



RIVERSIDE COUNTY  
OFFICE ON AGING

*Aging in Motion*

Fiscal Years 2024 - 2028  
Area Plan on Aging Update  
FY 25 - 26

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## AREA PLAN UPDATE (APU) CHECKLIST

Check one:  FY25-26  FY 26-27  FY 27-28

Area Plan Section	APU Components (Submitted Annually):	Check if Included
<b>N/A</b>	A) Transmittal Letter	<input checked="" type="checkbox"/>
<b>N/A</b>	B) Area Plan Update	<input checked="" type="checkbox"/>
<b>2</b>	C) Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
<b>6</b>	D) Priority Services and Public Hearings	<input checked="" type="checkbox"/>
<b>8</b>	E) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
<b>11</b>	F) Legal Assistance	<input checked="" type="checkbox"/>

Area Plan Section	APU Sections (To be included with the APU if changed since 2024-2028 Area Plan)	Mark for Changed	Mark for Not Changed
<b>1</b>	Mission Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Description of the Area Agency on Aging	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Planning Process & Establishing Priorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Needs Assessment/Targeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• Title IIIB-Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• Title IIID-Evidence Based	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	• HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	Senior Centers and Focal Points	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	Title IIIE Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Disaster Preparedness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b>	Notice of Intent to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14</b>	Request for Approval to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b>	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b>	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>17</b>	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b>	Organizational Charts (Must Match Budget)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b>	Assurances	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## TRANSMITTAL LETTER

2024-2028 FOUR YEAR AREA PLAN / ANNUAL UPDATE

Check one:  FY 24-25  **FY 25-26**  FY 26-27  FY 27-28

**AAA Name:** Riverside County Office on Aging

**PSA:** 21

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency 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. **V. Manuel Perez**

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\_\_\_\_\_  
Signature: Governing Board Chair

\_\_\_\_\_  
Date

2. **Debbie Franklin**

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\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. **Jewel Lee**

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\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

## SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

### 2025 Riverside County (PSA 21) Older Adult Population Estimates: Poverty & Minority Status

A projected 1.3 percent increase in Riverside County's 60+ population is expected with the 537,690 older adults in 2024 growing to 544,765 residents in 2025. Additionally, Riverside County's lower-income, older adult minority population is projected to rise. The total poverty level within the older adult community is expected to increase by 1,243 residents in 2025. The chart below displays lower-income, older adult populations by race/ethnicity in Riverside County.

	Actual	Actual	Projected	Projected
Year	2022	2023	2024 *	2025 *
<b>Total 60+ Population</b>	523,668	530,707	537,690	544,765
<b>60+ Below Poverty Level</b>	60,185	63,958	67,968	72,228
<b>American Indian &amp; Alaska Native</b> <sup>3</sup>	662	660	658	656
<b>Asian</b> <sup>4</sup>	4,245	3,542	2,955	2,466
<b>Black or African American</b> <sup>5</sup>	5,107	5,345	5,594	5,855
<b>Native Hawaiian &amp; Other Pacific Islander</b> <sup>6</sup>	211	158	118	89
<b>White</b> <sup>7</sup>	29,469	34,095	39,447	45,640
<b>Other Race</b> <sup>8</sup>	11,277	10,220	9,262	8,394
<b>Hispanic</b> <sup>9</sup>	21,729	20,713	19,745	18,821

\* The figures in this column were calculated by projecting population growth based on the trend of the previous two years.

- 1 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: S1701
- 2 California Department of Finance. Demographic Research Unit. Report P2B
- 3 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020C
- 4 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020D
- 5 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020B
- 6 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020E
- 7 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020A
- 8 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020F
- 9 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020I

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

### 2024-2028 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\* 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 2024-25 through FY 2027-2028

#### Access:

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

2024 - 25 25.9 %      25 - 26 25.9 %      26 - 27 \_\_\_\_\_ %      27 - 28 \_\_\_\_\_ %

#### In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s Day Care Services, Residential Repairs/Modifications

2024 - 25 6 %      25 - 26 6 %      26 - 27 \_\_\_\_\_ %      27 - 28 \_\_\_\_\_ %

#### Legal Assistance Required Activities:\*\*

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

2024 - 25 3.5 %      25 - 26 3.5 %      26 - 27 \_\_\_\_\_ %      27 - 28 \_\_\_\_\_ %

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

Allocations based on our target population figures, outcomes of our community needs assessment, and prior fiscal year usage trends.

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

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

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

**PUBLIC HEARING:** 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, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?*	Was hearing held at a Long-Term Care Facility?***
				Yes or No	Yes or No
2024-2025	March 13, 2024	<b>In person:</b> 3610 Central Avenue, Suite 102, Riverside, CA 92506  <b>Online:</b> Via Zoom	16	No	No
2025-2026	March 11, 2025	<b>In person:</b> 3610 Central Avenue, Suite 102, Riverside, CA 92506  <b>Online:</b> Via Zoom	8	No	No
2026-2027					
2027-2028					

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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 public hearing notice was posted in the largest local newspaper and the RCOoA website 30 days ahead of the hearing date. In addition, the notice was mailed to all service providers.

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

**Yes. Go to question #3**

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

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

No comments were received regarding proposed expenditures for Program Development and Coordination objectives of our Area Plan in FY 2025-2026.

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

**Yes. Go to question #5**

No, Explain:

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

No comments were received regarding proposed minimum percentages of Title IIIB funds to be allocated in FY 2025-2026.

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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

The following is a summary of comments received during the public hearing:

One member of the public urged the Office on Aging to expand its resources and services to address the needs of older adults living with HIV. This commenter also discussed the unique challenges faced by HIV-positive seniors.

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

No changes were made to the Area Plan as a result of input by attendees.

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## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

**Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c).** Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.1	Expand meal service providers to improve access to under-served and rural areas (e.g., Brown Bag, Congregate, Freezer, Grab-and-Go, and Home Delivered Meals).	2024 - 2028	Administrative	Continued

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.2	Enhance access and delivery of health and human service programs and services that cater to the needs of older and disabled adults through non-traditional partnerships (e.g., universities, faith-based organizations, hospitals, etc.) and staff presence at community integrated service delivery hubs. Beginning in FY 25 through FY 28, RCOoA staff will co-locate at integrated service delivery hubs located in eight different cities. By having an increased presence at these community sites, RCOoA anticipates that 80% of clients served will contact RCOoA for future assistance.	2024 - 2028	Program Development	Continued
<b>FY 2024 - 2025 Update</b>				
OOA staff are co-located at integrated service delivery hubs in the cities of Jurupa Valley and Temecula with plans to co-locate at hubs in Blythe and Hemet for FY 2025-2026.				

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.

#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.3	In alignment with Riverside County's Integrated Service Delivery (ISD) initiative, RCOoA will partner with County Human Service departments to modernize and integrate service delivery for older and disabled adults (e.g., homeless, veterans, emergency services, etc.). Between FY 25 and FY 28, six new integrated service delivery hubs will be established to co-locate county staff from Human Service departments in target cities. Once ISD hubs have been established, RCOoA anticipates that 80% of clients engaged will complete an assessment and 60% of clients are referred to a service they need. Five ISD hubs are targeted for FY 25 and the remaining three hubs are expected to be established by the end of FY 28. ISD partners include the Riverside County Departments of Public Social Services, Public Health, First Five, Behavioral Health, RCOoA, and the County Medical Center. Each are non-OAA funded agencies.	2024 - 2028	Coordination	Continued

**FY 2024 - 2025 Update**

As of FY 2025, two hubs have been established in Jurupa Valley and Temecula with two additional hubs targeted for activation in FY 2025-2026. As of FY 2024-2025, 28% of eligible clients engaged complete an assessment and 99% of clients who complete the assessment are referred to a service they need.

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #2</b>	Provide individuals with resources and programs to encourage mobility, security, self-sufficiency, and social engagement. The RCOoA will seek cost effective solutions to increase social connections, reduce isolation, and link clients to information and community resources. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Forty-two percent of surveyed Riverside County residents experienced feeling lonely or isolated within the past 12 months. This is consistent with national research which has shown that one out of every three adults feels lonely and nearly a quarter of adults aged 65 and older are considered socially isolated. The impacts of social isolation and loneliness can have significant health and economic ramifications to individuals and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2.1	Reduce social, physical, and medical isolation by promoting one-stop shops and public services and benefits through a No-Wrong-Door approach (e.g., ADRC, ISD Hubs, 911/EMS, ER/Hospitals, community clinics).	2024 - 2028	Administrative	Continued
2.2	Promote programs that encourage healthy nutrition, movement, and social engagement amongst older and disabled adults within their communities (e.g., Bingocize, resource centers, access to technology programs, Retired Senior Volunteer Program).	2024 - 2028	Administrative	Continued
2.3	Promote programs that provide social connectedness, self-care, and supports for caregivers of vulnerable adults. Services include: support groups, training, case management, overnight and in-home respite, material aid, outreach, information and assistance, as well as public information and community education on caregiving.	2024 - 2028	Administrative	Continued

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #3</b>	Improve community awareness of public benefits and resources through the use of technology, partnerships, and a person-centered approach. The RCOoA aims to foster meaningful connections to elevate the service experience of those who have complex needs. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Forty-eight percent of surveyed residents described "the availability of information about older adult resources" as being fair or poor with another 26% of respondents having no knowledge of such resources. The department is committed to proactive outreach and prevention strategies.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1	Participate as a core partner and advocate in community hubs designed to streamline and simplify the delivery of services. The aim is to engage at least 100 individuals each month who state an increase in knowledge of older adult services between July 2024 and June 2025.	2024 - 2028	Administrative	Continued
3.2	Establish <b>Mobile ADRC</b> to provide tailored access to programs and supports from any location or neighborhood through the use of technology, mobile devices, and one-stop resource vans. Particular emphasis will be to assist those with great economic and social needs, including 911 non-emergency callers, hospital discharges, and individuals with special medical conditions.	2024 - 2028	Administrative	Continued
3.3	Conduct ongoing needs assessment surveys using varied methods of engagement through department staff and community partners.	2024 - 2028	Administrative	Continued

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### TITLE III/VII SERVICE UNIT PLAN CCR Article 3, Section 7300(d) 2024-2028 Four-Year Planning Cycle

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

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

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

**NOTE FROM THE RIVERSIDE COUNTY OFFICE ON AGING: Service unit projection changes for FY 2025-2026 are due to modified methods of calculating units based on the use of Title Funds only, with calculations also reflecting the sunset of short-term funding (ARPA) related to COVID recovery.**

#### Personal Care (In Home); Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8,365	1	1.2
2025-2026	2,250	1	1.2
2026-2027			
2027-2028			

#### Homemaker (In Home); Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,889	1	1.2
2025-2026	1,400	1	1.2
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**Chores (In Home); Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			

**Adult Day Care/ Adult Day Health (In Home); Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,810	1	1.2
2025-2026	964	1	1.2
2026-2027			
2027-2028			

**Case Management (Access); Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,310	1,3	1.2, 3.1
2025-2026	2,427	1,3	1.2, 3.1
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,245	1,2	1.2, 2.1
2025-2026	7,189	1,2	1.2, 2.1
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	13,221	1,2	1.2, 2.1
2025-2026	17,930	1,2	1.2, 2.1
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	38,237	2,3	2.1, 3.2
2025-2026	41,702	2,3	2.1, 3.2
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	15,000	3	3.2
2025-2026	12,595	3	3.2
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,070	1	1.3
2025-2026	2,512	1	1.3
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	235,287	1	1.1
2025-2026	363,193	1	1.1
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**Home-Delivered Meals; Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	309,398	1	1.1
2025-2026	319,321	1	1.1
2026-2027			
2027-2028			

**Nutrition Counseling; Unit of Service = 1 hour - *This service will no longer be offered after FY 25***

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	260	2	2.2
2025-2026	-	-	-
2026-2027			
2027-2028			

**Nutrition Education; Unit of Service = 1 session**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	44	2	2.2
2025-2026	44	2	2.2
2026-2027			
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### 2. OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS Program 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 IIIB** services to be funded that were not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

#### Title IIIB, Other Priority and Non-Priority Supportive Services

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.

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

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

#### Other Supportive Service Category

**Cash/ Material Aid Unit of Service = 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,283	2,3	2.1, 3.2
2025-2026	364	2,3	2.1, 3.2
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**Community Education; Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20	2,3	2.1, 2.2, 3.2
2025-2026	18	2,3	2.1, 2.2, 3.2
2026-2027			
2027-2028			

**Comprehensive Assessment; Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,876	2,3	2.1, 3.2
2025-2026	2,940	2,3	2.1, 3.2
2026-2027			
2027-2028			

**Public Information; Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	35	2,3	2.1, 2.2, 3.1
2025-2026	374	2,3	2.1, 2.2, 3.1
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**Senior Center Activities; Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	480	2	2.2
2025-2026	139	2	2.2
2026-2027			
2027-2028			

**Disaster Preparedness Material; Unit of Service = 1 product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,200	2	2.2
2025-2026	500	2	2.2
2026-2027			
2027-2028			

**Housing; Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	60	1,3	1.2, 1.3, 3.1
2025-2026	90	1,3	1.2, 1.3, 3.1
2026-2027			
2027-2028			

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**Interpretation/Translation; Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10,917	1,2,3	1.3, 2.1, 2.2, 3.1, 3.3
2025-2026	4,867	1,2,3	1.3, 2.1, 2.2, 3.1, 3.3
2026-2027			
2027-2028			

**Mental Health; Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	575	2	2.1, 2.2
2025-2026	430	2	2.1, 2.2
2026-2027			
2027-2028			

**Residential Repairs/Modification; Unit of Service = 1 modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	28	1,2,3	1.2, 2.1, 3.2
2025-2026	17	1,2,3	1.2, 2.1, 3.2
2026-2027			
2027-2028			

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**Senior Center Staffing; Unit of Service = N/A**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			

**3. Title IIID/Health Promotion—Evidence-Based: Bingocize  
Health Promotion; Unit of Service = 1 contact**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2024-2025	240	2	2.2
2025-2026	1,391	2	2.2
2026-2027			
2027-2028			

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### TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES 2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 ensuring their dignity, quality of life, and quality of care.

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

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources. Complete all Measures and Targets for Outcomes 1-3.

#### Outcome 1.

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

#### Measures and Targets:

#### A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# Of Complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	613	0	1025	60%	<u>70%</u> 2024-2025
2023-2024	355	0	652	54%	<u>60%</u> 2025-2026
2024-2025					
2026-2027					

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### Program Goals and Objective Numbers: 1 - 1.3

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>73</u> FY 2024-2025 Target: <u>98</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>85</u> FY 2025-2026 Target: <b><u>105</u></b>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended ___ FY 2026-2027 Target: ___
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>1</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>1</u> FY 2025-2026 Target: <b><u>3</u></b>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended ___ FY 2026-2027 Target: ___
4. FY 2025-2026 Baseline: Number of Family Council meetings attended ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>511</u> FY 2024-2025 Target: <u>516</u>
2. FY 2023-2024 Baseline: Number of Instances <u>379</u> FY 2025-2026 Target: <u>450</u>
3. FY 2024-2025 Baseline: Number of Instances __ FY 2026-2027 Target: __
4. FY 2025-2026 Baseline: Number of Instances __ FY 2027-2028 Target: __
Program Goals and Objective Numbers: <u>1 - 1.3</u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>1812</u> FY 2024-2025 Target: <u>2,880</u>
2. FY 2023-2024 Baseline: Number of Instances <u>2,238</u> FY 2025-2026 Target: <u>2,500</u>
3. FY 2024-2025 Baseline: Number of Instances __ FY 2026-2027 Target: __
4. FY 2025-2026 Baseline: Number of Instances __ FY 2027-2028 Target: __
Program Goals and Objective Numbers: <u>1 - 1.3</u>

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

1. FY 2022-2023 Baseline: Number of Sessions <u>6</u> FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>13</u> FY 2025-2026 Target: <u>13</u>
3. FY 2024-2025 Baseline: Number of Sessions ___ FY 2026-2027 Target: ___
4. FY 2025-2026 Baseline: Number of Sessions ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

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<b>FY 2024-2025</b>
FY 2024-2025 Systems Advocacy Effort(s): RCOoA is currently in the process of identifying a service provider for the Ombudsman program.
<b>FY 2025-2026</b>
<b>FY 2025-2026 Systems Advocacy Effort(s):</b> Educate and advocate for the rights of residents and/or their family representatives to establish regular Family Council meetings in skilled nursing and assisted living facilities.
FY 2026-2027
FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2027-2028
FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

**Outcome 2.**

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

**Measures and Targets:**

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

**NOTE:** This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

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1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint: 39 divided by the total number of Nursing Facilities 54 = Baseline 72%.

FY 2024-2025 Target: 41

2. **FY 2023-2024 Baseline:** Number of Nursing Facilities visited at least once a quarter not in response to a complaint: 44 divided by the total number of Nursing Facilities 55 = Baseline **80%**.

**FY 2024-2025 Target: 80%**

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint:     divided by the total number of Nursing Facilities     = Baseline    %.

FY 2026-2027 Target:    

4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint:     divided by the total number of Nursing Facilities     = Baseline    %.

FY 2027-2028 Target:    

Program Goals and Objective Numbers: 1 - 1.3

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 236 divided by the total number of RCFEs 476 = Baseline 49%.

FY 2024-2025 Target: 56%

2. **FY 2023-2024 Baseline:** Number of RCFEs visited at least once a quarter not in response to a complaint 370 divided by the total number of RCFEs 511 = Baseline **72%**.

**FY 2025-2026 Target: 75%**

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint     divided by the total number of RCFEs     = Baseline    %.

FY 2026-2027 Target:

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4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint \_\_\_ divided by the total number of RCFEs \_\_\_ = Baseline \_\_%.  
FY 2027-2028 Target: \_\_\_

Program Goals and Objective Numbers: 1 - 1.3

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

1. FY 2022-2023 Baseline: 9.06 FTEs  
FY 2024-2025 Target: 10.5 FTEs

**2. FY 2023-2024 Baseline: 7.15 FTEs**  
**FY 2025-2026 Target: 10.5 FTEs**

3. FY 2024-2025 Baseline: \_\_\_ FTEs  
FY 2026-2027 Target: \_\_\_ FTEs

4. FY 2025-2026 Baseline: \_\_\_ FTEs  
FY 2027-2028 Target: \_\_\_ FTEs

Program Goals and Objective Numbers: 1 - 1.3

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers: 14  
FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers: 17

**2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers: 11**  
**FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers: 17**

3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers: \_\_\_  
FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers: \_\_\_

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4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers: \_\_\_  
FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers: \_\_\_

Program Goals and Objective Numbers: 1 - 1.3

### **Outcome 3.**

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)].

### **Measures and Targets:**

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

Some examples could include:

- Hiring additional staff to enter data.
- Updating computer equipment to make data entry easier.
- Initiating a case review process to ensure case entry is completed in a timely manner.

This organization will create and hire for the position of Data Coordinator. New Data Coordinator will be responsible for entry of data collected by LTC Ombudsmen during facility visits, complaint investigation, and all other information captured in NORS. The addition of this staff will allow certified LTC Ombudsman to spend more time in the field with residents providing information and advocacy services.

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### TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN 2024-2028 Four-Year Planning Period

The program conducting the Title VII Elder Abuse Prevention work is:

<b>X</b>	Ombudsman Program
	Legal Services Provider
	Adults Protective Services
<b>X</b>	Other, Explain or List: RCOOA provides this as a direct service.

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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

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

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

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

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- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

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

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

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

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**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN  
2024-2028 Four-Year Planning Period**

The agency receiving Title VII Elder Abuse Prevention funding is:  
**Riverside County Office on Aging and Council on Aging - Southern California**

<b>Total # Of:</b>	<b>2024- 2025</b>	<b>2025-2026</b>	<b>2026-2027</b>	<b>2027-2028</b>
Individuals Served	5,816	2,900		
Public Education Sessions	2	2		
Training Sessions for Professionals	232	118		
Training Sessions for Caregivers Served by Title III E	54	27		
Hours Spent Developing a Coordinated System	138	69		

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2024-2025	1,447	Office on Aging Elder Abuse Prevention Flyers
2025-2026	729	Office on Aging Elder Abuse Prevention Flyers
2026-2027		
2027-2028		

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### TITLE IIIIE SERVICE UNIT PLAN CCR Article 3, Section 7300(d) 2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL budgeted funds**. Providing a goal with associated objectives is mandatory. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

**For example, Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

CATEGORIES (16 total)	1	2	3
Family Caregivers- Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
<b>Caregiver Case Management</b>	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,957	2	2.3
2025-2026	2,355	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Counseling</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	257	3	2.3
2025-2026	100	3	2.3
2026-2027			
2027-2028			
<b>Caregiver Information and Assistance</b>	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	13,973	2	2.3
2025-2026	6,693	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Information Services</b>	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 25 Audience: 14,980	2	2.3
2025-2026	Activities: 98 Audience: 58,722	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Respite In-Home</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	5,005	2	2.3
2025-2026	1,519	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Respite Other</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Day Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,344	2	2.3
2025-2026	172	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Respite Out-of-Home Overnight Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	25	2	2.3
2025-2026	10	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,018	2	2.3
2025-2026	530	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	25	2	2.3
2025-2026	44	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modification</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	5	2	2.3
2025-2026	5	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			

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<b>Caregiver Support Groups</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	457	2	2.3
2025-2026	389	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Training</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	986	2	2.3
2025-2026	275	2	2.3
2026-2027			
2027-2028			

**Direct and/or Contracted III E Services - Older Relative Caregivers**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
Older relative Caregivers	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
<b>Caregiver Case Management</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	708	3	2.3
2025-2026	605	3	2.3
2026-2027			
2027-2028			

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<b>Caregiver Counseling</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Information and Assistance</b>	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	841	2	2.3
2025-2026	556	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Information Services</b>	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 36 Audience: 312	2	2.3
2025-2026	Activities: 75 Audience: 650	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Respite In-Home</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Respite Other</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Day Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
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<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	10	2	2.3
2025-2026	5	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	62	2	2.3
2025-2026	87	2	2.3
2026-2027			
2027-2028			

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<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	10	2	2.3
2025-2026	5	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modification</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	5	2	2.3
2025-2026	5	2	2.3
2026-2027			
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
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<b>Caregiver Supplemental Services Legal Consultation</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			
<b>Caregiver Support Groups</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	72	2	2.3
2025-2026	4	2	2.3
2026-2027			
2027-2028			
<b>Caregiver Training</b>	Total Occurrence	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027			
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)  
WIC § 9535(b)

**MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP):** Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

**HICAP PAID LEGAL SERVICES:** Complete this section if HICAP Legal Services are included in the approved HICAP budget.

**STATE & FEDERAL PERFORMANCE TARGETS:** The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the HICAP State and Federal Performance Measures tool located online at:

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

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- PM 1.1 Clients Counseled: Number of finalized Intakes for clients/ beneficiaries that received HICAP services.
- PM 1.2 Public and Media Events (PAM): Number of completed PAM forms categorized as “interactive” events.
- PM 2.1 Client Contacts: Percentage of one-on-one interactions with any Medicare beneficiaries.
- PM 2.2 PAM Outreach Contacts: Percentage of persons reached through events categorized as “interactive”.
- PM 2.3 Medicare Beneficiaries Under 65: Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65.
- PM 2.4 Hard-to-Reach Contacts: Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as,
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts: Percentage of contacts with one or more qualifying enrollment topics discussed.

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

HICAP service-level data are reported in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

### SECTION 1: STATE PERFORMANCE MEASURES

HICAP FY	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1,515	1
2025-2026	1,515	1
2026-2027		
2027-2028		
HICAP FY	PM 1.2 Public and Media Events (Estimated)	Goal Numbers
2024-2025	140	1
2025-2026	140	1
2026-2027		
2027-2028		

### SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP FY	PM 2.1 Client contacts (Interactive)	Goal Numbers
2024-2025	3,235	1
2025-2026	3,235	1
2026-2027		
2027-2028		

**SECTION 8. SERVICE UNIT PLAN (SUP)  
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HICAP FY	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,708	1
2025-2026	1,708	1
2026-2027		
2027-2028		
HICAP FY	PM 2.3 Medicare Beneficiaries <65	Goal Numbers
2024-2025	1,002	1
2025-2026	1,002	1
2026-2027		
2027-2028		

HICAP FY	PM 2.4 Hard to Reach (Total)	PM 2.4a Low-Income Subsidy	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1,482	0	0	271	1
2025-2026	1,482	0	0	271	1
2026-2027					
2027-2028					

**SECTION 8. SERVICE UNIT PLAN (SUP)  
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<b>HICAP FY</b>	<b>PM 2.5 Qualifying Enrollment Contacts</b>	<b>Goal Numbers</b>
2024-2025	3,175	1
2025-2026	3,175	1
2026-2027		
2027-2028		

**SECTION 3. HICAP LEGAL SERVICES UNITS OF SERVICE**

(IF APPLICABLE. Requires a contract for using HICAP funds to pay for HICAP Legal Services.)

<b>HICAP FY</b>	<b>PM 3.1 Estimated Number of Clients Represented per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027		
2027-2028		

<b>HICAP FY</b>	<b>PM 3.2 Estimated Number of Legal Representation Hours per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027		
2027-2028		

**SECTION 8. SERVICE UNIT PLAN (SUP)**  
**PSA 21**

<b>HICAP FY</b>	<b>PM 3.3 Estimated Number of Program Consultation Hours per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027		
2027-2028		

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## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

### Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both.

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

#### Family Caregiver Services:

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input checked="" type="checkbox"/> In Home <input checked="" type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input checked="" type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No

## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

### Older Relative Caregiver Services:

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input checked="" type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No

## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

**Justification:** If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

### 1. Provider name and address:

Riverside County Office of Education (Main Office)  
3939 13th Street  
Riverside, CA 92501

### 2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):

Riverside County Office of Education (RCOE) offers caregiver respite services for care recipients of older adults. From fiscal years 2024 through 2028, child care respite for grandparents who are raising grandchildren ages 0-5 will be referred to RCOE. Those older adults who do not fall into this category are referred to other agencies that provide this service, such as First 5 Riverside County and Community Mission of Hope Rancho Damacitas. Caregiver Supplemental services are offered and available to older relative caregivers through services and programs with RCOoA. The Grandparents Raising Grandchildren program social worker can make referrals for these services if needed and if the grandparents qualify for this type of assistance.

### 3. Where is the service provided (entire PSA, certain counties)?

Caregiver respite services are provided throughout the PSA (Riverside County).

### 4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds?

PSA 21 refers older relative caregivers to alternative agencies that offer caregiver respite.

**Note:** The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

## SECTION 11. LEGAL ASSISTANCE PSA 21

### 2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]12. CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg).

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:**

A minimum of 3.5% of Title IIIB funding will be allocated to Legal Services for FY 2025-2026. RCOoA has used non-title funding sources in the past to provide additional funding to our contracted Legal Services providers. Allocating a higher percentage of IIIB funding in future fiscal years will be dependent on community needs and the capacity of RCOoA service providers.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

Our community's legal assistance needs have remained similar in recent years based on feedback RCOoA has received from residents. In the most recent community assessment survey, 30% of respondents indicated that they had been a victim of fraud or a scam within the past year. From the same survey, 46% of respondents described the availability of legal services as either fair or poor, while 35% of respondents were unsure about the availability of these services. For FY 2025 - 2026, RCOoA's funding level will remain the same as the previous fiscal year, though the department will re-evaluate should there be a shift in the types of legal issues encountered by individuals or an increase in the number of requests for legal assistance.

## SECTION 11. LEGAL ASSISTANCE PSA 21

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

The contract with the chosen Legal Service Provider will utilize the California Statewide Guidelines in the provision of OAA legal services as stated below in Exhibit D, Article II Assurances, Section A, Law, Policy and Procedure, Licenses, and Certificates

“The Service Provider agrees to administer this Agreement in accordance with the terms and conditions set forth in this Agreement, and with all applicable local, State, and federal laws and regulations including, but not limited to, discrimination, wages and hours of employment, occupational safety, and to fire, safety, health, and sanitation regulations, directives, guidelines, and/or manuals related to this Agreement and resolve all issues using good administrative practices and sound judgement. The Service Provider shall keep in effect all licenses, permits, notices, and certificated that are required by law.”

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

RCOoA requires our contracted Legal Service Provider to submit monthly reports indicating the types of services rendered and the frequency of requests. Using this information, the department can work with the contracted provider to set new legal service priorities based on the needs of residents. Based on historical trends, the top four legal priorities are consumer law, consumer health law, IHSS assistance, and financial abuse in the form of frauds and scams.

## SECTION 11. LEGAL ASSISTANCE PSA 21

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

As a baseline, individuals aged sixty or older are the department’s target population and RCOoA places an emphasis on assisting those identified as having great economic and social need such as low-income, minority individuals, individuals with Limited English Proficiency (LEP), and individuals residing in rural and isolated areas.

In order to reach the target population, the contracted Legal Services Provider will be expected to have extensive experience providing legal services for older adults. The provider will need to have an established office with set hours to meet with clients, an accessible website, and reliable phone service with set customer service procedures to respond to clients in a timely manner. The Legal Services Provider will be required to conduct community outreach to provide services and information to potential clients at local events. Additionally, the contracted provider must be willing to provide services at locations where potential clients congregate including community centers, senior centers, libraries, and other similar public points of interest.

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

Fiscal Year	# of Legal Assistance Service Providers	Did the number of service providers change? If so, please explain
2024 - 2025	1	No
<b>2025 - 2026</b>	<b>1</b>	<b>No</b>
2026 - 2027		
2027 - 2028		

## SECTION 11. LEGAL ASSISTANCE PSA 21

7. What methods of outreach are Legal Services Providers using? **Discuss:**

Typically, the Legal Services Provider has conducted outreach at local events that have included community, health, and resource fairs. Along with events at public locations, the provider has also conducted outreach at locations where potential clients reside, such as senior apartment complexes and/or mobile home parks.

The provider has also, in the past, conducted in person and online presentations in partnership with community organizations whose focus is providing services to older adults. Legal presentation topics have included estate planning, mobile home law, health law, along with other civil legal areas of law.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024 - 2025	Inland County Legal Services (ICLS)	All of Riverside County
<b>2025 - 2026</b>	<b>PENDING</b>	<b>All of Riverside County</b>
2026 - 2027		
2027 - 2028		

## SECTION 11. LEGAL ASSISTANCE PSA 21

9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Discuss:**

Along with in person services, the contracted service provider has been able to provide older adults with legal services via teleconference apps (Zoom, Microsoft Teams, etc.) and directly from their website. Typically, the contracted service provider has been able to accommodate clients with in-person and virtual appointments, physical and online applications, and dedicated phone lines to meet their needs. Furthermore, the contracted provider has extended their services by regularly hosting staff at senior and community centers.

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

During FY 2025 - 2026, RCOoA anticipates that the contracted provider will continue to focus on legal issues most often requested by clients, per historical trends. These issues include: Housing; Family Legal; Elder Abuse; Consumer; Benefits; Health; Simple Wills and Guardianship.

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

Based on feedback RCOoA has received from the contracted service provider in years past, the barriers to accessing legal services include a lack of adequate transportation for clients to reach legal services, a lack of computer access to complete and sign online forms, a lack of sufficient legal staffing, and limited funding. As mentioned previously, the contracted service provider has made efforts to bring services directly into our community through targeted outreach at senior and community centers, and in-person and online presentations about available services. If grant opportunities present themselves in the upcoming fiscal year, RCOoA will work with the contracted service provider to apply for additional funds to supplement and expand on their title funding.

## SECTION 11. LEGAL ASSISTANCE PSA 21

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

Organizations that RCOoA's contracted Legal Service Provider has partnered with have included the following:

Riverside County Superior Courts as well as the San Bernardino County Superior Courts; Inner City Law Center; Western Center for Law and Poverty; OneJustice; San Bernardino County Department of Aging and Adult Services; Inland Empire Latino Lawyers Association; Riverside Legal Aid; Legal Aid Association of San Bernardino; Health Consumer Alliance; Legal Aid Society of San Diego; Coachella Valley Association of Governments; Step Up on Second; San Bernardino County "211"; San Bernardino County Behavioral Health Department; San Bernardino County Coordinated Entry System (CES); Riverside County SAFE Family Justice Centers; Riverside Area Rape Crisis Center; Desert Sanctuary/Haley House; California Department of Housing & Community Development; REACH the Valley Human Trafficking Victim Assistance Program; Riverside County Library System; Kaiser Community Foundation; Rose M. Eldridge Senior Center; Moreno Valley Senior Center; Perris Senior Center; Lake Elsinore Senior Center; Kay Cenicerros Senior Center; Banning Senior Center; Albert A. Chatigny Senior Community Recreation Center; San Jacinto Community Center; Desert Hot Springs Multi-Service Center; Redlands Community Senior Center; Scherer Senior Center in Yucaipa; Twentynine Palms Senior Center; Yucca Valley San Bernardino County Building; Montclair Community Center; Fontana Community Senior Center; Ontario Senior Center; Grace Vargas Senior Center; Barstow Senior Center; Lucerne Valley Outreach Center; Needles Housing Authority; Trona Senior Center; Rialto Senior Center; and Bonnie Baker Senior Center.

We anticipate that the contracted provider for FY 2025 - 2026 will collaborate with similar organizations.

## SECTION 15. GOVERNING BOARD PSA 21

### GOVERNING BOARD MEMBERSHIP 2024-2028 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:**

V. Manuel Perez, Vice Chairman, District 4	January 4, 2027
Karen Spiegel, District 2	January 4, 2027

**Name and Title of All Members:** **Office Term Expires:**

Jose Medina, District 1	January 8, 2029
Chuck Washington, District 3	January 8, 2029
Yxstian Gutierrez, District 5	January 4, 2027

**Explain any expiring terms – have they been replaced, renewed, or other?**

\*Kevin Jeffries, Supervisor for District 1, has retired from the Riverside County Board of Supervisors. Jeffries is succeeded by Jose Medina, who was sworn in on January 7, 2025.

District 1 Includes: Lake Elsinore, Perris, Wildomar, Canyon Lake and most of the City of Riverside. The district also includes the unincorporated areas of Good Hope, Mead Valley, Meadowbrook, Tenaja, DeLuz, LaCresta, Highgrove and March Air Reserve Base.

District 2 Includes: Canyon Lake, Corona, Norco, Eastvale, Jurupa Valley, and the western half of the City of Riverside. The district also includes the unincorporated areas of Canyon Ridge, Coronita, El Cariso, El Cerrito, Gavilan Hills, Lake Hills, Lake Mathews, Lakeland Village, Rancho Capistrano, Rancho Carrillo, Temescal Valley, Victoria Grove, Warm Springs, Woodcrest, Highgrove and Home Gardens.

District 3 Includes: Canyon Lake, Hemet, San Jacinto, Temecula, and Murrieta. The district also includes the unincorporated areas of Anza Valley, Aguanga, East Hemet, French Valley, Green Acres, Homeland, Lake Riverside, Sage, Valle Vista, and Winchester.

## SECTION 15. GOVERNING BOARD PSA 21

District 4 Includes: Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The district also includes the unincorporated areas of Bermuda Dunes, Cahuilla Hills, Carver Tract, Chiriaco Summit, Colorado River communities, Desert Center, Lake Tamarisk, Eagle Mountain, Desert Edge, Desert Palms, Fern Valley, Garner Valley, Garnet, Idyllwild, Indio Hills, Mecca, Mesa Verde, Mountain Center, North Palm Springs, North Shore, Oasis, Pine Cove, Pinyon Pines, Ripley, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa, Whitewater and Windy Point.

District 5 Includes: Moreno Valley, City of San Jacinto, Calimesa, Hemet, Beaumont, and Banning. The district also includes the unincorporated areas of Nuevo, Lakeview, Juniper Flats, Meadowbrook, and portions of Mead Valley, Romoland, Homeland, Green Acres, Highgrove, Box Springs, Pigeon Pass, Reche Canyon, San Timoteo Canyon, Oak Valley, Cherry Valley, Banning Bench, Cabazon, Palm Springs Village, and Palm Springs West. The district also includes the Tribal Governments from the Sovereign Nations of the Morongo Band of Mission Indians and the Agua Caliente Band of Cahuilla Indians as well as a portion of the March Air Reserve Base.

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## SECTION 16. ADVISORY COUNCIL PSA 21

### ADVISORY COUNCIL MEMBERSHIP 2024-2028 Four-Year Area Plan Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)  
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (including vacancies): **17**

Number and Percent of Council Members over age 60: **11; 65% Council 60+**

#### Race and Ethnic Compositions of PSA's 60+ Population and Advisory Council:

Race/Ethnic Composition:	% of PSA's 60+ Population:	% on Advisory Council:
White	36.1	29.41
Hispanic	51.6	17.65
Black	6.4	35.29
Asian/Pacific Islander	7.1	0
Native American or Alaska Native	7.1	0
Other or Multiracial	49.3	0

#### Name and Title of Officers:

#### Office Term Expires:

Debbie Franklin, Chair, District 5 Appointee	June 30, 2027
Teresa Chappell, Vice Chair	June 30, 2026
Tyler Cobb, Parliamentarian	June 30, 2026

**SECTION 16. ADVISORY COUNCIL  
PSA 21**

**Name and Title of Other Members:** **Office Term Expires:**

Patricia Reynolds, District 1 Appointee	June 30, 2026
Barbara Christian, District 2 Appointee	June 30, 2026
Barbara Adams, District 3 Appointee	June 30, 2026
Milissa Meyer, District 4 Appointee	June 30, 2027
Don Brock, Member	June 30, 2027
Barbara Mitchell, Member	June 30, 2027
Javier Lopez, Member	June 30, 2025
Leezett Casal, Member	June 30, 2026
Candice Nichols	June 30, 2027
David Kelly	June 30, 2027
Linda Harding-Hicks	June 30, 2027
VACANT	
VACANT	
VACANT	

## SECTION 16. ADVISORY COUNCIL PSA 21

Indicate representation for each of the “Other Representation” categories listed below:

<b>YES</b>	Low Income Representative
<b>YES</b>	Disabled Representative
<b>YES</b>	Supportive Services Provider Representative
<b>YES</b>	Health Care Provider Representative
<b>NO</b>	Local Elected Officials
<b>YES</b>	Individuals with Leadership Experience in Private and Voluntary Sectors
<b>NO</b>	Family Caregiver, including older relative caregiver
<b>NO</b>	Tribal Representative
<b>YES</b>	LGBTQ Identification
<b>YES</b>	Veteran Status

**Explain any “No” answer(s):**

With no current members representing the Tribal Representative, Family Caregiver, and Local Elected Officials categories, our membership committee will work to perform outreach and recruit individuals from these communities to apply for a council seat in the coming FY. In particular, our membership committee will engage our local city councils and our local Bureau of Indian Affairs office.

**Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?**

Expiring terms are either renewed prior to their expiration date or become vacant and filled as soon as possible. Our Membership Committee meets to review candidates and conduct interviews as needed to fill vacant seats.

## SECTION 16. ADVISORY COUNCIL PSA 21

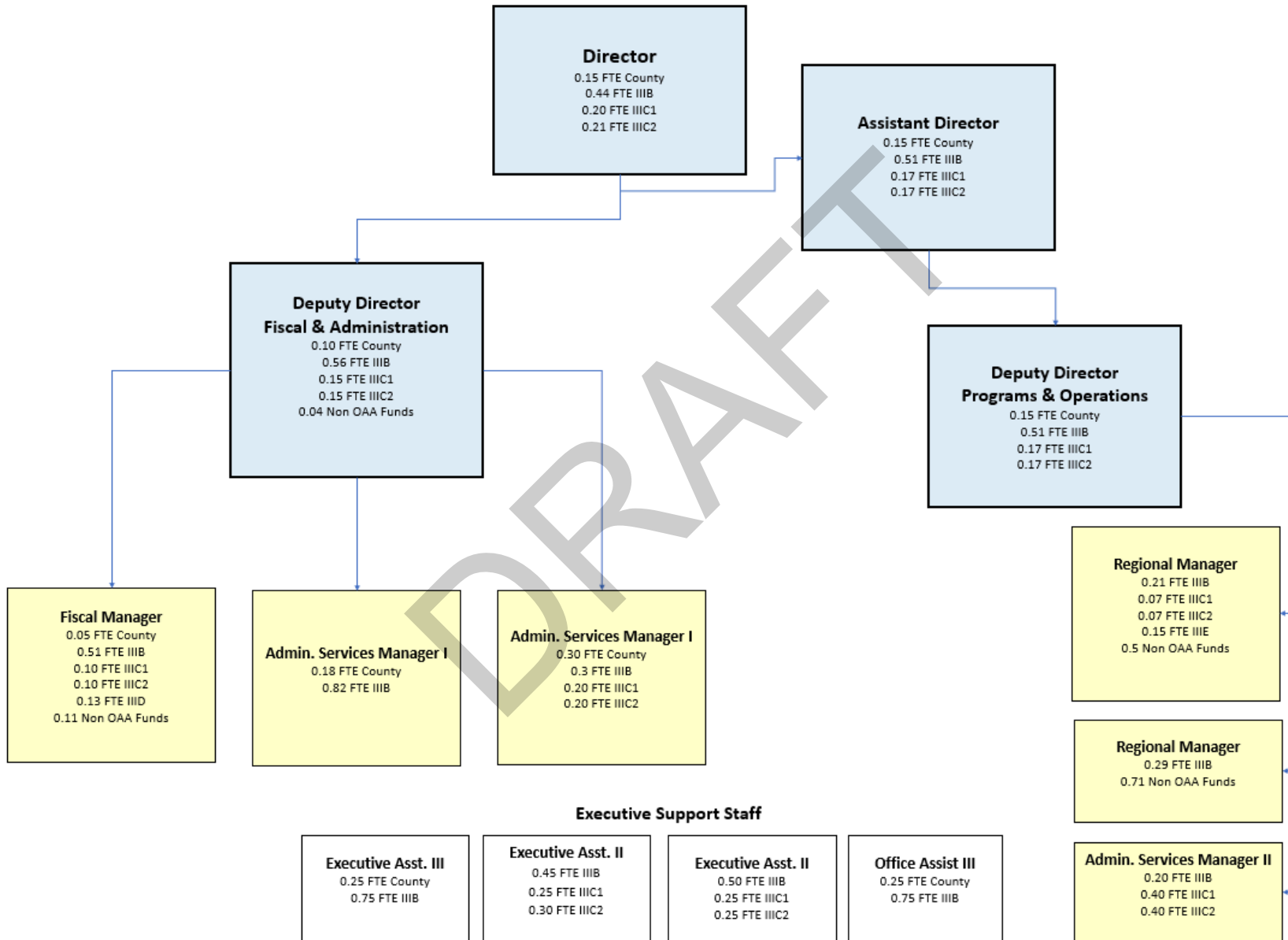
### **Briefly describe the local governing board's process to appoint Advisory Council members:**

Twelve members of the Advisory Council are selected by the Council members. Vacancies are advertised on the agency's website and shared with community partner organizations, vendors, and local senior and community centers. Applications are reviewed by the Membership Committee of the Advisory Council. All applicants are invited to interview with the Membership Committee. Once interviewed, the Membership Committee presents their recommended candidates to the council at-large during regularly scheduled meetings. The Advisory Council reviews the committee's recommendations and votes on submitting candidates for Board of Supervisor approval. Per our Advisory Council bylaws, only the Board of Supervisors has the authority to appoint Advisory Council members. Once submitted and approved by the Board of Supervisors, the applicant is officially appointed as a member of the Advisory Council. Five members of the Advisory Council are directly selected by each member of the Board of Supervisors to represent their respective district. Each Board Supervisor completes his/her applicant's application, interview, and selection process. Once a member has been selected, the Board Supervisor informs the RCOoA of their appointment.

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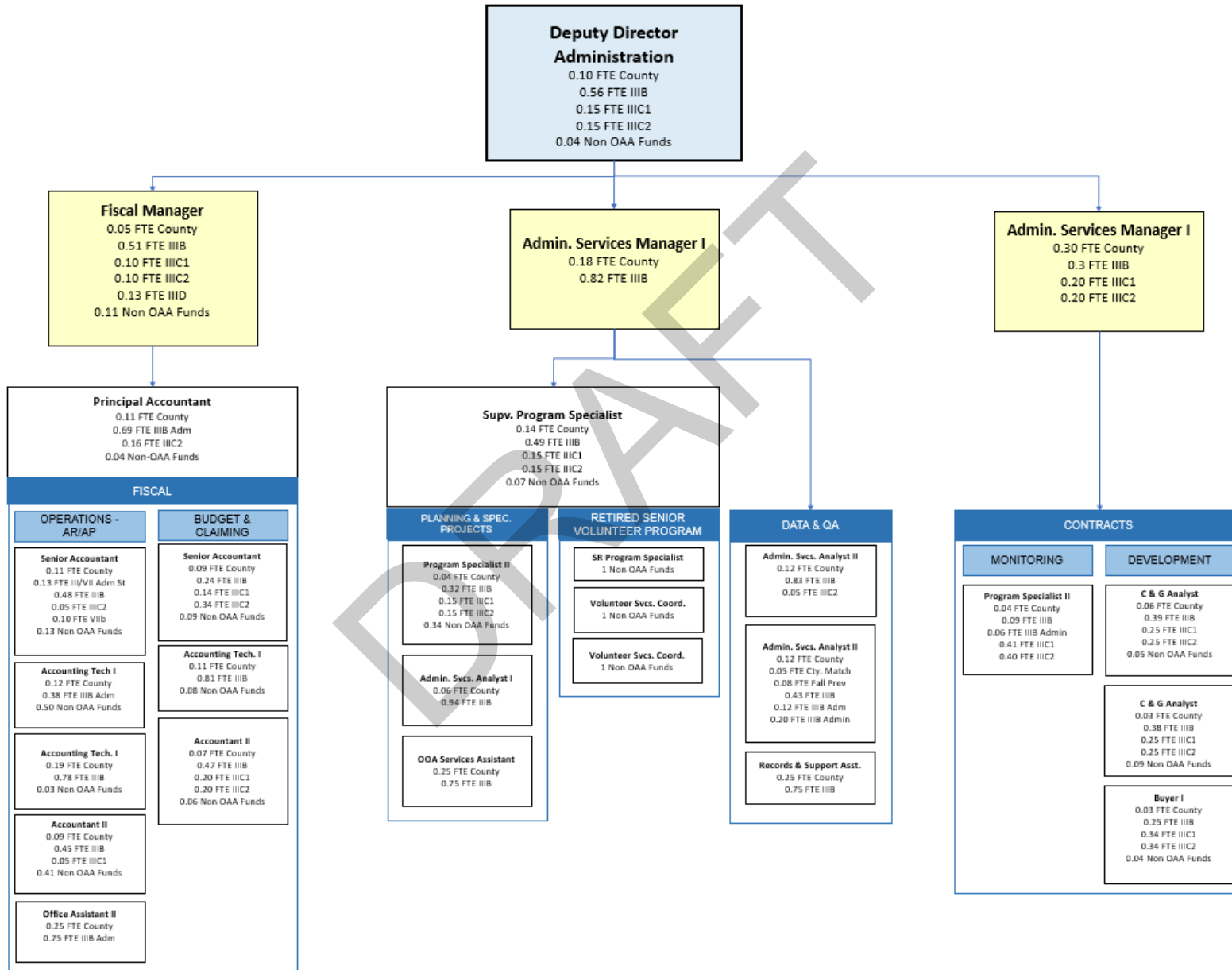
# SECTION 18: ORGANIZATION CHART

## EXECUTIVE LEADERSHIP AND MANAGEMENT TEAM



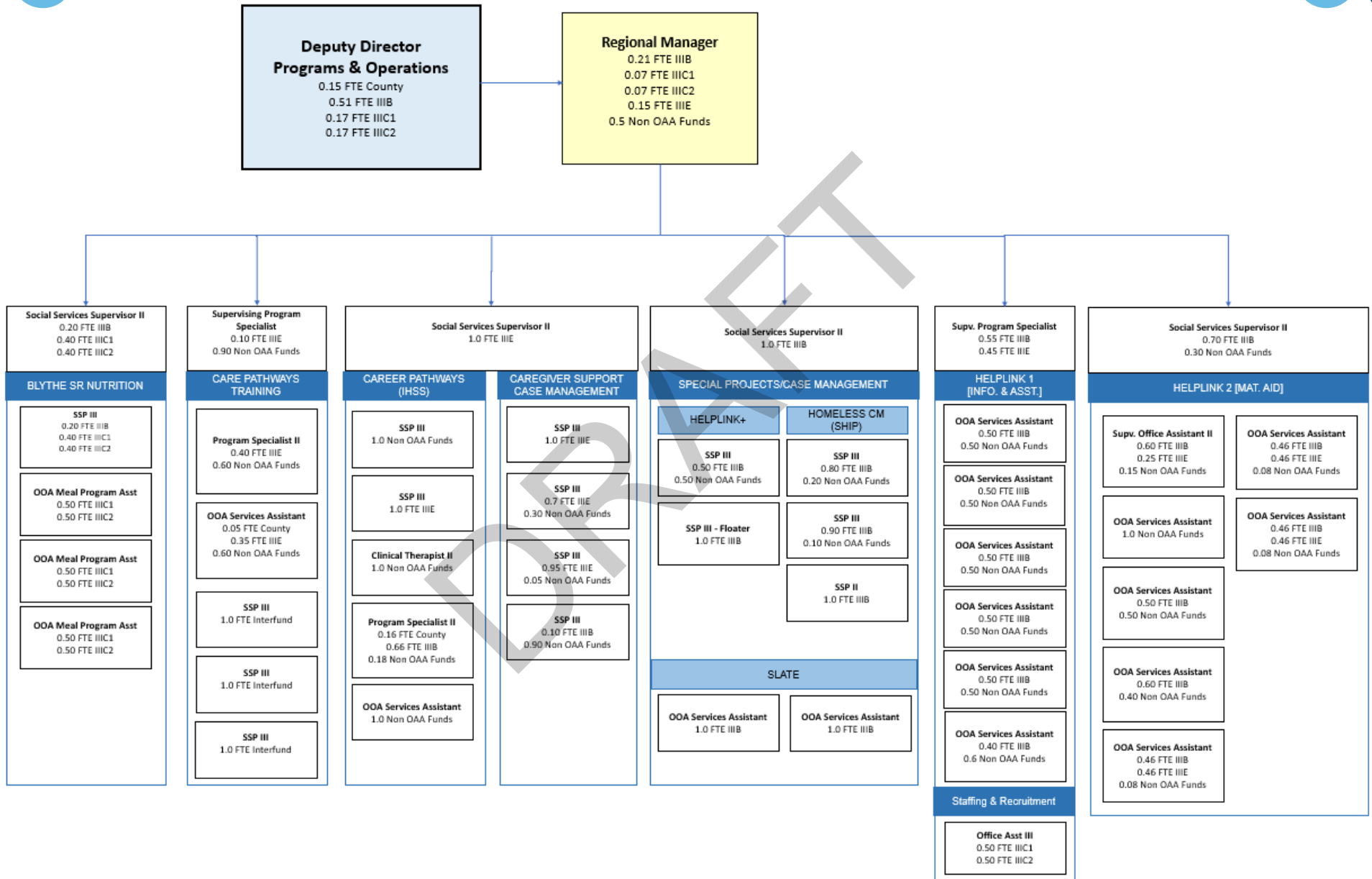
# SECTION 18: ORGANIZATION CHART

## FISCAL, CONTRACTS, AND DATA & OUTCOMES



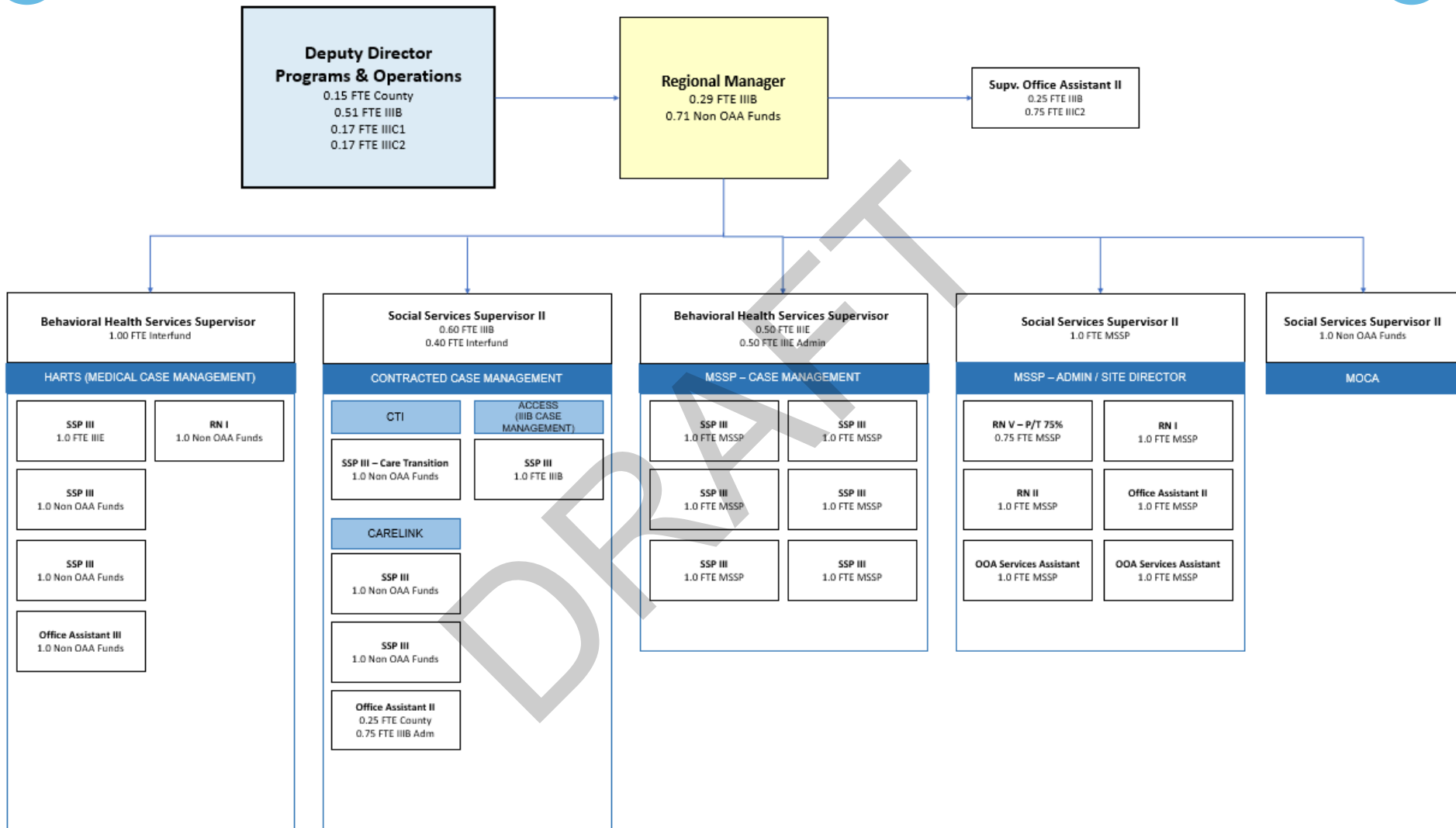
# SECTION 18: ORGANIZATION CHART

## PROGRAMS & SERVICES



# SECTION 18: ORGANIZATION CHART

## PROGRAMS & SERVICES

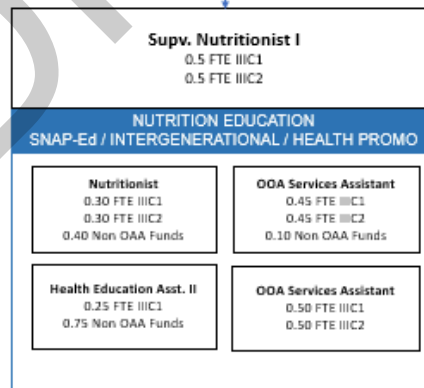


# SECTION 18: ORGANIZATION CHART

## NUTRITION & COMMUNITY DEVELOPMENT

**Deputy Director  
Programs & Operations**  
 0.15 FTE County  
 0.51 FTE IIIB  
 0.17 FTE IIIC1  
 0.17 FTE IIIC2

**Admin. Services Manager II**  
 0.20 FTE IIIB  
 0.40 FTE IIIC1  
 0.40 FTE IIIC2



## SECTION 19. ASSURANCES

### PSA 21

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

#### A. Assurances

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

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 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 and behavioral 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 with 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 sub-clause (I);

##### 3. OAA 306(a)(4)(A)(ii)(I-III)

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.

## SECTION 19. ASSURANCES

### PSA 21

#### 4. OAA 306(a)(4)(A)(iii)(I-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)(i-ii)

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, specifically including survivors of the Holocaust; 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)

Contain an assurance that the area agency on aging will 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)

Provide assurances that the area agency on aging will 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)(6)(I)

Describe the mechanism(s) for assuring that each area plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

#### 9. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

## SECTION 19. ASSURANCES

### PSA 21

#### 10. OAA 306(a)(11)(A-C)

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, an assurance that 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) An assurance that the area agency on aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the area agency on aging will 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.

#### 11. 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;

#### 12. 306(a)(14)

Provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

#### 13. 306(a)(15)

Provide assurances that funds received under this title will be used—

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

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

#### 14. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency 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.

## SECTION 19. ASSURANCES

### PSA 21

#### 15. 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.

#### 16. 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.

#### 17. 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.

#### 18. 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

#### 19. 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.

#### 20. OAA 307(a)(12)(A)(i-iv)

Any area agency on aging, in carrying out such services will 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.

## SECTION 19. ASSURANCES

### PSA 21

- 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.

#### 21. 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.

#### 22. 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.

#### 23. OAA 307(a)(26)

Area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

B. Code of Federal Regulations (CFR), title 45 Requirements:

#### 24. 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, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or

## SECTION 19. ASSURANCES PSA 21

(b) 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.

(c) 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 persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

### 25. 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.

### 26. 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.

### 27. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

### 28. CFR [1321.53(c)]

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

### 29. 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.

## SECTION 19. ASSURANCES PSA 21

30. CFR [1321.61(b)(4)]

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

31. 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.

32. 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.

DRAFT



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**OFFICE ON AGING**

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