acct'g Officer II	Musanur, Mulat	8%	Admin
*	Acct'g Officer II	Regalado, Kim P	8%	Admin
*	Admin Analyst	Paltajian, Arpine	8%	Admin
*	Adm Srvcs Mgr I	Orr, Marian	50%	Admin
			TBD	Title V
			TBD	HICAP
*	Adm Srvcs Mgr I	Pounce, Kathye	8%	Admin
*	Adm Srvcs Mgr II	Mungo, Stacy	40%	Admin
*	Adm Srvcs Mgr II	Sasis, Beda	8%	Admin
*	Adm Srvcs Mgr II	Sanchez, William	8%	Admin
*	Fiscal Officer II	Duong, An	8%	Admin
R	Human Srvc Admin I	Baldoz, Mariano	8%	Admin
*	Internal Control Manager	De Oca, Teresa	8%	Admin
*	Secretary III	Reyes, Caroline	8%	Admin
*	Senior Clerk	Hata, Caroline	80%	Admin
*	Senior Typist Clerk	Griffin, Chrisshele	80%	Admin
*	Senior Typist Clerk	Moreno, Sofia	50%	Admin

Human Resources (HR)

#	Position	Employee Name	% Time	Funding Source
*	Dept HR Manager	Acosta, Jhony	8%	Admin
*	Sr Secretary III	Espinoza, Sandra	8%	Admin
*	Admin Srvc Mgr II	Prieto, Johanna	8%	Admin
*	CSA III	Johnson, Jeniene	8%	Admin
*	Dept Personnel Asst	Viera, Anthony	8%	Admin
*	Dept Personnel Asst	Walden, Monique	8%	Admin
*	Dept Personnel Asst	Blockh, Mikhail	8%	Admin
*	Dept Personnel Asst	Bennett, Patricia	8%	Admin
*	Dept Personnel Tech	Mamaril, Mark	8%	Admin
*	Head Dept Prsnnl Tech	Juarez, Gloria	8%	Admin
*	HSA II	Carbajal, Rafael	8%	Admin
*	Sr Dept Prsnnl Tech	Hernandez, Paul	8%	Admin
*	Sr Dept Prsnnl Tech	Tebis, Valaria	8%	Admin
*	Staff Dvlp Specialist	Parobii, Oksana	8%	Admin

Internal Support Services (ISS)

#	Position	Employee Name	% Time	Funding Source
*	Admin Srvc Mgr II	Ellie Wolfe	8%	Admin
*	Adm Srvcs Mgr I	Zachery, Roman	8%	Admin
*	Accountant II	Padilla, Gildardo	8%	Admin
*	Accounting Tech I	Hill, Genell	8%	Admin
*	Admin Assistant II	Young, Timothy	8%	Admin
*	Admin Assistant III	Tadros, Nabil	8%	Admin
*	Admin Assistant III	Bennett, Joy	8%	Admin
*	CSA II	Newton, Kathleen	8%	Admin
*	CSA II	Regalado, Ken	8%	Admin
*	CSA II	Hurt, Eyvonne	8%	Admin
*	Invntry Ctrl Asst I	Rodriguez, Clara	8%	Admin
*	Light Vehicle Driver	Le, Trinh	8%	Admin
*	Procurement Aid	Fuentes, George	8%	Admin
*	Senior Clerk	Pena, Victor	8%	Admin
*	Senior Typist Clerk	Ghahramanian, Ana	8%	Admin

*	Positions are funded by local County matching, or other non-OAA/OCA revenues
R	Rehired retiree - maximum annual work hours is approximately 960 hours
TBD	To be determined upon release of FY 12/13 HICAP and Title V budgets

Los Angeles County Department of Community and Senior Services
FY 2012-13 ORGANIZATIONAL CHART
Aging and Adult Services Branch (AAS)

Aging and Adult Services Branch (AAS - Admin)

Assistant Director	Sanchez, Lorenza (#1; Admin 8%)
Management Secretary III	Huesca, Susana (#2; Admin 8%)
Senior Secretary III	Martin, Marissa (#3; Admin 8%)

Area Agency on Aging (AAA Admin)

#	Position	Employee Name	Funding Source and % Time	
			Admin	IIIB
4	Acting Program Manager	Avdalyan, Anna	90%	10%
5	Senior Secretary III	Thomas, Barbara	90%	10%
6	Staff Assistant I	Cervenka, Sedigheh	90%	10%

Information and Assistance (I&A) [1]

#	Position	Employee Name	% Time	Funding Source
			IIIB	IIIE
1	Program Manager	Donnelly, Roseann	7%	10%
1	Admin Analyst	Shibeshi, Solomon	30%	35%
1	Human Srvc Admin I	Kochen, David	10%	10%
1	Senior Clerk	Contreras, Susana	70%	30%
1	Senior Typist Clerk	Hinojosa, Maria	35%	35%
1	Senior Typist Clerk	Grigorian, Andy	35%	35%
1	Social Worker	Gayed, Amani	70%	30%
1	Social Worker	Riggs, Nancy	70%	30%
1	Social Worker	Perdomo, Otto	70%	30%
1	Social Worker	Javadian, Vahik	70%	30%

[1] Positions are supported by I&A funds

AAA

#	Position	Employee Name	% Time and Funding Source		
			Admin	IIIB	IIIE
7	Human Srvc Admin II	Vacant	90%	10%	0%
8	Secretary II	Vacant	100%	0%	0%
9	Comm Srvc Analyst II	Song, Jina	60%	0%	0%
10	Comm Srvc Analyst II	Ward, Denis	40%	0%	60%
11	Comm Srvc Analyst III	Medina, Guillermo	40%	60%	0%
12	Human Srvc Admin I	Boyadjian, Gabriel	30%	35%	35%
13	Human Srvc Admin I	Gavigan, Michael	35%	35%	0%
14	Int Typist Clerk	Susilo, Ria	80%	0%	0%
15	Int Typist Clerk	Morales, Erica	100%	0%	0%
16	Nutrition Consultant	Vacant	100%	0%	0%
17	Project Supervisor	Ficht, Lan	90%	0%	0%
18	Social Srvc Supervsior	Sanders, Johnnetta	0%	70%	0%
19	Social Worker	Sensabaugh, Carolyn	0%	40%	0%

Title V [2]

#	Position	Employee Name	% Time	Funding Source
2	Human Srvc Admin I	Gavigan, Michael	30%	T-V
2	Comm Srvc Analyst III	Petties, Xytrinka	100%	T-V
2	Comm Srvc Analyst II	Mata, Maria	100%	T-V
2	Comm Srvc Analyst II	Claiborne, Antoinette	100%	T-V
2	Staff Assistant II	Miller, Ann	100%	T-V
2	Senior Clerk	Frankline, Danese	100%	T-V

[2] Positions are funded by Title V and local County matching

Los Angeles Commission for Older Adults (LACCOA)

#	Position	Employee Name	% Time	Funding Source
20	Human Srvc Admin I	Littleton, Larry	100%	IIIB
21	Senior Typist Clerk	Fan, Sho-Wei	100%	IIIB
22	Staff Assistant II	Alvarez, Hilda	100%	IIIB

Los Angeles County Department of Community and Senior Services
FY 2012-13 ORGANIZATIONAL CHART
Contracting Services Branch

Contracting Services Branch (CNS-Admin)

Chief, Management Services [R]	Quinn, Margaret	(Admin 8%)
Division Chief [R]	Dershewitz, Gail	(Admin 8%)
Program Specialist III [R]	Skadsem, Jack	(Admin 8%)

Contract Compliance (CCD)

#	Position	Employee Name	% Time	Funding Source
*	Program Manager	Sakane, Jackie	20%	Admin
*	Sr Secretary III	Frazier, Eloise	20%	Admin
*	CSA II	Pineda, Juliana	100%	Admin
*	CSA II	Watson, Shirley	100%	Admin
*	CSA II	Woodward, Sandra	100%	Admin
*	CSA II	Alper, Thomas	100%	Admin
*	CSA II	Robinson, Timothy	100%	Admin
*	CSA II	Munoz, Randy	100%	Admin
*	Project Supv	Croom, Deborah	50%	Admin

Contract Management (CMD)

#	Position	Employee Name	% Time	Funding Source
*	Program Manager	Domingo, Carol	20%	Admin
*	Sr Secretary III	Talwar, Ved	20%	Admin
*	CSA II	Wong, Frank	100%	Admin
*	Adm Srvcs Mgr I	Phillips, Janine	100%	Admin
*	Adm Srvcs Mgr I	Davis, Jenai	100%	Admin
*	Adm Srvcs Mgr I	Vacant	75%	Admin
			TBD	HICAP
*	Adm Srvcs Mgr II	Ivey, Sonja	100%	Admin
*	Adm Srvcs Mgr II	Yamashige, Michael	100%	Admin
*	Project Supervisor	Odamtten, Tsotso	20%	Admin

* Positions are funded by local County matching, or other non-OAA/OCA revenues

R Rehired retiree - maximum annual work hours is approximately 960 hours

TBD To be determined upon release of FY 12/13 HICAP budget

Los Angeles County Department of Community and Senior Services
FY 2012-13 ORGANIZATIONAL CHART
Workforce Community Services Branch (WCS)

Workforce Development and Community Services Branch

Assistant Director — Marquez, Josephine
Management Secret — Cubit, Bobbie

Administration

Program Manager — Rodriguez, Geraldo (Admin 15%)
Community Center Director II @ — Parris, Ofelia (Admin 10%)
Secretary II @ — Vacant (Admin 15%)

Senior Centers

#	Position Classification	Employee Name	Funding Source & % of Time	
			III B	100%
	Comm Ctr Dir I	Curry, Claudia	95%	5%
	Comm Ctr Dir I	Hamilton, Saundra	95%	5%
	Comm Ctr Dir II	Littleton, Larry	95%	5%
	Com Ctr Splt II	Guzman, Sanjuana	95%	5%
@	Com Ctr Splt II	Vacant	95%	5%
@	Com Ctr Splt II	Vacant	95%	5%
	Light Bus Driver	Gaines, Isaac	100%	0%
	Nghbrhd Worker	Cappiello, Anna	95%	5%
	Nghbrhd Worker	Yaste, Betty	95%	5%
	Nghbrhd Worker	Johnson, Landy	95%	5%
	Nghbrhd Worker	Freddie, Jett	95%	5%
@	Nghbrhd Worker	Homer, Louise	95%	5%
	Student Worker	Demus, Gregory	95%	5%

Service Centers

#	Position Classification	Employee Name	Funding Source & % of Time	
			III B	III E
@	Comm Ctr Dir I	Urrutia, Bertha	15%	10%
@	Comm Ctr Dir I	Mendoza, Brenda	20%	10%
@	Comm Ctr Dir I	Garcia, Catherine	50%	10%
@	Comm Ctr Dir I	Larriva, Elisie	50%	10%
@	Comm Ctr Dir I	Quintero, Joe	20%	10%
@	Comm Ctr Dir I	Garcia, Liliana	50%	10%
@	Comm Ctr Dir I	Neal, Siddie	15%	10%
@	Comm Ctr Dir I	Muralles, Mario	40%	10%
@	Comm Ctr Dir II	Robinson, Greg	40%	10%
@	Comm Ctr Dir II	Lopez, Gloria	30%	10%
@	Comm Ctr Dir II	Garcia, Rosendo	20%	10%
	Com Ctr Splt II	Rollins, Verletta	50%	10%
@	Com Ctr Splt II	Vasquez, Alfredo	20%	10%
@	Com Ctr Splt II	Michel, Andrea	50%	10%
@	Com Ctr Splt II	Hazure, Deidrea	20%	10%
@	Com Ctr Splt II	Gonzalez, Sandra	20%	10%
@	Com Ctr Splt II	Quezada, Luis	15%	10%
@	Com Ctr Splt II	O'Neill, Mauricio	40%	10%
@	Com Ctr Splt II	Garnett, Kathryn	15%	10%
@	Com Ctr Splt II	Vacant	15%	10%
@	CSA II	Brown, Janice	15%	10%
@	CSA II	Soto, Sylvia	15%	10%
	Intermediate Clerk	Vacant	95%	5%
	Nghbrhd Worker	Ramirez, Rebecca	20%	10%
@	Nghbrhd Worker	Hampton, Sandra	50%	10%
@	Nghbrhd Worker	Rodriguez, Celia	50%	10%
@	Nghbrhd Worker	Guijarro, Alex	25%	45%
@	Nghbrhd Worker	Ledesma, Micaela	50%	10%
@	Nghbrhd Worker	Ramirez, Robert	65%	5%
	Student Prof Wkr	Eritsian, Amino	50%	10%
	Student Prof Wkr	Albarran, Hildaberta	15%	75%
	Student Worker	Alva, Julie	50%	10%
	Student Worker	Amugo, Queenel	50%	10%
	Student Worker	Nalchajan, Mamikon	15%	75%

SECTION 22

OLDER AMERICANS ACT ASSURANCES

SECTION 22 - OLDER AMERICANS ACT ASSURANCES PSA 19

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

A. Assurances

1. **OAA 306(a)(2)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

   Use outreach efforts that —

   (i) identify individuals eligible for assistance under this Act, with special emphasis on—

   (I) older individuals residing in rural areas;

   (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

   (IV) older individuals with severe disabilities;

   (V) older individuals with limited English proficiency;

   (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

   (VII) older individuals at risk for institutional placement; and

   (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. **OAA 306(a)(5)**

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

8. OAA 306(a)(9)

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

9. OAA 306(a)(11)

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

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

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)
In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)
(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)
That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)
To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)
Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)
In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

Requirement: OAA 307(a)(15)
If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area –

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

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

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

Requirement: OAA 307(a)(18)
Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)
That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)
Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

CFR [1321.53(a)(b)]
(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
(2) Provide a range of options:
(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
(9) Have a unique character which is tailored to the specific nature of the community;
(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]
The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]
Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]
Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]
Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]
Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]
Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.