SENIORS COUNCIL BOARD OF DIRECTORS

Thursday, February 15, 2024

10 a.m. – 12 Noon

Hybrid in-person - Zoom Meeting
236 Santa Cruz Ave, Aptos CA

https://us02web.zoom.us/j/81931049538

Meeting ID: 819 3104 9538
One tap mobile
+12532158782,,81931049538# US (Tacoma)

Dial by your location
+1 669 900 6833 US (San Jose)
Find your local number: https://us02web.zoom.us/u/kclTMKXHq5

AGENDA

10 a.m.  1. Welcome, Call to Order and Introductions

2. Additions & Deletions to the Agenda

3. Receive Announcements from Board Members

4. Comments from Members of the Public on Items Not on the Agenda

5. CONSENT AGENDA
   Approve minutes of the January 2024 Board Council Meeting
   Approve change of Bay Federal Credit Union Check Signers

10:15  6. Committee Reports
1. Finance Committee
2. Nominating & Board Development
3. Advocacy Committee
   a. Live Oak Senior Center
   b. Supervisorial Candidate Forums
   c. California Senior Legislature
4. Executive Committee

10:45  7. Personnel Policy Amendments
       1. Reproductive Loss Leave
       2. Vacation Approval Process

10:50  8. Ombudsman Program Update
       1. Status Update
       2. Draft RFP
       3. Next Steps


11:25  10. Executive Director’s Report
        1. Agency Operations
        2. Master Plan for Aging & Solutions Summits
        3. Santa Cruz County Senior Survey
        4. State & Community Activities

11:40  11. Program Reports (written)
        1. Area Agency on Aging & Needs Assessment Surveys
        2. Aging & Disability Resource Connection (ADRC)
        3. Project SCOUT
        4. Foster Grandparent/Senior Companion Program

11:55  12. Miscellaneous Correspondence & Other Items

12 Noon  13. Adjourn

Next Meeting:
Thursday, March 21, 2024
Questions, Clarifications or Additional Information:

If you have a question or wish clarification or additional information about any agenda item or attached materials, please telephone Seniors Council Executive Director Clay Kempf at 688-0400 ext. 115 before the meeting. If you get voicemail, please leave a detailed message so that a response can be made.

Distribution of Materials:

If you have information to share with members of the Board, a table or other suitable space will be provided on which you may make it available. It is the wish of the Executive Committee that meetings not be disrupted by distribution of paperwork or other items.

Accessibility:

This organization attempts to make meeting content understandable in languages other than English. All Meeting rooms are accessible for people with disabilities. If you wish to discuss reasonable modifications or accommodations for language or disability, please contact the Seniors Council office at 688-0400 at least 48 hours before the meeting.

Seniors Council Mission Statement

It is the mission of the Seniors Council to enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity.

Area Agency on Aging Mission

To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairment; and to promote citizen involvement in the planning and delivery of services.
SENIORS COUNCIL BOARD OF DIRECTORS
(Held by Zoom in accordance with COVID-19 social distancing requirements)
January 18, 2024

MINUTES

BOARD MEMBERS PRESENT:
Pam Arnsberger (President); Jane Schwickerath (Vice-President); Barbara Kaiser (Treasurer);
Wayne Norton (Secretary); Gwen Yeo; Antonio Rivas; Mark Trabing; Mickie Luna; Tami Aviles;

BOARD MEMBERS EXCUSED:
Cathy Cress

VACANCIES:

STAFF PRESENT:
Clay Kempf (Executive Director); Britt Bassoni (ADRC Director); Hilary Minugh (Fiscal Specialist);
Patty Talbott (AAA Administrator); Zach Johnson (Administrative Services Officer); Leanne
Oliveira (ADRC); Cathy Colvard (Fiscal Officer)

OTHERS PRESENT:
Maureen Caine (member of public), Alicia Rodriguez (GoldenPACE), Evan Clark (member of public),
Corey Azevedo (Senior Network Services), Gary Edwards (member of public), Danny Barrera, Jr.
(Jovenes de Antaño), Connie Padron (JdA), Corinne Jones (SNS),

1. **Welcome, Call to Order and Introductions**
Meeting called to order at 10:03 AM

2. **Additions & Deletions to the Agenda**
None.

3. **Receive Announcements from Board Members**
None.

4. **Comments from Members of the Public on Items Not on the Agenda**
None.
5. **CONSENT AGENDA**

Approve minutes of December 2023 joint annual Advisory Council & Board of Directors Meeting.

**MOTION, Kaiser/Norton, PASSED.**

Pam and Wayne both complimented staff for their work putting on the joint annual meeting, and thanked Gwen for the use of the facility.

6. **Committee Reports**

**Finance Committee** – Barbara pointed to 6.1-1, agency-wide budget vs. actuals from last year. Total income came under projection by about $500,000, but total expenses (6.1-4) came under projection by $438,000. This is a cash flow issue; money pledged but not received. Only FGP may be facing actual shortfall. Budget looks pretty good overall based on review through 21-22, 22-23 also on track to improve. Antonio asked about $565,000 reserves, those are still present. Also asked about 6.1-4, penalties. Hilary said those are payroll taxes that were missed due to QuickBooks error.

**Nominating & Board Development** – Gwen said there are two nominees in progress, should be ready to present by next month.

Wayne introduced third possible nominee, Maureen Caine, who attended today. Maureen introduced herself.

Pam announced that Creighton has resigned from the Board.

Mickie asked if nominees are still being accepted; may have another nominee, will send more info.

Jane reminded members to focus on Santa Cruz nominees to balance Board.

**Advocacy Committee**

1. **Live Oak Senior Center** – Draft 18-month lease has been sent to Live Oak School District Board, includes repairs by Community Bridges. Senior Legal Services has not received their lease yet. Heating still out in building. Lease does not allow for meal site reopening. Also some debate over custodial responsibilities and usage.

2. **State Budge Update** – Pam asked about overall situation, possibly less-bad than we thought? Clay reported that LAO estimate approximately $20 billion more than Governor’s estimate. No cuts to AAA funds or new funds. Home Safe did lose some revenue which also affects seniors.

3. **California Senior Legislature Report** – Mickie reported on 2023 legislative session in Sacramento. Recommended that we submit nominations for Henry Mello Award, named for past representative of our region.

Antonio asked for recommendations for number-one priority to advocate on from the top ten that Mickie sent previously. Also discussed resolution from 2005 to declare March 27 Henry Mello Day in recognition of his efforts for seniors.

Gwen asked who qualifies for nominations for CSL Award. Mickie said it is up to region to nominate someone, goes through committees.

Clay said staff would recommend SP6, allowing teleconferencing for various agencies, councils, committees, etc.

Jane said historically CSL sends recommendations to Advocacy Committee, priorities passed to Board.

Mickie reported that confidential marriage was discussed. Highest rates in Monterey County, but no reps were present.

**Executive Committee** – Zach reported on Candidate Forum progress, confirmed dates.

Clay reported that Solutions Summits are coming together. Will hold one May 30 at Epicenter via Community Foundation of SBC, tentatively May 15 for SCC.
7. **Allocation of New Funds**

Clay reported that AC supported both recommendations as presented in packet.

**One-Time-Only Funds (AKA Area Plan Budget Amendment 1)** — Clay briefly summarized process of funding allocations. Funds can only go to existing providers or directly. 7.1-2 to 3 show staff recommendations, i.e. Project SCOUT expansion into SBC; Ombudsman/Advocacy, Inc.; congregate /and home-delivered nutrition (75/25 split by County); health promotion/disease prevention; etc. Wayne asked about restoring funding of home-delivered meals, Connie said it would only cover a small portion.

Gwen asked about nature of health promotion/disease prevention. Clay said they must be evidence-based, probably will use Tai Chi classes. Patty noted services have to be approved as part of Area Plan, only 3 options currently.

**MOTION, Norton/Kaiser,** to approve funding recommendations as drafted. **PASSED.**

**Older Californians Act/Master Plan for Aging Augmentations** — Clay pointed to 7.2, new funding and increases for senior meals. Most Category 1 funds are for existing categories which had been defunded since 2009. Staff recommendations: increase volunteerism in SBC $185,000, $25,000 for Santa Cruz. Searching for dedicated home repairs/contractor, $64,000. $50,000 for Foster Grandparent Program to cover temporary budget deficit, pandemic challenges.

Category 2 covers nutrition augmentation, $164,000 split 75/25 by County.

Gwen, Jane, and Pam asked why we are retaining Falls Prevention funds rather than forwarding to Volunteer Center, who has historically done this work via Helping Hands. Clay said VC is under Title IIIB rather than this category, does not create a new program.

Mickie clarified that SBC funding for volunteerism covers cost of hiring for proposed position; noted that she may have conflict of interest based on her other seats. Clay said there is no conflict from SC perspective because she is not a recipient of funds. Britt explained plans for home repairs/safety installation project in coordination with Volunteer Center to expand coverage. Mark commented that based on experience, socializing is an important part of these visits. Jane said background checks would be critical.

**MOTION, Yeo/Norton,** to approve funding recommendations as drafted. **PASSED.** Mickie and Jane abstain.

8. **Ombudsman Program Update**

Brief debate on whether to hold in closed session. Discussion proceeds.

Clay provided background on challenges faced by Advocacy, Inc., Ombudsman role, and CORE defunding $50,000 per year. Ombudsman senior staff have left and not been replaced, and volunteers also reduced due to pandemic. AI and Senior Network Services set up a management services agreement to support remaining staff; however, does not address lost funding. CDA has objections to management services agreement and wants to decertify AI - Seniors Council disagrees, has requested specifics which have not been provided. If AI is decertified, mandated duties fall automatically to Seniors Council.

Recommendations from staff are in Board packet. Includes amending management services agreement; hire Ombudsman program coordinator ASAP; and putting services out to bid. July 1 would be targeted implementation date (start of fiscal year).

Wayne asked if AI is functioning, has a complete Board, etc., because SC contract is **with them.** Pam agreed with question, no answer available. Jane asked how we know funding for AI is being used for
Ombudsman. Gary said funding is a patchwork; asked if going to RFP could dry up other sources. Clay said San Luis Obispo may help field incoming calls and triage site visits to remaining staff, and send their staff if needed. Also need to respond to Office of Long-Term Care Ombudsman label of ‘non-compliant AAA’ and other inaccuracies. Pam said Board should decide on two basic existing Executive Committee recommendations, per packet 8-3, if possible; otherwise go to RFP. Clay said we also need to notify AI about concerns, and suggested Board instruct staff to prepare RFP for next meeting.

**MOTION, Kaiser/Schwickerath**, to direct Seniors Council staff to prepare an RFP, in case it is needed. **PASSED.**

**MOTION, Norton/Schwickerath**, to take actions listed in last paragraph of staff report: send letter to AI, hire a Coordinator, & hire an ED. **PASSED.**

9. **Executive Director’s Report**
   - Agency Operations
   - Master Plan for Aging
   - State & Community Activities
   - Falls Prevention Program Update

10. **Program Reports (written)** –
    - Falls Prevention
    - Area Agency on Aging & ADRC
    - Project SCOUT
    - Foster Grandparent/Senior Companion Program

11. **Miscellaneous Correspondence & Other Items**
    None.

12. **Adjourn**
    The meeting was adjourned at 12:0 PM

    Next Meeting: Thursday, February 15, 2024 10 a.m. – 12 Noon

    Minutes prepared by: Zachary Johnson
Date: 2-8-24

To: Seniors Council Board of Directors

From: Clay Kempf, Executive Director

RE: Signers for our Bay Federal Credit Union Bank Account

We need to change the signers listed on our Bay Federal Credit Union account. Changing signers requires Board action that is reflected in the minutes of the meeting.

Carol Toney, James McGovern, Terence Hancock and Thomas Reefe need to be removed, and the Executive Committee recommends the addition of Pam Arnsberger & Gwen Yeo as additional signers.

As this is a routine Board Action, it is placed on our Consent Agenda.
Seniors Council Application
Board of Directors, FGP/SCP, or AAA Advisory Council

Name: Lisa Berkowitz

Address: 316 Ocean View Avenue

City: Santa Cruz, CA  Zip Code: 95062

Phone Number 831-345-6854
E-Mail: Sblisab53@gmail.com

Occupation: Retired

Relevant Skills:
17 Years as the Food Services Director for Meals on Wheels for Santa Cruz County
27 Years as the Program Director for Meals on Wheels for Santa Cruz County

Previous Experience on a Board of Directors and/or Advisory Committees:
25 years served - Advisory Council of the Seniors Council of Santa Cruz and San Benito Co.
25 years served - Elderly & Disabled Transportation Advisory Committee
10 years served - Cabrillo College Culinary Arts Department Advisory Committee
15 years served - Executive Committee Human Care Alliance

Why are you interested in serving on the Seniors Council Board or one of its Advisory Councils?
It is important to continue to build on the gains made over the past decade in elevating the message for the need for senior support and services. Now the job is to ensure that the investment of funds is guaranteed to support services to meet the needs of the rapidly growing 60+ population.

What types of activities are you interested in working on?
Fund Development and enhancing community services for unhoused seniors.

What do you think is the greatest challenge facing seniors in our region?
The rising costs associated with living in the central coast of California.
Please email to: Gwen Yeo, at gwennyeo@aol.com or mail to Gwen Yeo, 125 Paseo Ballena, Aptos, CA 95003
Begin forwarded message:

From: Kristin Pfotenauer <kpfotenhauer@losd.ca>
Subject: LOSD property and bond update
Date: February 6, 2024 at 12:04:44 PM PST
To: Clay Kempf <clayk@seniorscouncil.org>

Hello Clay,
Please share this with your bond.

Dear Senior Council Board Members,

I am concerned that there may be some misunderstanding about Measure H and I thought it might be best to communicate directly with the board.

Measure H is a facilities bond. It's written to maintain, repair and replace the school site facilities and equipment. The cost of educator housing is such that it will require a separate bond. We are hopeful to go out for a second bond at some future date. I'm sure Clay has updated you that we are interested in procuring a different property for our educator housing. We have identified a property we are interested in and are cautiously hopeful that this will move forward.

In the meantime, I will be talking with our board about the lease concerns that were shared with me and trying to clearly communicate in media interviews that Measure H is for our current school sites.

It is my hope that you will be able to speak favorably for Bond H and if everything goes as planned, for a future Educator Housing Bond.

Kristin Pfotenauer
Board of Supervisors
Candidate Forum
for topics regarding
Older Adults, People Living with Disabilities, and their Families & Caregivers

Friday, February 9
1:15 PM to 2:45 PM

Visit us Online
www.seniorscouncil.org

Pauline Valdivia Memorial Center
300 West Street, Hollister

Hear your candidates' positions on issues important to seniors, people with disabilities, and other topics related to aging

Audience Questions will be included

Sponsored by the San Benito Aging & Long-Term Care Commission, Jovenes de Antaño, and the Seniors Council

Featuring Candidates for Supervisor from Districts 1, 2, & 5:

John Freeman
Kollin Kosmicki

Dustin Weber
Dom Zanger

Bea Gonzales
Ignacio Velazquez

Stacie A. McGrady

Sponsored by
San Benito County Aging & Long-Term Care Commission

March 5, 2023
Board of Supervisors
Candidate Forum
for topics regarding
Older Adults, People Living with Disabilities, and their Families & Caregivers
Friday, February 16
1 PM to 2:30 PM
Scotts Valley Senior Center
370 Kings Village Road, Scotts Valley
Visit us Online
www.seniorscouncil.org
Send your question to
Contact@seniorscouncil.org
Hear your candidates’ positions on issues important to seniors, people with disabilities, and other topics related to aging
Audience Questions will be included
Sponsored by the Scotts Valley Seniors Center and the Seniors Council of Santa Cruz & San Benito Counties
Featuring Candidates for Supervisor from District 5:
Theresa Ann Bond
Christopher Bradford
Tom Decker
Monica Martinez

6.3b-2
Board of Supervisors
Candidate Forum
for topics regarding
Older Adults, People Living with Disabilities, and their Families & Caregivers

Two!!
Live Virtual Events

District 1
Friday, February 23
1 PM to 2:30 PM

District 2
Wednesday, February 28
1 PM to 2:30 PM

Find the Zoom link and more:  bit.ly/49nmUID

Hear your candidates' positions on issues important to seniors, people with disabilities, and other topics related to aging

Audience Questions will be included

District 1 Candidates:
Lani Faulkner
Manu Koenig

District 2 Candidates:
Kristen Brown
Kim De Serpa
David Schwartz

March 5, 2024
Senior Council
Concilio de Personas Mayores
Service - Support - Advocacy
2023 LEGISLATIVE SESSION

The 2023 Legislative Session has concluded and the Governor has signed a number of bills into law. Justice in Aging has compiled a summary of the legislative bills that impact seniors by MPA goal and the final outcome of each bill. Those bills are identified in the following pages.

In October the California Senior Legislature held its 43rd Annual Legislative Session and selected its legislative priorities for the coming year. A press release was subsequently issued that announced the 2024 CSL Legislative Priorities. They are identified in the following pages as well.

The 2024 Legislative Priorities were also shared with staff members of various legislators via an in person meeting in the Assembly Hearing Room at 1021 O Street.

In the months ahead the CSL will seek authors for these legislative proposals.
The CSL issued a press release on October 30, 2023 announcing its 2024 Legislative Priorities. They are identified below:

**AP-2: Hospitals: Patient Discharge Summary – MPA Goal 2: Health Reimagined**  
(Senior Assembly Member Gene Dorio, Santa Clarita, CA)

This measure would enact legislation that would require a hospital to standardize the patient discharge summary, including specified information, in order to improve communication and provide continuity of medical care during the patient’s transition to the home or another facility.

**SP-6: Ralph M Brown Act: Teleconferencing – MPA Goal 1: Housing for All**  
(Senior Senator Stefan Lipson, El Cerrito, CA)

This measure would authorize teleconferencing with respect to county based Advisory Councils, Committees, Commissions, and their attendant Work Groups, Committees, and Subcommittees established for aging and disabilities issues in the same manner as it was during the Covid-19 Pandemic.

**AP-8: Hospice Standards – MPA Goal 2: Health Reimagined**  
(Senior Assembly Member Joan Yacovone, Agoura Hills, CA)

This measure would require the State of California to make various reforms relating to hospice, including strengthening hospice standards by requiring inspections every 3 years, as specified, requiring the recertification for hospice-enrolled patients to be conducted by at least one independent physician in conjunction with the hospice physician, and adopting recommendations provided in the California State Auditor Report 2021-123 to require collaboration between specified State Departments to address fraud and abuse identified in the report and protect patients.

**AP-7: Confidential Marriage – MPA Goal 3: Inclusion & Equity, Not Isolation**  
(Senior Assembly Member David Tetzlaff, Mission Viejo, CA)

This measure would protect elders from abuse by providing a contestability provision for family members to void a confidential marriage due to misrepresentation or abuse within 4 years of the deceased elder’s death.

**SP-8: Personal Needs Allowance – MPA Goal 5: Affording Aging**  
(Senior Senator Helen Lopez, El Centro, CA)

This measure would increase the personal needs allowance from $35 to $50 per month.

**AP-1: Grandparents: Caregivers Support – MPA Goal 4: Caregiving that Works**  
(Senior Assembly Member Mark Cox, Yucaipa CA)

This measure would require the CA Department of Aging, in consultation with the Department of Justice, the State Department of Social Services, and Stakeholder Groups, to conduct a study to examine the issues faced by grandparents who are 60 years of age or older and are the primary caregivers for their grandchildren.

Continued on Page 3
CSL LEGISLATIVE PRIORITIES (CONT'D)

SP-3: Healthcare for Older Adults and People with Disabilities – MPA Goal 2: Health Reimagined
(Senior Senator Karen Gorbach, Thousand Oaks, CA)

This measure would authorize a State Study for the purpose of designing public policy addressing the development, deployment and regulation of Artificial Intelligence in the field of Health Care, particularly in relation to the care of Older Adults and People with Disabilities.

SP-10: Skilled Nursing Facilities: End-of-Life Privacy – MPA Goal 2: Health Reimagined
(Senior Senator Antonio Rodella, Anaheim, CA)

This measure would require the Administrators of Skilled Nursing Facilities in the State to work with a resident who has been diagnosed as having less than 5 days to live, or with the resident’s family, to provide sufficient privacy for the dying resident so that the family or clergy or both may be with the resident and provide a dignified death and giving of the last rites.

AP-5: Automated External Defibrillators – MPA Goal 2: Health Reimagined
(Senior Assembly Member Milissa Meyer, Indian Wells, CA)

This measure would require any recreational building, as specified, in a Senior Living Community to maintain an AED on the premises. This measure would also request that the legislation require the entity in charge of the buildings to provide training to employees related to the use of an AED.

SP-9: End of Life Advance Directive – MPA Goal 2: Health Reimagined
(Senior Senator Steve Mehlman, Beaumont, CA)

This measure would permit an individual who is diagnosed with terminal dementia to make an advance directive requesting aid-in-dying drugs, if at a later date, the individual becomes likely to die within 6 months. This would also require that an individual suffering from terminal dementia is not required to self-administer the aid-in-dying drugs. This measure further proposes that the State Department of Public Health update its Annual Report on the End of Life Option Act to include information related to patients that make those advance health care directives.

The California Senior Legislature put forth one Federal Proposal for 2024.

SFP-1: Federal Personal Needs Allowance
(Senior Senator Helen Lopez, El Centro, CA)

This proposal would increase the Federal minimum personal needs allowance to $50 per month. ✦
LEGISLATIVE BILLS RELATED TO
THE MASTER PLAN FOR AGING

This year Justice in Aging has again compiled a summary of legislative bills that affect seniors as well as people with disabilities. Thirty-three bills are presented below. Five were vetoed by the Governor, 12 were signed by the Governor, 7 became two year bills, two were inactive and 7 were held on suspense.

Each of these bills are presented below and what their ultimate status/result was. Those bills supported by CSL are noted below as well.

GOAL 1: HOUSING FOR ALL AGES AND STAGES

AB 478 (Connolly): Wildfire Insurance
  California Senior Legislature

This bill would prohibit an insurer from canceling or refusing to renew a policy of residential property insurance based solely on the fact that the insured property is located in a high 2023 or very high fire hazard severity zone, as identified by the State Fire Marshal, if the insured is 65 years of age or older.

Status: 2 year bill

AB 540 (Wicks): Social Service Transportation Improvement Act
  Choice in Aging Supported by California Senior Legislature

This bill would support coordinated transportation services agencies, creating a pathway for revolutionizing service delivery and access to affordable, available, and accessible transportation for elders and people with disabilities.

Status: 2 year bill

AB 582 (Connolly): Senior Wildfire Tax Credit
  California Senior Legislature

This bill would create a credit for home hardening costs incurred by seniors who reside in high fire severity zones.

Status: Held on Suspense

AB 1085 (Maieinshein): Housing Support Services as Medi-Cal benefit (Vetoed by Governor)
  Western Center on Law and Poverty, Corporation for Supportive Housing

This bill would require the Department of Health Care Services (DHCS) to seek federal approval to make housing support services a Medi-Cal benefit.

Status: Vetoed by Governor

6.3c-4

Continued on Page 5
LEGISLATIVE BILLS RELATED TO
THE MASTER PLAN FOR AGING (CONT’D)

GOAL 1: HOUSING FOR ALL AGES AND STAGES (cont’d)

**AB 839 (Addis): Residential Care Facilities for the Elderly: Financing**

*LeadingAge California*

This bill would modernize and update the CHFFA and Cal-Mortgage statutes to allow nonprofit RCFEs, regardless of their connection to a SNF, to utilize the programs.

**Status:** Signed by Governor

**SB 17 (Caballero): Senior Housing: Tax Credits**

*LeadingAge California*  
*Supported by California Senior Legislature*

This bill would state the intent of the Legislature to enact legislation that would create new opportunities for the development of affordable senior housing. Additionally, this bill ties the 15% senior goal in the 9% Low-Income Housing Tax Credit (LIHTC) to the American Community Survey (ACS) census data, so that funding for affordable senior housing will increase in proportion to the size of the senior population.

**Status:** Vetoed by Governor

**SB 37 (Caballero): Older Adults and Adults with Disabilities Housing Stability Act (2 year bill)**

*Justice in Aging, Corporation for Supportive Housing, LeadingAge California, State Council on Developmental Disabilities, United Way of Greater LA*  
*Supported by California Senior Legislature*

This bill would create rental stabilization subsidies that would enable thousands of older adults and people with disabilities annually to access or keep their housing. The subsidies would be made available to severely low-income Californians.

**Status:** 2 year bill

**SB 657 (Caballero): Senior Housing**

*California Senior Legislature*

This bill would require the council to coordinate with the California continuums of care and the area agencies on aging to partner in their shared regions to provide gerontological training for homelessness services staff and to ensure that homelessness service providers are well trained and well equipped to assist vulnerable older adults with accessing resources to gain a permanent housing solution. The bill would be implemented contingent on an appropriation for those purposes in the budget act.

**Status:** Vetoed by Governor

*Continued on Page 6*
LEGISLATIVE BILLS RELATED TO THE MASTER PLAN FOR AGING (CONT'D)

GOAL 2: HEALTH REIMAGINED

**AB 48 (Aguiar-Curry): 2023 Nursing Facility Resident Informed Consent Protection Act**

*California Advocates for Nursing Home Reform (CANHR)*

*Supported by California Senior Legislature*

This bill would codify and expand existing informed consent rules to ensure nursing home residents are given important information about drugs that are prescribed for them and an opportunity to consent or withhold consent.

**Status:** Signed by Governor

**AB 336 (Cervantes): Contractors: Workers' Compensation Insurance**

This bill would provide funding and resources, as well as reduce barriers, to address significant workforce shortages in county human services programs.

**Status:** Signed by Governor

**AB 486 (Kalra): Nursing Home Citations: Appeal Process**

*Disability Rights California*

*Supported by California Senior Legislature*

This bill would provide a more consistent framework for the appeals process across regulatory citations for long-term care facilities in California. This would reduce the burden on our superior court system and save judicial resources and taxpayer money. Furthermore, it would streamline and improve a process that is designed to hold negligent facilities (i.e., nursing homes) accountable.

**Status:** 2 year bill

**AB 1036 (Bryan): Health Care Coverage: Emergency Medical Transport**

*California Senior Legislature*

This bill would, if a physician has certified that emergency medical condition existed, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy.

**Status:** 2 year bill

**AB 1157 (Ortega and Wilson): Rehabilitative and Habilitative Services: Durable Medical Equipment and Services**

*Western Center on Law & Poverty, National Health Law Program (NHeLP)*

This bill would clarify that durable medical equipment is a covered essential health benefit in California regulated health plans when prescribed by a doctor for rehabilitative or habilitative purposes. It will remove limitations such as annual caps on durable medical equipment coverage.

**Status:** Held on Suspense 6.3c-6

Continued on Page 7
GOAL 2: HEALTH RE-IMAGINED (cont’d)

AB 1309 (Gómez Reyes): Long-Term Health Care Facilities: Admission Contracts

California Advocates for Nursing Home Reform (CANHR)
Supported by California Senior Legislature

This bill would require nursing homes to include the same level of detail on written notices to justify a resident eviction that is required of Residential Care Facilities for the Elderly (RCFEs), allowing residents to better defend against inappropriate and unsafe evictions on appeal.

Status: Signed by Governor

AB 1417 (Wood): Elder and Dependent Adult Abuse: Mandated Reporting

California Long Term Care Ombudsman Association
Supported by California Senior Legislature

This bill will require mandated reporters to follow a single, simplified reporting process. This bill will also require reports of abuse or neglect to be reported sooner than under the current system (e.g., 24 hours vs. 2 working days); and ensure that criminal acts are reported to law enforcement first. By making the process easier to follow and requiring 2023 Legislative Bills and Budget Requests Related to the Master Plan for Aging | 5 reports to be submitted in a timely manner, the bill will ensure that residents of long-term care facilities have the same protections against elder abuse as persons who reside in their own homes.

Status: Signed by Governor

SB 311 (Eggman): Medicare Part A Buy-In

Justice in Aging
Supported by California Senior Legislature

This bill would require the Department of Health Care Services to submit a State Plan Amendment for California to become a Part A Buy-In State. This would benefit low-income older Californians and persons with disabilities, who rely on Medicare and Medi-Cal but struggle to pay costly Medicare Part A premiums, by simplifying the enrollment process for financial assistance.

Status: Signed by Governor

GOAL 3: INCLUSION & EQUITY. NOT ISOLATION

AB 21 (Gipson): Peace Officers: Training

Alzheimer’s Association
Supported by California Senior Legislature

This bill would advance an Alzheimer’s content training for peace officers. This includes a budget
LEGISLATIVE BILLS RELATED TO THE MASTER PLAN FOR AGING (CONT'D)

GOAL 3: INCLUSION & EQUITY, NOT ISOLATION (cont’d)

request being worked out with the author. Last year, a similar bill cost $13.5 million.

Status: Held on Suspense

**AB 385 (Ta): Alzheimer's Disease: Public Awareness Campaign**

*Supported by California Senior Legislature*

This bill would require the CA Department of Public Health to implement a public awareness campaign with education for unpaid caregivers of individuals with Alzheimer's Disease.

Status: Held on Suspense

**AB 386 (Nguyen): California Right to Financial Privacy Act**

*County Welfare Directors Association of California (CWDA)*

*Supported by California Senior Legislature*

This bill would improve Adult Protective Services (APS) financial abuse investigations and better protect the assets of California's growing population of older and dependent adults by: (1) simplifying criteria to access financial records, (2) extending the time frame of accessible records, and (3) expanding the information APS can receive.

Status: Signed by Governor

**AB 387 (Aguiar-Curry): Alzheimer's Disease**

*Alzheimer's Association*  

*Supported by California Senior Legislature*

This bill would update the state's Alzheimer's and Related Disorders Advisory Committee to add new members, conform term lengths, remove stigmatizing language, and uplift diversity.

Status: Held on Suspense

**AB 449 (Ting): Hate Crimes: Law Enforcement Policies**

*California Alliance for Retired Americans*

This bill would make adoption of a hate crimes policy by a local law enforcement agency mandatory. The bill would require those policies to include the supplemental hate crime report in the model policy framework developed by the commission and a schedule of hate crime or related trainings

636-8
LEGISLATIVE BILLS RELATED TO THE MASTER PLAN FOR AGING (CONT'D)

GOAL 3: INCLUSION & EQUITY, NOT ISOLATION (cont’d)

the agency conducts. By imposing requirements on local agencies, this bill would impose a state-mandated local program.

Status: Signed by Governor

AB 751 (Schiavo): Elder Abuse

California Alliance for Retired Americans Supported by California Senior Legislature

The bill would codify existing law requiring most local law enforcement agencies to adopt a detailed, specific policy providing much better protection to the 8.5 million older adult Californians and to the 9 million California children and adults with disabilities.

Status: Signed by Governor

AB 820 (Reyes) State Boards and Commissions: Seniors

California Commission on Aging (CCoA) Supported by California Senior Legislature

This bill would ensure that aging and disability are part of all equity initiatives and that equity metrics are clearly communicated to the appropriate audiences. Additionally, it would allow opportunities to review and strengthen state and local government leadership and partnership structures.

Status: Held on Suspense

AB 979 (Alvarez): Long-Term Care: Family Councils

California Advocates for Nursing Home Reform (CANHR) Supported by California Senior Legislature

This bill would modernize existing family council laws, so that members can continue to meet, communicate, and operate during a public health emergency; ensure facilities are more responsive to concerns; discourage operators from undermining family council activities; and clarify that control of the family council membership and participation in meetings lies with the family council itself.

Status: Signed by Governor

SB 278 (Dodd): Elder Abuse

Consumer Attorneys of California, California Low Income Consumer Coalition and Elder Law & Advocacy-San Diego Supported by California Senior Legislature

This bill would clarify existing elder financial exploitation laws to ensure that older adult victims
GOAL 3: INCLUSION & EQUITY, NOT ISOLATION (cont'd)

of financial scams can hold banks and other entities accountable for assisting in their financial exploitation.

Status: 2 year bill

SB 639 (Limón): Alzheimer’s Disease

Alzheimer’s Association

Supported by California Senior Legislature

This bill would update the state Alzheimer’s Disease Centers to include Dementia Care Aware, which will improve our state systems that help people receive a timely and accurate diagnosis.

Status: Inactive

GOAL 4: CAREGIVING THAT WORKS

AB 518 (Wicks): Paid Family Leave

This bill would expand the definition of “family member” and “family care leave” which will allow family caregivers to take paid family leave to care for individuals related by blood or whose association with the caregiver is the equivalent of a family relationship.

Status: Inactive


Would add family caregiver status, defined as “a person who is a contributor to the care of one or more family members (including chosen family),” as a protected class under the existing CA Fair Employment and Housing Act.

Status: Vetoed by Governor

AB 575 (Papan): Paid Family Leave

This bill would remove unnecessary barriers for individuals seeking to access their paid family benefits by making improvements to California’s Paid Family Leave program.

Status: Vetoed by Governor

AB 1672 (Haney): In-Home Supportive Services Employer-Employee Relations Act

SEIU 2015

Supported by California Senior Legislature

This bill would allow In-Home Supportive Services (IHSS) providers and employers to negotiate their contracts and wages at a state level instead of at the county level.

Status: 2 year bill

Continued on Page 11
LEGISLATIVE BILLS RELATED TO THE MASTER PLAN FOR AGING (CONT'D)

GOAL 4: CAREGIVING THAT WORKS (cont'd)

SB 431 (Nguyen): Grandparents: Caregivers Support

California Senior Legislature

This bill would require the California Department of Aging, in consultation with the Department of Justice and the State Department of Social Services, to conduct a study to examine the issues faced by grandparents who are 60 years of age or older and are primary caregivers for their grandchildren, and require the California Department of Aging to report the findings of the study to the Legislature.

Status: Held on Suspense

SB 616 (Gonzalez): Paid Sick Days: Accrual and Use

This bill would raise the minimum amount of paid sick time to 56 hours or 7 days. Paid sick leave can be used for a family member's preventative care or diagnosis, or the care or treatment of an existing health condition.

Status: Signed by Governor

GOAL 5: AFFORDING AGING

AB 559 (Boerner): Personal income tax: California Senior Citizen Advocacy Voluntary Tax Contribution Fund

California Senior Legislature

This bill requires the Franchise Tax Board to revise the return for taxable years 2017 to 2030, inclusive, to allow a taxpayer to designate an amount in excess of personal income tax liability to be deposited into the California Senior Citizen Advocacy Voluntary Tax Contribution Fund, and would extend the repeal date for these provisions to January 1, 2032.

Status: Signed by Governor
VOLUNTARY CONTRIBUTION PROGRAM

The 2023 Tax Filing Season will begin in January 2024. One may support CSL by donating to Code 438, Senior Citizen Advocacy Voluntary Contribution Fund. The Voluntary Contribution Fund Form can be found on page 4 of the Form 540 or page 3 of the Form 540EZ. The CSL website (4Csl.org) also provides further information.

DONATE TO CODE 438

The California Senior Legislature has been working to improve the lives of California’s six million seniors since 1981. This nonpartisan organization has sponsored over 200 new laws helping seniors with financial abuse, health care, the Silver Alert program, and more.

The California Senior Legislature is entirely dependent on tax deductible donations from people like you. Support the California Senior Legislature this tax season. Donate to Code 438.

CALIFORNIA STATE VOLUNTARY TAX CONTRIBUTION FORM

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ...................... 431

[ ] California Senior Citizen Advocacy Voluntary Tax Contribution Fund ...................... 438

[ ] Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ...................... 439

Add code 400 through code 440. This is your total contribution ........................................... 110

Donate to Code 438.
Tell your tax preparer to check Code 438 on your state income tax return.
For more information, visit 4Csl.org or call 916-552-8056.

FRIENDS OF CSL

Become a Friend of the CSL

Your FREE membership will keep you apprised of news and updates within this critically important organization via monthly issues of the Friends of CSL e-newsletter. We encourage you to join us in our efforts to reach and collaborate with our growing and increasingly important constituency of Californians.

To enroll, potential members are directed to Get Involved on the navigation bar of 4Csl.org. They are then asked to click on Friends of CSL and provide their email address, city and first and last name.
Date: 2-9-2024

To: Area Agency on Aging Advisory Council
Seniors Council Board of Directors

From: Clay Kempf, Executive Director

RE: Personnel Policy Updates

BACKGROUND

1) In October 2023, Governor Newsom signed CS SB 848. Effective January 1, employers with five or more paid employees must grant their employees up to five days of reproductive loss leave following a reproductive loss event (loss), which is the day—or for a multiple-day event, the final day—of a failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. To be covered by the law, employees must have worked for their employer for at least 30 days prior to taking the leave. Leave is limited to no more than 20 days within a 12-month period, even if an employee experiences more than one loss within that time.

Leave can be taken on nonconsecutive days but must be taken within three months of the employee’s loss. Employees that take any other leave—prior to or immediately following a loss—must complete their reproductive loss leave within three months of the other leave ending.

2) Currently, Section VI.C.2.b – Use of Vacation Leave of the personnel policy handbook reads as: “Vacations will be scheduled at a time which is convenient for both the employee and the agency; employee vacation time will be approved in advance by the Executive Director.” Changing this policy to allow approval by Program Directors will permit greater employee flexibility and reduce scheduling pressure on the Executive Director.

STAFF RECOMMENDATIONS

Staff recommends that the Seniors Council personnel policies be amended as follows:

1) Add as Section VI.N – Reproductive Loss Leave the following:
“Employees may request up to five days of reproductive loss leave following a reproductive loss event (loss), which is the day—or for a multiple-day event, the final day—of a failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. Employees must have worked for at least 30 days prior to taking the leave. Leave is limited to no more than 20 days within a 12-month period, even if an employee experiences more than one loss within that time.

Leave can be taken on nonconsecutive days but must be taken within three months of the employee’s loss. Employees that take any other leave—prior to or immediately following a loss—must complete their reproductive loss leave within three months of the other leave ending.

Employees may use vacation, personal leave, accrued and available sick leave, or compensatory time off that is available to them so they can be paid during the otherwise unpaid leave.”

2) Amend Section IV.C.2.b – Use of Vacation Leave to read as: “Vacations will be scheduled at a time which is convenient for both the employee and the agency; employee vacation time will be approved in advance by the Director of the employee’s program.” [emphasis added]
Date: 2-9-2024

To: Seniors Council Board of Directors

From: Clay Kempf, Executive Director

RE: Long Term Care Ombudsman Draft RFP

BACKGROUND
Challenges continue in our area with the ability of contracted service providers to deliver Long Term Care Ombudsman services; in part because of the retirement and/or resignation of key staff, including former Executive Director Suzanne Stone and Ombudsman Program Coordinator Steven Matzie. Following extensive discussions including the California Office of the State Long Term Care Ombudsman (OLTCO), local program staff, and members of our own Board of Directors, corrective actions were submitted to Advocacy Inc. regarding current operations, and a letter (attached) was submitted to the OLTCO. The OLTCO letter updated her on actions being taken and clarified some items in previous correspondences received from the State.

During our January Board meeting, our Board directed me to prepare a Draft Request for Proposals (RFP) for Long Term Care Ombudsman services in our planning and service area, for consideration during our February meetings.

NEXT STEPS

The following pages include a Scope of Work for Ombudsman Services, along with a draft RFP. The Board and AAA Advisory Council are encouraged to review the contents of both, recommend any changes, and consider releasing the RFP to the public.

Included in draft document is a timeline for the process, outlining key activities and targeted dates in the process.
January 31, 2024

Blanca E. Castro, State Long-Term Care Ombudsman
Office of the State Long-Term Care Ombudsman
2880 Gateway Oaks Dr., Suite 200
Sacramento, CA 95833

Re: LTC Ombudsman Services Update & Response to January 16, 2024 Letter

Dear Ms. Castro;

Thanks for your letter and our ongoing discussions about providing quality long term care Ombudsman services in Santa Cruz & San Benito Counties. We appreciate and share your commitment to working cooperatively to address and improve the current delivery of local ombudsman services.

I'm writing to provide an update on recent efforts taking place in PSA-13 to address our mutual concerns, and to clarify current status. The overarching issue of loss of local funds is, of course, a major challenge in providing a long-term solution and not one easily solved. We do, however, continue those efforts.

**Update on Coordinated Efforts to Address Program Concerns**
Discussion of the current situation was an agenda topic during our January 17th AAA Advisory Council and January 18th Board of Directors meeting. After extensive discussion by both bodies, our Board of Directors took action to direct Advocacy Inc. to do four things; namely;

1. Modify their Management Services Agreement with Senior Network Services to remove any oversight authority over Advocacy Inc.'s operations, including those listed in your letter... ("direct and coordinate all of Advocacy Inc.'s advocacy, policy, programmatic, and administrative activities");
2. Hire a part-time Executive Director;
3. Fill the open position of Ombudsman Program Coordinator, or make other staffing arrangements to meet the requirements of the program.
4. Make any necessary operational adjustments to ensure compliance with the requirements of providing Ombudsman Services under state regulations, and correct any deficiencies identified by the California OLTCO during OLTCO meetings with staff, and meet the contents of Advocacy Inc.'s contract with the Seniors Council.

This information was sent to the Advocacy Inc. Board of Directors via a direct e-mail to Board President Russ Menk. Corey Azevedo, Executive Director of Senior Network Services, was cc'd on the message.
The Seniors Council Board also directed staff to draft an RFP for Ombudsman Services for review at the AAA Advisory Council and Board of Directors meetings in February. Both bodies will provide feedback and potential changes to the document and direction for next steps at that point in time.

Regular conversations continue with both Reverend Menk and Mr. Azevedo to facilitate corrective actions and to improve the Ombudsman performance, as well as seek both long and short term solutions to the current situation. Improvement is underway. For example, incoming phone lines have been transferred from the Advocacy Inc. phone lines and are now being received by the Ombudsman Program of San Luis Obispo County (thanks to you and Karen Jones for your assistance). Recruitment and interviews have occurred over recent weeks to fill the vacant position of Ombudsman Coordinator, and recommended changes to the MSA between Senior Network Services and Advocacy Inc. have been sent to those two entities for consideration. I’ve also been in contact with a potential interim Executive Director for Advocacy Inc. Action on both of the latter two items are, of course, the decision of Advocacy Inc., as only they have hiring authority for their organization.

In summary, all of us are moving forward on addressing the immediate issues impacting local Ombudsman services.

**Clarification on Some of the Items in the OLTCO’s January 16th Letter**
We also need to go on record that we disagree with the OLTCO’s statement that PSA-13 is potentially in breach of their contract with our Area Plan Contract, and suspect that part of this perception can be cleared up with continued conversations between OLTCO and PSA-13; along the same lines of recent efforts by both OLTCO and the Seniors Council/PSA-13.

Specifically, PSA-13’s contract for Ombudsman Services continues to be with Advocacy Inc., not Senior Network Services. Amendments to the MSA that are underway should eliminate any confusion about who has operating authority over Ombudsman operations. At the AAA, we’re clear that it is Advocacy Inc. In conversations with Senior Network Services, their Executive Director (Corey Azevedo) is also clear that the authority lies with Advocacy Inc. Nevertheless, amending the MSA can further support that structural arrangement.

Likewise, Senior Network Services does NOT have access to confidential Ombudsman records. Access to those records can only be granted by the OLTCO, and, to the AAA’s knowledge, no one has granted Senior Network Services staff such access to confidential records. The MSA will be amended to clarify that access to these confidential records is not part of the agreement.

Specific changes to the MSA language has been requested numerous times from the OLTCO. Those requests have been turned down by the OLTCO to avoid OLTCO expressing a legal opinion, so the AAA is attempting to revise the MSA to the best of our ability. If our revisions fail to meet the expectations of the OLTCO, we humbly request that detailed language be provided, so that all parties can comply. Hopefully, our local attempt at revising the MSA will meet the expectations of the OLTCO. We’re attempting in good faith to address the concerns that have been raised.

Page 3 of the January 16th letter states “since at least Spring of 2023, Advocacy Inc’s workforce consists of only one full-time equivalent employee and one volunteer”. Page 1
states this as “one full-time employee and one part-time employee”. Page 1 also states that “State Ombudsman records show there have been no visits (to facilities) for the past year”. The attached report shows that visits have occurred in every month over the past year, and in conversations between various parties, including the OLTCO, the provision of state support in getting additional visits documented entered into the state systems, have been discussed. We’re confused as to how and where the statement of no visits was generated, and what information is being used to make such a claim. Hopefully, this error can be acknowledged and corrected. That being said, we remain extremely committed to make sure residents receive the mandated support of ombudsman staff and volunteers.

We also want to clarify that Advocacy Inc. has two paid Ombudsman staff, plus administrative support from Senior Network Services via the aforementioned MSA, and, perhaps most importantly, also had a full time Ombudsman Program Coordinator until Steven Matzie’s October 2023 resignation. Advocacy Inc. has additional staff in their Patient Advocate Program, and an office administrative assistant who serves both programs.

**Continued Community Efforts to Support and Improve Ombudsman Services Locally**

Rather than be considered out of compliance, PSA-13 believes it has acted responsibly and pro-actively to the operational challenges faced by our local Ombudsman provider. Part of that is our acknowledgement of and efforts to support the agency (Advocacy Inc.) that has provided quality and passionate Ombudsman services to our local community for decades, including creative approaches to finding matching funds to a program that we all agree can’t meet its federal mandates solely under the allocation received from the AAA and the State of California.

Many of our current challenges can be tied to two specific actions; the loss of program volunteers due to the COVID-19 pandemic, and the loss of $59,000 in annual revenue due to Santa Cruz County changing their local funding processes. While there was little we could do to stop the pandemic, we proposed and led state efforts to include volunteer coordination as a part of the State’s new Aging in Place funding, and will highlight the need for professionally trained & certified volunteers in our use of these funds to support volunteers for senior services; especially, Ombudsman, HICAP, and Tax Counseling Assistance.

Local funding is an area where we have been especially active, working with elected officials, Santa Cruz County staff, other agencies, and our Board of Directors to call out the unintended consequences of defunding critically important programs (including mandated services like LTC Ombudsman). We continue to apply persuasive political pressure to find viable solutions. Significant time has been spent with Advocacy Inc. staff on how we can work together to address these shortcomings.

Operationally, our staff has consulted numerous times with Advocacy Inc’s now retired Executive Director, with the previous Ombudsman Coordinator, with their fiscal staff, and with other potential partners about daily operations and the funding situation, trying to support both immediate and long-term planning and day to day program operations. We have also identified strategies for Advocacy Inc. to pursue for their overall stability, such as how to increase the income of the other program under their operation. We even used COVID-19 relief funds to temporarily backfill their program operations.
We’ve provided additional information and clarification to the OLTCO over various program operations, and clarified that other revenue streams received by Senior Network Services do not create a conflict of interest – as confirmed by the County of Santa Cruz, the California Department of Aging Legal Counsel, and local legal review – to dispel the OLTCO’s original interpretation of a legal conflict.

These examples are just some of the actions we’ve engaged in to address the local challenges being faced by Advocacy Inc. They are cited here not to challenge the OLTCO, but to highlight that our AAA takes the issues facing our LTC Ombudsman program very seriously. We greatly appreciate the technical support provided by the OLTCO, and consider those conversations invaluable in moving forward together to coordinate solutions to these local issues (and statewide issues when we can). Contracted AAA providers (in all funding categories throughout the state) do, at times, face operational challenges, and loss of funding and loss of key staff are often at the forefront of those challenges. We believe that our AAA fully acknowledges these conditions occurring, and that our actions and efforts to address them are exactly how a responsible AAA should act under the circumstances. Ideally, no problems among any AAA contractor will ever occur, but unfortunately, from time to time and often from circumstances beyond our control, problems happen. The occurrence of such problems does not mean a AAA is out of contractual compliance unless the AAA ignores those problems and does not take action to correct them. And we most certainly act, and work not just with our contracted providers, but instead with the entire community to find operational and financial solutions to any challenges our network and partners face.

PSA-13 has also successfully led statewide efforts to augment AAA funding throughout California over the last eight years, with resulting increases including senior nutrition funding, AAA administrative increases, the recent opportunity to fund volunteer recruitment, restoration of Older Californians Act investments, the creation of Aging & Disability Resource Connections in California, and increases to the Ombudsman Program. These efforts also provided administrative support for CDA operations.

In closing, we remain 100% committed to work in partnership with CDA, with the OLTCO, with Advocacy Inc. and/or other service agencies, and with local funders to develop, provide, and support the provision of the highest quality LTC Ombudsman services possible in PSA-13.

As always, I remain available and look forward to continued dialogue and problem solving. We are, undoubtedly stronger together and far more effective when our efforts are coordinated and we support each other in serving our communities. Thank you for that partnership.

Sincerely,

Clay Kempf
Executive Director

cc: Mark Beckley, Chief Deputy Director, California Department of Aging Seniors Council Board of Directors Executive Committee

8.1.5
Funding:
Approximately: $169,000 – Subject to Adjustments when 2024-25 Federal & State funding allocations are finalized.

Matching Funds: Not required by state or federal regulations, but needed in order to provide adequate staff and operating resources to meet the needs of the program requirements and the scope of work.

Program Overview: The California Long-Term Care Ombudsman Program (LTCOP) is mandated by both the federal Older Americans Act (42 U.S.C. § 3058g) and the Older Californians Act (Welfare and Institutions Code section 9700 et seq.)

The laws and regulations governing the delivery of Ombudsman services require that the Office of the State Long-Term Care Ombudsman (OSLTCO) designate local ombudsman entities (also referred to as approved organizations or local LTCOPs) and provide administrative policy, technical direction, and program monitoring to these entities. In addition, these laws and regulations require that administrative monitoring and contracting activities be carried out by the AAAs.

These standards are provided to assure that effective, consistent, and ethical Long-Term Care Ombudsman services are provided to long-term care (LTC) residents in California. Approved agencies may submit requests for waivers related to specific policies identified in this Scope of Work, along with written justification, to the AAA. The AAA shall review each request and submit a written recommendation to the OSLTCO. The OSLTCO shall make the final decision granting or denying the waiver. Approved agencies will continue to implement existing policies until a waiver is approved by the OSLTCO.

Program Requirements:

The OSLTCO shall:

- Determine whether the selected agency is free from conflicts of interest and meets the designation standards of the Older Americans Act [42 U.S.C. 3058g(a)(5)].
- Designate the agency as a local Ombudsman entity, if it meets criteria.
- Direct the AAA to identify another agency if the selected agency does not meet criteria.
- Authorize the AAA to award the contract to an approved agency.

Once the approved organization is designated, the AAA is responsible for monitoring the provisions of the contract. The OSLTCO will provide ongoing monitoring (including periodic on-site monitoring) of the approved organization for compliance with state and federal laws, regulations, and LTCOP policies. OSLTCO monitoring includes review of administrative, program, and confidential LTCOP records.

1. Advocacy

The California LTCOP is designed as an advocacy program for residents of LTC facilities. Approved organizations shall assure that the program, its employees, and volunteers focus on advocacy as their primary purpose and activity. Program Coordinators, staff, and volunteers shall focus on resident advocacy and the resolution of residents' complaints as their primary function. Other responsibilities, such as community education, interagency coordination, in-service training, etc., are secondary to the resolution of residents' complaints. The local LTCOP shall work to empower residents to maintain dignity, and to enable them to assert their civil rights. The program must be free to engage in appropriate advocacy activities, including public information programs, administrative actions, legislative advocacy, and liaisons with licensing and law enforcement agencies.
L. ORGANIZATIONAL STRUCTURE

A. General Eligibility Requirements

To be eligible as an approved organization for the LTCOP, an entity must:

- Be either a private, nonprofit corporation or a public agency.
- Be a single purpose or a multipurpose agency.
- If a public and/or multipurpose agency, render assurances to the OSLTCO, that none of its sponsored programs or organizations are in conflict with the objectives and policies of the LTCOP.
- Assure that adequate resources will be devoted to the LTCOP to accomplish its purposes.
- Demonstrate interest and concern in the quality of care for LTC residents.
- Demonstrate knowledge and experience in aging programs.

Further, all approved organizations shall assure that:

- They are operated on a sound fiscal basis.
- Separate budget and expenditure accounting are maintained for the program and is made available to the Program Coordinator and the OSLTCO.
- Funds obtained from all sources related to the LTCOP are available and used for the program.
- They will maintain an LTCOP Advisory Council that meets regularly (at a minimum on a yearly basis). The Advisory Council shall have a representative on the governing board of the approved organization. This requirement may be waived:
  - For single purpose agencies that have a board of directors.
  - For LTCOPs operated directly by AAAs. In that situation, the AAA Advisory Council may also serve as the LTCOP Advisory Council.
- They will follow confidentiality requirements in handling and storing files (paper and electronic), telephone communication, and internal communication within the organization.
- They will retain records for a minimum of four years or until an audit has occurred and an audit resolution has been issued. Longer retention periods may be required by statute, Area Plan contract, California Department of Aging (CDA) directive, or in case of any litigation, claim, negotiation, audit exception, or other legal action.
- Conflict of interest requirements are met by all persons within the organization who have administrative or policy-making responsibilities for the LTCOP.
- Any significant changes to the organizational structure of the approved organization are reported to the OSLTCO.

B. Governing Board

The governing board of the approved organization shall employ staff and operate the LTCOP in compliance with state and federal laws, regulations, and OSLTCO policies. The board shall:

- Provide ongoing leadership to the program.
- Ensure the provision of adequate administrative and operational resources.
- Ensure that conflict of interest policies are in place.
- Provide minutes of monthly meetings to the AAA/Seniors Council.
- Inform the AAA of staff changes involving the Executive Director of the Agency and/or the Ombudsman Program Coordinator.
C. Staffing

Responsibilities of Approved Organizations: To ensure that the mandates and responsibilities of the LTCOP are effectively carried out, approved organizations shall:

- Provide adequate personnel which include a full-time Coordinator and Ombudsman volunteers. As resources permit, additional personnel may include paid Ombudsman representatives, clerical staff, and other volunteers.
- Select an individual as an Ombudsman Coordinator to manage the day-to-day operations of the local LTCOP. The name of the selected individual shall be submitted to the SLTCO to determine the appropriateness of designating the individual as an Ombudsman Coordinator.
- Assure that the selected Coordinator is qualified for the position and is empowered to manage the program effectively.
- Generally, the duties and responsibilities of the Ombudsman Program Coordinator require the Coordinator to be a full-time manager of the program. The approved organization must notify the OSLTCO and the AAA if the Coordinator will work less than full-time. The notice shall include the specific days and hours the Coordinator will work.
- Develop and maintain job descriptions for all personnel. Job descriptions should include minimum tasks and responsibilities as required by the OSLTCO.
- Provide the OSLTCO with an organizational chart for the program.
- Assure adequacy of physical space and equipment, financial support, and liability coverage for the LTCOP.

Qualifications of a Coordinator: An Ombudsman Coordinator must demonstrate:

- Experience in management or leadership of community programs/organizations.
- Knowledge of gerontology and aging programs.
- Knowledge and experience in the field of LTC.
- Experience in management and supervision of volunteer programs.
- Knowledge of laws and regulations governing LTC facilities.
- Interest and commitment to services to older persons.

In order to provide essential leadership and motivation to LTCOP staff and volunteers, the Coordinator must:

- Be free from conflicts of interest.
- Receive a criminal background clearance from the California Department of Justice and the FBI. Attend the requisite 36 hours of approved training and internship.
- Attend the New Coordinator Training provided by the OSLTCO.
- Attend biannual training conferences sponsored by the OSLTCO. Duties of a Coordinator:

- Supervise the activities of all Ombudsman representatives within his or her jurisdiction.
- Act as a liaison between the OSLTCO, the local LTCOP and the AAA.
- Notify the OSLTCO assigned program analyst of
  - Staffing changes.
  - Complex cases.
  - Situations with potential legal implications.
  - Emerging issues and patterns with statewide impact.
- Consult with the OSLTCO assigned program analyst about...
D. Legal Support

Maintain either a Memorandum of Understanding (MOU) between the local LTCOP and the Older Americans Act Legal Services Provider or an alternative written arrangement for providing advice and counsel to LTCOP and residents of LTC facilities. Alternative arrangements may include pro bono legal services to LTCOP and LTC residents. Typically, these legal services are provided at no charge to either the program or the resident. In addition, CDA legal counsel may also provide guidance to local program staff as requested through the OSLTCO.

II. CONFLICT OF INTEREST

The approved organization must assure that the organization itself, its board members, advisory council members, employees, and volunteers do not derive personal or economic gain from LTC facilities or their associations. Information about all sources of funding available to the local LTCOP (including grants, foundations, bequests, and donations) shall be reported on an annual basis to the SLTCO. The following organizations or individuals are disqualified from designation as Ombudsman entities or representatives:

a. Entities responsible for licensing and/or certifying LTC facilities.
b. Associations of LTC providers.
c. Any organization which would impair the ability of Ombudsman representatives to objectively and independently investigate complaints made by, or on behalf of, residents of LTC facilities.
d. Members of the board of directors of the approved organization.
e. The immediate supervisor of the Coordinator.

The LTCOP, Ombudsman staff, Ombudsman volunteers, and their respective immediate families shall not have been employed by a LTC facility within 12 months prior to being certified.

If there are any potential conflicts of interest of applicants for certification (e.g., former employment in a LTC facility) the LTCOP Coordinator shall consult with the SLTCO, and the SLTCO or his or her designee will make the final decision on certification. Ombudsman representatives shall not provide Ombudsman services in a facility where relatives or close friends currently reside or where the representative has a personal history or relationship with the LTC facility.

III. CONFIDENTIALITY

Each approved organization shall assure that the local LTCOP maintains confidentiality in accordance with federal and State requirements. All Ombudsman representatives shall comply with all confidentiality laws. Ombudsman representatives are prohibited from disclosing the following, unless there is a court order or written
consent from the resident or legal representative:
   a. Information related to any complaint filed by or on behalf of a LTC resident.
   b. Information related to the identity of any resident, patient, complainant or witness.

All persons with access to confidential files within the office must sign an oath of confidentiality using the most recent forms as issued by the OSLTCO. Multi-purpose agencies must assure that all files (paper and electronic), telephone and e-mail communication, and internal communication within the organization meet the confidentiality requirements of State and federal law.

IV. TRAINING AND CERTIFICATION

The LTCOP requires regular training for both staff and volunteers to ensure effective and efficient resolution of complex Ombudsman cases. Each approved organization will conduct regular meetings with staff and volunteers to provide opportunities for case review, education and training, and to transmit information from the OSLTCO or between local programs.

The OSLTCO may provide continuing education to Ombudsman representatives through webinars and/or conference calls. If a Coordinator is unable to provide immediate assistance to Ombudsman representatives, the Coordinator may instruct the Ombudsman representatives to contact their assigned OSLTCO analyst for direction and guidance.

Approved organizations shall assure and document the following certification requirements for all paid and volunteer Ombudsman representatives:
   a. 36 hours of certification training using the Core Curriculum developed and approved by the OSLTCO.
   b. An internship with an experienced LTC Ombudsman representative. The Coordinator will determine the length of the internship for each Ombudsman representative based on observation of that person’s needs and skills. The OSLTCO recommends an internship time of at least ten hours.
   c. 12 hours of continuing education each year as required by Welfare and Institutions Code, Section 9719 (a)(B)(2).

Prior to certification, all Ombudsman applicants must obtain criminal background clearance as required by Welfare and Institutions Code section 9719(b) and discussed in Program Memo 12-05(P). The local LTCOP shall use the most recent forms for the processing of criminal background clearances, as issued by the OSLTCO.

LTC Ombudsman representatives shall carry their Ombudsman certification cards whenever visiting facilities, and present cards to facility staff, as requested.

Inactive staff and volunteers shall be removed from local program rolls and a request for decertification made to the OSLTCO within five days after the individual leaves the program. The local LTCOP may submit a recommendation for decertification of LTC Ombudsman representatives to the OSLTCO based on inactivity, resignation, or for cause.

All Ombudsman Programs must follow the OSLTCO policy on certification and decertification as specified in PM 12-05(P).

V. FACILITY COVERAGE

Approved organizations shall assure that the local LTCOP has established and maintains a regular and ongoing presence of Ombudsman representatives in skilled nursing facilities, intermediate care facilities, and residential care facilities for the elderly. A current facility coverage plan outlining Ombudsman presence shall be maintained by the local LTCOP. Each local LTCOP may tailor its facility coverage plan to match the local area and needs.
Each local LTCOP shall maintain facility files which will include current facility profiles, licensing agency
citation/deficiency reports, and other appropriate materials for use by the program and as a basis for informing the
public about the facility.

VI. VOLUNTEER MANAGEMENT

The use of volunteers as Ombudsman representatives is critical to the LTCOP and central to the intent of
Congress and the State Legislature. Local LTCOPs are encouraged to be involved in their local communities in
order to promote volunteer participation in the program. Each local LTCOP shall create and maintain a current
plan for recruitment, training, and supervision of volunteers. Volunteer plans may include the use of more
experienced volunteers as trainers and mentors for less experienced volunteers. Local LTCOPs shall provide at
least annual recruiting, training, and volunteer recognition activities.

VII. COMPLAINT MANAGEMENT

The receipt, investigation, and resolution of complaints made by, and on behalf of, LTC facility residents,
are central tasks for Ombudsman representatives. Each approved organization shall develop and maintain a
policy for complaint management. The policy shall be incorporate the current policies of the OSL/TCO and
cover the following areas:

a. Receipt and recording of all complaints.
b. A logging and tracking method.
c. Timely handling and resolution of complaints.
d. Confidentiality of files.
e. Notification of progress and resolution to complainants.
f. Systematic referral and follow-up.
g. Documenting of patterns, trends, and special problems.
h. Handling of CRISISLine referrals.

Approved organizations may need assistance from other agencies in responding to complaints. If the local LTCOP
cannot provide immediate assistance, complainants should be referred, as the situation dictates and with the
consent of the resident or legal representative, to the local offices of the Department of Social Services,
Community Care Licensing Division; the Department of Public Health, Licensing and Certification Program; the
Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse; and/or local law enforcement.

I. ACCESS TO OMBUDSMAN SERVICES

A. General Access

To qualify for federal funding under the Older Americans Act, LTC Ombudsman Programs must ensure that LTC
facility residents:
- Have regular and timely access to Ombudsman services.
- Receive timely responses to their complaints.

To give residents appropriate access to Ombudsman services, each local LTCOP shall ensure that LTC
facilities within its jurisdiction maintain Ombudsman posters and shall provide an adequate Ombudsman
presence in LTC facilities.

B. Telephone Access

8.2-6
The approved organization shall ensure the following minimum standards for telephone access to the local LTCOP:

- Staff will answer phone calls in person rather than using a machine or voice mail during normal business hours except:
  - When staff is answering other phone lines.
  - In rare circumstances when no staff is available to answer telephones.
- Staff will answer phones as quickly as possible, preferably during the first three rings.
- Staff will answer phones throughout the day during the business week.
- If necessary, breaks and lunch periods will be staggered so staff is available to answer incoming phone calls.
- Voice mail messaging systems will be used only as a last resort for incoming calls to local LTCOPs.
- Staff will return phone calls from complainants as quickly as possible:
  - Immediately, if the call is a crisis or emergency in a LTC facility.
  - No later than the next business day for other calls.

C. CRISISLine Calls

State law requires the OSLTCO to maintain a 24-hour, toll-free CRISISLine to respond to calls from LTC facility residents and others. The CRISISLine:

- Is available seven days a week, 24 hours a day.
- Is answered by OSLTCO staff during normal business hours.
- Is answered by a contracted answering service outside of normal business hours.

CRISISLine operators assess the seriousness of each call and respond as follows:

- Instruct callers to call 911 if they are calling about a life-threatening emergency or a crime that is in process.
- Take messages for non-urgent calls and forward them to the OSLTCO. OSLTCO staff transmit those messages to the appropriate local LTCOP the following business day.
- Call the designated local Ombudsman contact for urgent matters:
  - That require the immediate assistance of an Ombudsman.
  - That appear to imperil the life, health, or safety of a LTC facility resident.
  - When a resident may be harmed if the situation is not addressed prior to the next business day.

Each Program Coordinator will designate at least one certified Ombudsman representative and preferably a back-up, to be available at all times to take after-hours referrals from CRISISLine operators.

The Coordinator must notify the OSLTCO of any changes to the designated local Ombudsman contacts for urgent matters at least two business days prior to the change becoming effective. Notification must be by email to stateomb@aging.ca.gov, with a copy to the OSLTCO assigned program analyst.

VIII. DATA REPORTING RESPONSIBILITIES

The approved organization shall assure that it will comply with the data reporting requirements of the U.S. Administration on Aging (AoA), as described in the National Ombudsman Reporting System (NORS), and the OSLTCO.
Quarterly OmbudsManager Reporting Form (OSLTCO S301) Each local LTCOP

Coordinator must:

a. Regularly enter accurate, verifiable data into the data reporting system designated by the OSLTCO, currently OmbudsManager.
b. Complete the OSLTCO S301 to notify the OSLTCO of the status of data entry for the quarter.
c. Document that data entry has been completed or explain why the reporting is delayed and when the data for the quarter will be entered.
d. Email the completed form to the OSLTCO at stateomb@aging.ca.gov by the due date.
e. Forward a copy of the completed form to the AAA.
f. Contact his or her assigned analyst at the OSLTCO to obtain the most recent version of the form if needed.

Due dates for data entry are as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Data Entry Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1 to September 30</td>
<td>All data for that quarter must be entered into OmbudsManager by October 31.</td>
</tr>
<tr>
<td>October 1 to December 31</td>
<td>All data for that quarter must be entered into OmbudsManager by January 31.</td>
</tr>
<tr>
<td>January 1 to March 31</td>
<td>All data for that quarter must be entered into OmbudsManager by April 30.</td>
</tr>
<tr>
<td>April 1 to June 30</td>
<td>All data for that quarter must be entered into OmbudsManager by July 31.</td>
</tr>
</tbody>
</table>

IX. COMMUNITY IMPACT

The LTCOP is charged with developing adequate resources to assist LTC residents, their families and friends, care providers, and members of the community with information about available community resources, residents’ rights, and other LTC issues.

As resources permit, the approved organization shall:

a. Provide public information about LTC facilities to interested persons and the media.
b. Develop a community resource capability to include referrals to community organizations and services in the aging network for residents of LTC facilities.
c. Provide training for local groups and organizations on LTC Ombudsman services and topics related to residents of LTC facilities.
d. Establish liaisons and develop working agreements and consultative services with at least the following agencies:
   i. Older Americans Act Legal Services Providers.
   ii. Adult Protective Services.
   iii. Licensing agencies.
   iv. Law enforcement agencies.
   v. Disability Rights California (formerly Protection and Advocacy).
   vi. Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse.
   vii. Other groups, as appropriate.

X. ADDITIONAL RESPONSIBILITIES

A. Witnessing

8. 2-8
The local LTCOP shall train and register LTC Ombudsman representatives in the witnessing of Advance Health Care Directives and property transfers. Witnessing services will be provided as requested for residents of skilled nursing facilities and other long-term health care facilities, respectively.

A. Family and Resident Councils

As resources permit, the local LTCOP will assist residents and their families in the development of family councils and participate in resident council meetings, as requested by residents, and as Program priorities allow.

B. Citation Review Conferences

As resources and program priorities allow, the local LTCOP will attend Citation Review Conferences to advocate for residents when requested.

C. Information & Consultation to Individuals

As resources permit, the local LTCOP will provide public information to interested persons about local LTC facilities and how to select an appropriate facility.

D. Facility Staff Training & Consultation

As resources permit, the local LTCOP will provide training for LTC facility staff on topics such as elder abuse, mandated reporting, and residents’ rights. Within the availability of program resources, consultation may also be provided to facility staff.
REQUEST FOR PROPOSALS

Long Term Care Ombudsman Program

AREA AGENCY ON AGING OF SANTA CRUZ & SAN BENITO COUNTIES

2024-2025 Procedural Guide & Application

Release Date: Feb 27, 2024

Final Date for Submission: 4 p.m. March 28 2024
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1. Proposal Checklist
2. Proposal Coversheet
3. Statement of Project Requirements and Assurances
4. Assurance of Compliance with all Federal, State, and Local Contractual Requirements
5. Budget Forms
6. General Definitions and Requirements for Older Americans Act Programs
7. Ombudsman Program Scope of Work
8. Sample Service Provider Contract (available upon request)

PROPOSAL FOR FUNDING

2024-2025

Page 2 of 14
1. **BACKGROUND**

The Seniors Council serves as the Area Agency on Aging (AAA) for Santa Cruz and San Benito Counties. As such, it receives federal and state funds under the authority of the Older Americans Act and the Older Californians Act. The Seniors Council awards contracts to provide direct services to residents of Santa Cruz and San Benito Counties who are 60 years of age or older.

2. **MULTI-YEAR PROCESS**

Under federal law, the AAA must conduct an area-wide senior needs assessment and Request For Proposals (RFP) at least every four years. The California Department of Aging requires submittal of a four-year Area Plan on Aging, based on needs assessment results and describing services to be provided. Each AAA has the discretion to issue an RFP annually or at other increments within the four years. The Seniors Council has elected to conduct an RFP for Long Term Care Ombudsman services for the 2024-25 fiscal year (July 1, 2024-June 30, 2025). The successful applicant will be considered for renewal of this contract for up to three more fiscal years (2025-26, 2026-27, & 2027-28), provided required conditions are met, focusing on the satisfactory deliverance of services and continued funding being available. Contract renewals are not guaranteed.

A. **Goal of RFP**

The goal of the RFP is to identify agencies that can most effectively provide services to the targeted population and address the unmet needs in the community, with the expressed purpose of entering into a contractual agreement with the selected agency/agencies for delivery of those services.

Applicant organizations selected for contracts and funds in this RFP process will receive contracts for fiscal year July 1, 2024 through June 30, 2025, with the understanding that the general intent is to continue those contracts for another three fiscal years. It is to be understood that each annual contract is subject to change in scope of service, funding level and terms and conditions. A contractor may terminate the contract at any time, as provided in the contract terms. The Seniors Council Board of Directors retains the same right to terminate a contract, as also provided in the contract terms.

B. **Format of Proposal**

All applications shall be submitted as described throughout this document. Proposals shall be computer generated, using a minimum of a 12-point font. The Proposal Narrative (Section 3) can be of any length, however, **brevity is strongly encouraged.** All sections of the proposals shall be labeled with the same headings used in this RFP.
C. **Evaluation Criteria**

The Board of Directors of the Seniors Council of Santa Cruz and San Benito Counties shall appoint a Proposal Review Committee to assess the relative merits of the applications. The Committee will score each individual proposal and forward its funding recommendations to the AAA Advisory Council for comment prior to submitting the recommendations to the Board of Directors. The Board of Directors shall be the final authority in awarding the contract.

The Proposal Review Committee shall use the following criteria in ranking the proposals:

1. Experience Delivering the Proposed Services: (20%)
2. Cost/Cost-Efficiency/Matching Funds: (25%)
3. Targeted Service Populations: (15%)
4. Service Delivery: (35%)
5. Miscellaneous: (5%)

3. **SUBMITTAL DATE**

The final date and time for 2024-25 service proposals to be received by the Seniors Council in order to be considered in this process is:

**March 28, 2024 by 4:00 P.M.**

The Seniors Council office is located at 234 Santa Cruz Ave., Aptos, CA.

Applicants will be required to submit by the deadline:

- 1 original proposal, with original signatures;
- 1 complete copy, including budgets, attachments and exhibits;
- 9 additional copies containing only proposal narrative & budgets

Double-sided copies are encouraged.

Additional materials or documentation may be requested by the Proposal Review Panel. In such case, a reasonable amount of time will be allowed for the applicant to provide
such information, within parameters of the review, recommendation and allocation process.

4. AWARD PROCESS TIMETABLE

AREA AGENCY ON AGING
REQUEST FOR PROPOSALS TIMELINE

Feb 14-15  AAA Advisory Council & Seniors Council Board of Directors review & discuss Draft RFP, review draft timeline, recommend changes and direct staff actions

Feb 27    Availability of Funds and Timeline released. Potential applicants contacted and encouraged to apply

Staff issues Request for Proposals (RFP), containing approved proposal review timeline & proposal review criteria. Proposals distributed to interested applicants. (Tuesday)

March 2024

Mar 5    Bidders Conference held. (Tuesday, 1 p.m.)

Mar 20 & 21  AAA Advisory Council & Board of Directors appoint proposal review panel

March 28  Proposals due to Seniors Council Office by 4 p.m. (Thursday)

April 1-4  Staff checks all materials included in proposals. Proposal Review Panel members receive proposals & prepare draft individual evaluations, using established criteria.

April 8-12  Proposal Review Panel conducts question-and-answer session with applicant agencies.
April 2024

April 8-12 Proposal Review Panel meets to discuss content of proposals. (closed session)

April 15 Staff issues notice to all applicants regarding panel recommendations.

April 17 AAA Advisory Council certifies process to date & reviews recommendations. (public meeting)

April 18 Board of Directors reviews recommendations of Proposal Review Panel & Advisory Council. Board receives comments from the public. Board hears any inquiry, protest, objection or complaint about proposal review process. Board makes official decision regarding selection of applicant. (public meeting)

April 22 Staff issues notice to all applicants regarding Board’s preliminary decision & advises applicants of opportunity to appeal decisions.

April 30 Any appeal of Board decisions must be received in writing by 4 p.m.

May 2024

May 1-10 Appeals Review Panel meets to hear any appeals.

May 15 AAA Advisory Council reviews & approves results of appeals (public meeting)

May 16 Board of Directors makes final decision on any appeals, and directs staff to engage successful applicant in development of a contract for services starting July 1, 2024, including adjustments to contract amounts (assuming Area Plan Contracts and Allocations have been received from CDA). (public meeting)
May 23 Staff issues notice to all applicants regarding Board's final action.

June 2022

Seniors Council staff issues contracts for service

5. DISQUALIFICATION OF APPLICANTS FOR INAPPROPRIATE CONDUCT

Any agency's application for service may be ruled ineligible by the Seniors Council Board of Directors as a result of conduct seen as inappropriate to the delivery of services to seniors. Special attention is drawn to the area of exerting undue influence on the RFP process. All applicants should review the following section and become familiar with it. If you have any questions regarding its interpretation, please contact the Seniors Council Executive Director (Clay Kempf) or the AAA Administrator (Patty Talbott), at (831) 688-0400.

Undue Influence:

The Seniors Council has established a process by which proposals are submitted requesting funding for services to meet identified senior needs. By the very act of submitting a proposal for funding, the applicant is hoping to influence the outcome of the proposal review and funding award process.

Proper attempts to influence the proposal review and funding award process will include those described in the Seniors Council's timeline and Request For Proposals. They will include, but not necessarily be limited to, attendance at a Bidders' Conference; request from Seniors Council staff for information or appropriate technical assistance; preparation and submittal of a proposal for funding; solicitation of a limited number of references for inclusion in the written proposal; attendance at open meetings at which the process or individual proposals are discussed; participation in a public session conducted by the Proposal Review Panel for the purpose of acquiring additional information; and participation at Advisory Council and Board of Directors meetings, at the discretion of the chairs.

"Undue influence" shall be defined by the Seniors Council as meaning any improper attempt to influence the Request For Proposals process, the impartial review of proposals, the recommendation of the Proposal Review Panel or the AAA Advisory Council, or the decision of the Seniors Council Board of Directors.

Undue influence is what any reasonable person would consider as an attempt to influence the recommendation or decision of an individual, based on some factor other
than those set forth to be applied equitably to all applicants. It includes, but is not limited to, any constraint placed by an applicant or representative of an applicant organization upon a member of the Proposal Review Panel, the AAA Advisory Council, or the Seniors Council Board of Directors; any influence which deprives or attempts to deprive the individual influenced of his or her free agency; taking advantage of a person's weakness, infirmity or distress to change that person's actions or decisions; misuse of a position of confidence; threat; or action which would constitute or which is designed to create bias.

Applicants are admonished that there will be negative consequences in response to any attempt to tamper with the process.

**Disqualification of Applicants:**

Any attempt by an applicant or anyone acting on behalf of an applicant organization, outside the established process of a written application and public meetings, to influence unduly the recommendation of the Proposal Review Panel or the AAA Advisory Council or the decision of the Board of Directors will be considered by the Board of Directors at its next regular meeting, or at a special meeting called by the President, and may constitute grounds for disqualification of the application for any consideration.

In the event a member of the Proposal Review Panel, the AAA Advisory Council, or the Seniors Council Board of Directors reports an attempt to apply undue influence, the nature of the violation shall be defined and clarified, either by the individual making the report or by the agency Executive Director. The Board of Directors will make a determination as to whether the violation was sufficiently serious to warrant disqualification of the applicant from consideration for funding. A negative decision by the Board may be appealed to the agency's Appeals Review Panel, whose decision shall be final at the local level.

General parameters to be used in considering disqualification of an applicant are as follows:

1. That the attempt to influence the process was intentional on the part of the applicant organization or a representative thereof.

2. If the attempt was carried out by someone other than the applicant organization or its official representative, that the applicant instigated the attempt or was aware of the attempt and did not take action to stop or discourage the attempt.

3. That a collection of circumstances exists, none of which by itself would constitute undue influence, but which collectively appear to establish a pattern intended to influence the funding decision.
6. **AVAILABLE FUNDING**

Funding offered in this RFP is based on estimates at the time of its release. Final awards may be adjusted upwards or downwards depending on actual funds available at the time of contract execution.

No minimum local matching funding is required in order to receive Ombudsman Program Funding. However, all applicants are strongly encouraged to identify and list local funding sources that will be used to augment the proposed services.

A. **Funding by County:**

California's Planning and Service Area (PSA) #13 consists of San Benito and Santa Cruz Counties. In order to assure maximum efficiency in program operations, and in recognition of the limited amount of total funding available, proposals for service must cover both Santa Cruz & San Benito Counties.

B. **Basic Funding Categories And Definition Of Service Units:**

Federal and state funds are awarded to the Seniors Council in specific service categories, each with clear definitions of what qualifies as a legitimate unit of service. The funds available in this RFP are part of Title III-B Ombudsman, and Title VII A Elder Abuse Prevention. Other AAA service categories, such as Title IIIB Supportive Services, Title IIIC Nutrition Services, or Title IIIIE Family Caregiver Support Program, are not part of this RFP.

7. **APPEAL PROCESS**

An applicant agency wishing to challenge the decision based on procedural misconduct by the Seniors Council or its appointed committees must do so in writing by the dates listed on the enclosed RFP timeline. Contact Seniors Council staff for a copy of the Appeal Form. Appeals (if any) will be reviewed according to the RFP Timeline.

8. **REQUIREMENTS & ASSURANCE**

Included in the attachments is a list of Requirements and Assurances to be performed during the duration of the program operation. The signature of the Agency's Executive Director or Board President committing to these articles is required.

9. **FUNDING CONTINGENCY PLANS**
All funds are subject to change as related to funding changes in state and federal allocations to Older Americans Act Programs. Adjustments to these funding allocations shall be made on the following basis:

1) Initial awards will be based on the Seniors Council's best estimate of available funds at the time the Proposal Review Panel meets;
2) Contracting agencies will be notified of increases or decreases to available funding as quickly as possible, and no later than two weeks after receipt of official notice received by the AAA.
3) Additional funding is sometimes available due to state or federal budget action, pandemic response funding, or other sources. Existing contractors will be made aware of any opportunities to apply for supplemental funding.

10. CONTRACT PERIOD AND POTENTIAL RENEWAL

Within the contract cycle of 2024-28, contracts will be awarded in one-year increments. Contracts for 2024-2025 are expected to be issued in June of 2024, pending the passage of California's budget and the allocation of contract funds. They will become effective July 1, 2024 and – provided the contracting agency remains in good standing and meets the scope of work described in this proposal, may be renewed annually until June 30, 2028, at the discretion of the AAA.

The Seniors Council Board of Directors retains the right to terminate a contract mid-year for cause, or not to renew a contract at the end of the one-year period without cause. However, it is the goal of the Seniors Council -- barring a significant change in the amount of federal and state funds available to the Seniors Council, or barring a change in the needs of local seniors -- to renew for three additional one-year periods those contracts awarded in 2024-25, except where the contractor has failed to adhere to the terms of the contract.
11. **PROPOSAL NARRATIVE**

Complete the following Proposal Narrative. The Seniors Council recognizes the great variety among potential applicant agencies, and acknowledges this organizational diversity by not restricting the length of your narrative response. However, the Seniors Council strongly encourages brevity, and far prefers clarity over verbosity and volume.

**A. TYPE OF SERVICE:**

1. **Complete the Proposal Cover Sheet Form** (included in the packet as Attachment 2)

2. **Project Summary:** Please provide a one-to-two page narrative summary of your proposal, briefly describing your agency and the services to be provided.

**B. EXPERIENCE DELIVERING THE PROPOSED SERVICES:** (20%)

1. Describe the geographic area in which the applicant has a history of providing Ombudsman services, and the number of years of experience:

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Both San Benito and Santa Cruz Counties</th>
<th># of Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>San Benito County</td>
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<td>___</td>
<td>Santa Cruz County</td>
<td></td>
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<tr>
<td>___</td>
<td>Monterey County</td>
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<td>___</td>
<td>Santa Clara County</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>San Mateo County</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>Other Counties (list):</td>
<td></td>
</tr>
</tbody>
</table>

2. Does your agency, organization or business now provide other services for older adults and/or people with disabilities in San Benito and/or Santa Cruz County? If so, briefly state what those services are and how long it has provided services in the area.

3. What process have you used to identify the needs of seniors in the community to be served?

4. How will your program access legal advice and counsel to program staff and residents of long term care facilities?

5. How do you measure the effectiveness of your program in meeting specific needs?

**C. COST / COST-EFFICIENCY/MATCHING FUNDS:** (25%)

8-2-20
Numbers provided in Section C must be consistent with the budget submitted. As with other sections of this RFP, if you have questions regarding the forms or the application, feel free to contact AAA staff.

1. **Cost per Service Unit:** Delineate the service categories proposed in this application, the service activities and specific proposed number of service units. For each service category, list the cost per unit of service to be delivered, delineating total cost per service unit, and amount per service unit that is funded by Seniors Council/AAA.

2. **Total Funds Requested:** Show the amount of Seniors Council/AAA funds requested, and the sources and amounts of other funding to be used in carrying out service delivery.

3. **Administration:** What percent of total funding will be allocated for administration and what percent for direct service provision? If that percentage differs from the rest of the agency, what is the agency-wide percentage? *Failure to list any administrative expenses will result in a negative score.*

4. **Matching Funds:** Describe how your organization will leverage other funding to meet the scope of work of this program. Clearly identify funding sources, amounts anticipated, and whether or not the funding is secured, expected, or still needs to be applied for.

5. **Project Budget:** Submit a complete program budget, using the forms in the Attachment 5 or a computer-generated facsimile.

**D. TARGETED SERVICE POPULATIONS:** (15%)

Describe your agency’s outreach and targeting ability to reach facility populations typically disenfranchised from service. Include past performance, percentages to be served, and methods used to insure success. *Include efforts to reach each of the following categories:*

1. **Low-income seniors:**

2. **Ethnic minority seniors:**

3. **Seniors with limited-English Proficiency:**

4. **Frail elderly and individuals with disabilities:**

5. **Rural or otherwise isolated care facilities:**

6. **Persons with Alzheimer’s disease or related disorders (and their caregivers):**
7. **Gay, lesbian, bi-sexual and/or transgendered seniors:**

8. **HIV+ seniors:**

9. **Other specific groups your agency targets.**

E. **SERVICE DELIVERY:** (35%)  

Use this section to describe the effectiveness of the services your agency provides. Answer each sub-category, addressing the issues listed and/or any others that are relevant to the topic.

1. **Outreach:** Describe how your staff & volunteers will reach individuals in long term care facilities, including outreach techniques and points of contact.

2. **Involvement of participants and the community:** Outline how service recipients and the community provide feedback into the operation of your program. Include the background of your Board of Directors and any relevant advisory councils or committees, participant feedback or evaluations forms, process for policy changes, or other involvements of participants in the program(s) operations.

3. **Participation in Community-based System of Care:** Describe the agency's history and future plans regarding its participation in local community systems of care. List agency participation on local commissions or other committees or advisory bodies related to senior services, coalitions of senior care which you are a part of, and any organized advocacy efforts affecting seniors which your organization feels would enhance your ability to deliver services in your service area.

4. **Paid staff:** Describe the paid positions and hours of each involved in delivery of these services at the proposed levels. Provide summary resumes for key personnel in your agency, including their human service experience. **Include an agency and/or program organizational chart.**

5. **Staff Turnover:** How will your agency ensure continued operations if/when existing staff leave the organization?

6. **Use of volunteers:** Describe your agency's use of volunteers, including number of volunteers, hours donated, duties performed, recruitment strategies, and training provided, etc.

7. **Program Infrastructure & Location:** Tell us where the central location is from where services originate and are delivered? Describe any satellite offices or work from home strategies the program will employ.
F. MISCELLANEOUS: (5%)

Describe any other factors which especially qualify your organization to provide services to seniors under contract with the Seniors Council.

1. Provide information about any outstanding attributes of your organization in general, your structure, or your personnel.
2. Provide information about any outstanding elements of your organization’s experience.
3. Describe anything else you think may help your application.
The Seniors Council Board of Directors hereby adopts this Board Resolution to:

1. Authorize the Executive Director to Execute California Department of Aging Contract #: HI-2425-13

2. Authorize the Executive Director to sign and execute future amendments to these contracts

Date Approved: ______________

Signed: ____________________________

Pam Arnsberger, Board President

Date Signed: ______________
Date: 2-8-24

To: Area Agency on Aging Advisory Council
    Seniors Council Board of Directors

From: Clay Kempf, Executive Director

RE: Executive Directors February Report

AGENCY OPERATIONS
Planning for our four candidate forums and addressing the ongoing issues related to the Live Oak Senior Center and our local Ombudsman Program have been consuming a significant amount of agency time. Add in two upcoming audits, interfacing with Jovenes de Antaño’s new Executive Director and partnering with Santa Cruz County on their Age-Friendly Needs Assessment and developing plans for a Master Plan for Aging local playbook, it’s been an extremely busy time for our organization.

MASTER PLAN FOR AGING (MPA) & SOLUTIONS SUMMITS
We are actively engaged in finding a date and location for our Santa Cruz County Solutions Summit. May is still the targeted month, as the event can be the local flagship for celebrating Older Americans month.

Meanwhile, in San Benito County, May 30th is set, with the location being the Epicenter, provided by the Community Foundation for San Benito County, our wonderful partners in the efforts.

Invitations and save the date announcements will be coming out soon. Please mark May 30th on your calendars now.

A one-page overview of the Master Plan for Aging put together by the County of Santa Cruz is included in your packet. Also included is a very preliminary Draft #1 of the agenda, based on the extremely successful Solutions Summit of 2017
STATE & COMMUNITY ACTIVITIES
We continue our agency participation in various state and local meetings and projects, including Aging & Disability Resource Connection (ADRC) state development & local implementation, local transportation and aging committee and commission meetings, and trying to respond to numerous invitations and events – the San Juan Bautista Senior workgroup; Villages Santa Cruz, Santa Cruz County Oral Access Project, State and local government budgets, etc. Your packet includes other emerging topics such as the California Department of Aging’s 2030 Vision, California’s Little Hoover Commission Report on Aging, and the updates to the Older Americans Act.
January 19, 2024

Clay Kempf, Executive Director
Seniors Council/Area Agency on Aging of
Santa Cruz & San Benito Counties
234 Santa Cruz Avenue
Aptos, CA 95003

Dear Director Kempf:

The California Department of Aging's (CDA) Program and Monitoring Team of the Home and Community Living Division, accepts the Area Agency on Aging’s (AAA) Corrective Action Plan (CAP) developed in response to the CDA’s remote program monitoring review conducted January 2023. Listed below are the individual areas that required corrective action by the AAA and the AAA’s method of resolution which satisfied the required remediation.

<table>
<thead>
<tr>
<th>Area of Corrective Action</th>
<th>Method of Resolution</th>
<th>CDA Staff Name</th>
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<tbody>
<tr>
<td><strong>Staffing &amp; Administration</strong></td>
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<tr>
<td><strong>Finding #1:</strong></td>
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<tr>
<td>Title 22 California Code of Regulations (CCR)</td>
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<td>§ 7400(a)(2)(C) Grievance Process – General</td>
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<tr>
<td>22 CCR § 7404(a)(1)(d)(4) AAA Informal Administrative Review</td>
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<tr>
<td>The AAA’s grievance process for its direct services does not contain all required elements.</td>
<td>The AAA submitted a revised direct service grievance policy and procedures that includes all required elements.</td>
<td>L. Wonderly</td>
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<tr>
<td>Title IIIID grievance process is missing elements including:</td>
<td>This Finding is RESOLVED.</td>
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- Confidentiality provisions to protect the complainant's rights to privacy.
- A statement advising the complainant of his/her right to an administrative hearing if dissatisfied with the results of the review.

Finding #2:

Older Americans Act (OAA)
§ 315(b)(4)(C-E)
Consumer Contributions

The AAA’s voluntary contribution policy and procedures for its direct services (Title IIDD) does not contain all required elements. Elements missing include:
- Protecting the privacy and confidentiality of each recipient with regard to contribution or lack of contribution.

The AAA submitted a revised voluntary contribution policy and procedures which contain all required elements. This Finding is RESOLVED.

L. Wonderly

Management of Service Providers
Finding #1:

45 Code of Federal Regulations (CFR) § 1321.53(a)
Mission of the Area Agency

45 CFR § 75.303 (c)
Internal Controls

22 California Code of Regulations (CCR) § 7250
AAA’s General Responsibilities

CDA Standard Agreement, Exhibit A, Article II, 13 Monitoring and Evaluation

The AAA’s service provider monitoring tool(s) does not include prompts for the...
AAA Monitoring staff to verify compliance with all regulations and contract provisions. Some examples of prompts missing from the AAA's service provider monitoring tool include, but are not limited to:

**Title III B I&A:** Service Provider *Senior Network Services* –
- Prompts to determine that the service provider's voluntary contributions policy meets all required components.
- Prompts to determine that the service provider's grievance policy and procedures meet all requirements.

**Title III E:** Service Provider *Senior Network Services* -
- Prompts to ensure service provider screens for eligibility.
- Prompts to ensure targeting of priority populations.
- Prompts to ensure utilization of volunteers.

**Finding #2:**

- 45 Code of Federal Regulations (CFR) § 1321.53 and 1321.61
- 22 California Code of Regulations (CCR) § 7400(a)(B)
- 22 CCR § 7400(a)(2), § 7404(c)(1-6), § 7406
- CDA Standard Agreement, Exhibit D Article IX (c)
- OAA § 315(b)(4)(A-D) Voluntary Contributions

**Title III B I&A:** The AAA provided revised documents that included all OAA required elements. This Finding is RESOLVED.

**Title III E:** The AAA provided revised documents that included all OAA required elements. This Finding is RESOLVED.

S. Nua

T. Booth
The AAA’s compliance monitoring of service providers does not monitor to standards, ensuring its service providers have policies and procedures to include all OAA program requirements. Examples include but are not limited to:

**GRIEVANCE POLICY**
Missing the following required components, but is not limited to:

**Title III&B I&A: Service Provider Senior Network Services** –
- Written notification to the complainant of the results of the review, including a statement that the complainant may appeal to the AAA if dissatisfied with the results of the service provider’s review.
- Confidentiality provisions to protect the complainant’s rights to privacy. Only information relevant to the complaint may be released to the responding party without the older individual’s consent.
- Incorrect provision that individuals can appeal to the Director of CDA if dissatisfied with the results of the AAA’s decision.

**Title III&B Supportive Services: Community Bridges** –
- Levels for complaint resolution
- Confidentiality provisions to protect the complainant’s rights to privacy. Only information relevant to the complaint may be released to the responding party without the older individual’s consent.
- Written notification to the complainant of the results of the

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<th>Title III&amp;B I&amp;A: The AAA provided revised documents that included all required elements.</th>
<th>This Finding is RESOLVED.</th>
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| Title III&B Supportive Services: The AAA provided revised documents that included all required elements. | This Finding is RESOLVED. |
review, including a statement that the complainant may appeal to the AAA if dissatisfied with the results of the service provider's review.

- Posting notification of the process in visible and accessible areas, such as the bulletin boards in multipurpose senior centers. For areas in which a substantial number of older individuals are non-English speaking, the notification shall also be posted in the primary language of a significant number of older individuals. “Substantial number” and “significant number” shall be determined by the AAA.

**Title IIIB Legal: Senior Citizens Legal Services** –

- Time frames within which a complaint will be acted upon.
- Confidentiality provisions to protect the complainant’s rights to privacy. Only information relevant to the complaint may be released to the responding party without the older individual’s consent.

**Title IIIB Case Management: Senior Network Services** –

- Written notification to the complainant of the results of the review, including a statement that the complainant may appeal to the AAA if dissatisfied with the results of the service provider’s review.
- Confidentiality provisions to protect the complainant’s rights to privacy. Only information relevant to the complaint may

**Title IIIB Legal: The AAA provided revised documents that included all required elements. This Finding is RESOLVED.**

**Title IIIB Case Management: The AAA provided revised documents that included all required elements. This Finding is RESOLVED.**
be released to the responding party without the older individual's consent.
- Final level of resolution incorrect

**Title IIIC:** Community Bridges –
**Title IIIC-1:**
- Missing provision for individuals to appeal the service provider's decision to the AAA.
- Missing confidentiality provisions to protect complainants right to privacy.

**Title IIIC-2:**
- Incorrect provision that individuals can appeal to the Director of CDA if dissatisfied with the results of the AAA’s decision.

**Title IIIE:** Senior Network Services –
- Confidentiality provision
- Final level of resolution incorrect

**VOLUNTARY CONTRIBUTIONS**
Policy & Procedures missing the following required components (but is not limited to):

**Title IIIB I&A:** Senior Network Services –
- Inform individuals that they would not be denied services if they decided to not contribute to the cost of the service.
- Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
- Clearly inform each recipient that there is no obligation to contribute, and that the contribution is purely voluntary.

**Title IIIC-1:** The AAA submitted a revised grievance policy which includes all required elements. **This Finding is RESOLVED.**

L. Wonderly

**Title IIIC-2:** The AAA submitted a revised grievance policy which includes all required elements. **This Finding is RESOLVED.**

L. Wonderly

**Title IIIE:** The AAA provided revised documents that included all required elements. **This Finding is RESOLVED.**

K. Kern

**Title IIIB I&A:** The AAA provided revised documents that included all required elements. **This Finding is RESOLVED.**

S. Nua
- Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution.
- Establish appropriate procedures to safeguard and account for all contributions.

**Title IIB Supportive Services**

**Transportation:** Community Bridges –
- Inform individuals that they would not be denied services if they decided to not contribute to the cost of the service.
- Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
- Clearly inform each recipient that there is no obligation to contribute, and that the contribution is purely voluntary.
- Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution.
- Establish appropriate procedures to safeguard and account for all contributions.

**Title IIB Legal:** Senior Citizens Legal Services –
- Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution.
- Establishment of appropriate procedures to safeguard and account for all contributions.

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**Title IIB Supportive Services:** The AAA provided revised documents that included all OAA required elements.

This Finding is RESOLVED.

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**Title IIB Legal:** The AAA provided revised documents that included all OAA required elements.

This Finding is RESOLVED.

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**Title IIB Case Management:** Senior Network Services –

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**Title IIB Case Management:** The AAA provided revised documents.

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• Inform individuals that they would not be denied services if they decided to not contribute to the cost of the service.
• Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
• Clearly inform each recipient that there is no obligation to contribute, and that the contribution is purely voluntary.
• Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution.
• Establish appropriate procedures to safeguard and account for all contributions.

**Title III-C-1/C-2: Community Bridges’**

• Procedures to safeguard and account for all contributions, including protection of contributions and fees from loss, mishandling, and theft.

**Title III-C-2:** The AAA does not ensure that the nutrition provider, Community Bridges’ option for online voluntary contributions for Title III-C-2 clients meets required elements. The menu lists online contributions as an option and directs clients to a website that includes the following issues:
• The website refers to “gift” rather than voluntary contribution toward the cost of meals.
• Lists donation amounts that are not consistent with a suggested voluntary contribution amount.

**Title III-C-1/C-2:** The AAA provided revised documents that included all OAA required elements.
**This Finding is RESOLVED.**

**Title III-C-2:** The AAA submitted a current menu with the online voluntary contribution option removed.
**This Finding is RESOLVED.**

L. Wonderly
<table>
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<tr>
<th><strong>Title III E: Senior Network Services</strong> –</th>
<th><strong>Title III E: The AAA provided revised documents that included all OAA required elements. This Finding is RESOLVED.</strong></th>
<th>K. Kern</th>
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<td>• Mechanism for providing the opportunity to voluntarily contribute</td>
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**Procurement & Request for Proposal (RFP)**

**Finding #1:**

**22 California Code of Regulations § 7354(b)(8) IFB/RFP Contents**

The AAA’s RFP does not contain all regulatory requirements. Some examples of missing or incorrect elements from the Title IIIB, IIIC, and IIIE RFP include:

- Missing a statement of the minimum numbers of units of service to be provided.
- Contains incorrect or missing service category definitions (att. 9B)

**Title IIIB: The elements required are satisfied.**

**Title IIIC: The AAA updated its service category definition with the correct definition for Home-Delivered Meals.**

**Title III E: The AAA updated the service category definition with the correct definition for the Family Caregiver Support Program. This Finding is RESOLVED.**

**Health Insurance Counseling and Advocacy Program (HICAP)**

**Finding #1:**

**HICAP Standard Agreement Exhibit D, Article IX, C.**

The AAA’s submitted HICAP Monitoring tool(s) are insufficient and do not monitor the Health Insurance Counseling and Advocacy Program (HICAP) Service Provider to all programmatic requirements.

The AAA has submitted remediated documents with the required elements. **This Finding is RESOLVED.**

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<th>S. Nua</th>
<th>L. Wonderly</th>
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<td>T. Booth</td>
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<th>P. Barnich</th>
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- Monitoring for procedures used to ensure all HICAP publication requirements are not included on materials financed with funds under the Standard Agreement. [SHIP Base Grant Terms and Conditions; HICAP Standard Agreement Exhibit E, Article I, (c).] (i.e., current Grant number(s) on new materials(s)).

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<th>Finding #2:</th>
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<tr>
<td>45 Code of Federal Regulations (CFR) § 75.1321.11</td>
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<tr>
<td>Welfare &amp; Institution Code § 9535(h)</td>
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<tr>
<td>HICAP Standard Agreement Exhibit A, Article II, T(4)</td>
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<td>The AAA is not monitoring per the frequency under HICAP Standard Agreement [HICAP Standard Agreement Exhibit D, Article IX, C] (i.e., at a minimum of every other year).</td>
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<tr>
<td>The AAA has submitted remediated documents with the required elements. This Finding is RESOLVED.</td>
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<td>P. Barnich</td>
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| Title IIIB Information & Assistance |
| Finding #1: |
| 22 California Code of Regulations (CCR) § 7531 (b-d) |
| Resource File and Printed I&A Directory |
| The AAA’s service provider Information & Assistance resource files are missing required elements. Missing elements include, but are not limited to: |
| - Hours and days that the service provider is open for business. |
| The AAA submitted I&A Resource File Samples that include all required elements. This Finding is RESOLVED. |
| S. Nua |
- Type of service(s) being provided.
- Eligibility requirements for receipt of service(s).
- Areas served.
- Application procedures to receive services(s).
- Transportation available.
- Wheelchair accessibility for individuals with disabilities.
- Language(s) spoken.

Additionally, SNS’s I&A directory is missing the following requirements:
- Be approved by the AAA.
- Have a disclaimer statement informing the user that the directory may not be current after initial printing.

**Title IIIB Case Management**

**Finding #1:**

**Older Americans Act (OAA)**

§ 102(11)(A), (B)(i-iv);

OAA § 306(a)(8)(C)(i-ii)

Service provider's case management policies and procedures do not comply with OAA standards. Missing elements include, but are not limited to:

- Services provided by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination to assess the needs, and to arrange, coordinate, and monitor an optimum package of service to meet the needs, of the older individual; and
- Services and coordination such as comprehensive assessment

| The AAA submitted a revised Case Management Procedure manual which includes missing elements. This finding is RESOLVED. | S. Nua |
of the older individual including the physical, psychological, and social needs of the individual development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services with any other plans that exist for various formal services, such as hospital discharge plans; and with the information and assistance services provided under this Act;

- Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- Periodic reassessment and revision of the status of the older individual

<table>
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<tr>
<th>Title IIIIC Older Californians Nutrition Program</th>
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**Finding #1:**

22 CCR § 7634.3(a-d) AAA Registered Dietitian (RD) Scope of Work

The AAA's scope of work for AAA RD services does not include the requirement that the RD will participate in developing and evaluating the AAA's Request for Proposal (RFP) concerning nutrition services.

The AAA submitted its updated AAA RD contract template which includes all required scope of work elements. This finding is RESOLVED.

L. Wonderly
The evidence submitted by the AAA demonstrates that the AAA's practices are found to be compliant with federal, State, and contract requirements.

If you have questions or need any assistance from the CDA, please contact Kevin Kern, Staff Services Manager I at (916) 928-5858 or email AAAmonitoring@aging.ca.gov.

Sincerely,

Jamie Pope

Jamie Pope, Bureau Chief
Planning, Monitoring, and Data
Division of Home and Community Living
California Department of Aging

Cc: Denise Likar, Deputy Director
    Division of Home and Community Living

    Nakia Thierry, Branch Chief
    Older Adult Programs
    Division of Home and Community Living

    Lana Reynolds, Chief
    Nutrition and Wellness Bureau
    Division of Home and Community Living

    Andrew Sachs, Assistant Deputy Director
    Office of Finance and Administration Operations Branch
    Division of Administrative Services

    Jeremy Jackson, Chief Auditor
    Audits and Risk Management Branch
    Division of Administrative Services

    Valerie Rodriguez, Staff Services Manager I
    Supportive Services Bureau
    Division of Home and Community Living

    Taishawna Alexander, Staff Services Manager I
    Supportive Services Bureau
    Division of Home and Community Living

    Gilbert Saucedo, Staff Services Manager I
    Health Insurance Counseling and Advocacy Bureau
    Division of Home and Community Living

    Program and Monitoring Team
In the next 10 years, California’s over-60 population is projected to diversify and grow faster than any other age group, increasing from 16 percent in 2010 to 26 percent of the population by 2030, when there will be 10.8 million older adults in California. This is an increase of older Californians who are more ethnically diverse and more likely to be single or childless, live alone, have lower incomes, and have less retirement savings.

June 2019, Governor Newsom signed executive order N-14-19 calling for the creation of a Master Plan for Aging (MPA) to prioritize policies that equitably promote healthy aging and a CA for all ages. After more than a year of stakeholder and public engagement a comprehensive 10-year plan was released January 6, 2021. The plan is meant to be a living document and a blueprint for state and communities to:

- Implement strategies and partnerships that promote healthy aging and
- Prepare the state for the demographic changes that continue California’s leadership in aging, disability, and equity.

The MPA includes 5 Bold Goals and 23 action areas/strategies to build a California for All Ages by 2030. To drive implementation, Agencies across the Administration have committed to 132 action-ready initiatives. In addition, the MPA Local Playbook was created to assist communities across the state build their own Master Plan for Aging.

To ensure accountability, there is a data dashboard that will measure progress across the 5 Bold Goals over the next 10 years, as well as provide local and state data for policy and program planners success against a series of key indicators. Regular updates can be accessed via the Together We Engage newsletter. Progress reports will be released bi-annually, the first progress report was released on July 14, 2021.

To see the full Master Plan for Aging, including details on the Five Bold Goals, 23 Action Areas and 132 initiatives, click here:  https://www.aging.ca.gov/download.ashx?1F0mN11m0yyf9HT7lAe5%3d%3d
2024 SOLUTIONS SUMMIT

Developing a Local Playbook for California’s Master Plan for Aging

Presented By:

The Seniors Council/Area Agency on Aging of Santa Cruz & San Benito Counties

in partnership with

Santa Cruz County Age Friendly Community Coalition (name???)
Community Foundation for San Benito County

Agenda

9:00 a.m. Arrival & Registration

9:30 Introduction & Overview
Pam Arnsberger, President, Seniors Council
Sandy Brown, Chair, Area Agency on Aging Advisory Council?
Facilitator and Master of Ceremonies

9:45 Official Welcome – Greeting to Elected Officials
TBD

10:00 Ice-Breaker Exercise?

10:15 Overview of California’s Master Plan For Aging
• Creation of the Master Plan for Aging
• A Dynamic Plan designed for Local Implementation
• The Five Bold Goals
  1. Housing for all Ages & Stages
  2. Caregiving that Works
  3. Health Reimagined
  4. Affording Aging
  5. Inclusion & Equity, Not Isolation
• Creating Local Actions & Workgroups
11:00 Breakout Group Discussions – (Solutions Development)

12:15 LUNCH BREAK

1:00 Solution Reports Presented by the Breakout Groups

1:45 Action Steps: Formation of Work Groups, Convening Plans, & Report Back Process

2:00 Wrap up – Acknowledgements and Thanks, and, Next Steps!

We graciously thank the following businesses & organizations for their Support:

This event was funded by: California Department of Aging Local Aging & Disability Action Planning Grant, and the Area Agency on Aging of Santa Cruz & San Benito Counties - a program of the Seniors Council.
FY23/24 ADRC of San Benito County 2nd Quarter No Wrong Door service data reporting to the California Department of Aging (CDA) is being prepared for submission to CDA. We are both excited about and grateful to San Benito County HHSA, Joshua Mercier, and Megan Velez for their participation in this latest round of CDA data reporting. San Benito County HHSA is now sharing consumer service data around Adult Protective Services (APS), In-Home Supportive Services (IHSS), and Public Authority. The ADRC of San Benito County also thanks Philip Geiger at the Alzheimer’s Association, Bill Proulx at HICAP/SNS, Ed Santana with our own Project SCOUT Program, and both Core Partners Jovenes de Antaño and CCCIL for their participation, as well. Service data from this reporting period will be available for review and comment next month (March), and can be requested by contacting Britt Bassoni at brittb@seniorscouncil.org, or by calling (831) 688-0400 x113. Please leave a detailed message including your telephone number and e-mail address, if you’d like to receive a copy of the report.

Seniors Council Executive Director, Clay Kempf, and Director of Special Projects, Britt Bassoni had the opportunity to meet and discuss the ADRC Project with Danny Barrera, the new Executive Director of Jovenes de Antaño late last month in San Juan Bautista. Areas covered in the discussion were an overview of the ADRC project to date; Core and Extended Partnerships; No Wrong Door Systems and underlying philosophy; the ADRC’s emphasis on person-centered services; and future planning, development, staffing, and sustainable funding issues in which Jovenes de Antaño, as a Core Partner, has a large stake, as well as a wealth of local knowledge, skills, and perspective.

ADRC staff also had the opportunity to meet and discuss collaborative planning work with Senior Network Services on developing ADRC infrastructure, knowledge-base, and capacity in preparation for applying for State funding to support the creation of an ADRC No Wrong Door Network in Santa Cruz County. SNS received local Santa Cruz County CORE funding to help jump start these efforts, and Corey Azevedo and Corinne Jones of SNS have been working with their staff to build needed skills and position themselves as a partner for the State-funded development grant application to be submitted by the AAA, hopefully in FY25/26. One consideration is the freeze this year at current funding levels for ADRC projects, and the impact that sharing those limited funds with more projects may have on on-going sustainability efforts, and thus the decision to delay our local application for State funding until increased funds are secured for additional ADRC development. Meanwhile, SNS team members will be participating in State/CDA funded Core Competencies training with the ADRC of San Benito County and its partners on elements such as Enhanced I&A/R, Person-Centered Options Counseling, and Transitions Assistance.

The ADRC of San Benito County is also just about to begin its planned FY23/24 – FY24/25 outreach partnership with other participating Core and Extended No Wrong Door Partners. As has been shared here previously, the ADRC has made available a portion of its outreach and awareness budget to co-brand with local provider organizations and service providers to produce a series of informational ads across BenitoLink’s community news and information digital platform. Partners will not be assessed a charge for this outreach effort, and in creating a link-through ad posting - an organizational logo and a brief message - along with a small attribution bar stating the organization is a “Community ADRC Partner,” the hope is that both the partner and the ADRC No Wrong Door Network will realize the
benefits of co-branding and greater name and Network recognition by local consumers and caregivers. The sponsorship space will be changed out on a predetermined basis throughout a twelve-month period. So far, both Senior Legal Services, the Health Projects Center, and Del Mar Caregiver Resource Center have expressed interest and submitted requested materials for design and publication on BenitoLink. Jovenes de Antaño, Central Coast Center for Independent Living, HICAP/Senior Network Services, the Ombudsman Program, the Veterans Service Center, and others have also been invited to take part.

Additionally, the ADRC Core Services Team and NWD Network Partners have had discussions around resources and events information-sharing, and increasing on-going efforts to share information about consumer opportunities and local resources with both consumers and partner organizations. These collaborative efforts have resulted in greater outreach opportunities and exposure for all participating partners. An example of these collaborative efforts around the NWD Network and the San Benito County Aging and Long Term Care Commission (ALTCC) membership has been participation over the last few years as a part of community services providers tabling and outreach at the Hollister Farmer’s Market, organized by the Hollister Downtown Association. The Farmer’s Market session begins April 17, 2024, and lasts through October 16, 2024 (third Wednesdays), from 3:00 PM - 7:00 PM, and the ALTCC and the ADRC are participating in these monthly events throughout the market season.

ADRC staff and partners who committed staff time and organizational interest in additional ADRC-related training supports have begun individual registration to initiate their independent coursework in one or more of the three training areas sponsored and paid for by the California Department on Aging (CDA). As a reminder, these three distinct training curriculum/certifications include the following:

- **Alliance of Information and Referral Systems (AIRS)** Community Resource Specialist (CRS), Community Resource Specialist - Aging/Disability (CRS-AD), and Community Resource Specialist - Database Curator (CRS-DC) Certifications; the **Center for Aging & Disability Education & Research (CADER)** through Boston University’s School of Social Work Coursework and Certification In Care Management, Care Transitions, and Working with Informal Caregivers; and **Care Transitions Intervention (CTI)**, an evidence-based, short-term, self-care model certification for professionals helping consumers to develop self-care skills and assume a more active role in their health.

Coursework for at least two of the three of these (AIRS & BU-CADER) will likely begin in late February or early March, with an eye to completing the respective curriculum by September 2024. As stated previously, we are excited to be able to train together, and to be able to begin build a more common language and more uniform processes around the ADRC’s four core service components. In PSA #13, four organizations and over a dozen staff will be engaged in completing 26 individual certification courses across these areas of knowledge and expertise.

ADRC and Seniors Council Staff continue with planning discussions and timeline development for Seniors Council’s Local Aging & Disability Action Planning (LADAP) Grant to develop a local action plan in support of the State’s Master Plan on Aging (MPA). ADRC staff are currently assisting with the planning and are looking forward to being able to help host the local Solution Summit provider and community input event now scheduled for May 30, 2024, at the Community Foundation for San Benito County’s Epicenter, in downtown Hollister. The event will also coincide with the recognition of Older Americans Month.
PROJECT SCOUT
End of January 2024 Report

Project SCOUT provides free tax assistance and assists with basic tax questions to low-income seniors, disabled, families and individuals in Santa Cruz County. We also provide assistance with general tax questions. Project SCOUT also assists seniors receive CalFresh, California’s version of the Supplemental Nutrition Assistance Program (SNAP).

During the month of January, Project SCOUT’s focus has been to assist 60 possible volunteers certify and thus assist Project SCOUT with free tax preparation during tax season. Whether phone assistance, translating, greeter at a site, or tax preparer, every single volunteer makes a difference and allows us to provide such a poverty-fighting service for so many. As of the end of January, 27 volunteers have certified and are ready to start helping the communities of Santa Cruz and San Benito Counties!

We have secured 14 weekly sites for this 2024 tax season, covering most areas of Santa Cruz County, and this year for the first time, we have a weekly site in Hollister, in San Benito County. On top of these 14 sites, Project SCOUT foresees having various special events such as this upcoming March 8th at the Watsonville Public Library, marketed as “Taxes and Tacos”. Taxpayers will be able to do their taxes, get a tasty meal, get information on community resources, and possibly earn prizes! Currently we are working out logistics but we hope that this becomes an event where community partners can participate and provide information on the services that they provide to the senior and/or low income communities of the region. The following are our sites starting in February:

2024 Tax Sites

1-ALL: Project SCOUT Tax Facilitated Self Assistance ONLINE http://tinyurl.com/SCOUTFSA
2-Project SCOUT TCE (Ad hoc, remote, also assists with Calfresh)
3-Highlands Park Senior Center (Ben Lomond, take appointments)
4-Santa Cruz Downtown Public Library, take appointments
5-London Nelson Community Center (Santa Cruz, take appointments)
6-Market Street Senior Center (Santa Cruz, take appointments)
7-Mid-County Senior Center (Capitola, take appointments)
8-Capitola Public Library, take appointments
9-United Way of Santa Cruz (Capitola, Starts in March, take appointments)
10-Project SCOUT VITA (Aptos Office, also assists with Calfresh)
11-La Manzana Community Resource Center (Watsonville, take appointments)
12-Watsonville Public Library
13-Project SCOUT office at the Watsonville Senior Center (also assist with CalFresh)
14-Jovenes de Antano Senior Center (Hollister)

**Tax Prep weekly sites are all by appointment.** Appointments are taken by calling 831-724-2606 or emailing projectscout@seniorscouncl.org, or calling those sites that “take appointments”. Ad hoc sites that open up throughout the season will be either by appointment on site (i.e. senior living community) or by calling/emailing Project SCOUT, as it is the case for the Watsonville Public Library “Tacos and Taxes” event on March 8th.
Executive Summary

This Issue Brief presents data on California’s aging population as part of the Commission’s review of early implementation of the state’s Master Plan for Aging, a 10-year effort that aims to promote healthy aging and prepare California for coming demographic changes.

THE NATION’S POPULATION IS AGING, BUT CALIFORNIANS ARE RELATIVELY YOUNGER
Populations across the globe are getting older, but the demographic shifts are relatively less dramatic in the United States than for most developed countries, and less so for California than most states:

- Among the United Nations’ list of 36 “developed” countries, the United States’ median age was the fourth lowest in 2022.
- California’s median age consistently falls below that of the nation overall and is 11th lowest among states.

CALIFORNIA MUST RECKON WITH A MASSIVE DEMOGRAPHIC SHIFT
Nonetheless, California must adapt to an aging population:

- California’s median age is rising. In 1970, it was 28. By 2060, it is projected to be over 45.
- Some counties are older than others. California’s youngest county, Merced, has a median age of 32 years, while the state’s oldest county, Sierra, has a median age of nearly 54 years.
- The state’s 55-plus population will increase by 10 percentage points, or nearly 4 million adults, over the next forty years; meanwhile, the state’s 17 and under population will decrease by 5 percentage points, a reduction in over 2.1 million children.
- Older California females outnumber older California males. In 2022, there were just 61 males for every 100 females aged 85 years and older.
- By 2060, California’s older adult population will be as diverse as the state’s overall population—which will look much like the state does today.

MAJOR FACTORS CONTRIBUTING TO CALIFORNIA’S AGING POPULATION
The state’s aging population can be attributed to several major factors, including:

- Life expectancy has generally been on the rise in the U.S.—from 57 years a century ago to 79 years in 2019, at which point California had one of the longest life expectancies in the nation.
California's fertility rate has declined sharply, falling by almost a quarter in recent years.

Since 2001, more people have left California each year than have moved in from other states.

International immigration has been slowing for years. Immigration often occurs during the working-age years, thus increasing the pool of younger Californians.

THE IMPACT OF AN AGING CALIFORNIA
It is likely that the impact of California's rapidly aging population will continue to reverberate across nearly all areas of government in the coming years. As the state's older adult population grows California will likely:

- See an increase in the need for affordable, accessible housing, in-home services, and neighborhood supports and amenities.
- Experience an even greater demand for costly healthcare services and supports.
- Increasingly face workforce-related challenges ranging from worker shortages to figuring out how to best support older workers.
Introduction

This Issue Brief presents data on California’s aging population in four parts. The first section focuses on a demographic shift facing our nation and how California compares. The next section examines California’s demographics and what changes the state might expect to see in the coming decades. The third section explores some of the major factors contributing to the state’s aging population. The final section highlights key policy implications of an aging population.

This Brief is part of the Commission’s study on implementation of California’s Master Plan for Aging, a 10-year state-led plan launched in 2021 to address five broad challenges facing older Californians: housing, health care, inclusion and equity, caregiving, and affordability. In 2023, the Little Hoover Commission launched a study to examine preliminary implementation of this ongoing effort to consider whether there are opportunities for improved oversight and accountability and to ensure progress toward the Master Plan’s important goals.

Part 1: The Nation’s Population is Aging, But Californians Are Relatively Younger

The United States as a whole is aging rapidly. From 2010 to 2020, the American older adult population experienced its fastest growth rate of any decade in 130 years, even as the country’s overall population grew at its slowest rate since World War II. By 2020, nearly 56 million Americans were 65 years or older.

This outsized growth is due in large part to aging baby boomers—those born between 1946 and 1964 during the post-World War II birth surge—who started reaching retirement age in 2011. By 2030, just seven years from now, all boomers will be at least 65.

However, compared to most “developed” countries, the United States is aging at a slower rate. Among the United Nations’ list of 36 developed countries, the United States’ median age was the fourth lowest in 2022. By 2036, the U.S. median age is anticipated to drop to the lowest among developed countries, where it will remain until 2048.

AMERICANS OVERALL ARE OLDER THAN CALIFORNIANS

Older adults make up a smaller share of the population in California than they do in the United States overall. Over the last twenty years, the state’s median age has consistently fallen below that of the United States as a whole. In 2020, California’s median age ranked 11th lowest in the nation. Projections from the University of Virginia’s Weldon Cooper Center for Public Service indicate that this trend will continue through 2040.

4  The U.S. is fourth youngest among “developed” countries.

11  California is the eleventh youngest state in the nation.
Part 2: California Must Reckon With a Massive Demographic Shift

THE MEDIAN AGE IS RISING IN CALIFORNIA

Even though California is younger than the nation as a whole, the state's population is getting much older. In 1970, the state's median age was just 28. By 2060, it is projected to be over 45.8

California's Median Age Anticipated to Reach over 45 Years in 2060

California's Estimated and Projected Median Age (1970 to 2060)

SOME PARTS OF THE STATE ARE OLDER THAN OTHERS
Median age varies among regions and communities throughout the state. The San Joaquin Valley is relatively young when compared to the rest of California—all eight of the region’s counties are among the youngest 13 counties. Meanwhile, many of the state’s oldest counties are located in the North State and Eastern Sierra regions.

The difference between the state’s youngest and oldest counties is stark. Merced is California’s youngest county, with a median age of 32 years while the state’s oldest county, Sierra, has a median age of nearly 54 years.

Twenty-Five California Counties Have Median Ages over 40 Years
*California Counties by Median Age (2020)*

THE COMPOUNDING IMPACTS OF CALIFORNIA'S CHANGING POPULATION

The share of California's population that is 55 years and older will grow by ten percentage points in the next forty years. In raw numbers, this cohort will increase by nearly 4 million people, according to state projections. Compounding the impact of this growth, the state is expected to see reductions in younger age groups, both as a share of the population and in raw numbers. Reductions will occur for those population groups defined as youth (17 years and younger), college-age (18 to 24 years), and working age (25 to 54 years). Notably, the share of Californians 17 years and younger is anticipated to decrease by 5 percentage points. The total number of Californians in that category will fall from 9.1 million to 7 million, a reduction in over 2.1 million children.

Nearly Four in Ten Californians will be 55 Years or Older in 2060

California’s Population by Age Group (2020, 2040, and 2060)


THERE ARE MORE OLDER CALIFORNIA FEMALES THAN OLDER CALIFORNIA MALES, ALTHOUGH THE GAP IS NARROWING

Due to a range of factors, including biological and behavioral differences, women tend to live longer than men. As a result, older women generally outnumber older men. The difference is especially evident among those 85 years and older. In California, the sex ratio (number of males for every 100 females) was 61 in 2022 for this age group. However, as male life expectancy continues to rise, this gap is expected to narrow and by 2060, the ratio will jump to 71.

In California, there were 61 males for every 100 females aged 85 years and older in 2022.
CALIFORNIA’S OLDER ADULTS ARE NOT YET AS DIVERSE AS THE STATE OVERALL

California is the first large state and the third state overall without a White plurality, behind Hawaii and New Mexico. In 2014, Hispanic Californians became the largest population group in the state. In 2021, they made up 40 percent of the state’s overall population, while White Californians made up 35 percent.

However, California’s older adult population remains less diverse than the state’s population overall. Slightly more than half of Californians aged 65 years and older are White. Yet, when compared to other states, California’s older adult population is more diverse. Nationally, three in four older Americans are White.

California’s Older Adults (65-Plus) Population is More Diverse than the American Older Adult Population but Less Diverse than California Overall

Population by Age, Race, and Ethnicity in California and the United States (2021)

In the coming decades, the greatest racial and ethnic demographic changes among older adults will occur between White and Hispanic populations. Between 2020 and 2060, the share of older White Californians will decrease by 17 percentage points, while older Hispanic Californians will pick up that growth and more, with an 18 percentage point increase. At the same time, the share of older Californians of Black, Asian, and other races and ethnicities will remain relatively steady. As a result of these shifts, the racial and ethnic makeup of California’s older adult population in 2060 is projected to look much like the state’s overall population does today.
Four in Ten Older Adult Californians Projected to be Hispanic in 2060

Estimated and Projected 65-Plus Population in California by Race and Ethnicity (2020, 2040, and 2060)


Note: Hispanic includes individuals who identify as either Hispanic or Latino, other groups are non-Hispanic. Asian includes those who identify as Pacific Islander or Native Hawaiian.

Meanwhile, due to an anticipated lack of growth and changing fertility rates—predominately falling Hispanic fertility rates and slightly higher White fertility rates—the racial and ethnic composition of the state's overall population is not expected to change much in the coming decades.18

Nationally, White Americans are expected to remain the single largest race or ethnic group until 2045. For older Americans (60-plus), they will remain the majority until after 2060.19

Part 3: Major Factors Contributing to California’s Aging Population

LIFE EXPECTANCY IN CALIFORNIA IS AMONG THE LONGEST IN THE NATION

Generally, life expectancy at birth—an estimate of the average number of years that a person of a given age can expect to live—has been on the rise in the United States. A century ago, it was 57 years. Fifty years ago it was 71 years. In 2019, it was 79 years. Longer life expectancies have increased the share of the population that is older, both nationally and in California. In 2019, California and Hawaii had the longest life expectancy in the nation at 80.9 years.20

Recent Declines in Life Expectancy

In recent years, life expectancy across the nation has declined. Mainly as a result of the COVID-19 pandemic, but also in part due to so-called “deaths of despair” (e.g., drug overdoses, alcohol liver disease, and suicide).21 An increase in deaths of despair is a nationwide problem that pre-existed, but was also exacerbated by, the pandemic. In 2020, life expectancy in the U.S. dipped to 77 years and in California to 79 years.22
Declines in life expectancy have been deeper and continued longer in the U.S. than in other high-income countries. Some experts attribute this persistence to COVID-related challenges, including vaccine hesitancy and health inequities, as well as the ongoing opioid epidemic.\(^2\)

Nonetheless, these recent declines do not erase the dramatic gains in life expectancy accumulated over the past century, and these gains continue to drive an increase in the share of California’s population that is over 65.

**Racial and Ethnic Disparities in Life Expectancy**

Life expectancy varies by race and ethnicity. In 2019, it was shortest among Black Californians and longest among Asian and Hispanic Californians. This highlights a phenomenon referred to as the “Hispanic Paradox,” in which—despite facing greater socioeconomic disadvantages and lower healthcare access—Hispanic Americans have had longer life expectancies than White Americans.\(^2\)

Researchers estimate that these disparities have shifted in recent years while pandemic-related declines in life expectancy were not experienced evenly across communities, as some populations were exposed to higher COVID-19 infection, hospitalization, and death rates. Estimated reductions in life expectancy were sharpest among Black and Hispanic Californians—who lost 3.9 years and 5.8 years, respectively—with Hispanic life expectancy dropping below that of the White population. Reductions were smaller among White and Asian Californians, who lost an estimated 1.9 years and 3.1 years, respectively.

**Estimated Pandemic-Era Declines in Life Expectancy Have Been Greatest among Black and Hispanic Californians**

*Estimated Life Expectancy in California by Race and Ethnicity (2019 and 2021)*

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</tr>
<tr>
<td>Asian</td>
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<td>83.5</td>
<td>-3.1</td>
</tr>
</tbody>
</table>

*Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.*


**More Californians Will Be 85 Years or Older than Ever Before**

As Californians continue to live longer, the state will see a large increase in its over-85 population in the coming decades. By 2060, the state is projected to have over 2.4 million Californians aged 85 or older, a four percentage point increase from 2020.\(^2\)
Over Six Percent of Californians Will Be 85 Years or Older by 2060

Share of California's Population by Older Adult Age Groups (2020 to 2060)


FALLING FERTILITY RATES

California's general fertility rate (births per 1,000 women aged 15 to 44) has broadly declined since the early 1990s.26

Fertility rates vary across the state. The general fertility rate from 2017-2020 (average) was highest in the central and lower San Joaquin Valley and the North State regions, peaking in Lassen County at 79.3 births per 1,000 women. Average rates were lowest among many of the state's coastal counties—although Yolo County in the Sacramento Valley had the state's lowest average fertility rate during this time period at 38 births per 1,000 women.27

Fertility Rates Vary Across California Counties

General Fertility Rates by California County (2017 to 2020 Average)

Declining fertility rates are not unique to California. In 2020, 43 states recorded their lowest general fertility rates in at least thirty years. Researchers at Pew examined these reductions by comparing each state's general fertility rate in 2020 to the state's average rate between 2001 and 2010. In California, the general fertility rate was down nearly a quarter from its average of the decade ending in 2010. With this change, California was one of 10 states that experienced reductions exceeding 20 percent. The state's decrease was also fifth largest overall.  

**California's General Fertility Rate in 2020 Was Down Nearly 25 Percent from Its Average Over the Decade Ending in 2010**  
*General Fertility Rates across States (1990 to 2020)*

![Graph showing California's general fertility rate](image)

*Note: The general fertility rate is the number of births per 1,000 women 15 to 44 years old.*  

**NEGATIVE DOMESTIC MIGRATION**

Since 2001, more people have left California each year than have moved in from other states. During the pandemic, this trend accelerated, and negative net domestic migration reached record levels. Last year, the state lost 407,000 residents to other states on net, or about one percent of the total population. In the decade before the pandemic, an average of 135,000 Californians left the state each year on net.

National research shows that before the pandemic, older Americans moved less frequently than younger people. Of those older adults who moved, those 85 years or older were more likely to do so within the same county, while those between the ages of 65 and 74 years were slightly more likely to move between states.
SLOWING INTERNATIONAL IMMIGRATION

For decades, international immigration has contributed to California's increasing population. During the 1990s, for example, the state's immigrant population grew by 37 percent, or 2.4 million people. That influx began to slow in the early 2000s, and has generally continued to slow in more recent years. During the pandemic year of 2020-21, net international immigration was essentially zero. International immigration appears to be bouncing back—California gained approximately 90,000 international immigrants on net in 2021-22—but this level remains below the pre-pandemic average, and well below the rates of earlier decades.

This long-term slowdown in international immigration can contribute to an increase in the share of the population that is older, because individuals tend to immigrate when they are younger, of child-bearing age, and often have more children than the rest of the population.

California's Net Negative Domestic Migration and Reduced International Immigration Can Contribute to an Aging Population

Net Annual Fiscal Year Domestic Migration and International Immigration in California (2000 to 2022)

Part 4: The Impact of an Aging California

WHY THIS IS IMPORTANT
The impact of a rapidly aging population is likely to reverberate across nearly all areas of government—presenting an opportunity for state leaders to rethink how best to address statewide problems and provide services. A few key policy areas impacted by an increasing older adult population include:

**Housing and Homelessness.** As the state’s older adult population grows, California will likely see an increase in demand for affordable, accessible housing, in-home services, and neighborhood supports and amenities. Low incomes, high housing costs, and limited availability of affordable housing are significant causes of homelessness among older adults. This is a problem in California, where over 40 percent of those 65 years and older pay more than 30 percent of their income on housing. Unsurprisingly, older adult homelessness is on the rise. One study estimates that older adults make up half of the state’s homeless population, up from just 11 percent thirty years ago.

**Healthcare.** As more Californians continue to age into older-adulthood and live longer, the state is expected to experience an even greater demand for healthcare services and supports. In 2021, nearly half of adults aged 75 years and older and a quarter of adults aged 65 to 74 years reported that they have a disability. Challenges with mobility were the most commonly reported, impacting approximately 14 percent of adults 65 to 74 years and 33 percent of adults 75-plus. Moreover, when comparing the 75-plus population to those aged 65 to 74 years, rates of vision difficulties doubled while rates of hearing, cognitive, self-care, and independent living difficulties more than tripled.

**Nearly Half of Adults 75 Years and Older Have a Disability**
*Share of Adults With Disabilities by Older Adult Age Group (2021)*

[Bar chart showing the share of adults with disabilities by age group.]

By some estimates, nearly six in ten Americans turning 65 in 2022 will require long-term care services. This care does not come cheap—as these newly-65 adults can expect to incur an average of nearly $121,000 in costs for future long-term services and supports.\(^{39}\) Adding to this tension, California is struggling to keep up with related workforce demand. In the coming years, the state is expected to face a shortage of between 600,000 to 3.2 million paid direct care home workers, and an estimated 4.7 million unpaid family caregivers.\(^{40}\)

**Workforce.** In the years ahead, it is probable that California will increasingly face workforce-related challenges ranging from worker shortages to figuring out how to best support older workers. The state’s old-age dependency ratio—which measures how many retired people (defined as those aged 65-plus) there are compared to working-aged people (defined as those aged 20 to 64)—is expected to increase by two-thirds in the coming decades, rising from 27.7 in 2020 to 46.7 in 2060.\(^{41}\) As older workers exit the workforce, they will leave behind positions that need to be filled and take with them years of knowledge and experience. However, at the same time, many older adults are working beyond traditional retirement age—32 percent of Americans 65-plus are working, up from less than one-quarter in 2000.\(^{42}\)

Additional research on how California’s older adult population and anticipated demographic changes will impact various policy areas could help state leaders get a better sense of future needs, and importantly, provide insight into ways to efficiently target limited resources.
Notes

1. Note: There is no state Master Plan-identified or universal definition of what it means to be an "older adult." Definitions vary across sources, as they do throughout this Brief.


7. Note: Exact proportions and median ages from the Census Bureau estimates and the University of Virginia projections differ; however, they both indicate that California's population remains younger than that of the United States. University of Virginia Weldon Cooper Center, Demographics Research Group. (2018). National Population Projections. https://demographics.coopercenter.org/national-projection.

8. Note: The Department of Finance projections from July 2023 forecast a median age in 2060 that is slightly higher than its projections from July 2021. However, the more recent projections included fewer historical estimates. Thus, we have opted to include the projections from July 2021. Despite this slight difference, both projections reflect an increasing median age. Source: State of California, Department of Finance. "Population Pyramid 1970 to 1980." July 2021. https://esd.dof.ca.gov/DRU-Data-In-Action-population-pyramid/.

9. Note: This definition of the San Joaquin Valley includes Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.


24. Note: Hispanics have lower mortality rates than Whites for nine of the 15 leading causes of death, but higher death rates from diabetes and chronic liver disease. Further, country of birth and cultural heritage can impact health behaviors and outcomes. Source: Kenneth Dominguez, et al., "Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health..."


33. Note: In 2020-21, net foreign immigration in California was -523.


California 2030
Recommendations for a
Future-Ready California Aging Network

January 2024
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Who is on the cover? On the cover are nine personas imagined by the CA 2030 Steering Committee, representing the diversity of older Californians. Images are AI-generated.
A Message from Susan DeMarois
Director of the California Department of Aging

December 2023

Dear Partners in the California Aging Network,

As the California Department of Aging (CDA) enters its 50th year as the State Unit on Aging, our decades-long journey with the California Aging Network takes on new significance. In this era of progress, we are responsible for shaping a future that reflects and responds to the evolving needs of our diverse communities. As a collective, we draw inspiration from the transformative work of California’s Master Plan for Aging as a 10-year blueprint that calls on us to reimagine the California Aging Network for individuals, families, and communities statewide.

In collaboration with our CA 2030 Steering Committee members, CDA is positioning the Aging Network to meet the challenges and opportunities fast-approaching in 2030— a year when a quarter of Californians will be 60 or older, reflecting an increasingly diverse population. Our CA 2030 research and discovery process solicited insights from 17,000 older adults and 253 stakeholders, envisioning Area Agencies on Aging (AAAs) as reliable community resources, trusted stewards of public funds, and local experts proficient in addressing community needs. We aim to seamlessly integrate AAAs within systems that enhance the health and well-being of Californians, forging strategic partnerships with local and state government agencies, aging and disability organizations, and health systems.

Over the past year, CA 2030 Steering Committee members have examined the role, purpose, and potential of the California Aging Network. These dedicated leaders in aging and disability are committed to constructing a person-centered, equity-focused, and performance-driven network in collaboration with CDA, the Newsom Administration, and the Legislature. This report, a culmination of our combined efforts, will provide actionable recommendations to drive future decisions. CDA will thoroughly review the report; evaluate the feasibility of various options; craft scenarios, proposals, and timelines; and develop work plans where possible.

We are proud of the collaborative process and the results the CA 2030 project produced. On behalf of the California Department of Aging, I extend heartfelt thanks to the representatives of the California Area Agencies on Aging, California Commission on Aging, California Foundation for Independent Living Centers, California State Association of Counties, and County Welfare Directors Association who contributed their expertise to the CA 2030 Steering Committee. We also express our deep gratitude to Collaborative Consulting for their exceptional project leadership.

With great anticipation and a shared commitment to building an inclusive California for all,

Susan DeMarois, Director
California Department of Aging
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1. INTRODUCTION

Background & Purpose
California 2030 was launched in late 2022 to develop strategies and tactics to ready the California Aging Network for the future. In light of resources and attention devoted to aging and aging issues through the development of the state Master Plan for Aging, the COVID-19 pandemic, and the increasing number of Californians aged 60 years and older, the time had come to recognize the importance of a nearly 50-year old aging network and identify how it can evolve to meet the challenges of a future that looks very different than the past.

Methodology
The CA 2030 project was implemented over 12 months and consisted of nine phases of work:

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Qualitative and quantitative research was core to this project. It consisted of interviews with 253 stakeholders and subject matter experts from inside and outside the California Aging Network (Phase 3), an analysis of the activities of the California Aging Network (Phase 4), interviews with experts outside of California and research on promising practices in other states (Phase 5), research on external trends and projections that influence the California Aging Network (Phase 6), statewide administration of the Community Assessment Survey of Older Adults (CASOA) (Phase 7), and the development of actionable recommendations to achieve a future-ready California Aging Network (Phases 8 and 9).

Initial areas of focus were developed to guide the areas of inquiry for the project:

- Geography
- Governance
- Programs & Services
- Key Performance Measures
- Funding
- Marketing, Branding & Communications
As insights were identified through the research and engagement with the CA 2030 Steering Committee and CDA leadership, the areas of focus evolved into the following categories, structuring the recommendations for a future-ready California Aging Network (see part 4 on page 10):

- Strategic Planning
- Communications
- Performance
- Funding
- Programs & Services
- Workforce
- Advocacy
- Data & Information Technology (IT)
- Planning and Service Areas (PSAs) & Designations

2. FUTURE TRENDS & PROJECTIONS

Today is very different compared to 1978 when the map of AAA Planning and Service Areas (PSAs) was established. New generations of older adults, people with disabilities, and family (informal) caregivers carry different life experiences, economic and social needs, cultural preferences, and consumer expectations. Our daily lives have transformed with numerous new technologies; the gap between high- and low-income residents has widened; the effects of climate change are resulting in more natural disasters; the health sector has evolved; and public perceptions of aging and disability while improving, are still riddled with negative stereotypes.

With the advancement of new technologies, growth of value-based and managed care services, widening economic and social disparities, and elevated consumer expectations for quality services, the California Aging Network must prepare for and situate itself within a more complex, integrated, and demanding environment.

Social Trends & Projections

While California’s population growth has slowed in recent years, the older demographic is expanding and more Californians are living longer. Most — but not all counties — will experience population growth in the coming decades. Increases of non-White and mixed-race Californians means that service providers need to communicate in multiple languages. More Californians live alone and there is a shrinking birthrate, contributing to the short- and long-term challenges of paid and unpaid care provision for older adults and public funding for programs.

<table>
<thead>
<tr>
<th>California 2040 Population Projections by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 90+</td>
</tr>
<tr>
<td>844,747</td>
</tr>
<tr>
<td>Age 80-89</td>
</tr>
<tr>
<td>2,957,100</td>
</tr>
<tr>
<td>Age 70-79</td>
</tr>
<tr>
<td>4,239,902</td>
</tr>
<tr>
<td>Age 60-69</td>
</tr>
<tr>
<td>4,592,963</td>
</tr>
<tr>
<td>Age 50-59</td>
</tr>
<tr>
<td>4,975,914</td>
</tr>
<tr>
<td>Age 40-49</td>
</tr>
<tr>
<td>5,332,245</td>
</tr>
<tr>
<td>Age 30-39</td>
</tr>
<tr>
<td>5,489,446</td>
</tr>
<tr>
<td>Age 20-29</td>
</tr>
<tr>
<td>5,624,005</td>
</tr>
<tr>
<td>Age 10-19</td>
</tr>
<tr>
<td>4,830,912</td>
</tr>
<tr>
<td>Age 0-9</td>
</tr>
<tr>
<td>4,466,180</td>
</tr>
</tbody>
</table>

Source: CA Dept. of Finance (2023).
There are increasing food and nutrition challenges; and increases in chronic health conditions and physical, mental and cognitive impairments will also demand cost-effective solutions to help more people live stable lives in their homes and communities. These are only a few examples of how current and emerging social trends align with the core purpose and role of AAAs — to anticipate, understand, and help address aging-related challenges with local solutions.

**Technological Trends & Projections**
The use of email, internet, and personal devices among older Californians is steadily increasing. While only 10-15% of older Californians don’t regularly use these technologies, this rate is much higher among those with the lowest incomes. The California Aging Network must provide the technological tools, platforms, and conveniences expected by most clients while closing the gaps with clients who do not have (but desire) them. The expansion of remote monitoring, sensors, and wearable devices presents new opportunities to promote independence and self-care. The expansion of automation and artificial intelligence could present opportunities for the California Aging Network to do more with the same or fewer resources. Advances in longevity biotechnology and life sciences could mean that even more older Californians will live longer in the decades to come.

**Older Californians’ Access to and Use of Technology**

- Uses / Checks Email: 91%
- Accesses the Internet from Home: 87%
- Accesses the Internet from Cell Phone: 87%
- Have High-Speed Internet / Broadband at Home: 87%
- Visits Social Media Sites: 67%
- Shops Online: 40%
- Shares Opinions Online: 28%

*Source: California Community Assessment Survey of Older Adults (2023), N=17,721 (12,939 respondents of a random probability sample survey and 4,782 respondents from an open participation survey). Responses were weighted to reflect the demographics of older Californians; characteristics used for weighting included age, gender, race, Hispanic origin, housing type, and status of renting or owning a home. Weights were calculated by Polco using an iterative, multiplicative raking model.*

**Economic Trends & Projections**
Given past and future economic trends and projections, the California Aging Network faces considerable opportunities and challenges. While the Baby Boomer generation is hailed as the wealthiest generation in history, many struggle to afford basic needs to maintain their health and well-being. The income gap among Californians keeps widening, and younger (55–65-year-olds), lower-income, and non-White older Californians report the most challenges fulfilling basic needs. Older renters experience much more economic stress than older adult homeowners. More people work and retire later in life.

"We are going to have more people on public benefits, but we’re also going to have a growing number and rate of older adults who are in the income gap; more people who don’t qualify for benefits but who need help."

*CA 2030 Stakeholder*
life while persistent workforce shortages exist. Meanwhile, direct spending on the California Aging Network has not kept pace with general government spending.

**Older Californians' Economic Challenges**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems having enough money to meet daily expenses</td>
<td>52%</td>
</tr>
<tr>
<td>Problems finding work in retirement</td>
<td>45%</td>
</tr>
<tr>
<td>Problems having enough money to pay property taxes</td>
<td>41%</td>
</tr>
<tr>
<td>Problems affording medications</td>
<td>36%</td>
</tr>
<tr>
<td>Problems feeling financially burdened by providing care for another person</td>
<td>27%</td>
</tr>
<tr>
<td>Problems having enough food to eat</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: California Community Assessment Survey of Older Adults (2023). N=17,721 (12,939 respondents of a random probability sample survey and 4,782 respondents from an open participation survey). Responses were weighted to reflect the demographics of older Californians; characteristics used for weighting included age, gender, race, Hispanic origin, housing type, and status of renting or owning a home. Weights were calculated by Polco using an iterative, multiplicative raking model.

**Environmental Trends & Projections**

Climate change is manifesting in a rising heat index, diminishing air quality, and increasing extreme weather events, which are disrupting the lives and communities of Californians. There are more natural disasters, utility outages, and emergency declarations. Meanwhile, the limited supply of affordable and accessible housing is having a major effect on older adults' abilities to remain in their communities. The California Aging Network is becoming more involved in emergency planning and response, housing advocacy and assistance, and programs and services to promote social connection—areas expected to only grow in demand in the years to come.

"We've got huge challenges with global warming... and it's going to disproportionately affect vulnerable populations, including older folks and folks with disabilities."

CA 2030 Stakeholder

**Political Trends & Projections**

Increasing political polarization is dividing communities and hindering many bipartisan solutions at local, state, and national levels, while in some policy areas, such as immigration, there are growing bipartisan calls for drastic solutions. The increased integration of health and social services in healthcare policies and practices is creating opportunities for human services organizations to become formal participants in a broadening healthcare sector. The expansion of managed care in Medicaid and Medicare programs is placing more value on reducing avoidable healthcare costs and improving the quality of services, indicating principles that will influence expectations of and opportunities for the California Aging Network.

"We should be paying attention to the integration of healthcare and social services... that's going to happen regardless of what any of us do [and] that's where the funding is going to be."

CA 2030 Stakeholder
Values Trends & Projections
There are growing efforts to shift attitudes towards aging and disabilities, and there is evidence that public sentiment and images of aging are changing for the better. Most older Californians desire to age in their homes and communities, and more than two-thirds see their communities as good or excellent places to live; Their ratings of their communities as good places to retire are not as high, however, due to lower quality and availability of services, amenities, and housing for older adults.

These trends and projections across all domains of life and society call attention to the past, present, and future roles, responsibilities, and expectations of the California Aging Network. Given this context, CA 2030 stakeholders have developed eight traits of a future-ready California Aging Network.

Older Californians' Perceptions of Their Communities

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community is a Good/Excellent Place to Live</td>
<td>76%</td>
</tr>
<tr>
<td>Plans to Remain in Their Community Through Retirement</td>
<td>72%</td>
</tr>
<tr>
<td>Quality of Life in Their Community</td>
<td>70%</td>
</tr>
<tr>
<td>Community is a Good/Excellent Place to Retire</td>
<td>57%</td>
</tr>
<tr>
<td>Rating of Overall Services Provided to Older Adults in the Community</td>
<td>49%</td>
</tr>
<tr>
<td>Good / Excellent Availability of Long-Term Care Options</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: California Community Assessment Survey of Older Adults (2023). N=17,721 (12,939 respondents of a random probability sample survey and 4,782 respondents from an open participation survey). Responses were weighted to reflect the demographics of older Californians; characteristics used for weighting included age, gender, race, Hispanic origin, housing type, and status of renting or owning a home. Weights were calculated by Polco using an iterative, multiplicative raking model.

3. TRAITS OF A FUTURE-READY CALIFORNIA AGING NETWORK

Below are the traits of an ideal future-ready California Aging Network. These traits were derived from conversations with 253 stakeholders, key informants, and subject matter experts who shared their perspectives. The traits were refined and endorsed by the CA 2030 Steering Committee.

A future-ready California Aging Network is:

Aging & Disability Forward
It understands, prevents, and combats negative stereotypes associated with aging and disability by promoting positive images and strengths of all people.

Inclusive & Equitable
It addresses ageism, ableism, racism, and implicit biases. Manages resources and programs to meet Californians' evolving needs, ensuring equitable distribution and reach across populations and rural and isolated geographies.
Well-Known & Accessible
It is visible, recognized, and accessible to all Californians.

Consistent
It provides a reliable standard of quality and core services across the state.

Locally Responsive
It adapts and develops services, practices, and programs to address community-specific needs and opportunities.

Strategic & Action-Oriented
It invests in and relies on leaders who anticipate and respond to internal and external opportunities and threats by leveraging the strengths of their stakeholders, communities, partners, and agencies.

Performance-Based & Outcomes-Driven
It demonstrates the value and impact of its programs and services by measuring and monitoring performance and demonstrating the social, health, and economic outcomes of its results and investments.

Integrated
It connects to public and private stakeholders spanning the continuum of human services, healthcare, behavioral health, and public health, serving as the trusted aging services resource, advocate, and ally.

4. RECOMMENDATIONS FOR A FUTURE-READY CALIFORNIA AGING NETWORK

The following recommendations are drawn from the nine phases of research of the CA 2030 project. The recommendations reflect perspectives from various California stakeholders and promising practices from other states. These are not commitments - they are actionable ways the California Aging Network can become prepared to meet higher demand in a complex future state. Decisions on adopting and implementing any of the recommendations will depend on the priorities and resources of the California Aging Network.

The recommendations are organized by themes, with an overarching 2030 goal statement introducing each theme and the related actions. Some recommendations may resemble efforts already in development, while others are entirely new. Each recommendation identifies who within the California Aging Network (CDA and/or the AAAs) could lead and/or support activities within that recommendation and which trait the recommendation most aligns with. In many cases, the recommendations below will involve stakeholders that are peripheral to CDA and the AAAs, including key local, state, and federal organizations.
1. Strategic Planning

A fundamental role of AAAs and state units on aging is to develop strategic plans of how they will steer resources to meet the evolving needs of communities. Much of this planning involves research and community engagement to gauge current and future needs. The California Aging Network's current research and planning practices are inconsistent in how needs are assessed and how community engagement takes place.

**2030 Goal Statement:** The California Aging Network is on the front line of a historic demographic shift, well-prepared to address older Californians' current and emerging needs.

**RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. STATEWIDE CONSUMER NEEDS ASSESSMENT</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Conduct a statewide assessment of older adults every four years to inform the state plan on aging and local area plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2. AGING SERVICES STAKEHOLDERS</td>
<td>CDA AAAs</td>
<td>Integrated</td>
</tr>
<tr>
<td>Involve local aging and disability services and advocacy organizations, including local government agencies, in area plans and planning processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3. CALIFORNIA AGING NETWORK NEEDS ASSESSMENT</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Periodically assess AAAs and community partners to better understand, account for, and address perceived strengths, weaknesses, opportunities, and threats.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4. EQUITY FRAMEWORK</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Develop an equity framework with definitions, tools, guides, and processes for the California Aging Network that can be applied to future state and area planning processes and decision-making.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5. ENGAGEMENT WITH MARGINALIZED COMMUNITIES</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Engage with individuals, liaisons, and organizations representing marginalized and minority communities, LGBTQ+, and rural populations as part of the area planning process to better understand needs and deliver services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6. EMERGENCY RESPONSE PLANNING</td>
<td>CDA AAAs</td>
<td>Consistent</td>
</tr>
<tr>
<td>Ensure that public emergency response planning and training activities included in AAA area plans align with local Offices of Emergency Services (OES) plans and local access and functional needs liaisons.</td>
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</tbody>
</table>

*You have a network where some partners lack the capacity to be anything other than what they are now. I think money, structure, guidance, and training are needed.*

CA 2030 Stakeholder
2. Funding

The California Aging Network relies heavily on federal Older Americans Act (OAA) funds and, to a lesser extent, on state Older Californians Act (OCA) general funds. Outside of emergency financing during the COVID-19 pandemic, these funding streams have remained relatively flat over the last 30 years. Meanwhile, local, state, and federal budgets have increased exponentially during that time. While the California Aging Network must advocate for “right-sizing” its state and federal funding, it cannot rely on major long-term increases in funding to adequately anticipate and meet the demand for services.

2030 Goal Statement: The California Aging Network leverages sustainable funding from traditional and nontraditional sources to meet increasing demand and complexities.

RECOMMENDATIONS

<table>
<thead>
<tr>
<th>2.1. BASE FUNDING</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update base funding policies and practices to assist AAAs in meeting basic administrative and programmatic requirements and expectations.</td>
<td>CDA</td>
<td>Inclusive &amp; Equitable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2. INTRASTATE FUNDING FORMULA (IFF)</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and update IFF categories and weights to account for income, cost of living, race, age, geographic, and functional needs-based disparities.</td>
<td>CDA</td>
<td>Locally Responsive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.3. EQUITABLE SPENDING PER COUNTY</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that spending on services in each county is equal to or greater than the county specific IFF amount allocated.</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.4. HEALTHCARE CONTRACTING</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop earned revenue partnerships with healthcare organizations, including Medi-Cal managed care plans, Medicare Advantage plans, hospitals, and health systems.</td>
<td>AAAs</td>
<td>Integrated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.5. PRIVATE PAY SERVICES</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish and clarify requirements for and expand the provision of private pay services.</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.6. NEW SOURCES OF PUBLIC FUNDING</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pursue grants and other types of funding from other state and federal/national entities (e.g., housing, behavioral health, transportation, workforce, Medicaid Administrative Claiming, Administration for Community Living, etc.).</td>
<td>CDA AAAs</td>
<td>Integrated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.7. FUNDRAISING AND DEVELOPMENT</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve AAA revenue generation efforts from program income, donations, grants, and sponsorships.</td>
<td>AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
</tbody>
</table>
3. Services

There are many requests from stakeholders for the California Aging Network to deliver a common core set of services across the state, starting with local resource navigation and access to services. There is a need for all AAAs to position themselves as local aging resource navigators and service coordinators, connecting older Californians, people with disabilities, and family (informal) caregivers to available services. Service areas such as housing navigation, financial planning, and services that promote healthy aging are priority areas for the California Aging Network to enhance in the years to come.

**2030 Goal Statement:** The California Aging Network's services are easy to access and meet the evolving needs of Californians.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1. FORMALIZE THE AGING &amp; DISABILITY RESOURCE CONNECTION</td>
<td>CDA AAAs</td>
<td>Consistent</td>
</tr>
<tr>
<td>Ensure enhanced information, referral, and options counseling services are consistent, marketed, and available in every county and in partnership with Independent Living Centers (ILCs) and the Department of Rehabilitation (DOR).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2. HOUSING INFORMATION AND REFERRALS</td>
<td>AAAs</td>
<td>Integrated</td>
</tr>
<tr>
<td>Coordinate with local housing, homeless prevention, homeless services, and long-term care systems through networking, advocacy, and referral arrangements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3. FINANCIAL PLANNING AND SECURITY</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Expand services and programs that help older adults and their caregivers plan, manage, and improve personal finances and financial standing and prevent financial exploitation, including help navigating health insurance coverage options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4. HEALTHY AGING SUITE OF SERVICES</td>
<td>CDA</td>
<td>Well-Known &amp; Accessible</td>
</tr>
<tr>
<td>Organize the California Aging Network's disease prevention and behavioral and physical health promotion programs into a Healthy Aging suite of core services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5. EXPAND CAREGIVING SERVICES AND ENGAGEMENT</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Expand the scope and reach of culturally competent programs and services for in-person and remote caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6. EXPANSION OF REGIONAL AND STATEWIDE VENDORS</td>
<td>AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Identify opportunities for AAAs to choose from common vendors across Planning and Service Areas (PSAs) to contract with to reduce costs, expand scale, and increase consumer choice for certain types of services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7. RESPONSIVE TRANSPORTATION SERVICES</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Improve access to and availability of transportation options through partnerships, volunteer-based programs, and other opportunities.</td>
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</tbody>
</table>
4. Communications

A major challenge of the California Aging Network has been generating public awareness of its resources and services. The network must balance promoting public awareness with targeting services to people with the greatest economic and social needs. AAAs are known as “the best-kept secret” among stakeholders familiar with them. A future-ready California Aging Network will be advanced in its communications and targeting, bringing services to those with the greatest need and identifying people at risk of falling into that category.

2030 Goal Statement: Californians are increasingly aware of public and private aging resources.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. COMMON BRANDING AND MARKETING</td>
<td>CDA AAAs</td>
<td>Consistent</td>
</tr>
<tr>
<td>Establish common naming, branding, and marketing standards of AAAs and AAA programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2. COMMUNICATIONS CAPACITY BUILDING</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Provide resources and technical assistance to AAAs to adopt common branding, communications, and outreach tools, strategies, and tactics.</td>
<td></td>
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</tr>
<tr>
<td>4.3. LOCAL CUSTOMIZATION OF COMMUNICATIONS</td>
<td>CDA AAAs</td>
<td>Locally Responsive</td>
</tr>
<tr>
<td>Allow for local customization within common statewide branding and communications.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4. RESPONSIVE AND ACCESSIBLE COMMUNICATIONS</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Develop culturally responsive, linguistically competent, and functionally accessible communications statewide.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5. STATEWIDE PROMOTION OF RESOURCES</td>
<td>CDA AAAs</td>
<td>Consistent</td>
</tr>
<tr>
<td>Brand and promote a statewide online resource directory, web portal and contact center.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6. EMERGENCY COMMUNICATIONS</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Expand content and coordinated reach of emergency planning and response information for older adults and caregivers through state and local offices of emergency services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7. AWARENESS CAMPAIGNS</td>
<td>CDA AAAs</td>
<td>Well-Known &amp; Accessible</td>
</tr>
<tr>
<td>Develop culturally competent local, regional, and statewide California Aging Network awareness campaigns targeted to community organizations, healthcare entities, civic organizations, and the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8. REFRAMING AGING AND DISABILITIES</td>
<td>CDA AAAs</td>
<td>Aging &amp; Disability Forward</td>
</tr>
<tr>
<td>Adopt and share best practices in confronting ageism and ableism through reframing strategies within and beyond the California Aging Network.</td>
<td></td>
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</tr>
</tbody>
</table>
5. Planning and Service Areas (PSAs) & Designations

The map of AAAs was drawn in 1978. AAAs have been designated at different organizations, including county government, nonprofits, and multi-county joint powers authorities. Service areas range from single counties to as many as eight. Much has changed since 1978, including a dramatic rise in the population and demographic diversity, the development of new local, state, and federal health and human services policies and programs, and growth in county government budgets and health and human services activities. Given these changes, it is prudent to re-evaluate if the current PSA map and AAA designations are optimal for a future-ready California Aging Network.

2030 Goal Statement: Older adults, people with disabilities, and family (informal) caregivers in greatest economic and social need have access to a AAA and AAA services.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1. PSA BOUNDARIES</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Determine future PSA boundary criteria, such as population and demographic trends, equity considerations, incidence of need for services, and resources within each county.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2. AAA DESIGNATIONS</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Ensure future AAA designation processes are inclusive and transparent and based on population trends, incidence of need for services, and resources within each county.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3. DESIGNATION STANDARDS</td>
<td>CDA</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Update the performance standards used to evaluate existing and/or future AAA designation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4. NEW REQUIREMENTS REFLECTED IN DESIGNATION APPLICATIONS</td>
<td>CDA</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Ensure new contractual requirements for operating a AAA are reflected in new designation application materials so applicants are aware of expectations as early as possible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5. DESIGNATION SUPPORT</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Provide strategic support and technical assistance to AAAs that may no longer possess AAA designation and those that may obtain new designation.</td>
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</tr>
</tbody>
</table>
6. Performance

Performance standards for health and human services systems have advanced, demanding greater attention on value, outcomes, and return on investments from the public, policymakers, and funders. The California Aging Network’s performance measures are outdated and emphasize outputs instead of outcomes. This limits its ability to communicate to the public, policymakers, and funders the efficacy of its activities. The California Aging Network needs to improve its performance measurement and management.

2030 Goal Statement: The California Aging Network is high performing across administrative and programmatic activities.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1. PERFORMANCE EVALUATION</td>
<td>CDA AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Create a system for designing, planning, and managing the evaluation of the administrative and programmatic performance of the California Aging Network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2. STATEWIDE PERFORMANCE STANDARDS</td>
<td>CDA AAAs</td>
<td>Consistent</td>
</tr>
<tr>
<td>Establish statewide administrative and programmatic performance standards, including consumer outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3. TARGETING PERFORMANCE</td>
<td>CDA AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
<tr>
<td>Measure how well the California Aging Network targets services to priority target subpopulations identified in the State Plan and local Area Plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4. PERFORMANCE EXPECTATIONS</td>
<td>CDA AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Incorporate performance expectations and incentives in AAA and vendor contracts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5. CORRECTIVE ACTION PLANS AND ASSISTANCE</td>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
<tr>
<td>Refine and update corrective action plans and procedures based on updated performance standards, with increased technical assistance for underperforming AAAs and AAA partners.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6. PERFORMANCE REPORTING</td>
<td>CDA AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Publish annual performance and activity reports about the California Aging Network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7. POLICY AND PROCEDURE EFFICIENCIES</td>
<td>CDA AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
<tr>
<td>Compile and manage California Aging Network policies and procedures in a Policy &amp; Procedure Manual informed by an Aging Policy Advisory Committee (APAC) of CDA and AAA stakeholders.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Data & Information Technology

The California Aging Network is behind other public systems in its use of efficient, interoperable, and user-friendly data and information technology (IT) systems. While the California Aging Network strives to help Californians navigate aging resources, the technological tools needed to achieve this are lacking and fragmented across the state. Most older Californians are tech-savvy, a trend that will only increase. Their expectations for online navigation, access, and communications will also continue to increase. The importance of data and IT in customer service and delivery of services demands that the California Aging Network factor data and IT into its strategies.

"Data is fragmented because all the services aren't connected. By the time a new system comes out, it is already old."

CA 2030 Stakeholder

2030 Goal Statement: Data and IT systems, tools, processes, and governance help drive administrative efficiencies and enhance service reach and delivery.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. DIGITAL INCLUSION</td>
<td>CDA</td>
<td>Inclusive &amp;</td>
</tr>
<tr>
<td>Make programs and services that help</td>
<td>AAAs</td>
<td>Equitable</td>
</tr>
<tr>
<td>older Californians and caregivers</td>
<td></td>
<td></td>
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<tr>
<td>access and learn new technologies a</td>
<td></td>
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<tr>
<td>permanent activity of the California</td>
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<tr>
<td>Aging Network</td>
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</table>

| 7.2. VIRTUAL PROGRAMS                  | CDA     | Well-Known &         |
| Expand the regulatory allowability and  | AAAs    | Accessible           |
| public availability of virtual and     |         |                      |
| on-demand services statewide to close   |         |                      |
| provider gaps and meet increasing need. |         |                      |

| 7.3. SELF-SERVICE TOOLS                | CDA     | Well-Known &         |
| Develop a consumer web portal for the  | AAAs    | Accessible           |
| public to navigate, screen for, select,|         |                      |
| self-refer, and access California      |         |                      |
| Aging Network services on demand 24    |         |                      |
| hours per day, seven days a week.      |         |                      |

| 7.4. DATA MANAGEMENT SYSTEM            | CDA     | Performance-Based    |
| Develop an enterprise data management  | AAAs    | & Outcomes-Driven    |
| system that helps collect consistent   |         |                      |
| data and integrates grants management  |         |                      |
| and funding administration with        |         |                      |
| reporting on services and consumers    |         |                      |
| served.                                |         |                      |

| 7.5. INTEROPERABILITY                  | CDA     | Integrated           |
| Make data management systems          | AAAs    |                      |
| interoperable with other healthcare   |         |                      |
| and human services data management    |         |                      |
| and information systems.              |         |                      |

| 7.6. DATA AND IT STRATEGIC PLANNING    | CDA     | Strategic &          |
| Include internal and consumer-facing  | AAAs    | Action-Oriented      |
| data and IT improvement efforts in    |         |                      |
| state and local strategic plans.      |         |                      |
8. Workforce

AAAs need to have adequate staffing levels, roles, and competencies to plan for community needs, manage operations, deliver and contract for services, and sustain their organization. While many AAAs have adequate staffing capacities, others are limited due to insufficient staffing levels. Developing staff competencies and capabilities will also help AAAs advance their work in the future through shared skill-building efforts involving person-centered care, cultural responsiveness, reframing aging and disability, performance improvement, grants and contract management, and business acumen to improve financial standing.

2030 Goal Statement: The workforce of the California Aging Network provides high-quality, culturally, and linguistically responsive services.

### RECOMMENDATIONS

<table>
<thead>
<tr>
<th>8.1. MINIMUM STAFFING ROLES</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish necessary staffing roles to operate a AAA (examples of essential positions may include AAA Director, Accountant &amp; Grants Specialist, Community Resource Specialist, Planner, &amp; Outreach Specialist).</td>
<td>CDA</td>
<td>Consistent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.2. STAFF REPRESENTATION</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure the degree to which the California Aging Network workforce is geographically and demographically representative of the local communities being served by AAAs.</td>
<td>CDA, AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.3. UNIVERSAL DEVELOPMENT OFFICER</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a shared AAA development officer to assist AAAs in writing and managing grants to build resources and capacities.</td>
<td>AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.4. NETWORK ORIENTATION GUIDE</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a California Aging Network orientation guide for employees and volunteers containing a history of the network, resources, expectations, and requirements.</td>
<td>CDA, AAAs</td>
<td>Consistent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.5. LEADERSHIP ONBOARDING AND TRAINING</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop an onboarding and training program for AAA directors and managers.</td>
<td>CDA, AAAs</td>
<td>Consistent</td>
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</table>

<table>
<thead>
<tr>
<th>8.6. PEER MENTORING AND SUPPORT</th>
<th>WHO</th>
<th>TRAITS</th>
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</thead>
<tbody>
<tr>
<td>Facilitate peer mentoring, coaching, and support programs for AAA staff specific to staff roles and functions.</td>
<td>CDA, AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>8.7. STAFF EDUCATION &amp; TRAINING</th>
<th>WHO</th>
<th>TRAITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer education and trainings to California Aging Network staff to improve work quality, well-being, and career pathways (e.g., policies and procedures, cultural competence, person-centered care, disability responsiveness, reframing aging, business acumen, etc.).</td>
<td>CDA, AAAs</td>
<td>Aging &amp; Disability Forward</td>
</tr>
</tbody>
</table>
9. Advocacy

Advocacy is a cornerstone of the California Aging Network’s activities and a critical component to realizing a future-ready network. Through amplifying the lived experiences of older adults, people with disabilities, and family (informal) caregivers to policymakers and the public, drawing on public and private resources to fill gaps and address inequities, and ensuring that communities have access to an adequate level of resources and services, the network can advance its advocacy efforts. The network can generate and sustain long-term local- and state-level investments in aging programs and initiatives with newly developed assets and infrastructures.

2030 Goal Statement: The California Aging Network leverages its expertise and reputation to draw ongoing attention to the needs of future Californians and investments in a future-ready California Aging Network.

RECOMMENDATIONS

9.1. MASTER PLAN FOR AGING
Make California’s Master Plan for Aging a permanent vehicle for continuous system changes and improvements.

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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<tbody>
<tr>
<td>CDA AAAs</td>
<td>Strategic &amp; Action-Oriented</td>
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</table>

9.2. PUBLIC AWARENESS
Use qualitative and quantitative insights gained from local and state planning processes to generate public and political awareness of the current and future needs of older Californians.

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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<tbody>
<tr>
<td>CDA AAAs</td>
<td>Aging &amp; Disability Forward</td>
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</tbody>
</table>

9.3. COMMUNITY ORGANIZING
Organize consumers, advocacy groups, and service providers around shared aging- and disability-related issues and solutions at the local, state, and federal levels.

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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</thead>
<tbody>
<tr>
<td>AAAs</td>
<td>Integrated</td>
</tr>
</tbody>
</table>

9.4. FUNDING ADVOCACY
Advocate to local, state, and federal decision-makers to align AAA funding with historical and projected population growth trends and increasing demand for home and community-based long-term services and supports.

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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<tbody>
<tr>
<td>CDA AAAs</td>
<td>Performance-Based &amp; Outcomes-Driven</td>
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</tbody>
</table>

9.5. BASIC NEEDS ADVOCACY
Join or support advocacy and public engagement efforts underway to close critical infrastructure gaps across the state, including affordable and accessible food, housing, transportation, and utilities (e.g., water, electricity, high-speed internet, etc.).

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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</thead>
<tbody>
<tr>
<td>AAAs</td>
<td>Inclusive &amp; Equitable</td>
</tr>
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</table>

9.6. TRIPLE A COUNCIL OF CALIFORNIA (TACC)
Ensure all AAAs and counties served are represented on and actively participating in the Triple A Council of California (TACC).

<table>
<thead>
<tr>
<th>WHO</th>
<th>TRAITS</th>
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<tbody>
<tr>
<td>AAAs</td>
<td>Locally Responsive</td>
</tr>
</tbody>
</table>
5. CONCLUSION

A future-ready California Aging Network is a system that is aware of the demographic changes underway and is savvy in its understanding of the trends and changes across social, technological, environmental, economic, and political trends - locally, statewide, and nationally. It builds novel programmatic and business solutions, advancing its capabilities and advocating for inclusion, investment, outcomes, and growth.

To embrace the eight traits of a future-ready California Aging Network, CDA, AAAs, and stakeholders must recognize the need - and seize the opportunities - to evolve. The Master Plan for Aging and the lessons learned from the pandemic offer a once-in-a-generation opportunity for the California Aging Network to envision, plan, and implement changes to prepare for a future that will undoubtedly be more complex and challenging. To meet these challenges, the California Aging Network will need to think, plan, and operate in ways that are more user-friendly, performance-based, entrepreneurial, and systems-integrated. Millions of Californians are counting on it.

"We need to make our policies and regulations work for our vision.”
CA 2030 Stakeholder

"We can’t expect to keep doing the same things and expect different results by 2030.”
CA 2030 Stakeholder
## APPENDIX A: LIST OF AREA AGENCIES ON AGING

<table>
<thead>
<tr>
<th>PSA#</th>
<th>AAA NAME</th>
<th>STRUCTURE</th>
<th>COUNTIES COVERED BY AAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Area 1 Agency on Aging</td>
<td>Nonprofit</td>
<td>Del Norte, Humboldt</td>
</tr>
<tr>
<td>2</td>
<td>PSA 2 AAA</td>
<td>Nonprofit JPA</td>
<td>Lassen, Modoc, Shasta, Siskiyou, Trinity</td>
</tr>
<tr>
<td>3</td>
<td>Passages</td>
<td>Nonprofit</td>
<td>Butte, Colusa, Glenn, Plumas, Tehama</td>
</tr>
<tr>
<td>4</td>
<td>Area 4 Agency on Aging</td>
<td>Nonprofit JPA</td>
<td>Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba</td>
</tr>
<tr>
<td>5</td>
<td>Marin Aging &amp; Adult Services</td>
<td>County Gov’t</td>
<td>Marin</td>
</tr>
<tr>
<td>6</td>
<td>SF Dept. of Aging &amp; Adult Services</td>
<td>County Gov’t</td>
<td>San Francisco</td>
</tr>
<tr>
<td>7</td>
<td>Aging &amp; Adult Services Contra Costa County</td>
<td>County Gov’t</td>
<td>Contra Costa</td>
</tr>
<tr>
<td>8</td>
<td>San Mateo AAA</td>
<td>County Gov’t</td>
<td>San Mateo</td>
</tr>
<tr>
<td>9</td>
<td>Alameda Adult &amp; Aging Services</td>
<td>County Gov’t</td>
<td>Alameda</td>
</tr>
<tr>
<td>10</td>
<td>Sourcewise</td>
<td>Nonprofit</td>
<td>Santa Clara</td>
</tr>
<tr>
<td>11</td>
<td>Dept. of Aging &amp; Community Services</td>
<td>County Gov’t</td>
<td>San Joaquin</td>
</tr>
<tr>
<td>12</td>
<td>Area 12 Agency on Aging</td>
<td>Nonprofit JPA</td>
<td>Alpine, Amador, Calaveras, Mariposa, Tuolumne</td>
</tr>
<tr>
<td>13</td>
<td>Seniors Council of Santa Cruz &amp; San Benito</td>
<td>Nonprofit</td>
<td>San Benito, Santa Cruz</td>
</tr>
<tr>
<td>14</td>
<td>Fresno-Madera AAA</td>
<td>Nonprofit JPA</td>
<td>Fresno, Madera</td>
</tr>
<tr>
<td>15</td>
<td>Kings/Tulare AAA</td>
<td>Gov’t JPA</td>
<td>Kings, Tulare</td>
</tr>
<tr>
<td>16</td>
<td>Eastern Sierra AAA</td>
<td>Gov’t JPA</td>
<td>Inyo, Mono</td>
</tr>
<tr>
<td>17</td>
<td>Central Coast Commission for Sr. Citizens</td>
<td>Nonprofit</td>
<td>Santa Barbara, San Luis Obispo</td>
</tr>
<tr>
<td>18</td>
<td>Ventura County AAA</td>
<td>County Gov’t</td>
<td>Ventura</td>
</tr>
<tr>
<td>19</td>
<td>LA County Aging &amp; Disabilities Dept.</td>
<td>County Gov’t</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>20</td>
<td>San Bernardino</td>
<td>County Gov’t</td>
<td>Dept. of Aging &amp; Adult Services</td>
</tr>
<tr>
<td>21</td>
<td>Riverside Office on Aging</td>
<td>County Gov’t</td>
<td>Riverside</td>
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<tr>
<td>22</td>
<td>Orange Office on Aging</td>
<td>County Gov’t</td>
<td>Orange</td>
</tr>
<tr>
<td>23</td>
<td>Dept. of Aging &amp; Independence</td>
<td>County Gov’t</td>
<td>San Diego</td>
</tr>
<tr>
<td>24</td>
<td>Imperial County AAA</td>
<td>County Gov’t</td>
<td>Imperial</td>
</tr>
<tr>
<td>25</td>
<td>City of LA Dept. of Aging</td>
<td>City Gov’t</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>26</td>
<td>AAA of Lake &amp; Mendocino</td>
<td>Gov’t JPA</td>
<td>Lake, Mendocino</td>
</tr>
<tr>
<td>27</td>
<td>Sonoma County AAA</td>
<td>County Gov’t</td>
<td>Sonoma</td>
</tr>
<tr>
<td>28</td>
<td>Napa/Solano AAA</td>
<td>Gov’t JPA</td>
<td>Napa, Solano</td>
</tr>
<tr>
<td>29</td>
<td>El Dorado AAA</td>
<td>County Gov’t</td>
<td>El Dorado</td>
</tr>
<tr>
<td>30</td>
<td>Stanislaus Dept. of Aging &amp; Veterans Services</td>
<td>County Gov’t</td>
<td>Stanislaus</td>
</tr>
<tr>
<td>31</td>
<td>Merced County AAA</td>
<td>County Gov’t</td>
<td>Merced</td>
</tr>
<tr>
<td>32</td>
<td>AAA Division, Monterey Dept. of Social Services</td>
<td>County Gov’t</td>
<td>Monterey</td>
</tr>
<tr>
<td>33</td>
<td>Kern Aging &amp; Adult Services</td>
<td>County Gov’t</td>
<td>Kern</td>
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</tbody>
</table>

A nonprofit joint powers authority / agency (Nonprofit JPA) is a stand-alone organization formed by multiple governmental entities for a specific purpose or project. A government joint powers agreement (Gov’t JPA) is an arrangement between government entities for a specific purpose of project that is run by a government entity (this includes similar agreements such as a joint exercise of powers between counties).
APPENDIX B: CA 2030 RESOURCES

Below are the supporting research and resources produced for CA 2030. These documents can be found at the California 2030 page on the Department of Aging’s website: https://aging.ca.gov/

External Stakeholder Interview Summary (June 2023)
Virtual interviews were conducted to gather ideas and perspectives from over 100 external stakeholders, including partners of the California Aging Network, aging experts, advocacy groups, state agencies, and more. Discussions with stakeholders focused on trends, challenges, and opportunities; visioning what a future-ready California Aging Network would look like and how to achieve this vision; and sharing lessons and resources to inform and validate recommendations.

AAA Stakeholder Interview Summary (July 2023)
Virtual and in-person interviews were conducted with leaders and staff from California’s 33 Area Agencies on Aging (AAAs). The purpose of the interviews was to gather perspectives, experiences, and ideas from agency leaders and staff about the past, present, and future of the California Aging Network. This summary of the AAA interviews informed recommendations for how the California Aging Network can evolve to serve future older Californians, people with disabilities, and family (informal) caregivers.

Promising Practices (September 2023)
This report presented ideas for a future-ready California Aging Network by showcasing promising practices in designing, planning, and implementing programs and systems from outside California. Promising practices were defined as policies, standards, models, and/or activities designed, planned, and/or implemented to solve a system’s external and/or internal challenges.

California Aging Network Profile (September 2023)
This profile provided CA 2030 stakeholders with insights about the current state of the California Aging Network across six areas of focus. The profile is a resource for CA 2030 decision-makers to define ideal traits, explore potential scenarios, and make recommendations for a future-ready California Aging Network. Data presented in the report is sourced from multiple locations, including a self-reported survey completed by each AAA.

Trends and Projections (October 2023)
A STEEPV (Social, Technological, Economic, Environmental, Political, Values) trends framework was used to organize some of the most significant societal trends that will impact the future of aging and the California Aging Network. By considering these factors, stakeholders can better understand and anticipate the opportunities and challenges that lie ahead for the California Aging Network, and compare these trends against the traits, recommendations, and personas of the CA 2030 project.

Community Assessment Survey of Older Adults (CASOA) (November 2023)
The Community Assessment Survey for Older Adults (CASOA) is a standard assessment designed by experts and backed by solid statistical validity to gather insights into the lived experiences and perspectives of older adult residents in an unbiased way. Over 17,000 Californians responded to the CASOA survey, which delves into six essential dimensions that contribute to resident well-being and satisfaction: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. CASOA was used to reinforce the CA 2030 recommendations and can be used by AAAs and CDA to inform planning efforts. CASOA was not the sole data source informing the CA 2030 recommendations.
Final Rule:
2024 Update to ACL’s Older Americans Act Regulations

An overview for ACL’s networks
On February 6, 2024, ACL released a final rule to update the regulations implementing its Older Americans Act (OAA) programs. The new regulations will take effect on March 15, 2024, but regulated entities have until October 1, 2025 to comply. ACL looks forward to working with partners in the aging network to implement the final rule, and will provide robust technical assistance and other resources to support states, tribes and tribal organizations, area agencies on aging, and others in the aging network in meeting its requirements.

Summary
The first substantial update to most OAA program regulations since 1988, the 2024 Older Americans Act final rule aligns regulations to the current statute, addresses issues that have emerged since the last update and clarifies a number of requirements. It aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of ensuring that the nation’s growing population of older adults can continue to receive the services and supports they need to live—and thrive—in their own homes and communities.

The updated regulations reinforce and clarify policies and expectations, provide guidance for programs authorized since the last update, promote appropriate stewardship of OAA resources, and incorporate lessons learned during the COVID-19 pandemic. For example, the final rule:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state and local programs.
- Improves consistency of definitions and operations between state and tribal OAA programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local agency policies and procedures. For example, the final rule establishes expectations regarding conflicts of interest.
- Requires state agencies to establish flexible and streamlined processes for area agencies to receive approval for contracts and commercial relationships.
- Includes guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
- Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
- Updates definitions, modernizes requirements, and clarifies flexibilities within the OAA nutrition programs. For example, the rule allows for continuation of innovations developed during the pandemic, such as providing carry-out meals through the congregate meals program, in certain circumstances.
The release of the final rule is the culmination of many years of engagement with the national aging network. It also reflects input received through a request for information (RFI), a series of listening sessions, including consultations with tribes and other engagement with Native American grantees; and more than 750 comments received in response to the June 2023 Notice of Proposed Rule Making (NPRM), from a wide range of stakeholders including states, area agencies on aging, and national aging organizations. The thoughtful comments validated the overall direction of the proposed rule and provided information that ACL incorporated to further refine and strengthen the final rule.

Key Provisions of the Final Rule
Following is a brief overview of some of the key provisions of the final rule. Please note that this was written with a goal of providing a plainer-language description that is easier to understand for people who may not have an in-depth understanding of the technical provisions of the OAA. In addition, this overview includes only some of the highlights of the final rule; it does not include all of the provisions or complete details of the summarized provisions. Please use this document as a tool to help navigate the final rule; it should NOT be considered a substitute.

Roles and Responsibilities of State Agencies and Area Agencies on Aging:
The OAA authorizes grants to state agencies, which in turn provide funding to area agencies on aging (AAAs) to coordinate programs and advocate for older adults and family caregivers. State agencies and AAAs have both emphasized a need for additional guidance on a number of issues, including fiscal requirements, service delivery and avoiding conflicts of interest. To address these issues (and others), the final rule:

- Clarifies requirements for state and area plans on aging. For example, the final rule makes clear that plans must describe:
  - How state agencies and AAAs will use OAA funding, how “greatest economic need” and “greatest social need” are determined and addressed, and how requirements for public participation are met (§ 1321.27 and § 1321.65).
  - How state agencies and AAAs will ensure coordination between programs that serve all older adults, including tribal elders, (authorized under Title III) and those that specifically focus on tribal elders (authorized under Title VI) (§ 1321.53, § 1321.69, and § 1321.95).
- Lists requirements for designation of planning and service areas and area agencies on aging (§ 1321.13, § 1321.15, § 1321.17, § 1321.19, § 1321.21, and § 1321.23).
- Clarifies the state agency’s responsibility to establish and maintain policies and procedures to monitor the programmatic and fiscal performance of programs and activities carried out under Title III of the OAA and to ensure that its own — and its AAAs’ — policies and procedures are aligned with ACL’s data collection and reporting requirements (§ 1321.9(a) and (b)).
• Clarifies policies and procedures that AAAs and service providers must follow, including setting requirements for client eligibility, assessment, and person-centered planning and detailing limitations on the frequency, amount, or type of service provided (§ 1321.9(c)(1)).

• Lists and clarifies the policies and procedures that state agencies must establish and maintain regarding fiscal requirements, including distribution of Title III funds; non-federal share (match) requirements; permitted transfers; reallocation of funds; use of program income; private pay programs; contracts and commercial relationships; buildings, alterations or renovations, maintenance, and equipment; and advance funding (§ 1321.9(c)(2)).

• Requires state agencies to establish flexible and streamlined processes for AAAs to receive approval for contracts and commercial relationships. This provision is included in the final rule in response to numerous questions about the appropriate roles, responsibilities, and oversight of such activities, feedback received in response to the RFI and NPRM, and based on our observations of program activities. The provision is intended to promote and expand the ability of the aging network to engage in business activities while ensuring that the unique roles of OAA grantees are preserved (§ 1321.9(c)(2)(xiv)).

• Defines "conflicts of interest" and establishes several requirements to prevent them. The scope of activities of entities that receive OAA funding has changed significantly since the last update to the OAA regulations, and the potential for conflicts of interest has increased. These provisions are intended to ensure the integrity of – and trust in – the activities carried out under the OAA. (§ 1321.3, § 1321.47, § 1321.67, and § 1321.73).

Serving Older Adults, Tribal Elders, and Family Caregivers with the Greatest Economic and Greatest Social Need:

Prioritizing people who have the greatest economic and social needs is one of the basic tenets of the OAA (OAA Section 305 (a)(2)(E)). The final rule clarifies requirements for state agencies’ definitions of both needs, as well as expectations for serving those who meet them. It also clarifies expectations for ensuring that the perspectives of older people with the greatest economic and social needs are incorporated into planning efforts. For example, the final rule:

• Establishes standard expectations for what state agencies and AAAs must include in their definitions of greatest economic and greatest social need, while allowing state agencies and/or AAAs flexibility to include additional populations based upon local considerations (§ 1321.27 and § 1321.65).

• Requires state and area plans to include how they will reach populations they have defined as having the greatest economic and/or social need. State agencies and AAAs must also seek and consider the views of people with the greatest economic and greatest social need when developing and administering their plans (§ 1321.27, § 1321.29, § 1321.49, § 1321.51, and § 1321.65).

• Requires at least half of AAA advisory council members to be 60 years or older. These must include people from minority populations, and AAAs must make efforts to include people identified as having the greatest economic and greatest social need. Councils also must include family caregivers, and, when available, representatives of tribes, pueblos, and tribal aging programs (§ 1321.63).

• Requires service providers to specify how they will satisfy the service needs of those identified as in the greatest economic need and greatest social need (§ 1321.79).

Family Caregivers:

Family caregivers make it possible for millions of older adults to remain in their homes in the community. The sections of the OAA that authorize ACL’s primary caregiver support programs — the National Family Caregiver Support Program and the Native American Caregiver Support Program, which together provide crucial services to nearly 800,000 caregivers — were authorized after the last substantial update to the OAA regulations. Consequently, regulations for these programs did not exist.

The final rule provides key definitions, implements statutory mandates, and clarifies requirements for family caregiver support services, allowable uses of funds, and the method of funds distribution. For example, the final rule:

• Codifies the definitions of “family caregiver” and “older relative caregiver” that have been used since the programs were established in 2000. Specifically:
  » The term “family caregiver” includes unmarried partners, friends, or neighbors who are caring for an older adult or a person of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction (§ 1321.3).
» The term “older relative caregiver” means a person who is at least 55 years old who lives with a child or a person with a disability for whom they are the primary caregiver and to whom they provide informal care. The final rule further delineates the specific relationships and circumstances that qualify and clarifies that when the person receiving care is an adult with a disability, the caregiver may be that person’s parent (§ 1321.3).

» Includes family caregivers as a service population for state agencies and AAAs (§ 1321.1, § 1321.5, and § 1321.55).

» Clarifies allowable uses of funds for community-based family caregiver support services, as well as eligibility requirements for receiving services (§ 1321.91 & § 1322.29).

Emergency Preparedness and Response:
Emergencies and disasters have distinct and disproportionate impacts on older adults and family caregivers, and often create unique challenges for the aging services network. They also can trigger specific flexibilities in OAA programs. However, the previous OAA regulations included limited guidance addressing these situations. The final rule includes several provisions for emergency preparedness and response, which reflect lessons learned from the COVID-19 pandemic and address feedback received during the pandemic and through the RFI and NPRM. For example, the final rule:

» Creates a new subpart (Part 1321 Subpart E — Emergency and Disaster Requirements), which supports older adults and family caregivers, including those in tribal communities, during emergencies and disasters with provisions such as:

  » Requiring state agencies and AAAs to establish emergency plans. They also are required to have policies and procedures in place for communicating and coordinating with state, tribal, and local emergency management, as well as Title VI programs within their jurisdictions (§ 1321.97 and § 1321.103).

  » Allowing state agencies to set aside funding to exercise flexibilities related to a major disaster declaration (and specifying requirements for exercising such flexibilities). For example, the final rule allows a state agency to procure items on a statewide level, subject to certain terms and conditions (§ 1321.99 and § 1321.101).

» Creates a new subpart (Part 1322 Subpart D — Emergency and Disaster Requirements), which supports services specifically for Native American elders and family caregivers during emergencies and disasters with provisions such as:

  » Requiring tribal organizations and Hawaiian Native grantees to establish emergency plans. They also are required to have policies and procedures in place for communicating and coordinating with tribal, state, and local emergency management, as well as with the state agency and any AAA providing Title III- and VII-funded services within the grantee’s approved service area (§ 1322.33 and § 1322.37).

  » Enabling tribal organizations and Hawaiian Native grantees to exercise flexibilities related to a major disaster declaration and specifying requirements for exercising such flexibilities (§ 1322.35).

» Enabling the Assistant Secretary for Aging to modify emergency and disaster-related provisions set forth in the regulation when a major disaster or public health emergency is declared (§ 1321.105 and § 1322.39).

Nutrition Flexibilities and Modernization:
The congregate and home-delivered meals provided by the OAA Senior Nutrition programs help to reduce hunger and food insecurity; provide an opportunity for older adults to engage with other people, which is critical to maintaining health and independence; and provide an opportunity to screen older adults for other needs before they become crises. The programs help more than two million older adults continue to live in the community each year.

The COVID-19 pandemic brought to light limitations in the previous nutrition regulations and highlighted the need for guidance to support innovation and response to emerging needs. The final rule modernizes nutrition rules, reflecting the evolving needs of both grantees and OAA participants, and alleviates uncertainty caused by relying on sub-regulatory guidance. The final rule also clarifies requirements for transfers of funds between programs. For example, the nutrition services-related provisions of the final rule:
• Clarify that home-delivered meals may be provided via home delivery, pick-up, carry-out, or drive-through; that eligibility for home-delivered meals is not limited to people who are "homebound;" that eligibility criteria may depend upon many factors; and that home-delivered meal participants may also be encouraged to participate in congregate meals programs (§ 1321.87 and § 1322.27).

• Allow for a limited number of "carry-out" and similar meals to be provided through the congregate meals program, in some circumstances (§ 1321.87).

• Specify that nutrition education, nutrition counseling, and other nutrition services may be provided as part of both the congregate meals program and the home-delivered meals program (§ 1321.87 and § 1322.27).

• Clarify that Nutrition Services Incentive Program funds may only be used to purchase domestically produced foods used in a meal (§ 1321.87 and § 1322.27).

• Specifies that applications for Title VI funds must include program objectives; a map and/or description of the geographic boundaries of the service area, which may include Bureau of Indian Affairs service area maps; documentation of supportive and nutrition services capabilities; completion of a needs assessment and other assurances; and a tribal resolution, among other requirements (§ 1322.5).

• Specifies program and fiscal requirements for which grantees should have established policies and procedures. For example, the rule requires Title VI grantees to have policies and procedures for ensuring that their data collection and reporting align with ACL requirements, voluntary contributions, and buildings and equipment (§ 1322.13).

Elder Abuse Prevention, Legal Assistance, Guardianship, and Long-Term Care Ombudsman Programs:
An estimated one in ten adults over the age of 60 has experienced some form of elder abuse, which may reduce their quality of life and limit their independence. Title VII of the OAA authorizes activities that uphold the rights of older adults and prevent, detect, and respond to elder abuse, neglect, and exploitation. These play a critical role in promoting elder justice, ensuring that older adults can live safely in the community or in long-term care settings, and upholding their right to participate in decisions about their lives. For example, the elder rights-related provisions of the final rule:

• Define "defense of guardianship" as advice to, and representation of, people to help them:
  » Oppose appointment of a guardian; and/or
  » Seek limitation and/or revocation of guardianship.

• Specify that defense of guardianship also includes assistance that diverts people from guardianship to less restrictive, more person-directed forms of decisional support whenever possible (§ 1321.93).

• Clarify the role of legal assistance providers as promoters of self-determination and person-directedness. The final rule also requires that legal assistance providers meet complex and evolving legal needs involving a range of private, public and governmental entities, programs and activities that may impact an older adult's independence, choices, or financial security (§ 1321.93).
- Provide standards for selecting legal assistance providers funded under the OAA. For example, the rule requires that legal assistance providers have demonstrated capacity to represent older adults at both administrative and judicial proceedings (§ 1321.93).

- Clarify that the state agency’s obligations to develop policies and procedures extend to elder abuse prevention and legal assistance development programs, and that such programs must be addressed in state plans on aging (§ 1321.9(a) and § 1321.27).

- Provide clarity on the requirements that state agencies must meet with respect to the development and enhancement of programs to address elder abuse, neglect, and exploitation (§ 1324.201).

- Specify the purpose, role, and responsibilities of the legal assistance developer, and prohibit related conflicts of interests, including those related to guardianship (§ 1324.303).

- Add language to require policies and procedures to provide direction for the Long-Term Care Ombudsman and representatives of the Office for how to address situations where a resident is unable to communicate consent (§ 1324.11(e)(2) and § 1324.11(e)(3)(iv)).

- Require ombudsman programs to enter into memoranda of understanding with OAA legal assistance programs and licensure and certification entities for facilities and long-term care providers to ensure coordination between these entities. The final rule maintains the other potential partners recommended in the 2015 rule, which include organizations in ACL’s aging and disability networks. (1324.13(h)).

- Clarify prohibitions that preclude state government agencies from interfering with the functions of the Office of the Long-Term Care Ombudsman (§ 1324.11(e)(8)).

**Effective Date and Compliance Information**

The final rule will take effect on March 15, 2024 (30 days after it is officially published), and regulated entities have until October 1, 2025 to comply. In the coming months, ACL will share resources and provide robust technical assistance to support states, tribes, and tribal organizations, area agencies on aging, and others in the aging network in meeting the requirements of the new regulations. ACL also will work with regulated entities in a supportive corrective action process if more time is needed to fully comply with specific provisions.

**Learn More**

Save the dates for these upcoming webinars:

- **Informational Webinar:** Join ACL for an overview of the updated regulations on Thursday, Feb. 8 from 2-3 p.m. (Eastern).

- **"Back to Basics" technical assistance webinar:** On Thursday, Feb. 15 from 2-3:30 p.m. (Eastern), ACL will host the first in a series of webinars to support the network in implementing the updated regulations.

More information, including registration information for these webinars, a link to the final rule, and links to resources and technical assistance can be found at ACL.gov/OAArule.

The final rule was posted “on display” in the Federal Register on Feb. 6, 2024 and will be published officially on Feb. 14, 2024.