

California

Older Americans Act State Plan on Aging 2021–2025



Gavin Newsom, Governor
State of California

Mark Ghaly, MD, MPH, Secretary
California Health and Human Services Agency

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Foreword



Words can hardly keep up with what 2020 brought to our lives, our families, our communities, and our world—a global pandemic, the deaths of tens of thousands of Californians, social isolation, economic recession, climate change disasters, persistent white supremacy, behavioral health struggles, and more. Despite unprecedented challenges, the state's aging and disability networks continued serving and advocating for millions of Californians in innovative and effective ways. California's network of leaders led us through this challenging time—and they are now poised to help us build back better.

Even before the pandemic, building a California for all ages was a central priority for the state. In recognition of this, Governor Gavin Newsom released a 10-year [Master Plan for Aging](#) in January 2021. Over the coming decade, the Master Plan will guide the state's public, private, and philanthropic sectors as they work toward building a more equitable and age- and disability-friendly California. An exciting milestone is that in June 2021, California became the eighth state to join the AARP Network of Age-Friendly States. The California Department of Aging (CDA) has also developed an ambitious new strategic plan that calls for the department to lead the effort to implement the Governor's Master Plan for Aging; provide quality services that increase choices, equity, and well-being for all older adults; engage the public around aging and ageism; and modernize the department. Lastly and critically, new state and federal investments in recovery and resiliency are also driving a California comeback for all ages.

CDA is now poised to build back better with the state's Area Agencies on Aging, elected officials, aging and disability service providers, advocates, partner agencies at the local, state, and federal levels, and, most of all, the state's residents. A new initiative beginning during summer 2021 with all stakeholders to strengthen and modernize aging "hubs and spokes" statewide will ensure California's leaders succeed in meeting the bold goals for aging. This work will be built on the foundation of the Older Americans Act and Older Californians Act.

Of course, none of these plans will become a reality without the active participation of the people we serve—older adults, people with disabilities, families, and caregivers. We will need everyone's talents, resilience, and wisdom to build a California for all ages, and we are grateful for the unprecedented partnerships propelling this work forward.

Sincerely,

A handwritten signature in blue ink that reads "Kim McCoy Wade". The signature is written in a cursive, flowing style.

Kim McCoy Wade
Director, California Department of Aging

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Verification of Intent

I authorize the California Department of Aging, as the designated State Unit on Aging for the State of California, to develop a State Plan on Aging, submit it to the United States Administration for Community Living for approval, and administer the plan upon approval.

Kim McCoy Wade

DATE: June 30, 2021

Kim McCoy Wade, Director
California Department of Aging

The Impact of COVID-19

Responding to COVID-19 has been an all-consuming focus for the aging and disability communities since March 2020. When the pandemic hit, the California Department of Aging (CDA), the state's AAAs, and all aging and disability service providers overhauled service delivery systems almost overnight. Among other things, we replaced in-person meal programs with meals that could be picked up or delivered to people's homes; moved social, educational, and therapeutic programs online; developed and implemented strategies to connect more older adults to the internet; expanded behavioral health warm-line services; and opened conversations about urgent equity issues related to health and aging.



As the OAA State Plan is being finalized in summer 2021, the response continues, focused on vaccines, recovery, and resilience—and the lessons loom large. Older and at-risk adults have experienced unprecedented death rates, particularly among Latinx, Black, and Asian/Pacific Islander communities and those living in long-term care facilities. Many have also experienced intense isolation, ageism, and downward mobility. For more information about the response to the pandemic, visit the [CDA COVID-19 Response Data Dashboard](#).

Executive Summary

Building a California for all ages is a growing priority for California families, communities, and leaders, and the Older American Act State Plan provides an important blueprint for that work.

California's population is aging and changing. In 2010, 16 percent of California's residents were 60 or older. By 2030, this group will comprise 25 percent of the state's population—an estimated 10.8 million people—and for the first time older adults will outnumber those 18 and under. Growing numbers of older adults will contribute to our families, communities, and economy in new ways, and they will also need assistance with meals, transportation, personal care, and other services to continue living where and how they choose.

California's older adult population is also changing from previous generations. California is becoming more racially and ethnically diverse, representing the breadth and strength of California's extraordinary diversity. While many older adults live in multi-generational families, older adults are increasingly likely to live alone, especially, but not only, in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Of great concern is that Californians are becoming less economically secure as they age; according to the 2019 California Health Interview Survey, almost 30 percent of the state's older adults are considered poor or near poor.

The next generation of older Californians will be significantly more diverse, will live longer, and will contribute in untold new ways to making our state a more vibrant place. As our state ages, we will also share new challenges across the decades—with more people staying in the workforce, more of our neighbors living alone, and too many of us enjoying less economic security than in decades past.

Governor Gavin Newsom
Master Plan for Aging

The COVID-19 pandemic revealed our social, economic, health, and political inequities on an unprecedented scale—particularly for older adults living in nursing homes and belonging to communities of color. Older adults made up 73 percent of all deaths in California, and almost 70 percent of all deaths involved people from communities of color.

With both the demographic shifts in families and communities and the persistent, intolerable inequities in aging, California is committed to building back better and bolder. California is looking at new ways to develop innovative aging and disability policies, plans, and strategies that will empower Californians to live at home as we age, reduce the inequities, and build more resilient and inclusive societies and economies—particularly for historically underserved older residents. California is moving to provide all residents with easier access to strong “hubs and spokes” of aging and disability services to support home and community living statewide and a California for all ages.

Every four years, California is required to submit a State Plan on Aging to the federal Administration for Community Living. The plan must outline specific goals and objectives related to the many programs authorized by the Older Americans Act (OAA). The OAA State Plan serves as a blueprint for California to build equitable, age-friendly communities through programs, partnerships, services, outreach efforts, and advocacy. This plan seeks to connect strategy with innovation, creating synergy between our important goals and initiatives.

The Master Plan for Aging and the lessons of the COVID-19 pandemic have guided the development of the six OAA State Plan goals. In addition, CDA incorporated the priorities identified in the 2020-2024 Area Plans submitted by the state's AAAs in the summer of 2020 and public input received in spring 2021.

California's OAA State Plan has six goals that CDA will work in partnership with AAAs, members of the public, and other stakeholders to achieve in 2021-2025:

- I. **Public Information and Assistance:** California will expand and simplify public access to information, assistance, and services related to aging, disability, and caregiving, with an equity lens to ensure access for all Californians.
- II. **Home and Community Living:** California will help people live in their homes and communities of choice by supporting nutrition, health and well-being, caregiving, and more through culturally competent and in-language services.
- III. **Long-Term Care Residents' Rights and Well-being:** California will increase access to information and advance the rights and well-being of older adults and people with disabilities living in licensed nursing homes and residential care communities, as well as assisting residents' family and friends, as appropriate. This work will be deeply informed by the losses and lessons of the COVID-19 pandemic.
- IV. **Inclusion, Equity, and Prevention of Isolation and Mistreatment:** California will promote inclusion and engagement and seek to prevent isolation and mistreatment of older adults and people with disabilities through culturally competent and in-language services.
- V. **Partnerships, Especially with Tribal Organizations, Counties, Health Care, and Local Leaders:** California will strengthen partnerships to advance California for all ages.
- VI. **Modernization of CDA:** California will modernize CDA, our federally designated State Unit on Aging, and strengthen support of strong aging "hubs" statewide to coordinate the services, or "spokes," above.

To power both the MPA and the OAA State Plan, CDA has developed a new strategic plan. CDA's vision is to build an age and disability-friendly California where people can choose where and how to live throughout their lives. This vision requires a person-centered, data-driven, equitable system that matches the needs and strengths of older Californians, people with disabilities, and family caregivers amid a changing landscape for aging. California's aging network has proven success in the unprecedented number of home-delivered meals provided in response to COVID-19, as well as its innovative

vaccination partnerships. Now, with greater alignment of our shared goals, partnerships, planning, and operations, California will advance meaningful change at scale for the hundreds of thousands of people we serve. Modernization of CDA's infrastructure, including data, technology, and governance, is key to building a service system that is resilient and scalable for all aging Californians. Together, as a voice for California's older adults, we will build a California for all ages.

Overview

The California Department of Aging (CDA) is California's designated State Unit on Aging under the Older Americans Act (OAA). In this role, it contracts with the state's 33 Area Agencies on Aging (AAAs) to provide a variety of services authorized under both the OAA and the Older Californians Act. CDA also leads other aging programs and partnerships.

All AAAs provide core services related to nutrition, health and wellness, caregiver support, elder justice, and supportive services—such as transportation and legal assistance. Most OAA programs are open to all adults aged 60 and older, although some have program-specific requirements. AAA programs are supported by a combination of federal, state, and local funds. Beginning in 2020, AAAs received additional one-time federal funds to respond to the COVID-19 pandemic.

Every four years, California is required to submit a State Plan on Aging to the federal Administration for Community Living. The plan must outline specific goals and objectives related to the many programs authorized by the Older Americans Act. These vital programs, which are coordinated by AAAs, provide meals, transportation, social activities, in-home care, respite services, and much more to and with older adults, people with disabilities, families, and caregivers. To avoid confusing this plan with California's new Master Plan for Aging, it has been titled the **Older Americans Act State Plan on Aging** (OAA State Plan).

OAA State Plan Development

The OAA State Plan was developed with input from the public, AAAs, the California Commission on Aging, and key stakeholders. It aligns with the Governor's Master Plan for Aging, which was developed following a year-and-a-half-long process that included extensive input from the public, the Governor's Cabinet workgroup, advocates, providers, government agencies, elected officials, academics, and others. The OAA State Plan was also deeply influenced by the COVID-19 pandemic, as discussed above and throughout this plan.

California's Master Plan for Aging

In January 2021, Governor Gavin Newsom released California's [Master Plan for Aging \(MPA\)](#), which includes five bold goals for 2030:

1. **Housing for All Ages and Stages:** We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready. Target: Millions of New Housing Options to Age Well.
2. **Health Reimagined:** We will have access to the services we need to live at home in our communities and to optimize our health and quality of life. Target: Close the Equity Gap and Increase Life Expectancy.
3. **Inclusion and Equity, Not Isolation:** We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation. Target: Keep Increasing Life Satisfaction as We Age.

4. **Caregiving That Works:** We will be prepared for and supported through the rewards and challenges of caring for aging loved ones. Target: One Million High-Quality Caregiving Jobs.
5. **Affording Aging:** We will have economic security for as long as we live. Target: Close the Equity Gap and Increase Elder Economic Sufficiency.

In response to growing needs around Alzheimer's and other dementias, the Governor's Alzheimer's Disease Prevention & Preparedness Task Force aligned its efforts with work on the Master Plan for Aging. Shared goals include a dementia-trained workforce; culturally responsive information, diagnoses, and services; affordable care; research targeted to health equity; and dementia-friendly communities. The task force submitted its report, [Our Path Forward](#), to the Governor in November 2020.

The Master Plan for Aging also recognizes California's diversity—both the strong and varied cultural traditions around aging and the need to address lifelong discrimination and resulting disparities and inequities faced by Black, Indigenous, and People of Color (BIPOC), as well as LGBTQ people. In 2020 an MPA Equity Work Group was created. It was reformed as an Equity in Aging Advisory Committee in 2021, per the MPA recommendations, and it will continue to advise CDA and the California Health and Human Services Agency (CHHS) on aging and equity policy, programs, and partnerships.

Local Area Plans

As a first step in developing the OAA State Plan, CDA analyzed the 2020-2024 Area Plans that were produced by the state's AAAs. Every four years, when developing a new Area Plan, each AAA conducts a local needs assessment. AAAs also hold at least one public hearing on their Area Plans every year. The needs assessment, at a minimum, must include a survey of older adults and a review of data related to demographics and social services, but it usually involves more, such as focus groups, interviews with service providers and program participants, and input from local advocates and advisory panels. These needs assessments help AAAs establish priorities. CDA's review of the Area Plans showed that the AAAs' top priorities, in order of importance, were:

1. Provide more access to information, services, and resources.
2. Provide new/enhanced/updated services to help people age in the homes where they choose.
3. Promote engagement and reduce isolation.
4. Improve coordination, collaboration, and planning among programs and agencies.
5. Support health and well-being.

The OAA State Plan's development was also guided by requirements established under the [Older Americans Act](#) and guidance provided by the federal [Administration for Community Living](#).

Public Input

Once the draft OAA State Plan was developed, CDA posted it on the department's website in English, Spanish, and Chinese and hosted two well-attended virtual public hearings, both of which featured live captioning and an ASL interpreter. The hearings were recorded and are available on the department's [YouTube channel](#). More public input was received via an online survey that was available in English, Spanish, and Chinese. In addition, CDA asked stakeholders in the aging and disability communities to comment on the plan and, in some cases, to engage in small group discussions. These stakeholders included the California Commission on Aging, the California Association of Area Agencies on Aging, county government leadership, and others.

All public and stakeholder input was carefully considered and resulted in multiple changes. Commenters, for instance, suggested the plan include more strategies related to older adults with dementia, older adults who are LGBTQ, older adults with disabilities, and older adults experiencing homelessness. Other people asked that the plan more prominently address disaster services aimed at saving older and disabled people—along with many other priorities. A summary of the input process and the input received is posted on the [CDA website](#).

Equity

Under California's commitment to a "California for all," as well as both state and federal law, AAAs seek to advance equity in aging through multiple strategies.

First and foremost, AAAs target aging services to older adults with the greatest economic and social need, including older adults who have experienced the cumulative impacts of discrimination related to race, ethnicity, gender, and age—and the resulting economic and health inequities. Almost half of the state's 8.6 million older adults are Black, Indigenous, or People of Color, and racial and ethnic diversity in California's older populations is increasing. AAAs also focus services on the large numbers of older adults who struggle to afford food, housing, and other necessities, including older adults who are homeless or threatened with homelessness. (Older Californians are the fastest growing age group among the homeless.) In 2021, more than a million California residents over 60 had incomes that fell at or below 125 percent of the Federal Poverty Level.

Economic security is essential to living and aging well, but retirement income is being outpaced by the rising costs of housing, health, and care. As a result, many middle-income Californians are experiencing downward economic mobility with age and Californians over age 50 are now the fastest growing population of homeless people in many parts of the state, with the median age of the homeless expected to rise.

Master Plan for Aging

Ensuring accessible and inclusive services for California's diverse elder communities is equally important. Delivering culturally responsive services that honor the strengths of California's diverse cultures has been a focus of new provider trainings and resources.

In 2021, more than 1.1 million older adults in California spoke limited English or no English at all, so services in multiple languages are critical and expanding. Older adults also have increasing access and functional needs, so services accessible to all older adults and people with disabilities—whether in person or virtual—remain essential to achieving equity. Significant numbers of older adults also live in rural and remote areas where services can be difficult to access. Virtual services that emerged during the pandemic have provided new opportunities for individuals in rural settings and others to connect. CDA and AAAs also target services to older adults who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) due to a long history of discrimination that caused many in this group to go without needed social, health, and mental health services. Across all populations, older Californians live in a range of family structures—from one-person to multi-generational households—that aging services can thoughtfully support at home and in the community.

The OAA State Plan's goals and strategies aim to recognize and reduce inequities faced by older Californians related to age, gender, race, ethnicity, disability, language, sexual orientation, gender identification, poverty, geographic isolation, and other factors that lead to inequities.

Programs and Services

CDA and the local AAA network provide a wide variety of services to older adults, people with disabilities, and family caregivers. Most of the programs described below are funded, at least in part, by federal funds provided under the OAA or by federal grants. CDA performs a leadership and oversight role for all these programs.

Older Americans Act Core Programs

Supportive Services *(Title III B)*

These programs provide a variety of services that facilitate access to information and assistance, help people maintain health and independence, and support home and community living. Services can include transportation, case management, legal assistance, personal care, homemaker services, home repair, telephone reassurance, and more. During State Fiscal Year 2018-19, these programs served almost 1.3 million people. The following year, they served 809,093 people. (Note: during 2020, the pandemic impacted many programs' ability to provide services.)

Congregate Nutrition *(Title III C-1)*

This program provides meals to older adults at senior centers and other locations throughout the state. In addition to meals, the program provides nutrition education, nutrition risk screening, and, in some cases, nutrition counseling.

Home-Delivered Nutrition *(Title III C-2)*

The Home-Delivered Nutrition Program provides nutritious meals, nutrition education, and nutrition risk screening to people 60 and over who are homebound due to illness or disability—or who are otherwise isolated.

Total Meals Provided During 2020, 27 million meals were provided to older Californians using Title III C-1 and Title III C-2 funds plus additional funds approved by Congress in

response to the pandemic. Most of these meals were delivered to people's homes. During State Fiscal Year 2018-19, nearly 6.9 million congregate meals and more than 11 million home-delivered meals were provided to a total of 212,725 people.

Disease Prevention and Health Promotion *(Title III D)*

This program helps older adults maintain well-being by delaying or managing chronic diseases and conditions, such as Alzheimer's and all dementias, heart disease, stroke, cancer, diabetes, obesity, and arthritis. It achieves this by providing evidence-based activities that promote improved nutrition, emotional and social well-being, physical fitness, and fall prevention. During State Fiscal Year 2018-19, the program had 59,248 contacts with older adults. The following year, it had 54,366 contacts.

Family Caregiver Support Program *(Title III E)*

This program provides a local system of support services to unpaid family caregivers of older adults and to grandparents or other older relatives who have primary caregiving responsibility for a child. These services include helping caregivers find and access needed information and assistance—such as legal resources— as well as respite care, home adaptations, emergency cash or material aid, support groups, and more. During State Fiscal Year 2019-20, these programs provided counseling, training, and support groups for 13,121 family caregivers around the state.

Long-Term Care Ombudsman Program *(Titles III B and VII A-Chapter 2)*

Ombudsman representatives assist people who live in long-term care facilities with issues related to day-to-day care, health, safety, and rights. Their goal is to ensure residents' quality of life, dignity, and quality of care. During Federal Fiscal Year 2019, the state's 35 local Ombudsman programs investigated 36,756 complaints made by or on behalf of long-term care residents, provided information and assistance to 70,797 people, and responded to 33,405 calls made to a statewide toll-free CRISIS line. During Federal Fiscal Year 2020, the program responded to 29,265 complaints, provided information and assistance to 65,353 people, and responded to 29,465 calls to the CRISIS line.

Elder Abuse Prevention Program *(Title VII A-Chapter 3)*

This program provides services to develop, strengthen, and implement programs for the prevention, detection, assessment, and treatment of elder abuse. Activities include public education and outreach; coordination of elder abuse prevention services with adult protective services, law enforcement, and the courts; and training. During State Fiscal Year 2018-19, this program provided 569 public education sessions, 276 training sessions for professionals, and spent 3,702 hours developing a coordinated system to respond to elder abuse. The following year, it provided 457 public education sessions, 261 training sessions for professionals, and spent 5,532 hours developing a coordinated system.

Legal Assistance *(42 USC 3026 (a)(2)(C))*

Every AAA has a legal assistance program to help older adults and adults with disabilities resolve their legal issues. The assistance can address housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare,

Medi-Cal, age discrimination, pensions, nursing homes, conservatorships, and other matters. During State Fiscal Year 2019-20, these programs provided 142,930 hours of legal assistance to older adults.

Senior Community Service Employment Program (Title V)

The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program for low-income, unemployed older adults. SCSEP participants, who work an average of 20 hours a week, gain work experience in a variety of community service activities at nonprofit and government agencies. SCSEP serves as a bridge to unsubsidized employment. During State Fiscal Year 2019-20, the program, which is funded by the federal Department of Labor (DOL), employed 456 older adults. The SCSEP Stand-Alone State Plan PY 2020-2023 is submitted by CDA to DOL and can be reviewed at

https://aging.ca.gov/Providers_and_Partners/Senior_Community_Service_Employment_Program/#pp-pn.

CDA coordinates service provision through SCSEP contracts with 10 Area Agencies on Aging (AAA) and one national SCSEP provider. While there are no programmatic requirements for coordination between SCSEP and other OAA programs, there is an expectation that SCSEP participants will be referred to additional OAA programs from which they would benefit. For CDA SCSEP projects that are operated by AAAs providing direct service, staff can coordinate internally to provide resources and referrals to SCSEP participants, as needed. For CDA SCSEP projects that operate outside of the AAA structure, staff are encouraged to connect with the AAA in that county to establish a cross-referral relationship, exchange ideas, and connect SCSEP participants who are eligible for OAA services.

Additional CDA Programs Serving Older Adults and People with Disabilities

Aging and Disability Resource Connections (Title II)

ADRCs provide a personalized approach to helping people learn about and connect with needed resources. Among other things, ADRCs can provide person-centered counseling, short-term service coordination for people at risk of institutionalization, and transition services for people who are in a hospital or nursing facility and wish to receive services at home or in a community-based setting. As of 2021, the ADRC model had been adopted in six of the state's 58 counties, and another 15 counties were developing ADRCs. During State Fiscal Year 2019-20, ADRCs provided, among other services, Enhanced Information and Referral to 163,612 people and Options Counseling to 50,385 people.

Health Insurance Counseling and Advocacy (HICAP)

HICAP provides free, confidential one-on-one counseling, education, and assistance to individuals and their families related to Medicare, long-term care insurance, and other health insurance. The program also helps people plan for long-term care needs and provides legal assistance or legal referrals for issues related to Medicare or long-term care insurance. In State Fiscal Year 2018-19, the program provided counseling to 64,470 adults. The following year it provided counseling to 63,254 adults.

Medicare Improvement for Patients and Providers Act (MIPPA)

Federal MIPPA grant funds help Medicare beneficiaries apply for two valuable benefits: the Low-Income Subsidy (Called LIS or “Extra Help”) and the Medicare Savings Program (MSP). MIPPA funding helps states increase outreach and awareness efforts to consumers with low incomes who are unaware of these valuable benefits. In State Fiscal Year 2018-19, the program helped older Californians complete 6,230 applications for LIS and MSP. In 2019-20, it helped people complete 5,560 applications.

Disaster Preparedness (Older Americans Act Section 306(a)(17))

Though not first responders, AAAs, together with state agencies and community-based organizations, share a mandate to prepare for and respond to disasters. All AAAs have plans in place to provide critical services during a disaster, such as a flood, earthquake, or wildfire. When these events occur, CDA works closely with AAAs to coordinate services.

CalFresh Healthy Living (7 CFR Section 272.2)

CalFresh Healthy Living (also called the Supplemental Nutrition Assistance Program—Education or SNAP-ED and funded through the U.S. Department of Agriculture) promotes healthy lifestyles by providing nutrition education and physical activities. The program, which is offered by 16 of the state’s 33 AAAs, also teaches participants to eat a healthy diet on a budget. During Federal Fiscal Year 2018, the program served more than 5,070 people. The following year it served more than 6,700 people. The California SNAP-ED State Plan can be reviewed at https://aging.ca.gov/Providers_and_Partners/Supplemental_Nutrition_Assistance_Program-Education/#pp-pl.

CDA Programs Funded through Medicaid (Medi-Cal) for Older and Disabled Adults

Community-Based Adult Services (CBAS)

The CBAS program, also known as Adult Day Health Care, is an alternative to skilled nursing facilities for people who are capable of living at home with the aid of health, rehabilitative, personal care, and social services. CBAS receives state and federal funds through Medi-Cal (California’s Medicaid program). In State Fiscal Year 2018-19, the program served 36,603 individuals at 252 CBAS centers around the state. In 2019-20, the program served 35,044 individuals at 257 CBAS centers.

Multipurpose Senior Services Program (MSSP)

MSSP provides both social and health care coordination services to help frail people aged 65 or older remain in their own homes and communities rather than entering a skilled nursing facility. MSSP receives state and federal funds through Medi-Cal (California’s Medicaid program). MSSP serves approximately 11,370 participants a year in 9,232 slots across 38 sites around the state.

Working with and for Native Americans

Under Title VI of the Older Americans Act, the federal government directly funds programs that support Native Americans in the areas of nutrition, supportive services for older adults, and caregiver services. Title VI funds in California are not overseen by CDA,

but the federal government requires each State Unit on Aging to promote coordination between Title III programs and Title VI programs. While a few AAAs in California already collaborate with Tribal Organizations, this plan includes strategies to significantly expand that collaboration.

At the state level, CDA is working to strengthen government-to-government partnerships with Tribal Organizations. In late 2020, the department began an Ensuring Equity in Aging webinar series with a discussion about “Culturally Informed Care: Honoring Native Elders.” Shortly after that Director Kim McCoy Wade participated in California’s Second Annual California Tribal Nations Conference and in federal discussions between California’s Tribal Organizations delivering Title VI services and CDA.

OAA State Plan: Goals, Objectives, Strategies, and Outcomes

CDA has based its OAA State Plan on six priorities for aging, with goals and objectives for each:

1. **Public Information and Assistance**
2. **Home and Community Living**
3. **Long-Term Care Residents' Rights and Well-being**
4. **Inclusion, Equity, and Prevention of Isolation and Mistreatment**
5. **Partnerships, Including with Tribal Organizations, Counties, Health Care, and Local Leaders**
6. **Modernization of CDA and Strengthened Support for Aging "Hubs and Spokes" Statewide**

CDA is strengthening key outcome metrics focused on service level, equity, and quality by continuously improving the data sources, data reporting processes, and transparent, user-friendly dashboards. The new MPA Data Dashboard for Aging is a key tool in this data-driven, person-centered, and equity-focused approach to outcomes and accountability.

Goal 1: Public Information and Assistance: California will expand public access to information, assistance, and services related to aging, disability, and caregiving, with an equity lens to ensure access for all Californians.

Objective A: No Wrong Door Create a statewide California No Wrong Door network by making Aging and Disability Resource Connections (ADRCs) available throughout the state, building on the foundation of six existing ADRC providers that serve one-third of the state as of 2021.

Key Strategies

- Support a growing network of AAA and Independent Living Center (ILC) partnerships statewide to serve all Californians.
- Create and promote a statewide brand, website, and telephone number, and an integrated data system, in partnership with the ADRC network.
- Provide opportunities for consumers, caregivers, and providers to provide advice and feedback through vehicles such as the ADRC Advisory Committee and Work Group meetings.
- Work with the Department of Health Care Services (DHCS) and local ADRC partners to explore both the creation of a Medicaid Administrative Claiming (MAC) infrastructure to improve the integration of health care and social service systems and other partnership infrastructure (e.g., interoperative technology).
- Establish standards and practices, training, tools, and resources for ADRC/No Wrong Door core components.

Outcomes

- By 2025, 100 percent of the state's population will have access to the ADRC network, which will help people navigate and access home and community-based services and prevent unnecessary institutionalization.
- Development of MAC Work Plan with DHCS outlining the project deliverables/milestones, timeline, and stakeholder roles and responsibilities.

Baseline: ADRCs are currently located in Marin, Nevada, Orange, Riverside, San Francisco, and Ventura Counties. During State Fiscal Year 2019-20, ADRCs provided, among other services, Enhanced Information and Referral to 163,612 people and Options Counseling to 50,385 people.

Objective B: Health Insurance Counseling & Advocacy Expand access to Medicare and health insurance counseling and advocacy services (HICAP) to support older adults' health, well-being, and care choices.

Key Strategies

- Recommend improvements, in consultation with stakeholders, and develop a multi-year plan to increase local HICAP capacity in response to the state's growing number of older adults, with a focus on better serving targeted groups.
- Increase public awareness and utilization of HICAP. This will include conducting a high-level marketing assessment, developing, and promoting a statewide brand, website, and telephone number, and including HICAP in an integrated data system. Also support awareness of options to use Medicare to access home and community-based services by working with DHCS and HICAP managers to identify and implement strategies.
- Provide training and resources for HICAP counselors to increase their knowledge of integrated care options to better serve dually eligible individuals.

Outcome:

- By 2022, due to increased capacity and access to health insurance counseling, more older Californians will have information about access to health coverage as well as health care-funded home and community-based services.

Baseline: During State Fiscal Year 2019-20, the HICAP program counseled 63,254 clients based on finalized intakes, and it provided 2,475 interactive presentations.

Objective C: California Aging & Adults Information & Assistance Telephone Line

Modernize the statewide California Aging and Adults Info Line (1-800-510-2020) in partnership with the AAA network and in alignment with No Wrong Door/ADRC strategies.

Key Strategies:

- Modernize the call technology platform to leverage emerging ADRC, HICAP, and CDA enterprise-wide planning for technology.
- Assess current language services and identify opportunities to expand access.
- Enhance the line's accessibility features.

- Develop an outreach campaign, including branding, to expand access to the statewide line as well as to local information and assistance services.

Outcomes

- Increased call volume.
- More actionable call metrics, including language access of callers and resolution.

Baseline: In 2020, this system received more than 780,000 calls.

Objective D: Equitable Access for All Advance diversity, equity, and inclusion in aging service delivery, including expanded language access throughout the network.

Key Strategies:

- Identify and support training for AAAs, ADRCs, other providers, and CDA staff in person-centered, culturally appropriate, and language-accessible planning and practice, as described in the [National Quality Forums' Final Report on Person-Centered Planning and Practice \(PCPP\)](#).
- Implement the department's new CORE-AGE plan on racial equity, including initiatives that will impact Older Americans Act programs.
- Identify and support training for CDA staff, partners, and other entities related to recognizing and addressing ageism.
- Identify and support training for CDA staff, partners, and other entities related to recognizing and addressing ableism, providing access to all, and fully integrating adults with disabilities.
- Identify and support training for CDA staff, partners, and other entities related to the unique needs of LGBTQ older adults and those living with HIV. Participate in CHHS Language Access Initiative to expand language access.
- Leverage new CHHS initiatives to expand language access to increase language access in aging and adult services.
- Produce a report and expand dashboards related to AAA services and equity, including data about the diversity of people served, language access, and any resulting data-driven action plans.

Outcomes

- More equity-focused and culturally responsive staff and providers delivering inclusive and effective programs and services to a diversity of older adults, adults with disabilities, and caregivers to advance equity in aging.
- Additional data focusing on diversity of AAA services and additional data-driven strategies established to advance equity in access and outcomes.
- Increased language access.

Baseline: [Monthly peer-to-peer webinars](https://aging.ca.gov/Equity%20in%20Aging%20Resource%20Center/#webinar-series) on Equity in Aging provided 2020-2021: [https://aging.ca.gov/Equity in Aging Resource Center/#webinar-series](https://aging.ca.gov/Equity%20in%20Aging%20Resource%20Center/#webinar-series)

According to the California Department of Finance, 47 percent of the 60+ population in California belongs to a racial minority group. According to data collected by CDA, 53 percent (120,042) of the older adults who received a “registered” service funded through the Older Americans Act are minorities. Note: The latter percentage reflects only those who agreed to report their race when receiving a registered service. Many services provided by AAAs are “unregistered,” which means AAAs do not collect data related to race.

Goal 2: Home and Community Living: California will empower people to live in homes and communities of choice by supporting nutrition, health and well-being, caregiving, and other services and supports through a diversity of culturally competent and in-language providers.

Objective A: Nutrition Expand equitable access to nutrition and nutrition education services to meet the need following a record-setting number of meals provided as part of the COVID-19 response.

Key Strategies:

- Work with AAAs and meal providers to provide meals to older adults through both home delivery and in community settings (congregate).
- Work with AAAs and other nutrition program leaders and partners to assess older adult food insecurity and map the range of adult food programs’ capacity and gaps.
- Participate in two partnerships (CalFresh Healthy Living and CalFresh Outreach) to expand collaboration and coordination with non-OAA funded partners to improve food security among California’s older adults.
- Explore emerging innovations in older adult nutrition programs, such as intergenerational community meal settings and “to go” meals.

Outcome

- More older adults will have access to nutritious meals, nutrition education, nutrition risk screening, and nutrition counseling.
- A needs assessment conducted by AAAs and CDA in 2021-2022 will inform strategies to address program gaps and overall older adult food insecurity.
- Innovative models tested by local partners and assessed.

Baseline: During 2020, 27 million meals were provided to older Californians using Title III C-1 and Title III C-2 funds, plus additional funds approved by Congress in response to the pandemic. Most of these meals were delivered to people’s homes. In addition, AAAs around the state provided nutrition education to 385,279 people during State Fiscal Year 2019-20.

Objective B: Family Caregivers Strengthen support for local programs delivering family caregiver support.

Key Strategies:

- Evaluate resources to reach isolated family caregivers and to provide training and technical assistance to Family Caregiver Services Program (FCSP) providers,

including Caregiver Resource Centers and others, in partnership with the state Department of Health Care Services (DHCS).

- Participate in emerging federal and state family caregiver initiatives in partnership with DHCS including, for example, use of family caregiver assessment tools.

Outcome:

- Additional support to family caregivers will result in better care for aging and disabled adults and reduced pressures on family caregivers and families. Technical assistance associated with the five service categories of the FCSP will be developed. FCSP programmatic trainings and program guidance will be developed and delivered. Further supports may be identified through caregiver assessment tools and further developed.

Baseline: During State Fiscal Year 2019-20, these programs provided counseling, training, and support groups for 13,121 family caregivers around the state.

Objective C: Fall Prevention & Home Modification Expand equitable access to fall prevention programs to reduce the leading cause of avoidable injury and fatalities and support health and well-being.

Key Strategies:

- Expand AAAs' continued delivery of fall and injury prevention information, education, referral services, equipment, assessments, services, materials, and labor costs to the eligible service population.
- Track and share outcomes from federal and state funds for fall prevention.

Outcomes:

- Serve more people with the new program.
- Report impact of federal and state funding for home modifications and fall prevention in reducing the health consequences and costs in California.

Baseline: During State Fiscal Year 2019-20, these programs served 303 people and 277 referrals were made.

Objective D: Case Management: Develop a case management program and operational standards that promote a person-centered, goal-oriented, culturally relevant approach to ensure that older adults, adults with disabilities, and caregivers receive needed services in a supportive, effective, timely, and cost-effective manner, (aligned with the ADRC objective, above).

Key Strategies:

- Promote a collaborative environment for establishing a person-centered case management program and operational standards.
- Establish a workgroup including CDA and AAA representatives and other stakeholder to develop recommended best practices and training for delivering Title IIIB and Title IIIE case management services throughout the state, in alignment with ADRC and Health partners.

- Explore effective assessment tools to be used for case management services. This will include a Family Caregiver Support Program (FCSP) workgroup to be convened with subject matter expertise specific to the FCSP program to review and develop a standardized caregiver assessment tool for use across California, in alignment with DHCS.
- Increase access to case management services by promoting the use of virtual services along with in-person visits.
- Promote a culturally competent approach for the development of case management training material to help address the unique needs of target group populations.

Outcome:

- Older adults, adults with disabilities, and caregivers will have access to comprehensive person-centered case management services that will aim to address a critical gap for individuals needing to access supportive services.

Objective E: Home and Community Living System Leadership: Strengthen California's system of accessible and equitable home and community living services statewide for older adults, people with disabilities, and caregivers.

Key Strategies:

- Coordinate across CHHS and the aging network to support the Master Plan for Aging's Goal 2: Health Reimagined, Strategy B: Bridging Health Care At Home.
- Chair the new California Health and Human Services (CHHS) Agency Disability and Aging Community Living Advisory Committee (2021-2022), with seven CHHS departments, five cabinet agencies, and 40 stakeholders.
- Support innovative and coordinated Alzheimer's initiatives with CHHS Alzheimer's Advisory Committee, CHHS departments, and public and private partners.
- Plan and develop innovative models to increase access to long-term services and supports and integrated health care for people receiving Medi-Cal, Medicare, and both Medicare & Medi-Cal ("duals"), as well as assess needs and opportunities to expand community-based aging and disability networks' "business acumen" for health partnerships, in alignment with DHCS.

Outcomes:

- Greater access to home and community living by older adults, adults with disabilities, and people living with dementia, and reduced institutionalization, as measured by the new Data Dashboard on Aging.

Goal 3: Long-Term Care Residents' Rights and Well-being: California will increase access to information and advance the rights and well-being of older adults and people with disabilities living in licensed nursing homes and residential care communities, as well as assisting residents' family and friends, as appropriate. This work will be deeply informed by the losses and lessons of the COVID-19 pandemic.

Objective A: Long-Term Care Residents' Rights Protect the rights of long-term care residents.

Key Strategies:

- Increase the number of facilities visits by Ombudsman representatives—to exceed pre-pandemic service levels.
- Increase the number of instances that information and assistance is provided to individuals, by modernizing technology and increasing promotion of the CRISISLine.
- Develop training materials for Ombudsman representatives, facility staff, and others that both promote the provision of culturally relevant care, services, and activities for long-term care residents and increase the percentage of complaints resolved to residents' satisfaction.
- Assess local Ombudsman staffing and volunteer needs in light of post-pandemic changes, including via a partnership with AARP California to conduct a pilot volunteer recruitment initiative in San Diego.
- Participate in California's proposed Health and Human Services Agency (CHHS) analysis of COVID-19 impacts, including on nursing homes, and advise on other nursing home innovation initiatives included in the Governor's Master Plan for Aging.

Outcomes:

- Information and Assistance to individuals will increase between FFY 2020 (pre-pandemic levels) and FFY 2022.
- Visits will increase between FFY 2020 (pre-pandemic levels) and FFY 2022.
- Increase in resident satisfaction.

Baseline: In Federal Fiscal Year 2020, the statewide program provided information and assistance to 65,353 individuals; 37,464 facility visits were conducted; and 57 percent of complaints were resolved to residents' satisfaction. The program had 508 volunteers statewide.

Objective B: Long Term Care Residents' Well-being Support culturally relevant programs and activities that enable older adults and people with disabilities to remain actively engaged with friends, family, community activities, and personal interests and to prevent isolation while living in a licensed congregate setting.

Key Strategy:

- Support local LTCO in providing robotic pets to residents to combat isolation and loneliness.

Outcome:

- The number of residents participating in the project will be tracked. The robotic pet project is expected to serve 2,000 residents of skilled nursing and other residential facilities.

Goal 4: Inclusion, Equity, and Prevention of Isolation and Mistreatment: California will promote inclusion and engagement and seek to prevent isolation and mistreatment of older adults and people with disabilities through culturally competent and in-language services.

Objective A: Community Engagement Increase opportunities for engagement for older adults and adults with disabilities to remain active in their communities, in person and remotely as allowable, and across the generations.

Key Strategies:

- Support the AAA network in providing engagement opportunities, including both at community centers serving older adults and people of all ages, as they safely resume in-person services, and through continuation of new remote services that can be accessed online and/or by phone.
- Compile and share resources that will help local providers identify and reduce social isolation among older adults and adults with disabilities, including information about online programs as well as in-person programs based in senior centers and other locations, volunteer opportunities, intergenerational opportunities, and civic engagement opportunities.
- Explore and deepen partnerships with California State Libraries, California Parks and Recreation, and California Volunteers, among others.
- Explore strategies to reduce isolation and increase engagement for older adults in rural areas.
- Explore strategies to create and expand intergenerational opportunities between older adults and younger adults and children in education, training, and caregiving.
- Expand the collection and use of data to evaluate whether programs are meeting equity targets, including data related to race, ethnicity, gender, sexual orientation, gender identification, and social determinants of health, and to develop strategies to increase equity.

Outcome:

- More older adults will be able to remain actively engaged in their communities via culturally relevant programs and activities that reduce isolation and build intergenerational connections, with increasing numbers returning to in-person participation.

Baseline: During State Fiscal Year 2019-20, 42,709 people participated in Senior Center activities funded through the Older Americans Act.

Objective B: Digital Connections Narrow the digital divide between older adults and technology and connect more older adults and adults with disabilities to digital information, services, and engagement.

Key Strategy

- Building on new initiatives launched in response to the COVID-19 pandemic, establish partnerships, policies, protocols, training, and assessment tools, and pursue philanthropic funding, to facilitate access to and use of digital devices by the AAA network, older adults, and adults with disabilities.
- Partner with the California Broadband Council on the State's Broadband for All strategy as impacts older and disabled adults.

- Seek out data related to the digital access needs of older adults and adults with disabilities and use this data to develop future initiatives.

Outcome:

- More older adults, adults with disabilities, and caregivers will gain access to digital devices, online programs, services, and information.

Baseline: During State Fiscal Year 2020-21, 12,753 digital devices capable of connecting to the internet were made available to older adults, people with disabilities, and their caregivers.

Objective C: Behavioral Health Support the behavioral health of older adults, adults with disabilities, and family caregivers with culturally relevant and accessible programming, in partnership with DHCS and behavioral health stakeholders.

Key Strategies:

- Maintain according to needs and resources Friendship Line California, a statewide, culturally responsive, multi-lingual, 24-hour behavioral health support line for older adults and their caregivers launched in response to the COVID-19 pandemic. This will include increasing language access to the line and implementing a satisfaction survey to evaluate the line's effectiveness.
- Provide training and technical assistance to and by AAAs on behavioral health programs and partnerships.
- Participate in the State's new California Health and Human Services (CHHS) Behavioral Health Task Force and other State-sponsored behavioral health policy and program bodies addressing the needs of older adults. This work will include identifying solutions for older adults and investigating ways to provide targeted outreach to older adults who are not accessing needed behavioral health services.

Outcome:

- Older adults, adults with disabilities, and caregivers will have continued access to a culturally responsive, multi-lingual line that supports older adults and caregivers who are experiencing stress, loneliness, depression, and other issues.
- Older adults' access to behavioral health services will increase.

Baseline: In 2020, the line received 74,271 calls.

Objective D: Elder Justice Promote culturally responsive elder abuse and elder justice strategies elder justice strategies to reduce and prevent elder mistreatment.

Key Strategies:

- Continue to provide public education, outreach, training, and partnerships with adult protective services, law enforcement, and the courts on the prevention, detection, assessment, and treatment of elder abuse.
- Train HICAP program managers to help Medicare beneficiaries, their families, and caregivers prevent, detect, and report health care fraud, errors, and abuse.
- Continue partnering with the California Health and Human Services Agency (CHHS), the California Department of Social Services (CDSS), the California Office

of the Attorney General (OAG), and partners in the aging and disability communities to convene a statewide elder justice coordinating council focused on increasing coordination and developing recommendations to prevent and address elder abuse, neglect, exploitation, and financial fraud, in alignment with the Master Plan for Aging.

Outcomes:

- Increasing effective and equitable services to prevent and respond to older and disabled adult maltreatment.
- Increased coordination and engagement with internal and external stakeholders to advance elder justice goals, strategies, and outcomes in California.

Objective E: Legal Services Ensure that more older Californians have access to a Legal Services program to protect rights and secure justice.

Key Strategies:

- Establish a work group comprised of people representing California Legal Services providers, AAAs, other stakeholders, and consumers to advance California's Legal Services data and incorporating pertinent goals from the Master Plan for Aging.
- Survey legal services providers and AAAs about such topics as their evaluation tools, best practices, and areas for improvement.
- Assess and recommend opportunities for improvement in the role of the State Legal Assistance Developer.

Outcome:

- Program gaps and inequities will be identified and addressed, resulting in expanded access to Legal Services, particularly for those experiencing the greatest economic or social need.

Baseline: During Federal Fiscal Year 2020, these programs provided 142,930 hours of legal assistance to older adults.

Goal 5: Partnerships: California will strengthen partnerships to advance California for all ages.

Objective A: Tribal Organizations Expand Native American residents' and Tribal Organizations' access to Older Americans Act programs and services provided through the OAA.

Key Strategies:

- Partner with one or more Tribal Organizations to develop and provide training to AAA and CDA staff about Native American culture and history and OAA opportunities and responsibilities in support of culturally competent partnerships and service delivery with and for older Native Americans.
- Establish connections and collaborate with other governmental Tribal Organization liaisons based in the Governor's Office, other state department d(including the Department of Social Services and CHHS), the federal

Administration for Community Living, and other pertinent governmental agencies.

- Expand CDA's outreach to and information from Tribal Organizations via the department's website, social media, and other communication channels.
- Assist in facilitating discussions and partnerships between AAAs and Tribal Organizations to increase Native American participation in Older Americans Act programs in California.

Outcomes:

- Participation by CDA in State and federal Native American Elder initiatives, as appropriate for government-to-government relationships.
- Increased information for and about aging, Tribal Organizations, and Native Americans will be provided via the department's website, social media, and other means.
- More culturally informed training will be available to AAA and CDA staff around Native American culture and aging to support better delivery of services and programs.
- Increased participation of Native Americans in Title III programs, HICAP, MSSP, CBAS, and the Long-Term Care Ombudsman Program.

Objective B: Counties Facilitate coordination with County services for older and disabled adults, including Adult Protective Service, In Home Supportive Services, Housing and Homelessness Services, Public Guardian/Conservators, and Emergency/Disaster Response services, among others, to support easier access to, more coordinated services to, and better outcomes for older adults, adults with disabilities, and family caregivers.

Key Strategies:

- Share peer-to-peer models of county-AAA collaboration, both when AAA located in county government and outside of county government, in partnership with California Association of Area Agencies on Aging (C4A).
- Scope options for AAA/ADRC and county technology and data interoperability to support coordination of aging services.
- Explore innovative partnerships with emergency and disaster services to target disaster preparation and response strategies to older adults and adults with disabilities with access and functional needs in order to save lives, in partnership with California Office of Emergency Services (CalOES) and California Department of Social Services (CDSS).
- Continue to strengthen partnership with County leadership on aging at California State Association of Counties (CSAC) and County Welfare Directors Association of California (CWDA).

Outcomes:

- Forums on aging leadership, with C4A, CWDA, and CSAC
- Forums on aging and disaster response, with Cal OES and CDSS

- Research, recommendations, and actions to support AAA-county coordination in services, planning, and technology.

Objective C: Health Care Explore partnerships involving health care plans, long-term services and supports (LTSS) providers, government programs, and other health entities.

Key Strategies:

- Participate in ongoing discussions with stakeholders exploring ways for community-based organizations and home and community-based service providers to partner with health plans to increase older adults' access to needed services (e.g., care coordination, transitions, and behavioral health services).
- Partner with the proposed Department of Health Care Services (DHCS) California Office of Medicare Innovation and Integration to coordinate with HICAP representatives regarding the state's strategies and models to strengthen and expand low- and middle-income Medicare-eligible Californians' access to high-quality services and supports, including behavioral health services.
- Partner with DHCS as it implements CalAIM, a multi-year initiative to improve quality of life and health outcomes by implementing a broad delivery system and program/payment reform across the Medi-Cal program.
- Partner with DHCS as it develops a roadmap for providing Long-Term Services and Supports.

Outcomes:

- Development of project by the California Association of Area Agencies on Aging to develop these CBO/health plan partnerships, in partnership with CDA and DHCS.
- Collaboration between DHCS Office of Medicare Innovation and Integration to identify HICAP partnership opportunities.

Objective D: California for All Ages Network Equip local aging, disability, and caregiving leaders to develop or update master plans for aging.

Key Strategy:

- Support local aging, disability, caregiving, and county/city leaders in developing local master plans for aging with the MPA Local Playbook and developing and implementing age-friendly action plans.

Outcomes:

- Local playbook trainings and technical support available provided to local leadership networks and forums to develop local master plans for aging.
- County and city plans for aging all across California.

Goal 6: Modernization of CDA California will modernize and enhance the resources, tools, and infrastructure necessary to support strong aging hubs and spokes statewide and to deliver quality services to a growing and diversifying population of older and disabled adults and family caregivers.

Objective A: Business Operations Streamline CDA's planning, monitoring, program operations, and fiscal processes related to AAAs and the network of providers.

Key Strategies:

- Update the required Area Plan document and streamline the Area Plan monitoring and review processes.
- Streamline the department's contracting and fund disbursement processes.

Outcome:

- Streamlined, efficient processes that reduce the administrative burden for AAAs.

Objective B: Data and Technology. Upgrade and integrate technology and data for action and performance.

Key Strategies:

- Develop a single, statewide client relationship management (CRM) system to enable CDA and AAAs to efficiently track data.
- Expand, enhance, and interconnect the department's Aging Data Portal and online dashboards.

Outcome:

- Data will be effectively and efficiently deployed for action, including tracking of data related to programs and services, quickly producing reliable reports, making data available to the public, partners, and other entities, and integrating with and receiving data from other programs to better inform program policies and decisions. This data will help identify/determine CDA standards for providing person-centered services and producing outcome-based results.

Objective C: Strong Aging Hubs and Spokes Statewide Align and strengthen state and local aging “hubs and spokes” to achieve person-centered, data-driven, equity-focused outcomes for the growing and diversifying population of older adults, people with disabilities, and family caregivers in California.

Key Strategy:

- Work with the public, AAAs, the Commission on Aging, local county governments, and all stakeholders, , to evaluate opportunities to strengthen and modernize California's aging services structure—including the Planning and Service Area (PSA) boundaries (currently 33), the Intrastate Funding Formulas, and the designation processes for the Area Agency on Aging in each PSA—to assess how to best meet the needs of California's changing demographics, the needs of its older population, and the changing landscape of aging and disability services.

Outcome:

- A report issued by the end of 2021, with stakeholder feedback and findings, for consideration by the Administration, Legislature, and stakeholders in 2022.

Quality Management

Because effective quality management supports the provision of quality services, it is central to CDA's mission and culture. CDA provides ongoing formal and informal technical assistance, training, monitoring, written guidance, and, when safe, on-site visits to AAAs and other providers. The department also routinely analyzes both fiscal and performance data to identify patterns that may indicate the need for further attention.

As of 2021, CDA has implemented—or will soon implement—a variety of new quality management initiatives. These include:

- **California Aging Reporting System (CARS):** To ensure compliant data reporting to the Administration for Community Living, CDA is updating its reporting system to meet new requirements for the Older Americans Act (OAA) State Program Report (SPR).
- **Online Data Dashboard:** Launched in 2021, this tool allows members of the public and others to track key progress indicators related to Master Plan for Aging goals and strategies.
- **COVID-19 Data Portal:** Launched in 2020, the COVID Data Portal provides data related to pandemic response efforts.
- **Client Relationship Management (CRM) System:** This system, when implemented, will help CDA and AAAs collect, manage, analyze, and share data related to Older Americans Act programs.
- **AAA Monitoring:** CDA has developed and implemented an effective, streamlined procedure to remotely monitor AAAs' compliance with federal, state, and contract requirements.
- **Area Plans:** Beginning in 2021, CDA will work in partnership with AAAs to: (1) make the Area Plan review process more efficient for everyone involved, (2) ensure that future Area Plans reflect state and local priorities, and (3) enable CDA to better track program compliance.
- **Continuous Auditing:** CDA has implemented more frequent auditing of AAAs. This allows problems to be caught and remedied more quickly, which will help AAAs avoid fiscal risks and costly audit findings.
- **Pandemic Relief Funding:** CDA has developed a reporting process to track all federal pandemic relief funds.
- **Enterprise Risk Management:** CDA has developed an Enterprise Risk Management structure to enable the department to track the mitigation of internal and external program risks and to develop a governance structure to determine the prioritization of risks for the audit branch to focus on.

Appendices

Appendix A: California Department of Aging Strategic Plan

Vision: An Age and Ability Friendly California Where We Choose Where and How We Live Throughout Our Lives.

Mission: Transform aging for individuals, families, and communities by leading innovative programs, planning, policies, and partnerships that increase choices, equity, and well-being for all Californians as we age.

Values:

- *Person-Centered & Outcome-Based:* We value people and results. We advocate for and partner with our providers and participants to move together towards impactful, data-driven outcomes.
- *Leadership & Collaboration:* We lead with vision, expertise, passion, and accountability and collaborate with our internal and external partners to create a livable California for across the lifespan.
- *Innovation & Inclusivity:* We turn ideas into meaningful solutions for individuals, families, and communities and promote the participation and perspective of all people, centering the voices of older people, people with disabilities, and family caregivers.

Goals:

1. **Promote a California for All Ages.** We will develop, advance, and measure the Master Plan for Aging with diverse partners at the state and local levels.
2. **Increase Choices to Live at Home and Community.** We will uphold excellence and promote continuous quality improvement in CDA services for home and community living.
3. **Increase the Well-being of Residents in Long-Term Care Facilities.** We will uphold excellence & promote continuous quality improvement in CDA services for residents of nursing homes and other senior living facilities.
4. **Increase Awareness and EngAGEment.** Enhance outreach efforts to educate both Californians and stakeholders about aging and disability information, resources, and programs that advance equity in aging.
5. **Modernize CDA.** We will secure and enhance the professional tools, and infrastructure necessary to deliver quality services and promote a positive, diverse, and inclusive corporate culture in support of CDA's mission.

Appendix B: Data and Demographics

- [Data Dashboard for Aging \(Master Plan for Aging\)](#)
- [CDA COVID-19 Response Data Dashboard](#)
- [Projected Percentage Increase of 60+ Population by County, 2010-2060](#)
- [Older Adult Population by Household, 2018](#)
- [Older Adult Population by Living Alone and Health Status, 2018](#)
- [California Department of Finance Population Projections](#)
- [California Health Interview Survey](#)
- [Elder Index Demographic Dashboard](#)

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall— (A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general-purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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), and include proposed methods of carrying out the preference in the State plan.

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas.

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;

(c) An area agency on aging designated under subsection (a) shall be—...

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

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

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.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

- (1) The plan shall—
 - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
 - (B) be based on such area plans.
- (2) The plan shall provide that the State agency will—
 - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
 - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
 - (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
 - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this

title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

- (5) The plan shall provide that the State agency will—
 - (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.
(B) The plan shall provide assurances that—
 - (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
- (8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
 - (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.
(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may

specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency 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) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

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

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

- (D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and
- (E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- (12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —
- (A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
- (i) public education to identify and prevent abuse of older individuals;
 - (ii) receipt of reports of abuse of older individuals;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
 - (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.
- (13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.
- (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
 - (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
- (15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with 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);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall—
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
- (23) The plan shall provide assurances that demonstrable efforts will be made—
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
- (25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
- (26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
- (27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, 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.
- (B) Such assessment may include—
- (i) the projected change in the number of older individuals in the State;
 - (ii) 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;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY. —In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



Kim McCoy Wade, Director
California Department of Aging

June 30, 2021
Date

Appendix D: Information Requirements

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

Response: CDA employs three primary mechanisms to assure preference is given to older individuals with greatest economic and social need. First, CDA uses an IFF to distribute federal and state funds to AAAs. The IFF is based on a combination of factors, including age, income, geographic isolation, racial or ethnic status, social isolation, and English language proficiency.

Each AAA's four-year Area Plan and annual Area Plan Update must assess and describe the target populations within the AAA's PSA. The AAA must also develop service goals and objectives that meet the needs of targeted populations and reduce barriers to services. CDA also assures that every AAA targets high-risk populations through annual contract requirements stipulating that the AAA and its subcontractors must serve all eligible people, especially targeted populations.

Section 306(a)(6)(I)

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

Response: CDA will revise its Area Plan guidance for the 2022-23 Area Plan Update to ensure that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with CDA to disseminate information about the State assistive technology entity, the California Department of Rehabilitation, and access to assistive technology options for serving older adults.

CDA has been working collaboratively with the California Department of Technology (CDT), local AAAs, and other partners and program stakeholders to bridge the digital divide for older adults. CDA has conducted research to identify the number of older adults in California who are un- or under-connected to the internet. During the pandemic, CDA, via CDT, solicited device donations from private companies and received a donation of 8,500 Smart Speakers from Google, which were distributed to the AAAs and the state's MSSP sites to deploy to their program participants. With CARES Act funding, CDA purchased 4,000 tablets with two-year service plans which will be distributed to the AAAs to deploy to their program participants to help mitigate loneliness and isolation among older adults. CDA is currently researching organizations that can provide digital training to device recipients on the operation

and features of the devices. CDA is also promoting the Emergency Broadband Benefit and Lifeline programs for low-cost internet service plans.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response: California regulations, CDA's Area Plan Guidance, and CDA's Standard Agreement require AAAs to describe in their Area Plans how they identify their local Office of Emergency Services contact persons and AAA disaster response coordinator and coordinate their disaster preparedness plans. In addition, AAAs must describe how they identify vulnerable populations and plan to follow up with them in the event of a disaster.

CDA's Disaster Assistance Handbook for Area Agencies on Aging describes what AAAs are required to do before, during, and after an emergency event to address the needs of the populations they serve.

In addition, CDA developed and distributed a Disaster Preparedness and Response Resource Guide that contains helpful tips and information about how to prepare for and maintain safety during wildfire events. CDA is also participating in a CHHS-led Drought Preparedness and Response Workgroup that is working to identify strategies to mitigate the effects of California's current severe drought and related events such as heat waves. The CDA director also serves on the CHHS Disaster Council, which is charged with preparing for and responding to emergency/disaster events.

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Response: CDA's Area Plan Guidance requires AAAs to describe in their Area Plans how the AAA establishes priorities for the planning cycle, the factors influencing the AAA's priorities, and its plans for managing increased or decreased resources. The Area Plan must include the AAA's process for establishing an adequate proportion of funding for Title III access, in-home, and legal assistance, in keeping with federal and state requirements. Changes to adequate proportion must be reflected in the Area Plan Update.

California regulations and CDA's Standard Agreement specifically require that AAAs meet the adequate proportion requirements for priority services.

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Response: Thirty-one of California's 33 AAAs have some rural (geographically isolated) population. To ensure a baseline level of funding, each PSA receives at least as much funding annually in total as it received in 2000. The Intrastate Funding Formula (IFF) allocates funds in part based on the number of people who are 60 and older who are geographically isolated. Demographic data used in the formula are updated annually with the best available data. In addition, the IFF acknowledges the cost of serving rural individuals by assigning greater weight when allocating funds to individuals who are geographically isolated.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Response: California's IFF provides greater weight to people who are 60 and older and geographically isolated (i.e., rural) than those who are not. The formula assigns a weight of 1.5 to this factor. Within rural areas, low-income minority individuals receive the highest relative emphasis. Older people residing in rural areas are among those to whom AAAs target services through their RFP and contracting processes.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Response: CDA's and AAAs' data collection and analysis assists with determining the population and location of low-income minority older individuals and those with limited English proficiency in each Planning Service Area (PSA) and supports targeted outreach and service delivery. CDA retrieves updated data for individuals with these and other characteristics annually from recognized sources. CDA uses the best available data to allocate funds to the AAAs, with the number of low-income minority individuals receiving the highest emphasis in the funding formula.

All AAAs target services to older adults with the greatest economic and social need. AAAs monitor contractors to ensure they meet program and performance objectives for serving targeted individuals. AAAs employ bilingual staff and culturally competent non-bilingual staff to support responsiveness to the service needs of targeted groups, including low-income minority individuals with limited English proficiency. They also devote considerable effort to educating the community about the service needs of older adults, especially those for service under the OAA. AAAs use community fairs and other events as well as community education publications translated into a variety of languages to reach low-income minority individuals with limited English proficiency.

Section 307(a)(21) The plan shall —

...

(C) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

Response: CDA will continue to identify opportunities and strategies to increase Older Native Americans' access to programs and benefits. To improve coordination between AAAs and tribal organizations, CDA will partner with tribal organizations to provide training for AAA staff on Native American culture and work to foster relationships between AAAs and local tribal organizations, such as the Ensuring Equity in Aging webinar series. The Master Plan for Aging's newly formed Equity in Aging Advisory Committee will recruit membership from within the Tribal community. CDA's work in this area will include a focus on using data to determine how well AAAs are serving Native Americans.

At the local level, AAAs will continue to conduct a range of activities focused on increasing older Native Americans' access to programs and benefits. These activities

will include collecting and analyzing data to better identify the needs of older Native Americans. AAAs are encouraged to partner with local tribal organizations to establish coordinated activities, such as congregate and home-delivered meals and nutrition education. AAAs also engage Native American individuals as AAA advisory council members and conduct outreach to tribal communities.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, 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.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) 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;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Response: Beginning in 2021, CDA will work in partnership with the state's AAAs, the California Commission on Aging, and the aging and disability communities to update a service system that was put in place more than 40 years ago. This will include, among other things, an analysis of changing population patterns, including anticipated future changes. This project may result in the State redrawing Planning and Service Area (PSA) boundaries and revising the Intrastate Funding Formula (IFF). The goal is to build a person-centered, data-driven, equitable system that meets the changing needs of older Californians, people with disabilities, and family caregivers. CDA will coordinate and communicate with federal partners about any potential changes to PSA boundaries and the IFF.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Response: To ensure compliance with this requirement, CDA maintains a Disaster Assistance Handbook for AAAs and a disaster preparedness webpage for the public.

The department also provides guidance and training to AAAs to assist them in fulfilling their contractual responsibilities related to emergency/disaster preparedness, coordination, response, and recovery. CDA maintains contact information for each AAA emergency coordinator, including after-hours contact information, to communicate with these organizations during an emergency.

CDA is also working on additional disaster preparedness and response tools and strategies. In 2020, CDA developed and distributed to the AAAs, program stakeholders, and the public via social media a Disaster Preparedness and Response Resource Guide that contains helpful tips and information about how to prepare for and remain safe during wildfire events. The guide includes links to State disaster preparedness resources. CDA is participating in a CHHS-led Drought Preparedness and Response Workgroup that is working to identify strategies to mitigate the effects of California's current severe drought and related events such as heat waves. CDA will share strategies and resources identified in this workgroup with the AAAs and will bring to the workgroup the type of support and resources that would be helpful to them at the state level. And as noted below, the CDA director also serves on the CHHS Disaster Council, which is charged with preparing for and responding to emergency/disaster events.

In addition, CDA maintains a Business Continuity Plan to ensure that the State of California can continue its vital governmental services and operations under all conditions. The continuity plan applies to CDA's headquarters, any other location where CDA may have operations, and all its divisions and staff.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Response: CDA's Director serves as a member of the California Health and Human Services Agency Disaster Council. This Council, chaired by the Agency Secretary, who also serves on the Governor's Cabinet, has a lead role in preparing for and responding to emergency/disaster events. The Council serves as a forum for interdepartmental collaboration in planning, response, and recovery activities, including those that involve the Governor's Office of Emergency Services (OES) and the American Red Cross.

The Director receives daily OES emergency situation reports and, in the event of a major event, receives ongoing updates and participates in daily situational conference calls/meetings. The Director is also on the California Health Alert Network to receive phone and email notification and messages from the California Department of Public Health in an emergency situation. These response systems are tested at least annually. CDA has been actively involved in the development of the California Emergency Plan, specifically in the sections addressing Emergency Function (EF) 6 – Mass Care and Shelter and EF 8 – Public Health and Medical Emergency.

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307— . . .

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the

State plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Response: The Office of the State Long-Term Care Ombudsman is located within CDA and provides oversight to 35 local Long-Term Care (LTC) Ombudsman Programs. AAAs provide these programs directly or by subcontract. As advocates for residents of LTC facilities, the Office of the State LTC Ombudsman and local Ombudsman representatives promote residents' rights and provide assurances to protect these rights. Statewide, approximately 700 state-certified Ombudsman volunteers and paid local LTCOP staff identify, investigate, and resolve complaints and concerns on behalf of approximately 302,000 residents in nearly 1,230 Skilled Nursing Facilities (SNFs), including Distinct Part SNFs and Intermediate Care Facilities, plus approximately 7,300 Residential Care Facilities for the Elderly.

- 1) AAAs, directly or by subcontract, provide Programs for Prevention of Elder Abuse, Neglect and Exploitation under Title VII, Chapter 3. These services include public education sessions, distributing educational materials, training sessions for professionals and family caregivers served by Title III E and developing a coordinated system to respond to elder abuse.
- 2) The State holds public hearings to obtain stakeholder input on these programs during the State Plan review and development process.
- 3) The State reviews AAA Area Plans and Area Plan Updates to determine how Title VII funds are used to establish a coordinated system to respond to elder abuse. The State also monitors AAAs and their compliance with the provisions of Title VII, Chapter 3.
- 4) The State reviews funds expended under this Title and certifies these expenditures to the federal government.
- 5) The State imposes no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on entities seeking designation as local Ombudsman programs.
- 6) The State, through the AAAs, coordinates services locally with funds expended under Title VII, Chapter 3, and maintains the confidentiality of any reports of abuse or neglect.

**CALIFORNIA DEPARTMENT OF AGING
INTRASTATE FUNDING FORMULA (IFF) REQUIREMENTS**

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issues by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account --

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

DESCRIPTIVE STATEMENT OF FORMULA

CDA is required under Title III of the federal OAA to develop a formula for the distribution of funds within the State under this title. This formula is to take into account, to the maximum extent feasible, the best available statistics on the geographical distribution of individuals aged 60 and older in the State and publish such formula for review and comment. The IFF allocates funds to PSAs to serve persons aged 60 and older (60+).

While the OAA is concerned with the provision of services to all older persons, it requires assurance that preference is given to older individuals with greatest economic or social needs, with particular attention to low-income minority individuals. Under the OAA, the term “greatest economic need” means the need resulting from an income level at or below the poverty level established by the Office of Management and Budget. The term “greatest social need” means the need caused by non-economic factors that

include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks, or which threatens such individuals' capacity to live independently.

CDA's IFF was developed: to support the provision of needed services to older persons; to reflect the relative emphasis required by the OAA; to provide consistent emphasis to individuals with certain characteristics, regardless of their area of residence; and to be responsive to California's diversity.

The requirement to give "preference" and "particular attention" to older individuals with certain characteristics recognizes that other older individuals with needs also are served under the OAA. The CDA takes this into account by assigning a weight of one (1.0), the least weight, to the population factor of 60+ Non-Minority, identified here as "other individuals."

CDA then applied the definitions of greatest economic need and greatest social need in selecting the three remaining factors listed below and assigned weights to develop a weighted population and to achieve the relative emphasis required by the OAA.

<u>INDIVIDUALS</u>	<u>FACTORS</u>	<u>WEIGHTS</u>
Greatest Economic Need:	60+ Low Income	2.0
Greatest Social Need:	60+ Minority	2.0
	60+ Geographical Isolation (Rural)	1.5
Other Individuals	60+ Non-Minority	1.0
Medical underserved (IIID only)	60+ Medi-Cal Eligibles	1.0

When combined, these population factors and weights result in an allocation of Title III funds which is consistent with the OAA and which is based on the relative degree of emphasis (from 5.5 to 1.0) for the individuals noted below.

	<u>RELATIVE EMPHASIS</u>	
	<u>RURAL</u>	<u>OTHER</u>
	<u>AREAS</u>	<u>AREAS</u>
Low Income Minority Individuals	5.5	4.0
Low Income Individuals (not Minority)	4.5	3.0
Minority Individuals (not Low Income)	3.5	2.0
Other Individuals	2.5	1.0

CDA assumes that the IFF must: be equitable for all PSAs and reflect consistent application among PSAs of greatest economic or social need, with particular attention to low-income minority individuals; include factors which are mutually exclusive

whenever possible; utilize data that are available, dependable, and comparable statewide, and that are updated periodically to reflect current status; reflect changes in population characteristics among PSAs; and be as easy as possible to understand.

NUMERICAL STATEMENT OF THE FORMULA

The following is a description of the Intrastate Funding Formula (IFF used for allocating OAA Title III and VII funds in accordance with Section 45 CFR 1321.37

1. The process begins by identifying:
 - a. Total Federal and State matching funds available for allocation to PSAs for each Title III and VII program. (Total in Demonstration Column O)
 - b. Population data, updated no more than annually as information is available, by county and arraying these data by PSA. (Population Data Columns A-F on Demonstration)
2. The Statewide total amount for the administration allocation is calculated by taking ten percent (10%) of the Federal funds. (The Total in Demonstration Total Column G)
3. The Statewide total amount for the program allocation is calculated by subtracting the administration allocation from the total for State and federal funds. (The Total in Demonstration Column M and N)
4. Administrative funds are allocated as follows:
 - a. Each PSA receives a fifty thousand dollar (\$50,000) base.
 - b. The balance of total administrative funds identified in 2. above is allocated to PSAs based on each PSA's proportion of California's total persons aged 60 and older.
 - c. Each PSA's total administration allocation is distributed among its qualifying Title III programs based on total qualifying administrative funds available.
5. Program funds are allocated based on weighted population figures. Weighted population totals are determined for each PSA by combining the following factors:
 - a. The number of non-minority persons aged 60 and older in each PSA is multiplied by a weight of 1.0 (Demonstration Column H).
 - b. The number of minority persons aged 60 and older in each PSA is multiplied by a weight of 2.0 (Demonstration Column I).
 - c. The number of low-income persons aged 60 and older in each PSA is multiplied by a weight of 2.0 (Demonstration Column J).
 - d. The number of geographically isolated persons aged 60 and older in each PSA is multiplied by a weight of 1.5 (Demonstration Column K).
 - e. The number of Medi-Cal eligible persons aged 60 and older in each PSA is multiplied by a weight of 1.0 (Demonstration Column L) for Title IIID only).
6. The total weighted population for each PSA is converted into a proportion of the total weighted population for all PSAs.
7. Each PSA's program allotments are determined in the following manner:
 - a. For Title IIIB, C-1, and C-2 programs,
 - i. Total State and federal program funds available are distributed to each PSA by multiplying each PSA's proportion of total weighted

- population by total statewide program allocation for Title III B, C and E.
- ii. Each PSA's program allotment is compared to its 1979 allotment level. If a PSA is under its 1979 level, it receives an allotment equal to its 1979 level in lieu of the computed allotment in 7.a.1.
 - iii. The statewide program allocation is reduced by the total amount allocated to those PSAs receiving allotments equal to their 1979 level. The remaining statewide program allocation is then distributed to the remaining PSAs according to the formula to determine their adjusted total Title III B, C-1 and C-2 program allotments.
 - iv. Total program funds for each PSA are then distributed to each Title III program as follows:
 1. Federal funds are distributed based on the proportion of funds received by the Department of the latest Notice of Grant Award from the Federal Government.
 2. State funds are distributed based upon the statewide totals included in the most recent Budget Act, or Budget bill if allocations impact the next budget year, or other relevant legislation.
 - b. For Title III E and VII program funds are allocated by multiplying each PSA's proportion of the total weighted population by the total statewide program allocation for each program, then distributing to fund sources as in 7.A.4.
 - c. For Title III D program funds are allocated by multiplying each PSA's proportion of the total weighted population, including Medi-Cal eligible, by the total statewide program allocation for each program, then distributing to fund sources as in 7.A.4.

Notes for Population Data and Demonstration of Allocation:

- a. PSA means a geographical area, the boundaries of which are determined CDA pursuant to federal law and regulation. CDA allocates funds to an AAA to provide services to older individuals residing within a specific PSA (Appendix B).
- b. 60+ Pop¹: The number of individuals 60 years of age and older residing within the PSA.
- c. 60+ Non-Min²: The number of individuals age 60 years and older residing within the PSA that self-identify as White (alone).
- d. 60+ Minority³: The number of individuals age 60 years and older residing within the PSA that self-identify as American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, or Two or More Races.
- e. 60+ Low Income⁴: The number of individuals age 60 years and older residing within the PSA with annual income below 125 percent of the federal poverty level.
- f. 60+ Geo. Isolation⁵: The number of individuals age 60 years and older throughout the PSA residing in a rural area. According to the 2010 census, a rural area

encompasses all population, housing, and territory not included in an urban area. (An urban area is comprised of a densely settled core of census tracts and/or census blocks that meet minimum population requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters.)

- g. 60+ Medi-Cal Eligibles⁶: The number of Medi-Cal-eligible individuals, age 60 years and above, residing within the PSA. Alpine County (PSA 12), Mono County (PSA 16) and Sierra County (PSA 4) are not included in the population counts. The Medi-Cal population in these counties was excluded to avoid identification of particular individuals.

**California Department of Aging
POPULATION DATA AND DEMONSTRATION OF ALLOCATION***

Counties	PSA	Pop 60 +	Non-Min . 60+	Minority 60+	Low Income 60+	Geo. Isolation 60+	Medi- Cal Eligible 60+
Del Norte, Humboldt	1	43,204	37,802	5,402	5,325	11,725	7,459
Lassen, Modoc, Shasta, Siskiyou, Trinity	2	81,938	72,650	9,288	10,610	33,482	12,707
Butte, Colusa, Glenn, Plumas, Tehama	3	94,641	79,597	15,044	12,810	27,986	16,814
Nev, Placer, Sac, Sier, Sutr, Yolo, Yuba	4	556,295	385,552	170,743	64,625	41,636	94,085
Marin	5	84,282	72,640	11,642	5,795	5,180	6,148
San Francisco	6	208,672	85,412	123,260	33,885	0	58,785
Contra Costa	7	288,797	178,725	110,072	21,030	1,769	37,050
San Mateo	8	195,448	106,809	88,639	14,645	3,580	23,670
Alameda	9	366,730	168,355	198,375	38,480	1,320	76,510
Santa Clara	10	429,474	211,742	217,732	39,065	4,347	78,960
San Joaquin	11	149,424	77,090	72,334	18,565	11,455	31,937
Alpine, Amador, Calav, Mariposa, Tuolumne	12	60,047	53,526	6,521	6,335	31,924	5,371
San Benito, Santa Cruz	13	83,129	61,528	21,601	7,755	9,588	10,992
Fresno Madera	14	218,990	115,258	103,732	34,385	30,224	54,917
Kings, Tulare	15	106,955	55,728	51,227	18,540	14,653	28,852
Inyo, Mono	16	10,081	8,431	1,650	920	3,869	1,066
San Luis Obispo, Santa Barbara	17	184,876	140,238	44,638	16,550	16,116	20,834
Ventura	18	204,004	134,179	69,825	16,430	5,252	25,254
Los Angeles County	19	1,388,920	534,807	856,118	187,315	10,719	379,679
San Bernardino	20	403,844	198,964	204,880	52,450	21,182	88,649
Riverside	21	542,381	327,434	214,947	62,195	21,442	87,221
Orange	22	724,841	431,304	293,537	70,900	827	129,976
San Diego	23	731,710	462,726	268,984	77,970	22,757	118,363
Imperial	24	36,753	8,285	28,468	7,635	4,789	15,745
Los Angeles City	25	820,977	327,785	491,187	141,355	723	224,394
Lake, Mendocino	26	47,208	40,310	6,898	6,880	17,199	9,998
Sonoma	27	149,237	123,689	25,548	12,390	17,953	15,197
Napa, Solano	28	145,204	84,944	60,260	12,455	8,942	19,163

El Dorado	29	59,128	51,790	7,338	4,880	16,600	4,592
Stanislaus	30	109,227	69,557	39,670	15,040	8,100	24,974
Merced	31	47,639	23,884	23,755	7,130	5,905	12,392
Monterey	32	91,551	50,653	40,898	9,885	10,445	15,644
Kern	33	156,525	90,602	65,923	22,875	17,295	36,529
Totals	TTL	8,822,132	4,871,996	3,950,136	1,057,105	438,984	1,773,927

PSA	Area Admin Allocation	1.0 Non-Min	2.0 Minority	2.0 Low Income	1.5 Geo Isolation	1.0 Medi-Cal Eligibles	Title IIIB, C,E Weighted Total	Title IIID Weighted Total	Total Federal Allocation
1	\$103,005	37,802	10,804	10,650	17,588	7,459	76,844	84,303	\$550,223
2	\$150,526	72,650	18,576	21,220	50,223	12,707	162,669	175,376	\$1,164,320
3	\$166,111	79,597	30,088	25,620	41,979	16,814	177,284	194,098	\$1,269,347
4	\$732,493	385,552	341,486	129,250	62,454	94,085	918,742	1,012,827	\$6,579,141
5	\$153,402	72,640	23,284	11,590	7,770	6,148	115,284	121,432	\$824,753
6	\$306,010	85,412	246,520	67,770	0	58,785	399,702	458,487	\$2,864,803
7	\$404,312	178,725	220,144	42,060	2,654	37,050	443,583	480,633	\$3,175,325
8	\$289,786	106,809	177,278	29,290	5,370	23,670	318,747	342,417	\$2,281,289
9	\$499,924	168,355	396,750	76,960	1,980	76,510	644,045	720,555	\$4,613,520
10	\$576,902	211,742	435,464	78,130	6,521	78,960	731,857	810,817	\$5,241,417
11	\$233,321	77,090	144,668	37,130	17,183	31,937	276,071	308,008	\$1,977,468
12	\$123,669	53,526	13,042	12,670	47,886	5,371	127,124	132,495	\$909,258
13	\$151,987	61,528	43,202	15,510	14,382	10,992	134,622	145,614	\$963,638
14	\$318,669	115,258	207,464	68,770	45,336	54,917	436,828	491,745	\$3,129,580
15	\$181,218	55,728	102,454	37,080	21,980	28,852	217,242	246,094	\$1,556,607
16	\$62,368	8,431	3,300	1,840	5,804	1,066	19,375	20,441	\$344,816
17	\$276,816	140,238	89,276	33,100	24,174	20,834	286,788	307,622	\$2,052,492
18	\$300,283	134,179	139,650	32,860	7,878	25,254	314,567	339,821	\$2,251,642
19	\$1,754,003	534,807	1,712,235	374,630	16,079	379,679	2,637,751	3,017,430	\$18,904,507
20	\$545,458	198,964	409,760	104,900	31,773	88,649	745,397	834,046	\$5,339,553
21	\$715,422	327,434	429,894	124,390	32,163	87,221	913,881	1,001,102	\$6,543,433
22	\$939,274	431,304	587,074	141,800	1,241	129,976	1,161,419	1,291,395	\$8,318,519
23	\$947,702	462,726	537,968	155,940	34,136	118,363	1,190,770	1,309,133	\$8,526,635
24	\$95,091	8,285	56,936	15,270	7,184	15,745	87,675	103,420	\$628,798

25	\$1,057,219	327,785	982,375	282,710	1,085	224,394	1,593,954	1,818,348	\$11,423,004
26	\$107,917	40,310	13,796	13,760	25,799	9,998	93,665	103,663	\$670,792
27	\$233,092	123,689	51,096	24,780	26,930	15,197	226,495	241,692	\$1,620,805
28	\$228,144	84,944	120,520	24,910	13,413	19,163	243,787	262,950	\$1,744,947
29	\$122,541	51,790	14,676	9,760	24,900	4,592	101,126	105,718	\$723,353
30	\$184,006	69,557	79,340	30,080	12,150	24,974	191,127	216,101	\$1,369,430
31	\$108,446	23,884	47,510	14,260	8,858	12,392	94,512	106,904	\$677,183
32	\$162,320	50,653	81,796	19,770	15,668	15,644	167,887	183,531	\$1,202,023
33	\$242,033	90,602	131,846	45,750	25,943	36,529	294,141	330,670	\$2,107,255
TOTAL	\$12,473,470	4,871,996	7,900,272	2,114,210	658,476	1,773,927	15,544,954	17,318,881	\$111,549,876

*Sources Used:

ACL-1 Administration for Community Living, Aging Integrated Database (AGid), Web source retrieved on 10/01/20
Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging,
Ratio of Income in Previous Year to Poverty Level for the Population 60 Years and Over (S21043B)
<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21043B&stateabbr=CA>

ACL-2 Administration for Community Living, Aging Integrated Database (AGid) . Web source retrieved on 10/01/20
Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging,
Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over (S21010B)
<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21010B&stateabbr=CA>

ACL-3 U.S. Administration on Aging, Aging Integrated Database (AGid). Web source retrieved on 10/01/20
Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging,
Age by Ability to Speak English for the Population 60 Years and Older (S21014B)
<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21014B&stateabbr=CA>

Census-1 U.S. Census, American FactFinder.
Source File: Census 2010, American Fact Finder, QT-P1, Age Groups and Sex, Geography Rural, 2010 Summary File 1
(New data will not be available until 2020 Decennial Census data becomes available. CDA used existing data from 2010 Decennial Census.)

Census-2 U.S. Census, American FactFinder.
Source File: Summary File 1, 100% Data, Population, Housing Units and Area & Density, Geographic Area: CA-County & County (GCT-PH1)
Subdivision & Place Tables
(New data will not be available until 2020 Decennial Census data becomes available. CDA used existing data from 2010 Decennial Census.)

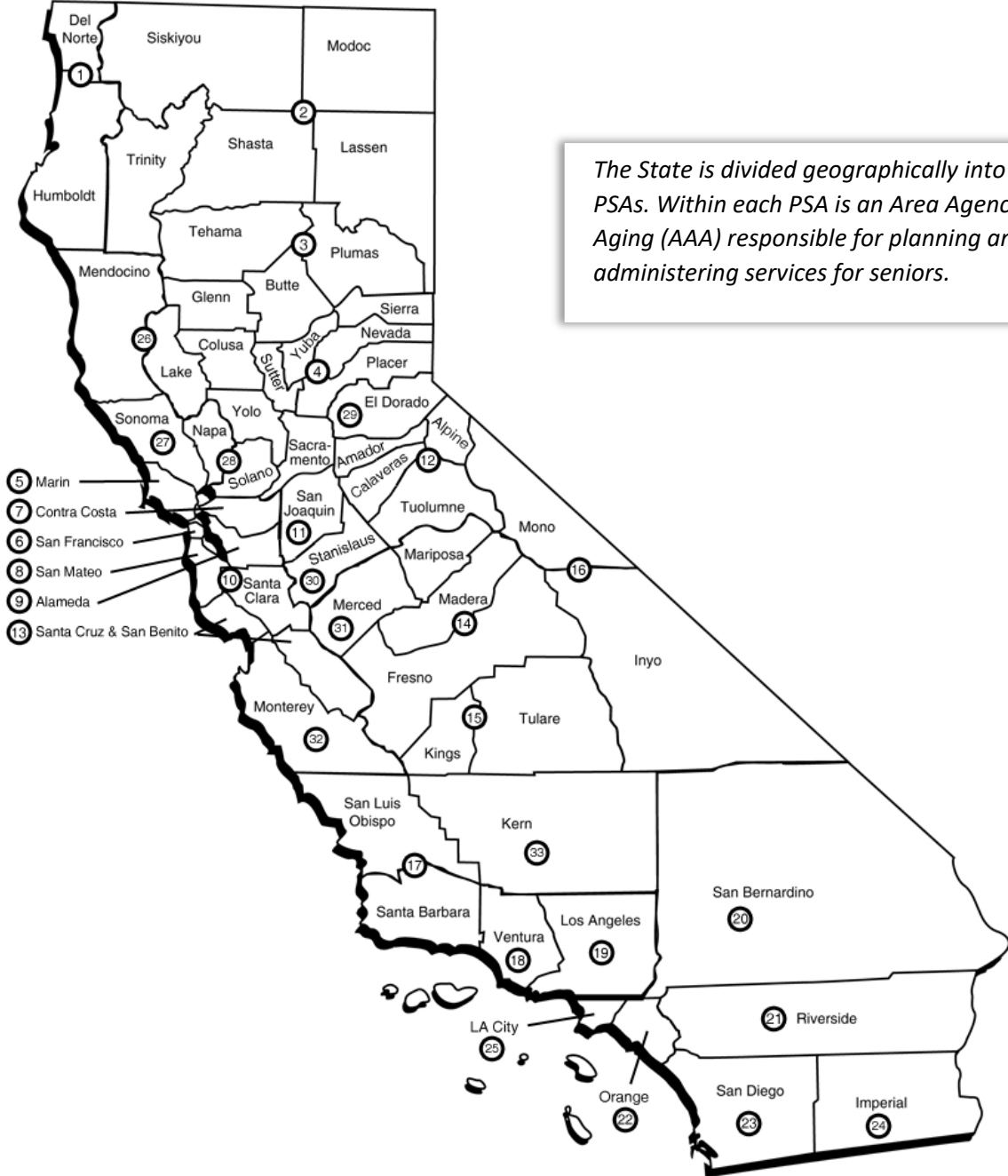
DHCS State of California, Department of Health Care Services, Research and Analytic Studies Division. Source data emailed on 10/22/20
Source File: Medi-Cal Beneficiaries Age 60 and Over as of January 2019

DOF Demographic Research
P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups): 2020

SSA U.S. Social Security Administration, Office of Retirement and Disability Policy. Web source retrieved on 10/01/20
Source File: SSI Recipients by State and County, Dec 2019
https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html

Appendix F: California Area Agencies on Aging

2021 CALIFORNIA PLANNING AND SERVICE AREAS (PSAs)



California's Area Agencies on Aging

Planning and Service Area (PSA) & Counties Served	Director	Address	Phone
PSA 1 Del Norte, Humboldt	Maggie Kraft	434 7th Street Eureka CA 95501	707-442-3763
PSA 2 Lassen, Modoc, Shasta, Siskiyou, Trinity	Teri Gabriel	208 West Center Street Yreka CA 96097	530-842-1687
PSA 3 Butte, Colusa, Glenn, Plumas, Tehama	Joseph Cobery	25 Main Street Rm 202 Chico CA 95928	530-898-6758
PSA 4 Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba	Pam Miller	1401 El Camino Avenue, 4th floor Sacramento, CA 95815	916-710-8390
PSA 5 Marin	Lee Pullen	10 North San Pedro Road Suite 1023 San Rafael, CA 94903	415-473-2689
PSA 6 City of San Francisco, County of San Francisco	Kelly Dearman	1650 Mission Street, 5th Floor San Francisco, CA 94103	415-355-6767
PSA 7 Contra Costa	Ana Baglas	300 Ellinwood Way Pleasant Hill, CA 94523	925-608-4801
PSA 8 San Mateo	Lisa Mancini	22 37th Ave, Room 140 San Mateo CA 94403-4324	650-573-3904
PSA 9 Alameda	Jennifer Stephens-Pierre	6955 Foothill Blvd, Suite 300 Oakland, CA 94605	510-577-1966
PSA 10 Santa Clara	Aneliza Del Pinal	3100 De La Cruz Blvd, Suite 310 Santa Clara, CA 95054	408-350-3231
PSA 11 San Joaquin	Elise Vigil	102 South San Joaquin Street Stockton, CA 95201	209-468-1581
PSA 12 Alpine, Amador, Calaveras, Mariposa, Tuolumne	Kristin Millhoff	19074 Standard Road, Ste. A Sonora, CA 95370-7542	209-532-6272 x200
PSA 13 San Benito, Santa Cruz	Clay Kempf	234 Santa Cruz Avenue Aptos, CA 95003	831-688-0400 x115
PSA 14 Fresno, Madera	Jean Robinson	2520 W. Shaw Ln #101A Fresno, CA 93711	559-319-0860
PSA 15 Kings, Tulare	Anita Ortiz	5957 South Mooney Blvd Visalia, CA 93277	559-624-8080
PSA 16 Inyo, Mono	Marilyn Mann	163 May Street Bishop, CA 93514-2709	760-873-3305

PSA 17 San Luis Obispo, Santa Barbara	joyce ellen lippman	528 South Broadway Santa Maria, CA 93454-5109	805-925-9554
PSA 18 Ventura	Victoria Jump	646 County Square Drive, Suite 100 Ventura, CA 93003-9086	805-477-7330
PSA 19 Los Angeles County	Otto Solorzano	3175 West 6th Street Los Angeles, CA 90020	213-738-2617
PSA 20 San Bernardino	Sharon Nevins	784 E. Hospitality Lane San Bernardino, CA 92415	909-891-3917
PSA 21 Riverside	Jewel Lee	3610 Central Avenue 5th Floor Riverside, CA 92506	951-867-3854
PSA 22 Orange	Ericka Danczak	1300 South Grand Avenue, Building B, 2nd Floor Santa Ana, CA 92705-4434	714-480-6483
PSA 23 San Diego	Kimberly Gallo	5560 Overland Avenue, Suite 310 San Diego, CA 92123	858-505-6329
PSA 24 Imperial	Sarah Enz	778 West State Street El Centro, CA 92243	442-265-7007
PSA 25 Los Angeles City	Laura Trejo	221 N. Figueroa Street, Suite 500 Los Angeles, CA 90012-4390	213-202-5645
PSA 26 Lake, Mendocino	Crystal Markytan	16170 Main Street Unit F Lower Lake, CA 95457	707-995-4295
PSA 27 Sonoma	Paul Dunaway	3725 Westwind Blvd Suite 101 Santa Rosa, CA 95403	707-565-3673
PSA 28 Napa, Solano	Elaine Clark	275 Beck Avenue MS 5200 Fairfield CA, CA 95433	707-784-8276
PSA 29 El Dorado	Rich Todd	3057 Briw Road, Suite A Placerville, CA 95667-5335	530-621-6161
PSA 30 Stanislaus	Margie Palomino	3500 Coffee Road, Suite 19 Modesto, CA 95355-1315	209-525-4601
PSA 31 Merced	Yvonnia Brown	851 West 23rd Street Merced, CA 95340-3611	209-385-3000 x5300
PSA 32 Monterey	Diana Jimenez	1000 South Main Street Suite 301 Salinas, CA 93901-2356	831-796-3320
PSA 33 Kern	Lito Morillo	5357 Truxtun Avenue Bakersfield, CA 93309	661-868-1051

¹ State of California, Department of Finance (November 2019), 2019 population data from web site: www.dof.ca.gov.

² Ibid.

³ Ibid.

⁴ American Community Survey, 2016 data from web site: www.census.gov/programs-surveys/acs/.

⁵ U.S. Census, American Fact Finder *Census 2010: Age Groups and Sex, Geography Rural (QT-P1)*

⁶ State of California, Department of Health Care Services, Research and Analytics Studies Division as of January 2019—special run request