SAN MATEO COUNTY HEALTH

AGING & DISABILITY SERVICES

San Mateo County

Planning and Service Area 8

Area Agency on Aging

Area Plan Update FY2026-2027

Submission date: August 11, 2026

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

PSA 08

AREA PLAN UPDATE (APU) CHECKLIST

Use for APUs only due May 1, 2025, 2026, and 2027

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	**A) Transmittal Letter-** *(submit by email with electronic or scanned original signatures)*	☒
n/a	**B) APU-** *(submit entire APU electronically only)*	☒
2, 3, or 4	**C)** Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☒
6	**D)** Priority Services and Public Hearings	☒
n/a	**E)** Annual Area Plan Budget (send to finance@aging.ca.gov)	☒
8	**F)** Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☒
10	**G)** Title IIIE Family Caregiver Support Program	☒
11	**H)** Legal Assistance (Revised 2026)	☒
AP Guidance Section	**If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A:**	**Mark Changed**
1	Mission Statement	☐
5	Needs Assessment/Targeting	☐
7	AP Narrative Objectives:	☐
7	• System-Building and Administration	☐
7	• Title IIIB-Funded Programs	☐
7	• Title IIIB-Program Development/Coordination (PD or C)	☐
7	• Title IIIC-1 or Title IIIC-2	☐
7	• Title IIID-Evidence Based	☐
7	• HICAP Program	☐
9	Senior Centers and Focal Points	☐
10	Title IIIE-Family Caregiver Support Program	☐
12	Disaster Preparedness	☐
13	Notice of Intent to Provide Direct Services	☐
14	Request for Approval to Provide Direct Services	☐
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) (Must match Budget)	☒
19	Assurances	☐

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

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: San Mateo County Aging and Disability Services **PSA** 0 8

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. Noelia Corzo
(Type Name)

Signature: Governing Board Chair [1] Date

2. Irene Liana
(Type Name)

Irene Liana
Signature: Advisory Council Chair Date 7/13/26

3. Lee Pullen
(Type Name)

Signature: Area Agency Director Date July 13, 2026

[1] Original signatures or electronic signatures are required.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

SECTION 1. MISSION STATEMENT

Our Mission: Under the umbrella of San Mateo County Health whose mission is to help everyone in San Mateo County live longer and better lives, the Aging and Disability Services (ADS) Division functions as the Area Agency on Aging (AAA) and strives to ensure the delivery of client-centered, compassionate, and fiscally responsible services that foster self-determination, meet professional standards and ethics, and reflects the county's vision. This is accomplished by offering services that provide a combination of protection, support, prevention, and advocacy.

Aging and Disability Services has the following goals:

- Lead in addressing the needs of older adults and adults with disabilities in San Mateo County.
- Promote consumers and other public involvement in the planning and delivery of services.
- Develop systems of care in the community that support independence for older adults and adults with disabilities.
- Administer federal, state, local and private funds in support of an integrated system of care.

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Physical Characteristics of San Mateo County

San Mateo County (SMC) is in the Bay Area and is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The County was formed in April 1856 out of the southern portion of then-San Francisco County.

Within its 455 square miles, SMC is home to some of the most spectacular and varied geography in the United States. It includes redwood forests, rolling hills, farmland, tidal marshes, creeks, and beaches.

The county is known for its mild climate and scenic vistas. No matter the starting point, a 20-minute drive can take a visitor to a vista point with a commanding view of the bay or Pacific Ocean, a mossy forest or a shady park or preserve.

SMC has long been a center for innovation. It is home to numerous colleges and research parks and is within the "golden triangle" of three of the top research institutions in the world: Stanford University, the University of California, San Francisco, and the University of California, Berkeley. Today, SMC's bioscience, computer software, green technology, hospitality, financial management, health care, and transportation companies are industry leaders. Over the past decade, companies that are transforming how we communicate and share information through social media have moved in, stretching the boundary of Silicon Valley ever northward.

As in all counties in California, SMC government plays a dual role that differs from cities. Cities generally provide basic services such as police and fire protection, sanitation, recreation programs, planning, street repair, and building inspection. There are 20 cities within SMC, each governed by its own city council.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

As subdivisions of the state, counties provide a vast array of services for all residents. These include social services, public health protection, housing programs, property tax assessments, tax collection, elections, and public safety. Counties also provide basic city-style services for residents who live in an unincorporated area, not a city.

San Mateo County voters elect five Supervisors to oversee county government operations. SMC is governed by a five-member Board of Supervisors:

District One (Jackie Speier): Burlingame, Hillsborough, Millbrae, and portions of San Bruno and South San Francisco; the unincorporated communities of San Mateo Highlands, Baywood Park and Burlingame Hills; and the San Francisco Airport.

District Two (Noelia Corzo): Cities of San Mateo, Foster City, and Belmont (north of Ralston).

District Three (Ray Mueller): Cities of Atherton, southeast Belmont, Half Moon Bay, Menlo Park, Pacifica, Portola Valley, San Carlos, and Woodside; and the unincorporated areas of Devonshire Canyon, El Granada, Emerald Lake Hills, Kings Mountain, La Honda, Ladera, Loma Mar, Los Trancos Woods, Miramar, Montara, Moss Beach, Palomar Park, Pescadero, Princeton By-The-Sea, San Gregorio, Skyline, Sky Londa, Stanford Lands, Vista Verde, and West Menlo Park.

District Four (Lisa Gauthier): Cities of Redwood City, East Palo Alto, the areas within the City of Menlo Park east of El Camino Real including Belle Haven, and the unincorporated community of North Fair Oaks.

District Five (David Canepa): Cities of Brisbane, Colma, Daly City, San Bruno (north of Sneath Lane and west of Interstate 280), South San Francisco (west of Interstate 280 until Avalon Drive then west of Junipero Serra Boulevard, and north of Hickey, Hillside and Sister Cities Boulevard to Highway 101); and the unincorporated areas of Broadmoor Village, San Bruno Mountain Park and Brisbane Quarry.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

SUPERVISORIAL DISTRICTS

COUNTY OF SAN MATEO CA

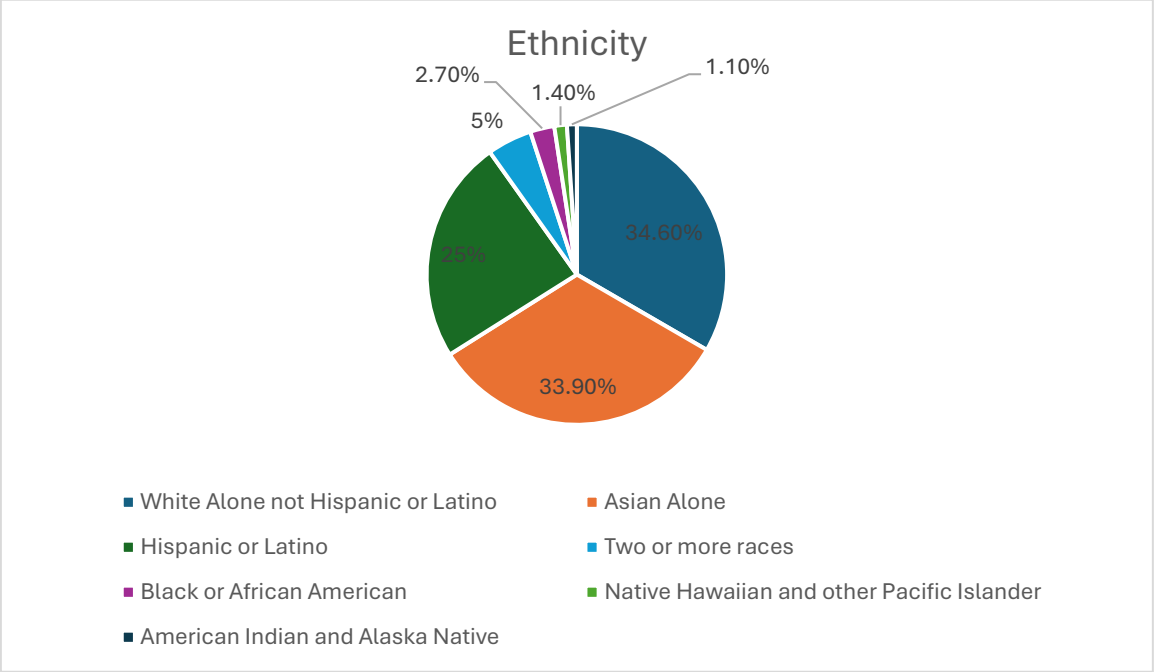
**Supervisor boundaries approved by the San Mateo County Board of Supervisors, December, 2021*

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

Demographic Characteristics of San Mateo County

According to the U.S. Census Bureau, San Mateo County had an estimated population of 743,568 as of July 1, 2025. The 2020 Decennial Census population was 764,442. Females make up 50.2% of the population. Median household income in 2024 dollars was $158,855, and 7.2% of all persons were living in poverty. In addition, 18.8% of county residents were age 65 and older.

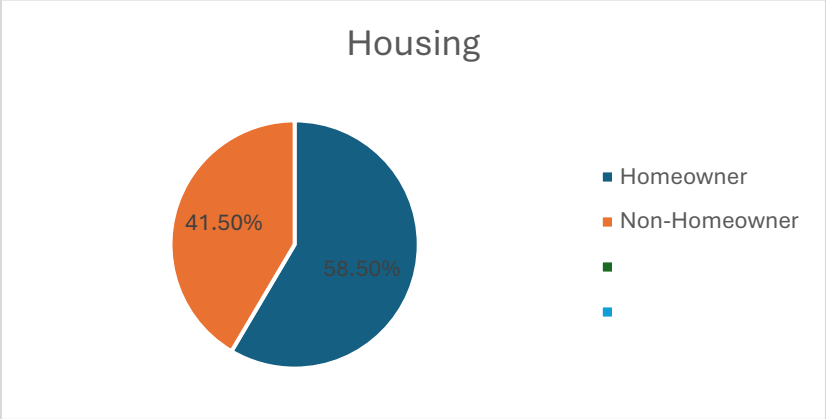
San Mateo County is racially and ethnically diverse. Census data show that 34.6% of residents identify as White alone, not Hispanic or Latino; 33.9% as Asian alone; 25.0% as Hispanic or Latino; 2.7% as Black or African American alone; 1.4% as Native Hawaiian and Other Pacific Islander alone; 1.1% as American Indian and Alaska Native alone; and 5.0% as Two or More Races.



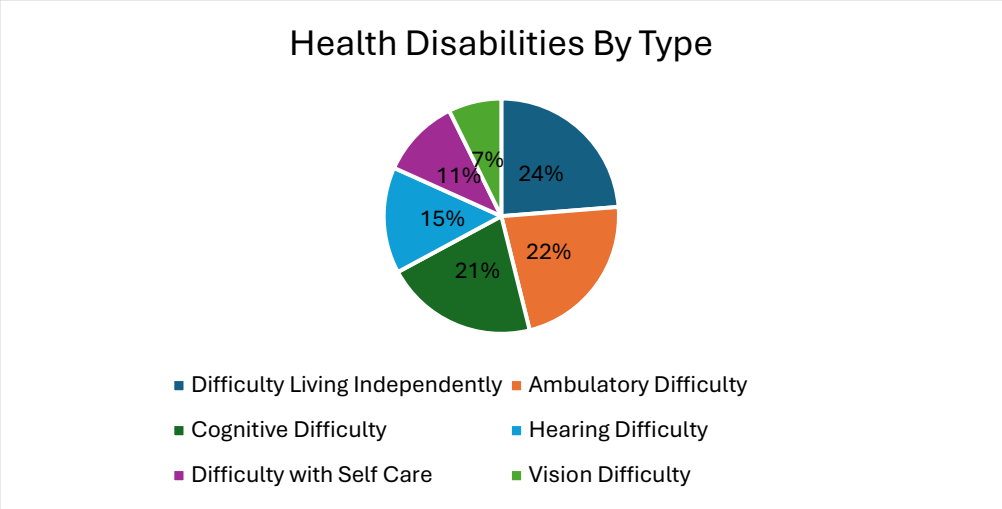
Language data also highlight the need for culturally and linguistically responsive services. Among county residents age 5 and older, 46.2% speak a language other than English at home: 27% speak Asian and Pacific Islander languages, 19.2% speak Spanish.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

Housing costs remain a significant factor affecting older adults and adults with disabilities in San Mateo County. The owner-occupied housing unit rate is 58%, and median gross rent is $2,922.



Based on data collected from the San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, 5.2% experience difficulty living independently, 4.9% have ambulatory difficulty, 4.6% have cognitive difficulty, 3.2% have hearing difficulty, 2.4% have difficulty with self-care, and 1.6% experience vision difficulty.



According to the U.S. Census Bureau's American Community Survey, San Mateo County had an estimated 58,794 residents with a disability in 2024. An estimated 29,611 of those residents were age 60 and older. The total disability figure is based on the 2024 ACS 1-Year Detailed Table B18101 (Sex by Age by Disability Status), and the age 60-and-over figure is a derived estimate based on ACS age-group data because Table B18101 reports older adults in the age categories 65–74 and 75 and over, rather than a single 60+ disability category. (data.census.gov)

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

2026 California Department of Aging Population Demographic Projections

The California Department of Aging (CDA) annual Population Demographic Projections for Intrastate Funding Formula (IFF) provide county and Planning Service Area (PSA) level data used for Area Agency on Aging planning and funding. These data include the population age 60 and older, minority and non-minority populations, low-income older adults, Medi-Cal eligible older adults, geographic isolation, SSI/SSP participation, persons living alone, and non-English speaking older adults.

PSA 08 San Mateo County Projections

Population age 60+:	204,756
Minority population age 60+:	113,131
Non-minority population age 60+:	91,625
Population age 75+:	74,168
Lives Alone population age 60+:	32,240
Medi-Cal Eligible population age 60+:	31,410
Low-Income population age 60+:	17,860
SSI/SSP population age 65+:	5,540
Non-English speaking population age 60+:	5,390
Geographically Isolated population age 60+:	4,101

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

Unique Resources and Constraints

San Mateo County is fortunate to have support from other county departments, divisions, health plans, and community-based providers that assist our Area Agency on Aging (AAA):

HUMAN SERVICES AGENCY (HSA)

The county's Human Services Agency provides services to the adult population that complements the continuum of adult services provided by the county's Aging and Disability Services (ADS) Division. Its mission is to enhance the well- being of children, adults, and families by providing professional, responsive, caring, and supportive service. Values include client experience, employee excellence, community engagement, continuous improvement, results-focused, innovation, responsive, and fiscal stewardship.

BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

Behavioral Health and Recovery Services (BHRS) provides services for children, youth, families, adults and older adults for the prevention, early intervention, and treatment of mental illness and/substance use conditions. They are committed to supporting treatment of the whole person to achieve wellness and recovery, and promoting the physical and behavioral health of individuals, families and communities we serve. They offer outpatient, inpatient, residential, rehabilitation, detoxification, medicated assisted treatment and other services for individuals who are eligible for Medi-Cal, Medicare, members of the Health Plan of San Mateo (HPSM) and in some instances, individuals with private insurance. They also assist uninsured and undocumented residents of San Mateo County (SMC) and people of any age in a major crisis.

Over-arching BHRS Strategies are:

- Prevention and Early Intervention
- Reducing Cultural and Linguistic Disparities
- Welcoming and Engagement
- Empowering Clients and Families
- System of Care Enhancements and Supports Total Wellness.

OLDER ADULT SYSTEM of INTEGRATED SERVICES (OASIS)

OASIS is a program available to SMC residents, age 60 and over, dealing with mental health issues that impact their day-to-day functioning. Clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations and social isolation, in addition to their serious mental health conditions. This requires more hands- on case management, and greater collaboration between psychiatrists and primary care providers to ensure proper medication management and preventative medicine to enable and support the clients to remain in a community-based setting.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

COLLABORATIVE CARE TEAM (CCT)

The Collaborative Care Team (CCT) is a multidisciplinary team that supports clients throughout their recovery process. The team is comprised of healthcare professionals from the following Health Department divisions: BHRS, ADS, and the San Mateo Medical Center (SMMC). The team is led by a supervisor and a program specialist. It includes two social workers, a nurse practitioner, a public guardian, a management analyst and a consulting psychiatrist. CCT will serve as a liaison between clients, their families, healthcare facilities, community agencies and the SMC Health System by providing regular visits and case management support. CCT will monitor client progress in out-of-county facilities, recommend appropriate and timely interventions, and assess and transition clients to the least restrictive level of care. CCT also serves to place and assist complex cases out of the hospital and into a healthcare facility that best addresses the clients' needs.

MEDICATION ASSISTED TREATMENT (MAT) SERVICES

In early 2015, HPSM partnered with BHRS to enhance Medication Assisted Treatment services (MAT) in San Mateo County. MAT is a progressive approach to treating substance use disorders that combines behavioral therapies and medications. The target population is individuals with chronic alcohol-related issues who frequent San Mateo Medical Center (SMMC) emergency services, jail/probation, and Primary Care. These individuals are often disconnected from traditional county behavioral health services and sometimes known as "high utilizers" of emergency services. This collaborative effort recognizes that enhancing outreach and offering MAT is a strong, effective approach towards not only reducing high-cost emergency services and incarceration, but in helping this population link to better health, wellness and recovery.

The partnership has brought new programming to BHRS Alcohol & Other Drug Services, Primary Care Interface, Voices of Recovery, Palm Ave Detox and Health Right 360 to help outreach, engage and link this population.
Services include outreach, education, adjunct case management, benefits enrollment, peer coaching and linkage to MAT with a goal to reduce alcohol cravings and consumption, connect with treatment resources, and increase outpatient utilization.

MAT clinic is designed to provide MAT services to those not already connected to behavioral health or primary care services.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

OTHER SERVICE DELIVERY SYSTEMS PROVIDING SERVICES WITHIN PSA 08

HEALTH PLAN OF SAN MATEO (HPSM)

Since 2014, Health Plan of San Mateo's (HPSM's) Community Care Settings Program (CCSP) has helped over 190 older adults and people with disabilities to transition from long-term care facilities back into their own homes and community. By coordinating a wide range of resources, such as housing, medical, behavioral health, social, home health, adult day care and transportation services, CCSP empowers participants to be fully engaged community members. Current program partners in providing care are Institute on Aging who manages care and Brilliant Corners who helps in finding homes that best fit the participants' situation.

HIP HOUSING

HIP Housing's Home Sharing program matches Home Providers with extra space available with Home Seekers who currently live, work, or attend school in San Mateo County or have a housing voucher to live in the county. Two types of home sharing arrangements are facilitated:
(1) Match arrangement in which a home provider is matched with a home seeker who pays rent, and (2) A Reduced Rent exchange (often involving older adults) that entails a home seeker who agrees to provide extra household chores for reduced rent.

Their Housing Readiness Program empowers those interested in remaining or seeking homes in San Mateo County to navigate the complex local housing landscape. Staff and trained volunteers and interns support people to become "housing ready." Support can include providing housing resources, assistance completing housing applications, and offering activities that help prepare people to access housing.

Case Management for older adults is also available to assist in assessing housing needs, develop a housing plan, add to wait lists and complete housing applications, review budget and debt, and connect to community resources.

AGING AND DISABILITY SERVICES (ADS)

San Mateo County Aging and Disability Services (ADS) is a division of San Mateo County Health and serves as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) 8. ADS receives federal and state funds from the California Department of Aging (CDA) and contracts services with cities and community-based organizations for the service delivery of Older Americans Act (OAA) programs. Current contracted programs are listed below:

- Adult Day Care/Adult Day Health Care
- Congregate Nutrition
- Family Caregiver Support Program
- Health Promotion
- Home Delivered Meals
- Information and Assistance

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

- Legal Assistance
- Ombudsman
- Transportation

A contracted program funded outside of OAA that is authorized under the Older Californians Act as a community-based program is HICAP of San Mateo County.

In addition, ADS provides a wide range of services to help older adults, people with disabilities, dependent adults and caregivers live safely and as independently as possible in the community.

Aging and Disability Services Hotline

As the gateway into the world of Aging and Disability Services, the hotline team is responsible for fielding inquiries, providing information about and assisting with referrals to community organizations for elder and dependent adult services. Serving as the information and referral arm of ADS, staff are highly trained regarding resources available in San Mateo County.
When allegations of emergent elder and dependent adult abuse arise, the ADS Hotline staff are available to immediately conduct field assessments and initiate services to alleviate unsafe situations. The ADS Hotline staff also acts as the initial contact for the International Social Services (ISS) when it becomes necessary for San Mateo County residents who are US citizens and living abroad to be repatriated to the USA.

24 Hour On-Call Team

Staffed by seasoned ADS case managers, this team provides a connection between the public and ADS during the time when the ADS offices are closed. Urgent calls to ADS are routed to the answering service and are then forwarded to the case manager on- call, who assesses the situation to provide vital information and/or takes action to alleviate the situation. Such actions could involve law enforcement and/or initiate referrals to the various community and ADS programs. Activity on each call is documented to inform the appropriate ADS staff when the offices open the following business day. One case manager serves an on-call shift at a time and is supported by the ADS Director or an ADS manager.

Adult Protective Services (APS)

APS staff investigate allegations of elder abuse to validate or refute those allegations. Working with law enforcement and the District Attorney's Office, confirmed allegations of abuse are brought forward to the Court for criminal prosecution. APS staff also provide case management services to infuse stability to the person's situation which includes but is not limited to developing care plans, assisting the client in meeting the goals of that care plan and making referrals with or on behalf of the client to community programs and services.

A subset of APS, the Elder and Dependent Adult Protection Team (EDAPT) focuses on financial abuse. Governed under Division 33 of the California Department of Social Services (CDSS) Manual of Policies and Procedures, both programs serve persons 60 years of age

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

and older as well as dependent adults. Elder Abuse Prevention Funds in the Area Plan are allocated to support EDAPT work.

Linkages

As the title depicts, this program “links” clients to services that are deemed necessary to maintain the health and safety of a client. It is a voluntary program and many that are served are resistant to change. These challenging cases are managed closely and frequently with the goal of patiently working with clients to identify goals that can be met. Achievable goals can include acceptance of community services, curbing unsafe behavior, accepting medical treatment or mental health consultation. Income and Medi- Cal eligibility are not a requirement to be considered for this program.

Enhanced Case Management (ECM) and Partners for Independence (PFI) Programs

Geared towards preventing placement into a skilled nursing facility (SNF), the ECM program requires membership with the Health Plan of San Mateo and no share-of-cost Medi-Cal eligibility. The client must generally meet the criteria for eligibility into a SNF but can be managed safely on an out-patient basis. Intensive case management services are provided for individuals 18 years of age and older who have medical and psycho-social needs.

The PFI program serves those with medical and psycho-social risk factors and who require In-Home Supportive Services (IHSS). PFI participants must be enrolled in IHSS and receive Medi-Cal with or without share-of-cost. The goals of both programs follow:

- Preserve client self-determination to remain home safely for as long as possible
- Promote positive client outcomes through intensive case management
- Provide coordinated care using a collaborative approach with service providers
- Prevent or delay out-of-home care

In Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides services to Medi-Cal eligible aged, blind, or disabled individuals including children that assist them to remain safely in their own homes as an alternative to out-of-home care. IHSS is the largest home and community-based program in our division and is a core component of the state’s long-term care system. Types of services include help with preparing meals, bathing, dressing, laundry, shopping or transportation. Some types of wound care may also be provided. The program can also provide protective supervision for people who need extra support to stay safe due to dementia or a developmental disability.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

Public Authority (PA)

The Public Authority (PA) assists In-Home Supportive Services (IHSS) consumers by referring homecare workers who match the consumer's needs. A registry of qualified individuals is maintained, background checks are completed, and training is offered to providers and consumers. While the consumer is responsible for hiring and supervising provider, the PA is available to provide assistance to consumers who require additional help in establishing and maintaining a positive relationship with their provider.

Public Guardian/Public Conservatorship Program

The Public Guardian/Public Conservatorship program serves frail elderly adults and adults with disabilities who, due to cognitive impairment or a developmental disability, lack the capacity to provide themselves with food, clothing or shelter and/or manage their finances or resist fraud or undue influence. The Superior Court makes the decision to appoint a guardian or conservator for these adults. A public guardian is appointed to provide ongoing support and management of the clients' affairs.

Public Administrator

The Public Administrator Program serves the public by investigating and administering the estates of persons who die without a will or who are without an appropriate person willing or able to act as the administrator. The primary duties are as follows:

- Make appropriate burial arrangements
- Protect the decedent's property from waste, loss or theft
- Conduct thorough investigations to discover all assets
- Pay the decedent's bills and taxes
- Locate persons entitled to inherit from the estate and ensure they receive their inheritance
- Liquidate assets at public sale or distribute assets to heirs as appropriate

Funding for the division's programs comes from a variety of sources: State and federal grants, client fees, fines, Realignment Sales Tax, foundation grants, and the County General Fund

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

System of Care

for Older Adults and People with Disabilities in San Mateo County

For information, advice and 24-hour emergency response call: 1-844-868-0938

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Aging and Disability Services (ADS) Division of San Mateo County Health is continuously involved in leading and developing relationships throughout the county to build and support quality care for all older adults, people with disabilities, and caregivers.

ADS staff's and supports three advisory bodies whose members are appointed by the Board of Supervisors (BoS) to represent the interests of these populations.

Commission on Aging (CoA)

The mission of the San Mateo Commission on Aging is to maintain, enhance, and improve the quality of life for older adults and adults with disabilities in San Mateo County through the promotion of independence and self-sufficiency, mental and physical health, and social and community involvement.

Seventeen Commissioners representing a variety of senior groups, organizations, and communities engage in regional and local activities:

- Attend public forums on the needs of older adults
- Outreach at events to share information on the work of the Commission and Aging and Disability Services
- Review Older Americans Act funding allocations
- Review and approval of the Area Plan
- Dialogue with community organizations to assure the quality and integrity of services
- Advocate on issues related to older adults and adults with disabilities
- Support planning and development of programs for the county's ethnically, culturally, and racially diverse population
- Promote diversity, equity, and inclusion for all older residents

The CoA has formed four committees to focus on key issues and develop recommendations for BoS and ADS consideration:

- The Executive Committee
- The Information, Resources and Community Engagement (IRCE) Committee
- The Aging Readiness and Family Caregiver Support (ARFCS) Committee
- The Social Isolation and Transportation (SIT) Committee

Meetings are held monthly, and the work of the Commission is presented in the form of an annual report to the BoS in the month of May to celebrate and acknowledge Older Americans month in the county.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

Commission on Disabilities

San Mateo County BoS authorized Resolution No. 55400, adopted on September 10, 1991 and last modified by Resolution 65334, adopted on June 18, 2002 to confirm the creation of the Commission on Disabilities whose purpose is to ensure full community participation of people with disabilities.

15 members are appointed by the Board of Supervisors. The purpose of the Commission follows:

- Advise the Board of Supervisors on disabilities-related issues
- Educate San Mateo County on the needs of people with disabilities
- Create opportunities for people with disabilities
- Coordinate resources for people with disabilities
- Advocate for people with disabilities on systems issues
- Highlight the accomplishments of people with disabilities

The CoD has formed six committees to focus on key issues and develop recommendations for BoS consideration:

- The Executive Committee
- The Legislation, Advocacy & Outreach Committee
- Americans with Disabilities Act (ADA) Compliance Committee
- Special Events Committee
- Youth and Family Committee
- Accessible Transportation Committee

Meetings are held monthly, and the work of the Commission is presented in the form of an annual report to the BoS in the month of October to acknowledge Disability Awareness Month.

Public Authority Advisory Committee

The Public Authority Advisory Committee provides public input regarding operation of the In-Home Supportive Services (IHSS) home care provider registry, training for IHSS providers and consumers, and ongoing advice and assistance related to Public Authority policy and program development. The Committee meets six times per year and consists of five members. Most members are current or former IHSS consumers.

These three advisory groups provide ongoing opportunities for consumers and community advocates to influence policy development and systems change recommendations.

New Beginning Coalition

The New Beginnings Coalition (NBC), convened by the AAA, is a broad-based network of providers whose mission is to improve the quality of life of San Mateo County's diverse population of older adults and adults with disabilities. The coalition is responsible for long-range planning related to the continuum of services, community education, and advocacy efforts, with

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

participation from a wide range of organizations and individuals. The purpose of the coalition is to support a goal-based strategic planning approach across the county's service system.

Through participation in NBC, members stay informed about issues, identify available resources, collaborate to address service gaps, and contribute to strengthening the local service delivery system. NBC members may also participate in planning projects, service development efforts, and community needs assessment activities.

NBC currently participates in collaborative groups that support implementation of Area Plan goals, including:

- the Behavioral Health and Recovery Services Older Adult Committee;
- Commission on Aging committees;
- the Commission on Disabilities, including the ADA Compliance Committee;
- Health Equity Initiatives led by Behavioral Health and Recovery Services staff and community stakeholders concerned with the mental health needs of the Older Americans Act population in San Mateo County; and the Fall Prevention Coalition of San Mateo County.

It is anticipated that members of these collaboratives will continue supporting implementation of the 2024–2028 Area Plan. Additional workgroups will be formed as needed to advance specific goals and objectives.

Age Forward Coalition of San Mateo County

In response to increasing challenges faced by providers attempting to meet community needs with limited resources, coalition members identified the need for an advocacy-centered body independent of the AAA that could advance a platform focused on the program and service needs of older adults, adults with disabilities, and caregivers in San Mateo County. In 2019, the Age Forward Coalition of San Mateo County was formed. The Age Forward Coalition is a broad consortium of nonprofit organizations, community-based organizations, and advocates committed to addressing the growing need for services and support for people age 60 and older, adults with disabilities, and their caregivers.

The Coalition is committed to maintaining, protecting, promoting, and enhancing services for the target population in San Mateo County in order to support the highest possible level of independence, health, and well-being and to help make San Mateo County a more aging- and disability-friendly community.

The Coalition also provides a forum for community organizations to network, exchange information, provide leadership, build community-wide capacity, and advance shared goals that improve the lives of San Mateo County older adults, adults with disabilities, and caregivers. In addition, the Coalition engages in advocacy and serves as a catalyst for partnerships that can identify and pursue funding opportunities for the target population.

Source: U.S. Census, QuickFacts: San Mateo County California, San Mateo County Health 2023 Community Health Assessment and 2024-2026 Community Health Improvement Plan, UCLA California Elder Index

San Mateo County Age-Friendly Initiative

The San Mateo County Age-Friendly Initiative began in 2018. With support from the Board of Supervisors, funds were allocated to Aging and Disability Services to contract with the Center for Age-Friendly Excellence (CAFÉ) to support efforts aimed at helping each city in the county pursue age-friendly designation. Since the initiative began, all cities were approached and offered assistance in developing age-friendly applications for submission to the World Health Organization. In subsequent years, AARP assumed a leading role in this work through what is now known as the AARP Network of Age-Friendly States and Communities. The initiative is grounded in the belief that communities are more livable and better able to support people of all ages when local leaders commit to improving quality of life for younger residents, older residents, and everyone in between.

Measure K

In 2012, the San Mateo County Board of Supervisors placed a half-cent sales tax measure on the November ballot to generate local revenue for local needs. The measure was proposed following several years of recession-related budget cuts and ongoing uncertainty in state and federal funding. Originally approved as Measure A, the tax was extended by voters for an additional 20 years through the November 2016 ballot measure. Following a randomized alphabet drawing, Measure A was redesignated as Measure K.

As a result of advocacy and testimony presented at public hearings during 2022–2023, older adults were added as a priority population for Measure K allocations. Measure K Notice of Funding Opportunity applications were released in October 2023. In FY 2024–2027, a total of $3,600,000 will support expansion and enhancement of services for family caregivers, efforts to address social isolation and loneliness among older adults, improved accessible transportation, and strategies to reduce barriers to inclusion for people with disabilities.

Master Plan for Aging (MPA)

Since release of California’s Master Plan for Aging in January 2021, the Commission on Aging, the New Beginnings Coalition, the Age Forward Coalition of San Mateo County, and existing Older Americans Act contracted providers have discussed and considered the plan’s five bold goals and related initiatives. There is strong interest in developing a local implementation playbook; however, that work has not yet begun. Further discussion is underway regarding scope, approach, and identification of funding needed to support local implementation efforts.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

Aging and Disability Services (ADS) engaged key advisory and community partners in the development of the 2024–2028 Area Plan and the annual update. The planning process included participation by the New Beginnings Coalition, the Commission on Aging, the Commission on Disabilities, the Age Forward Coalition of San Mateo County, and CAFÉ (Center for Age-Friendly Excellence). ADS staff attended and helped facilitate regular meetings of these groups and provided updates throughout the planning process.

A significant addition to the planning process was use of the California Department of Aging's Community Assessment Survey for Older Adults (CASOA), the first statewide survey designed to gather input directly from California residents age 55 and older regarding the programs and services they will need in the coming years. Survey findings provided each participating Area Agency on Aging with information on six dimensions affecting the well-being and satisfaction of older adults in their communities:

- Community Design
- Employment and Finances
- Equity and Inclusivity
- Health and Wellness
- Information and Assistance
- Productive Activities

To avoid survey fatigue, ADS relied primarily on the CASOA findings for San Mateo County to help shape the goals and objectives in this Area Plan. ADS also reviewed relevant local data sources, including:

- Spring 2022-2023 Community Health Needs Assessment compiled by the San Mateo County Health Office of Epidemiology and Evaluation
- December 2023 Long-Term Care Survey conducted by Ombudsman Services of San Mateo County

Survey results were presented to the community at the February 12 Commission on Aging general meeting and the March 5 New Beginnings Coalition Summit. Based on the data and feedback received, the Title IIIB adequate proportion allocations remain unchanged. The planning process identified the following priority needs and service gaps:

- High housing costs and overall cost of living continue to affect older adults.
- Depression and social isolation remain significant concerns.
- Chronic conditions, including pain, asthma, arthritis, and chronic lung disease, continue to affect quality of life.
- Additional fall prevention support is needed.
- Many older adults are not aware of available services, and senior centers remain underutilized.
- Expanded transportation options are needed.
- Family caregivers need support, including respite and other caregiver assistance.
- Additional food and nutrition resources are needed.

The planning results were taken to develop goals and objectives for review and input at the March 10, 2025 Public Hearing.

SECTION 5. NEEDS ASSESSMENT & TARGETING

As the Area Agency on Aging (AAA) for Planning and Service Area 08, Aging and Disability Services is required to prioritize services for older adults with the greatest economic need and greatest social need, as defined in Welfare and Institutions Code section 9015. “Greatest economic need” refers to need resulting from an income level at or below the poverty threshold established by the U.S. Census Bureau. “Greatest social need” includes need caused by physical or mental disability, language barriers, and cultural or social isolation associated with racial or ethnic status, sexual orientation, HIV status, gender identity, or gender expression.

In San Mateo County, the federal poverty measure does not fully reflect local living costs. For that reason, ADS also considers the California Elder Index, developed by the UCLA Center for Health Policy Research, as an important planning tool. The Elder Index provides a more locally relevant estimate of the cost of basic living expenses for older adults by accounting for county-level variation in housing and other essential costs. This helps identify older adults whose incomes may exceed the federal poverty threshold but remain insufficient to meet basic living needs in this high-cost county.

For example, the 2026 federal poverty guideline for a one-person household is substantially lower than the income often needed to meet basic expenses in San Mateo County. This disparity highlights the challenges faced by many of the county’s “hidden poor.” In recognition of this issue, the Commission on Aging established an Aging Readiness and Family Caregiver Support Committee to focus on the needs of this population.

Prioritizing individuals with the greatest social need remains central to ADS planning and service delivery. ADS emphasizes diversity, equity, and inclusion across its programs and works closely with Behavioral Health and Recovery Services to connect older adults and adults with disabilities to mental health services and supports. San Mateo Medical Center, as part of County Health, also connects older adults to ADS programs and services as appropriate, particularly those experiencing social, environmental, or health-related challenges.

Demographic data confirm that San Mateo County is highly diverse. The county has a large older adult population and substantial racial, ethnic, linguistic, and immigrant diversity. These characteristics reinforce the need for linguistically responsive outreach, culturally appropriate programming, and equitable access to services for older adults, adults with disabilities, and caregivers. ADS also continues to strengthen outreach and service connections for residents living in rural and Coastside communities, where access to services may be more limited. Needs identified through the current planning process for these communities are reflected in the goals and objectives of this Area Plan.

ADS also recognizes the importance of understanding the needs of LGBTQIA+ older adults and adults with disabilities. Findings from prior county wellness assessment work identified concerns related to access to LGBTQIA+ groups and resources, housing stability, and social isolation among older respondents. Although the assessment predates this update, the themes remain relevant and are reflected in this Area Plan’s goals and objectives.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

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[2] 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 42 % 25-26 42 % 26-27 42 % 27-28 _____ %

In-Home Services:

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

2024-25 45 % 25-26 45 % 26-27 45 % 27-28 _____ %

Legal Assistance Required Activities:[3]

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

2024-25 13 % 25-26 13 % 26-27 13 % 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.

To determine adequate proportions, ADS reviewed needs assessment findings, information received at the public hearing, existing allocation levels, program utilization, and expenditures, including performance in programs that have under-expended funds or not met service objectives. The assessment identified several ongoing needs, including the high cost of living and housing, depression and social isolation, limited awareness of available services, underuse of senior centers, and increasing prevalence of chronic conditions and falls among older adults. Based on these findings, funding allocations remain at 42 percent for Access services, 45 percent for In-Home Services, and 13 percent for Legal Assistance Required Activities.

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?[4] Yes or No	Was hearing held at a Long-Term Care Facility?[5] Yes or No
2024-2025	3/11/2024	455 County Center, Room 100, Redwood City CA 94063	33	No	No
2025-2026	3/10/2025	455 County Center, Room 100, Redwood City, CA 94063	31	No	No
2026-2027	5/11/2026	500 County Center, Manzanita Hall, Redwood City, CA 94063	32	No	No
2027-2028					

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 published in the *San Mateo Daily Journal*, a newspaper of general circulation in San Mateo County, at least 30 days before the hearing. The notice was also emailed to all contracted Older Americans Act providers in PSA 08, including providers serving long-term care residents, homebound older adults, and adults with disabilities. To reach non-contracted providers and the broader community, the notice was also distributed to members of the New Beginnings Coalition, which includes approximately 215 contracted and non-contracted providers and community members.

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

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 the minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

   Public comments and commissioner discussion addressed the basis for the AAA's Title IIIB priority service funding levels. Staff explained that supportive services funding decisions are informed by local needs assessment data, survey findings, program utilization, and community input. Staff also noted that transportation funding within the Access category had previously been modified in response to Commission recommendations, while the other supportive services categories remained largely unchanged. No requests were made at the hearing to revise the minimum percentages for Title IIIB priority services.

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

   Commissioners discussed proposed California Department of Aging funding formula changes and asked which service areas could be affected. Staff explained that, if implemented, impacts could be experienced across multiple program areas, including nutrition, family caregiver support, adult day health, and transportation. Commissioners also asked about potential Medicaid reductions. Staff clarified that Medicaid does not directly fund the Area Plan services discussed at the hearing, although broader federal and state budget changes could affect County systems more generally. The extent of any downstream impact on aging and disability services remains unknown at this time.

   Commissioners also requested additional allocation detail by program and expressed concern regarding the current level of funding received relative to the number of county residents age 60 and older. No public comments or questions were received from Zoom participants.

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 received at the public hearing.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

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.

Goal # 1

Goal 1: The AAA will continue to identify and implement effective methods for providing information and education about supportive services available to older adults, adults with disabilities, and caregivers.

Rationale: Needs assessment findings and input received through community presentations and the summit consistently identified a need to improve awareness of available services. Access to clear information about services is essential to support older adults and adults with disabilities who wish to remain in their homes and communities.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
1a. ADS staff will work with the Public Information Officer to explore development of a resource website or service portal.	7/1/2024 – 6/30/2028	Admin	Continued
1b. ADS staff will support the Commission on Aging Resource Access and Inclusion Committee with outreach and event tabling throughout the county.	7/1/2024 – 6/30/2028	Admin	Continued

1c. ADS staff will increase production and distribution of Help@Home guides and other program brochures and materials in multiple languages.	**7/1/2024 – 6/30/2028**	**Admin**	**Continued**
1d. ADS staff will identify additional locations where older adults gather and where information about services can be distributed.	**7/1/2024 – 6/30/2028**	**Admin**	**Continued**
1e. ADS staff will promote the ADRC program launched on July 1, 2024, to increase the county's capacity to inform and connect older adults and people with disabilities to services.	**7/1/2024 – 6/30/2028**	**Admin ADRC Grant**	**Continued**

Goal # 2

Goal: The AAA will promote community-based and health-related services that help older adults and adults with disabilities remain in their communities and age in place.

Rationale: Access to health and community support services improves wellness, independence, and quality of life, thereby increasing the ability of older adults and adults with disabilities to age in place.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2a. ADS staff will support the Fall Prevention Coalition of San Mateo County and administer the Dignity at Home Fall Prevention Grant.	**7/1/2024 - 6/30/2028**	**Admin and grant support**	**Continued**
2b. ADS staff will promote the PEARLS (Program to Encourage Active, Rewarding Lives) evidence-based program.	**7/1/2024 – 6/30/2028**	**Admin CDA Title IIID Contract**	**Continued**
2c. ADS staff will continue collaborating with Behavioral Health and Recovery Services to identify and strengthen supports for older adults through existing programs.	**7/1/2024- 6/30/2028**	**Admin**	**Continued**

Goal # 3

Goal: The AAA will strengthen the capacity of caregivers to provide needed care so that family members can remain safely at home and avoid unnecessary institutional placement.

Rationale: The planning process identified a continuing need for greater awareness of caregiver supports and services. Informal caregivers are better able to sustain caregiving when they have access to training, respite, and other supportive resources.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3a. ADS staff will work with the Family Caregiver Collaborative to identify training opportunities that build caregiver skills and confidence in managing caregiving responsibilities.	7/1/2024-6/30/2028	Admin General	Continued
3b. ADS staff will explore opportunities to collaborate with the IHSS Public Authority to strengthen respite connections for Family Caregiver Support Program participants.	7/1/2024 – 6/30/2028	Admin Title IIIE	Continued

Goal # 4

Goal: The AAA will prioritize opportunities to support programs and services that address social isolation, loneliness, and depression among older adults and adults with disabilities.

Rationale: The San Mateo County Board of Supervisors adopted a resolution in January 2024 declaring social isolation and loneliness among older adults to be a public health crisis. This issue was also consistently identified through the needs assessment process, commission discussions, and the New Beginnings Coalition summit.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
4a. ADS staff will initiate meetings with Behavioral Health and Recovery Services to identify additional partnership opportunities	7/1/2024 – 6/30/2028	Admin	Continued

and supports for individuals experiencing social isolation, loneliness, and depression.			
4b. ADS staff will support the work of the Institute on Aging Friendship Line as a resource for crisis support, connection, and intervention.	**7/1/2024 – 6/30/2028**	**Admin County**	**Continued**

SECTION 8. SERVICE UNIT PLAN (SUP)

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

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 on the units of service 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.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work

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

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

Homemaker (In-Home) Unit of Service = 1 hour

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

Chore (In-Home) Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
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	2,932	2,3,4	
2025-2026	3,132	2,3,4	
2026-2027	3,200	2,3,4	
2027-2028			

Case Management (Access) Unit of Service = 1 hour

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	750	2,3,4	
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	24,265	2,3,4	
2025-2026	20,895	2,3,4	
2026-2027	15,725	2,3,4	
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	4,950	1	
2025-2026	4,950	1	
2026-2027	3,675	1	
2027-2028			

Outreach (Access) Unit of Service = 1 contact

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

Legal Assistance Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,616	1,2,3	
2025-2026	2,511	1,2,3	
2026-2027	2,375	1,2,3	
2027-2028			

Congregate Meals Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	122,315	1,2,3,4	
2025-2026	130,640	1,2,3,4	
2026-2027	162,236	1,2,3,4	
2027-2028			

Home-Delivered Meals — Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	215,197	1,2,3,4	
2025-2026	224,605	1,2,3,4	
2026-2027	250,182	1,2,3,4	
2027-2028			

Nutrition Counseling — Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4	1,2	
2025-2026	8	1,2	
2026-2027	8	1,2	
2027-2028			

Nutrition Education — Unit of Service = 1 session

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	76	1,2	
2025-2026	80	1,2	
2026-2027	80	1,2	
2027-2028			

3. 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 **Unit of Service**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	Senior Center Activities 1,024	1,2,4	
2027-2028			

4. Title IIID/Health Promotion—Evidence-Based

- Provide the specific name of each proposed evidence-based program.

Evidence-Based Program Name(s): Program to Encourage Active and Rewarding Lives (PEARLS)

Add additional lines if needed.

Unit of Service = 1 session

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	200	1,2,3,4	
2025-2026	200	1,2,3,4	
2026-2027	200	1,2,3,4	
2027-2028			

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 2022-2023 was 52%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	772	1174	66%	80 % 2024-2025
2023-2024	468	621	75%	80 % 2025-2026
2024-2025	499	594	84%	80 % 2026-2027
2025-2026				_____ % 2027-2028

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended 9 FY 2024-2025 Target: 20
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended 25 FY 2025-2026 Target: 25
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended 52 FY 2026-2027 Target: 52
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 6 FY 2024-2025 Target: 10
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 7 FY 2025-2026 Target: 12
3. FY 2024-2025 Baseline: Number of Family Council meetings attended 10 FY 2026-2027 Target: 15
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____

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 190 FY 2024-2025 Target: 350
2. FY 2023-2024 Baseline: Number of Instances 407 FY 2025-2026 Target: 410
3. FY 2024-2025 Baseline: Number of Instances 500 FY 2026-2027 Target: 500
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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 690 FY 2024-2025 Target: 700
2. FY 2023-2024 Baseline: Number of Instances 1230 FY 2025-2026 Target: 1200
3. FY 2024-2025 Baseline: Number of Instances 2171 FY 2026-2027 Target: 2171

4. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____

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 _45__ FY 2024-2025 Target: _60___
2. FY 2023-2024 Baseline: Number of Sessions _98__ FY 2025-2026 Target: _80___
3. FY 2024-2025 Baseline: Number of Sessions _95__ FY 2026-2027 Target: 95____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____

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.

Please provide information for the Table below:

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

The program will pursue the following systems advocacy efforts in FY 2024–2025:

- Collaborate with CLTCOA to support legislation that strengthens Ombudsman services and protects the rights of long-term care residents.
- Establish monthly coordination meetings with the California Department of Social Services, the California Department of Public Health, and Golden Gate Regional Center.
- Recruit and train a specialized group of volunteers to support Adult Residential Facilities (ARFs).
- Provide Ombudsman training to first responders and community partners.
- Conduct community education presentations throughout San Mateo County regarding elder abuse, resident rights, neglect, and the role of the Ombudsman Program.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

During FY 2024–2025, the program:

- Participated with CLTCOA in legislative advocacy efforts to support Ombudsman services and protect the rights of long-term care residents.
- Established regular coordination meetings with the California Department of Social Services, the California Department of Public Health, Golden Gate Regional Center, Health Plan of San Mateo, Legal Aid, San Mateo Adult Protective Services, and the Institute on Aging.
- Continued recruitment of specialized volunteers to support Adult Residential Facilities.
- Provided Ombudsman training to community partners.
- Conducted community education presentations across San Mateo County on elder abuse, resident neglect, and related long-term care issues.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

The program will pursue the following systems advocacy efforts in FY 2025–2026:

- Provide community education presentations for residents of long-term care facilities and their families on issues affecting older adults and long-term care residents.

- Offer monthly educational events on Advance Health Care Directives throughout San Mateo County.
- Establish a countywide Family Council to provide a forum for families of residents in the county's skilled nursing facilities.
- Implement a memorandum of understanding with EDAPT to support victims of financial abuse.
- Work with partners to address intercounty barriers affecting access to care and housing.

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

During FY 2025–2026, the program:

- Provided monthly community education presentations on topics including elder abuse, financial planning, hearing loss, and conservatorship.
- Participated with CLTCOA in legislative advocacy efforts to support Ombudsman services and protect the rights of long-term care residents.
- Maintained regular coordination meetings with the California Department of Social Services, the California Department of Public Health, Health Plan of San Mateo, Legal Aid, San Mateo Adult Protective Services, the Institute on Aging, and California Advocates for Nursing Home Reform.
- Developed a focused initiative for Adult Residential Facilities to identify facilities requiring increased Ombudsman attention and coverage.

FY 2026-2027 Systems Advocacy Effort(s):

The program will pursue the following systems advocacy efforts in FY 2026–2027:

- Provide mandated reporter and elder abuse training for first responders throughout San Mateo County.
- Support a countywide Family Council that offers virtual and in-person education, support, and connection for families of long-term care residents.
- Conduct community education presentations on topics relevant to older adults living in the community and in long-term care settings.
- Offer monthly trainings on Advance Health Care Directives to support advance care planning and informed decision-making.
- Expand use of the Ombudsman "Concern Card," including QR code access, to allow facility staff to report concerns anonymously.

FY 2027-2028

Outcome of 2026-2027 Efforts:

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.

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 16 = Baseline 100 %
FY 2024-2025 Target: 100%

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 16 = Baseline 100%

FY 2025-2026 Target: 100%

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 16 = Baseline 100%

FY 2026-2027 Target: 100%

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: _____

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 207 divided by the total number of RCFEs 223 = Baseline 93 %

   FY 2024-2025 Target: 100 %

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 209 divided by the total number of RCFEs 222 = Baseline 94 %

   FY 2025-2026 Target: 100%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 232 divided by the total number of RCFEs 250 = Baseline 92.8 %

   FY 2026-2027 Target: 100%

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: _____

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: 6.22 FTEs FY 2024-2025 Target: 7.9 FTEs
2. FY 2023-2024 Baseline: 5.97 FTEs FY 2025-2026 Target: 7.9 FTEs
3. FY 2024-2025 Baseline: 5.9 FTEs FY 2026-2027 Target: 9.5 FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 26 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 30
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 30 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 35
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers 32 FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 35
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

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.

Fiscal Year 2024-2025 The provider has added a database expert to their team who also functions as the Office Manager. She ensures that data is entered correctly and consistently across all volunteer and staff ombudsmen. She is responsible for data reporting and data integrity. She reviews all cases each week to make sure there is timeliness and responsiveness for complaint resolution.
Fiscal Year 2025-2026 The provider has hired an Operations Manager to manage the data in ODIN more efficiently and keep all other staff members in the loop. She reviews outstanding cases to ensure they are being closed out properly, as well as all activities. Weekly staff meetings are held to discuss open cases in ODIN and problem-solving resolution rates.
Fiscal Year 2026-2027 The provider has hired a part-time administrative assistant to support staff with data-related issues and ensure cases, assignments, and activities are properly reviewed. They have also hired an Ombudsman Program Manager and a Regional Supervisor, improving staff communication and oversight. In addition, upgraded computer docking stations were purchased. Ombudsman volunteers under the leadership of the Operations Manager expanded community education efforts throughout the county.
Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

☐	Ombudsman Program
☐	Legal Services Provider
☒	Adult Protective Services
☐	Other (explain/list)

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 IIIE Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

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

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

- **Training Sessions for Caregivers Served by Title IIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE 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.

•

PSA 08

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: _____

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	1,000	1,000	1,000	
Public Education Sessions	10	10	10	
Training Sessions for Professionals				
Training Sessions for Caregivers served by Title IIIE				
Hours Spent Developing a Coordinated System				

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	13,000	Help@Home guides, fall prevention brochures and elder abuse materials.
2025-2026	13,000	Help@Home guides, fall prevention brochures and elder abuse materials.
2026-2027	13,000	Help@Home guides, fall prevention brochures and elder abuse materials.
2027-2028		

PSA 08

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

The Title IIIE Service Unit Plan (SUP) uses the five federally mandated service categories below that encompass 16 subcategories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from **Section 7 Area Plan Narrative Goals and Objectives**.

Direct and/or Contracted IIIE Services – Caregivers of Older Adults (COA)

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder. All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

SUB-CATEGORIES (16 total)	**1**	**2**	**3**
Caregivers of Older Adults (COA)	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
COA Caregiver Access Case Management	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	50	1,2,3,4	
2026-2027	N/A		
2027-2028			
COA Caregiver Access Information & Assistance	**Total Contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	1,051	1,2,3,4	
2025-2026	450	1,2,3,4	
2026-2027	N/A		
2027-2028			

COA Caregiver Information Services	**# Of activities: Total est. audience for above:**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	**# Of activities: 112 Total est. audience for above:500**	1,3,4	
2025-2026	**# Of activities:110 Total est. audience for above:500**	1,3,4	
2026-2027	**# Of activities: 10 Total est. audience for above:**	1,3,4	
2027-2028	**# Of activities: Total est. audience for above:**		
COA Caregiver Support Training	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	50	1,3,4	
2025-2026	250	1,3,4	
2026-2027	300	1,3,4	
2027-2028			
COA Caregiver Support Groups	**Total Sessions**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	50	1,3,4	
2025-2026	75	1,3,4	
2026-2027	510	1,3,4	
2027-2028			
COA Caregiver Support Counseling	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	340	1,3,4	
2025-2026	340	1,3,4	
2026-2027	250	1,3,4	
2027-2028			
COA Caregiver Respite In-Home	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	2,172	1,2,3,4	
2025-2026	1,293	1,2,3,4	
2026-2027	2,102	1,2,3,4	
2027-2028			

COA Caregiver Respite Out-of-Home Day Care	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Respite Out-of-Home Overnight Care	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Respite Other	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	20	1,2,3,4	
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	**Total Contacts**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	663	1,3,4	
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	9	3	
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

COA Caregiver Supplemental Services Home Modifications	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	39	2	
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	150	3	
2026-2027	135		
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers (ORC)

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
ORC Caregiver Access Case Management	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Access Information & Assistance	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	79	1,3,4	
2025-2026	432 (contacts)	1,3,4	
2026-2027	N/A		
2027-2028			
ORC Caregiver Information Services	**# Of activities:** **Total est. audience for above:**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	**# Of activities: 10** **Total est. audience for above:25**	1,3,4	
2025-2026	**# Of activities: 25** **Total est. audience for above:100**	1,3,4	
2026-2027	**# Of activities: N/A** **Total est. audience for above:**		
2027-2028	**# Of activities:** **Total est. audience for above:**		
ORC Caregiver Support Training	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	250	1,3,4	
2025-2026	24	1,3,4	
2026-2027	N/A		
2027-2028			

ORC Caregiver Support Groups	**Total Sessions**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	12	1,3,4	
2025-2026	24	1,3,4	
2026-2027	N/A		
2027-2028			
ORC Caregiver Support Counseling	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	312	1,3,4	
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite In-Home	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	320	1,3,4	
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

ORC Caregiver Respite Other	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Legal Consultation	**Total Contacts**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Consumable Supplies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Home Modifications	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

ORC Caregiver Supplemental Services Caregiver Assessment	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

PSA 08

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: HICAP is assessed based on State and Federal Performance Measures. AAAs should complete the service unit plan with targets that meet or improve on each PM.

Contact **CDA.**HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions

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

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 Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	880	1,2,4
2025-2026	882	1,2,4
2026-2027	874	1,2,4
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	70	1,2,4
2025-2026	54	1,2,4
2026-2027	57	1,2,4
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	2,000	1,2,4
2025-2026	2,218	1,2,4
2026-2027	2,111	1,2,4
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	500	1,2,4
2025-2026	5,352	1,2,4
2026-2027	2,490	1,2,4
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	70	1,2,4
2025-2026	99	1,2,4
2026-2027	147	1,2,4
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	800	400	X	400	1,2,4
2025-2026	1,012	614	X	398	1,2,4
2026-2027	674	427	X	247	1,2,4
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1,700	1,2,4
2025-2026	2,197	1,2,4
2026-2027	2,098	1,2,4
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)[8]

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses.

Designated Community Focal Point/Senior Center	Address
1. Alzheimer's Association of Northern California & Northern Nevada	1060 La Avenida St. Mountain View, CA 94043
2. Catholic Charities CYO San Carlos Adult Day Services	787 Walnut Street San Carlos, CA 94070
3. Center for the Independence of Individuals with Disabilities	1515 S. El Camino Real, Suite 400 San Mateo, CA 94402
4. City of Belmont Senior and Community Center 20 Twin Pines Lane B	20 Twin Pines Lane Belmont, CA 94402
5. City of Brisbane Senior Center	2 Visitacion Avenue Brisbane, CA 94005
6. City of Burlingame Recreation Older Adult and Senior Programs	850 Burlingame Avenue Burlingame, CA 94010
7. City of Daly City Senior/Adult Services Doelger Center	101 Lake Merced Blvd. Daly City, CA 94015
8. City of Daly City Lincoln Community Center	901 Brunswick Street Daly City, CA 94014
9. City of East Palo Alto: East Palo Alto Senior Center Inc.	56 Bell Street East Palo Alto, CA 94303
10. City of Menlo Park Senior Center	110 Terminal Avenue Menlo Park, CA 94015
11. City of Millbrae Recreation Department Senior Activities	623 Magnolia Avenue Millbrae, CA 94030
12. City of Pacifica Senior Services Center	540 Crespi Drive Pacifica, CA 94044
13. City of San Bruno Senior Center	1555 Crystal Springs Road San Bruno, CA 94066
14. City of San Mateo Senior Center	2645 Alameda de las Pulgas San Mateo, CA 94403
15. City of San Mateo Martin Luther King Community Center	725 Mount Diablo San Mateo, CA 94401

16. City of South San Francisco Adult Day Care	601 Grand Avenue South San Francisco, CA 94080
17. City of South San Francisco Magnolia Senior Center	601 Grand Avenue South San Francisco, CA 94080
18. Coastside Adult Day Health Center	925 Main Street Half Moon Bay, 94019
19. Edgewood Center for Children and Families	957B Industrial Road San Carlos, CA 94070
20. Family Caregiver Alliance	101 Montgomery, Suite #2150 San Francisco, CA 94103
21. Fair Oaks Community Center	2600 Middlefield Road Redwood City, CA 94063
22. Foster City Senior Wing	650 Shell Blvd. Foster City, CA 94014
23. Kimochi, Inc.	453 N. San Mateo Drive, San Mateo, CA 94401
24. Legal Aid Society of San Mateo County	330 Twin Dolphin Drive, Suite 123 Redwood City, CA 94065
25. AgeUp	1333 Madison Avenue, Redwood City, CA 94061
26. Peninsula Family Service	24-2nd Avenue San Mateo, CA 94401
27. Peninsula Volunteers, Inc. Rosener House	500 Arbor Road Menlo Park, CA 94025
28. Peninsula Volunteers, Inc. Little House	800 Middle Avenue Menlo Park, CA 94025
29. Puente de la Costa Sur	620 North Street, Pescadero, CA 94060
30. Ron Robinson Senior Care Center San Mateo Medical Center	222 39th Avenue San Mateo, CA 94403
31. San Carlos Adult Community Center	601 Chestnut Street San Carlos, CA 94070
32. San Mateo County Aging and Disability Services	2000 Alameda de las Pulgas, San Mateo, CA 94403
33. Second Harvest Food Bank Brown Bag Program	1051 Bing Street San Carlos, CA 94070
34. Self Help for the Elderly/HICAP	50 East 5th Avenue San Mateo, CA 94401
35. Senior Coastsiders	535 Kelly Avenue Half Moon Bay, CA 94019
36. Sequoia Hospital Health and Wellness Center	749 Brewster Redwood City, CA 94063
37. Veterans Memorial Senior Center	1455 Madison Avenue Redwood City, CA 94061

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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 IIIE and/or matching FCSP funds for both. This must be completed and updated annually.

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.**

Caregiver of Older Adult (COA) Services

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder.

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☐ Case Management ☐ Information and Assistance	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Information Services ☐ Information Services	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Support ☐ Training ☐ Support Groups ☐ Counseling	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Respite ☐ In Home ☐ Out of Home (Day) ☐ Out of Home (Overnight) ☐ Other:	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Supplemental ☐ Legal Consultation ☐ Consumable Supplies ☐ Home Modifications ☐ Assistive Technology ☐ Other (Assessment) ☐ Other (Registry)	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No

☐

Older Relative Caregiver (ORC) Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☐ Case Management ☐ Information and Assistance	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Information Services ☐ Information Services	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Support ☐ Training ☐ Support Groups ☐ Counseling	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Respite ☐ In Home ☐ Out of Home (Day) ☐ Out of Home (Overnight) ☐ Other:	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No
Caregiver Supplemental ☐ Legal Consultation ☐ Consumable Supplies ☐ Home Modifications ☐ Assistive Technology ☐ Other (Assessment) ☐ Other (Registry)	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No	☐ Yes Direct ☐ Yes Contracted ☐ No

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.
2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary
3. Where is the service provided (entire PSA, certain counties)?
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIE funds

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.

Example of Justification:

1. Provider name and address:
   ABC Aging Services
   1234 Helping Hand Drive
   City, CA Zip
2. Description of the services(s) they provide (services should match those in the CDA

Service Category and Data Dictionary):
This agency offers Supplemental Services/Home Modifications and Supplemental Services/Assistive Technologies. We can refer family caregivers in need of things such as shower grab bars, shower entry ramp, medication organizer/dispenser, iPad for virtual medical visits, etc.

3. Where are the service is provided (entire PSA, certain counties, etc.)? *Entire PSA*
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIE funds?
This agency is listed in our Information and Assistance Resource File as a non-OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up to date.

SECTION 11. LEGAL ASSISTANCE INSTRUCTIONS

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act designates legal assistance as a priority service under Title IIIB. In this section, the AAA must provide information about how the AAA provides legal services within the PSA. This section must be completed and submitted annually by completing the required form.

CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, Areas Agency on Aging (AAAs), and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services.

Instructions

Use the form titled **Section 11. Legal Assistance Template** on the following page to:

- Describe the purpose of legal services.
- Identify Title IIIB funding allocated to legal services.
- Identify if any voluntary contributions are solicited to support legal services.
- Describe changes in legal services needs throughout the PSA.
- Describe the targeted population(s) for legal services and methods for reaching targeted population(s).
- Identify the number of legal service providers in the PSA.
- Specify how the CDA-developed *California Statewide Guidelines for Legal Assistance*, meant for use as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal, are implemented in your PSA.

References

- 42 U.S.C. §§ 3025(a)(2)(E), 3026(a)(2)(c) and (a)(11)
- 42 U.S.C. § 3030c-2(b)
- 45 CFR § 1321.71
- WIC §§ 9015 and 9103.1
- 22 CCR §§ 7575, 7577 and 7579

SECTION 11. LEGAL ASSISTANCE TEMPLATE (Revised 2026)

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to legal services?1

   13% of Title IIIB funding is allocated to support Legal Services.

2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.

   Legal Aid SMC provides program participants with the opportunity to make voluntary contributions to support OAA funded programs as stated in our Voluntary Contributions Policy (attached).

3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?

   Legal Aid SMC participates in regular monitoring and reporting activities conducted by San Mateo County Aging and Disability Services including program monitoring reviews, contract compliance/fiscal reviews, and ongoing communication regarding service delivery requirements.

4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.

   Legal Aid SMC works closely with San Mateo County Aging and Disability Services to coordinate the delivery of legal services to older adults throughout the county. The partnership includes ongoing communication regarding service delivery, reporting, outreach coordination, and compliance with OAA requirements. Partnership activities include:

   • Participation in program monitoring and contract compliance reviews;
   • Coordination regarding outreach to underserved and high-need older adults;
   • Discussion of service priorities affecting older adults, including elder abuse, housing stability, public benefits, health care access, long-term care issues, consumer issues, and conservatorship matters;
   • Coordination regarding language access and culturally responsive services;
   • Discussion of emerging legal needs and trends affecting older adults in San Mateo County; and
   • Collaboration with community-based organizations, senior centers, senior housing sites, and service providers serving older adults.

Legal Aid SMC also provides community education presentations and trainings to community organizations and county agencies to increase awareness of legal issues affecting older adults and improve referral pathways.

5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?

Legal Aid SMC prioritizes legal issues that most directly affect the safety, stability, health, and independence of older adults in San Mateo County. The top priority legal areas include:

- Elder abuse prevention and protection;
- Housing and utilities issues, including eviction prevention and housing stability;
- Health care, long-term care, and public benefits issues; and
- Planning and personal autonomy issues, including conservatorship-related matters.

Additional areas of service include consumer issues, and income and nutrition benefits.

6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?

Over the past several years, Legal Aid Society of San Mateo County has continued to identify significant legal needs among older adults related to housing stability, elder abuse, health care access, public benefits, long-term care, and social isolation. Rising housing costs and inflation have increased financial insecurity for many older adults in San Mateo County.

For older adults living on fixed incomes, particularly those receiving Supplemental Security Income, available benefits are often insufficient to cover housing costs in San Mateo County. As a result, some older adults continue working in order to meet basic living expenses. Legal Aid has seen cases involving older adults in their eighties working in rideshare or similar jobs to pay rent, which in turn can lead to Social Security overpayment assessments and further financial hardship. As a result, Legal Aid has seen an increase in requests for assistance related to Social Security overpayments.

Over the past year, the Elder and Disability Rights Project Coordinator has developed expertise in assisting clients with overpayment waiver requests and requests to reduce overpayment recovery rates, allowing the program to respond more effectively to increased demand. Legal Aid Society of San Mateo County also continues to coordinate with community organizations, County agencies, and senior-serving providers to identify emerging legal needs and improve access to services.

7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?

Legal Aid Society of San Mateo County serves older adults throughout San Mateo County and places particular emphasis on serving older adults with the greatest economic and social need. Target groups include:

- low-income older adults;

- adults age 75 and older;
- older adults living alone or experiencing social isolation;
- older adults with limited English proficiency;
- older adults from racial and ethnic minority communities;
- older adults with disabilities or cognitive impairments;
- residents of long-term care facilities; and homebound older adults.

Legal Aid Society of San Mateo County and Aging and Disability Services work collaboratively through outreach coordination, monitoring activities, and ongoing communication to identify target populations and emerging service needs within the county.

8. What methods of outreach is the LSP(s) using to reach the target groups?

Legal Aid Society of San Mateo County uses a variety of outreach methods to reach older adults throughout San Mateo County, particularly underserved and socially isolated populations.

Outreach methods include:

- community education presentations at senior centers, community centers, and senior housing complexes;
- outreach to culturally specific organizations and community leaders, including organizations serving Chinese-speaking and Spanish-speaking communities;
- partnerships with community-based organizations and county agencies;
- distribution of multilingual outreach and educational materials;
- telephone and online intake options;
- social media and other online outreach tools; and training and education for community providers serving older adults.

Legal Aid specifically targets populations that may face barriers to traditional office-based legal services, including homebound older adults, residents of senior housing, and limited English proficient communities.

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.).

Older adults in San Mateo County can access legal services through multiple intake and service delivery methods designed to reduce barriers and increase accessibility. Legal Aid SMC provides services through telephone intake, online intake systems, in-person appointments, community-based outreach locations, and remote client meetings.

Remote assistance remains available for older adults who have difficulty traveling to the office due to disability, health concerns, transportation barriers, caregiving responsibilities, or geographic isolation.

Services may be provided by telephone, video conferencing, email, U.S. Mail, or other remote communication methods, depending on the client's needs and abilities.

Legal Aid SMC also conducts outreach and intake opportunities at senior centers and senior housing locations throughout the county. Multilingual services, interpretation services, and accommodations for hearing-impaired clients are available to help ensure equitable access to services.

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

Older adults in San Mateo County may face a variety of barriers when attempting to access legal services, including:

- Limited mobility or transportation challenges;
- Social isolation and lack of awareness of available legal services;
- Limited English proficiency and cultural barriers;
- Limited access to technology or discomfort using technology;
- Physical, psychiatric, or cognitive impairments;
- Fear, stigma, or reluctance to seek legal assistance; and
- High levels of unmet legal need relative to available resources.

To address these barriers, Legal Aid SMC continues to implement strategies including:

- Providing remote intake and virtual service options;
- Conducting outreach at senior centers, senior housing sites, and community-based locations;
- Offering multilingual outreach materials and interpretation services;
- Collaborating with trusted community organizations and culturally specific service providers;
- Providing community education presentations to increase awareness of legal rights and available services;
- Utilizing accessible communication methods, including telephone and mail-based services; and
- Maintaining flexible service delivery models to better serve isolated and homebound older adults.

Legal Aid SMC continues to evaluate emerging barriers and adapt outreach and service delivery methods to improve equitable access to legal assistance services throughout the county.

11. How many LSPs are in your PSA? Complete the table below.

Legal Aid Society of San Mateo County remains the sole Legal Assistance Service Provider

for the planning and service area, and no change in provider is anticipated during the covered fiscal years.

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	1	NO
2025-2026	1	NO
2026-2027	1	NO
2027-2028		

12. What geographic regions are covered by each LSP? Complete the table below.

Legal Aid Society of San Mateo County provides legal assistance services throughout the entire county.

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	Legal Aid Society of San Mateo County	Entire County
2025-2026	Legal Aid Society of San Mateo County	Entire County
2026-2027	Legal Aid Society of San Mateo County	Entire County
2027-2028	a. b. c.	a. b. c.

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP).

Legal Aid Society of San Mateo County maintains a coordinated, community-based service delivery model intended to ensure that clients receive timely and appropriate legal assistance while avoiding duplication of services. Additional detail regarding coordination practices is provided in the attached Coordination/Referral Network Plan.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its own disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:
   - local emergency response agencies,
   - relief organizations,

- state and local governments, and
- other organizations responsible

ADS coordinates its emergency preparedness and response activities with San Mateo County's Department of Emergency Management, Emergency Medical Services, County Health, the Human Services Agency, contracted providers, and other community partners, as appropriate.

In the event of a disaster, ADS works within county emergency coordination structures to help identify and respond to the needs of older adults, adults with disabilities, caregivers, and other vulnerable residents.

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

Name	Title	Telephone	Email
David Cosgrave	Supervising Coordinator, Dept. of Emergency Management	650-384-7517	dcosgrave@smcgov.org
Karishma Kumar	Program Services Manager II, Emergency Medical Services	650 573-2956	kkumar@smcgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Moony Tong	Deputy Director	Cell: 650-670-5371	mtong@smcgov.org

4. List critical services and resources that the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs)
5. :

Critical Services	How Delivered?
A Wellness Checks	ADS will maintain a list of participants assessed as high risk, including individuals connected to In-Home Supportive Services and Adult Protective Services. ADS will coordinate wellness checks with support from county staff and partner agencies, as appropriate.

B Emergency Shelter	San Mateo County Health will coordinate with the Department of Emergency Management and the Human Services Agency to identify shelters that are open, accessible, and available to serve affected individuals.
C Nutrition	ADS will coordinate with contracted nutrition providers, Second Harvest, and other community food resources to assess capacity and provide nutrition support following a disaster.
D Information and Referral	A county phone line will be activated to receive calls from the community and connect residents to available resources and services.

6. List the critical internal functions and operational services your AAA must maintain to keep your organization running after a disaster and describe how these functions will be carried out. (consider: staff needs, office disruption, remote or alternative worksites) Do not list client-facing services here. This section is about your AAA's internal operations and continuity of business.

Critical Services	**How Delivered?**
A Evacuation of Site	Regular evacuation drills are conducted at ADS worksites to ensure staff are familiar with emergency exit procedures. Staff also use county-issued work cell phones and related emergency applications to support accountability during an evacuation or emergency event.
B Employee Communications	ADS maintains a communication tree for use during emergencies. Supervisors are responsible for accounting for their staff and reporting unsuccessful contact attempts in accordance with county protocols.

7. List critical resources the AAA need to continue operations.

   Critical resources needed to maintain operations include:

   - office space equipped with Wi-Fi and internet access for staff working on site;
   - laptops, county-issued cell phones, printers, and scanner/fax capability; and county vehicles
   - to conduct wellness checks and related field response activities for identified participants

8. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

   The AAA does not maintain separate formal or informal emergency preparedness or response agreements. Such agreements are negotiated and maintained through the San Mateo County Department of Emergency Management.

9. Describe how the AAA will:
   - Identify vulnerable populations:
   - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
   - Follow up with vulnerable populations after a disaster event.

   At the time of intake, our centralized intake unit assesses clients and identifies which program to refer. Based on need, they are referred to one of our supportive or protective services programs: In Home Supportive Services (IHSS), Adult Protective Services (APS), Public Guardian. Social workers are assigned and assist in identifying those most at risk, vulnerable after a disaster event. Prior to a disaster occurring, basic needs are identified in the event of a disaster.

   The clients are placed on the "high risk" list. In the case of an emergency or disaster, staff contact those on the list first to conduct a wellness check. Support will be coordinated with the county's DEM and first responders to provide food, shelter, evacuation assistance as needed.

10. How is disaster preparedness training provided?
    - AAA to participants and caregivers
    - To staff and subcontractors

The Department of Emergency Management holds trainings throughout the year for the community including AAA participants and caregivers. All ADS programs outreach to participants and subcontractors to inform them of training opportunities. AAA staff receive training from Emergency Medical Services Heath Emergency Preparedness events that are regularly scheduled throughout the year.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services	Check each applicable Fiscal Year			
Title IIIB	**24-25**	**25-26**	**26-27**	**27-28**
☐ Information and Assistance	☐	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**24-25**	**25-26**	**26-27**	**27-28**
☐ Health Promotion – Evidence-Based	☐	☐	☐	☐
Title IIIE	24-25	25-26	26-27	27-28
☐Information Services Access	☐	☐	☐	☐
☐Assistance Support Services	☐	☐	☐	☐
☐Respite Services Supplemental Services	☐	☐	☐	☐
Title VII	24-25	25-26	26-27	27-28
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title VII	24-25	25-26	26-27	27-28
☒ Prevention of Elder Abuse, Neglect, and Exploitation	☒	☒	☒	☐

The AAA will ensure targeted populations will be served throughout the PSA by a Commission on Aging (CoA) committee and Aging and Disability Services' unit focused on elder abuse prevention. The AAA CoA Information, Resources and Community Engagement Committee will be partnering with the AAA's Elder Dependent Adult Protection Team to enhance community awareness and education regarding elder and dependent adult abuse by participating in community activities, and planning presentations and educational events.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified in **Section 13**. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: _____

Check applicable funding source:[9]

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

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

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

☐ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: _____

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

10 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15. GOVERNING BOARD

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:
Noelia Corzo, President of San Mateo County Board of Supervisors District 2	January 2027
Ray Mueller, Vice President of San Mateo County Board of Supervisors District 3	January 2027

Names and Titles of All Members:	Board Term Expires:
Noelia Corzo, President of San Mateo County Board of Supervisors District 2	January 2027
Ray Mueller, Vice President of San Mateo County Board of Supervisors District 3	January 2027
Jackie Speier, County Supervisor District 1	January 2028
Lisa Gauthier, County Supervisor District 4	January 2028
David Canepa, County Supervisor District 5	January 2027

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

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2024-2028 Four-Year Planning 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 12 71 % Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	50.5%	56%
Hispanic	14.9%	19%
Black	2.7%	0%
Asian/Pacific Islander	31.5%	19%
Native American/Alaskan Native	0.4%	0%
Other	0%	6%

Name and Title of Officers:	Office Term Expires:
Irene Liana, Chairperson	June 30, 2028
David Linnell, 1st Vice Chair	June 30, 2028
William Lock, 2nd Vice Chair	June 30, 2028

Name and Title of other members:	Office Term Expires:
Maria Elena Barr, Commissioner	June 30, 2028
Patty Clement, Commissioner	June 30, 2028
Twila Dependahl, Commissioner	June 30, 2029
Angela Giannini, Commissioner	June 30, 2028
Daniela Jonguitud, Commissioner	June 30, 2027
Monika Lee, Commissioner	June 30, 2027
Martin Nakai, Commissioner	June 30, 2028
Deborah Owdom, Commissioner	June 30, 2029
Brittany Saleem, Commissioner	June 30, 2029

Erzsebet “Liz” Taylor, Commissioner	June 30, 2028
Ellen Tafeen, Commissioner	June 30, 2028
Kathy Uhl, Commissioner	June 30, 2029
Ophelie Vico, Commissioner	June 30, 2027

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

Yes No

- ☒ ☐ Representative with Low Income
- ☒ ☐ Representative with a Disability
- ☒ ☐ Supportive Services Provider
- ☒ ☐ Health Care Provider
- ☒ ☐ Local Elected Officials
- ☒ ☐ Persons with Leadership Experience in Private and Voluntary Sectors

Yes No Additional Other (Optional)

- ☒ ☐ Family Caregiver, including older relative caregiver
- ☐ ☐ Tribal Representative
- ☐ ☐ LQBTQ Identification
- ☒ ☐ Veteran Status
- ☐ ☐ Other_____

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?

The terms of office shall be three (3) years. At the conclusion of a term, a member may be re-appointed to a subsequent term, however no members appointed by the Board may serve on the Commission for more than a total of twelve (12) years.
Notwithstanding this limitation, neither a partial term to which a member has been appointed at the beginning of service nor a holdover term occurring after a member has served 12 years shall count towards the 12-year limit on a member’s service on the Commission.

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

Advisory Council vacancies are reported to the clerk of the Board of Supervisors who posts vacancies on the county’s Boards & Commissions website: https://www.smcgov.org/bnc.
Interested individuals are provided information on how to apply online or by mail. Vacancies are also announced at Commission meetings and shared countywide with our providers.
Applications are accepted, reviewed, and candidates are interviewed by two members of the County Board of Supervisors, Chair of the Commission, and County staff to the Commission. The County Board of Supervisors appoint all Commissioners.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISiTION OR CONSTRUCTION COMPLIANCE REVIEW [11]

CCR Title 22, Article 3, Section 7302(a)(15)

20-year tracking requirement

☒No. Title IIIB funds not used for Acquisition or Construction.

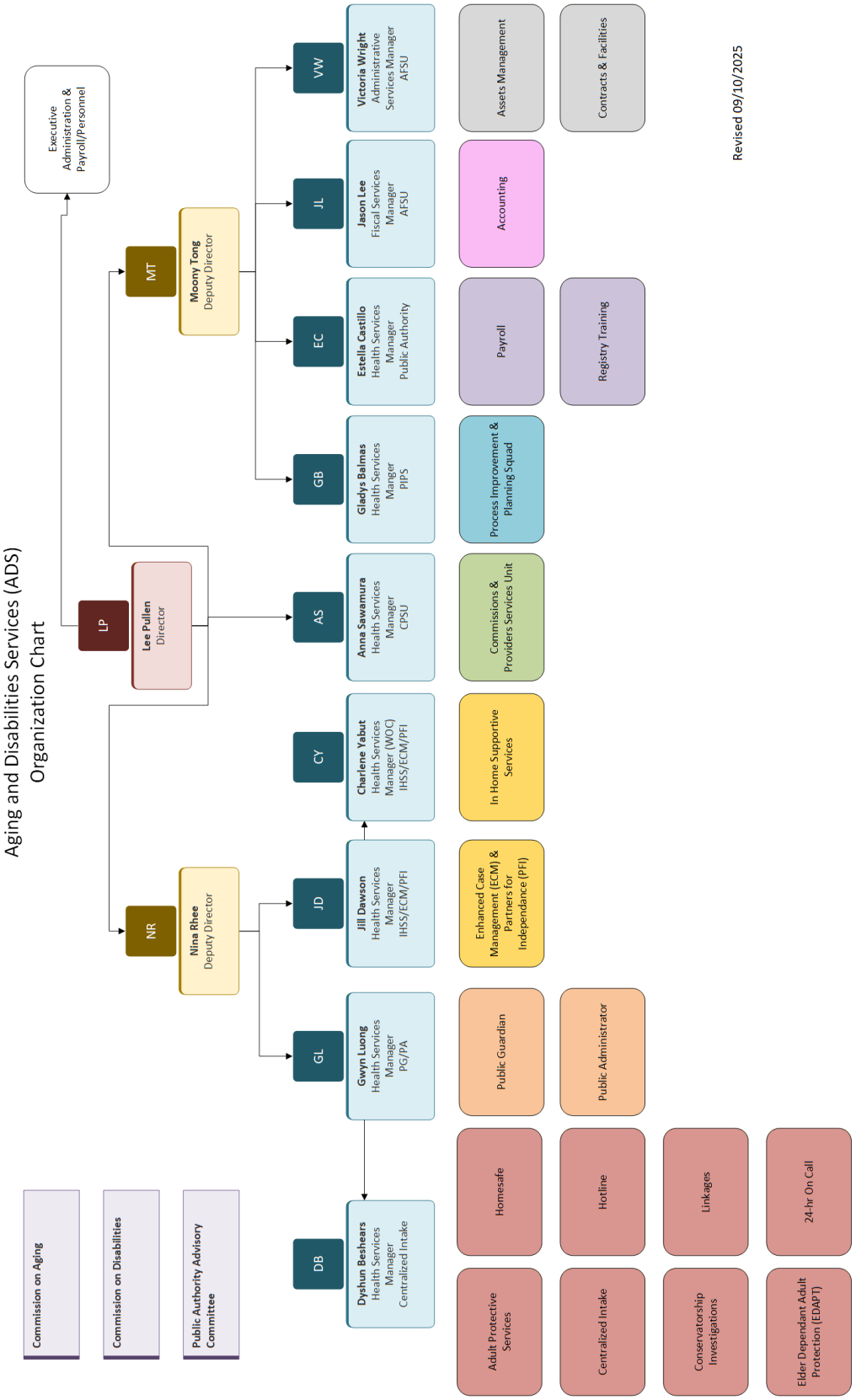
☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

SECTION 18. ORGANIZATION CHART

The organization chart for Aging and Disability Services can be accessed below:



SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (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 items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(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; and

(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.

(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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis

in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) 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;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman

program under section 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;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the

local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(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;

(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;

(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 paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.