



# AREA PLAN ON AGING PROGRAM MODULE UPDATE TEMPLATE and INSTRUCTIONS

PSA\_\_\_\_

For the Period  
January 1, 2016 - December 31, 2016

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2015  
*(Insert month)*

August 2015

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Each page must be sequentially numbered and the location of each section must be listed in the Table of Contents.

**P. I. INTRODUCTION to the PROGRAM MODULE UPDATE**

The Area Agency on Aging (AAA) must submit all parts of the Program Module that are required to be updated. The parts to be updated are listed below. Other sections will only need to be submitted if changes have been made to the original three-year plan. The Program Module Checklist has been shortened to only include the sections required for updating.

**P. II. PROGRAM MODULE CERTIFICATION**

The Certification Page must be completed as indicated and signed by the Board President or other authorized official, the Advisory Council chair, and the AAA Executive Director. Signing the form verifies that the Board of Directors and the Advisory Council understand that they are responsible for the development and implementation of the plan to ensure compliance with the Older Americans Act (OAA) Section 306.

**P. II. PROGRAM MODULE CERTIFICATION**

<b>Program Module Certification</b>			
<b>1. AREA AGENCY ON AGING INFORMATION:</b>		<b>2. GOVERNING BOARD CHAIR:</b> (Name/Address/Phone)	
<b>Executive Director:</b>			
<b>Legal Name of Agency:</b>		<b>3. ADVISORY COUNCIL CHAIR:</b> (Name/Address/Phone)	
<b>Mailing Address:</b>			
<b>Telephone:</b> [ ]			
<b>FEDERAL ID NUMBER:</b>			
<b>4. FUNDS ADMINISTERED: Check all that apply</b>			
<input type="checkbox"/> OAA Title IIIB <input type="checkbox"/> CCE <input type="checkbox"/> ADRC (MAC) <input type="checkbox"/> MED. WAIVER SPECIALIST <input type="checkbox"/> OAA Title IIIC <input type="checkbox"/> HCE <input type="checkbox"/> SHINE <input type="checkbox"/> OAA Title IIID <input type="checkbox"/> ADI <input type="checkbox"/> EHEAP <input type="checkbox"/> OAA Title IIIE <input type="checkbox"/> LSP <input type="checkbox"/> NSIP <input type="checkbox"/> OAA Title VII <input type="checkbox"/> RELIEF <input type="checkbox"/> AoA Grant(s) (_____) Identify			
<b>5. CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:</b>			
<b>I hereby certify that the attached document:</b>			
<input type="checkbox"/> Reflects input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the PSA. <input type="checkbox"/> Incorporates the comments and recommendations of the Area Agency's Advisory Council. <input type="checkbox"/> Has been reviewed and approved by the Area Agency's Board of Directors.			
I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved the 2016 Area Plan Update to the 2013-15 Area Plan.			
Name: _____		Signature: _____ Date: _____	
		(President, Board of Directors)	
Name: _____		Signature: _____ Date: _____	
		(Advisory Council Chair)	
Name: _____		Signature: _____ Date: _____	
		(Area Agency on Aging Director)	
<b>Signing this form verifies that the Board of Directors and the Advisory Council understand that they are responsible for the development and implementation of the plan and for ensuring compliance with Older Americans Act Section 306.</b>			

**P.III. (A) EXECUTIVE SUMMARY**

This section would only be modified from the original 2013 - 2015 plan or the 2015 update if there has been a major change in approach.

**P.III. (B) MISSION AND VISION STATEMENT**

This section would only be modified from the original 2013 - 2015 plan or the 2015 update if there have been changes in the mission and/or vision statements.

**P.IV. NEEDS ASSESSMENT**

This section would only be modified from the original 2013 - 2015 plan or the 2015 update if there have been significant changes in the needs assessment.

**P.IV. (A) Profile**

This section would only be modified from the original 2013 - 2015 plan or the 2015 update if there has been a significant change in the profile.

**P.IV. (B) Unmet Needs/Gaps**

This section would only be modified from the original 2013 - 2015 plan or the 2015 update if there have been changes or updates to the unmet needs/gaps.

**P.V. TARGETING AND OUTREACH**

This section must be completed.

**Targeting Report**

The purpose of the targeting report is to show how effective your targeting efforts were by reporting how many people in specific population groups were served. Report on the extent to which the targeting objectives established for 2014 have been met. To assist you, the NAPIS report data on the number of registered service recipients that were served in each category in the targeting report will be provided as a supplemental Notice of Instruction.

The targeting report table is an embedded Excel worksheet and includes formulas in the columns for displaying percentages. Complete all cells in the Targeting Report.

*Complete the Targeting Report below*

2014 Targeting Report						
Characteristic	PSA 60+ Population Count <sup>(1)</sup>	%	Number of Registered* Service Recipients in PSA <sup>(2)</sup>	%	Goals for 2014	% of Goal Met
All 60+	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Below Poverty Level	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Living Alone	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Minority	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Low-Income Minority (below 125% of poverty level)	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Rural areas	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Low-Income Minority Older Individuals with Limited English Proficiency	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!

\*Registered Services include personal care, homemaker, chore, home delivered meals, adult day/health care, case management, escort, and congregate meals.

Data Sources:

- (1) The PSA 60+ population count data source is the 2014 *County, PSA, & State Profiles*.
- (2) The PSA registered services recipients count is provided by the Department from the NAPIS report data.

**Targeting Plan Summary Update**

Provide a narrative update of the targeting activities implemented since January 2015. The summary update consists of the AAA's and providers' progress in addressing the identified service needs of targeted populations, including barriers or obstacles to reaching targeted individuals in identified ZIP codes and achievement of targeting goals.

The outreach section of the targeting plan summary update includes discussion of the AAA's participation in community events and status of oversight of the providers'

activities. Oversight includes the AAA's monitoring and tracking of providers' outreach efforts. The update will be based on AAA activities and update reports submitted by providers that include type of community events or activities, dates and locations of event, numbers of participants, identified services needed, and information or referrals provided. The report can include both paid and unpaid outreach provided.

## **P.VI. GOALS AND OBJECTIVES**

Update goals and objectives as needed to add new activities that have been identified to help the AAA achieve the objective. Also, delete any completed activities. On-going activities should remain in the plan with a parenthetical note to designate them as such. For every objective that is updated, be sure to update the program year on the top of each page and in the outcomes and outputs section.

**UPDATE:** Please make note of the following supplements (in italics) to the explanations of Objectives 1.1 and 2.3 for the period January 1, 2016 - December 31, 2016.

**GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care**

**OBJECTIVE 1.1:** ▲ Provide streamlined access to health and long-term care options through the Aging and Disability Resource Centers (ADRCs).

**EXPLANATION:** The primary intent of this objective is to address ways you link people to information and services. Strategies should address ways to improve connecting people to information and services through the ADRC. Examples include building new relationships and/or partnerships, and the effective use of technology.

*Strategies must include a Local Coalition Work Group (LCWG) to advise in the planning and evaluation of the ADRC and to assist in the development of an ADRC Annual Program Improvement Plan. This strategy should provide a detailed list of current LCWG members and describe current integration of ADRC services with services provided by the staff of the Department's local CARES unit(s) and local Department of Children and Families Economic Self-Sufficiency unit(s).*

**GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.**

**OBJECTIVE 2.3:** ▲ Provide high quality services.

**EXPLANATION:** The primary intent of this objective is for the AAA to detail quality assurance efforts in the PSA. Strategies can include evaluating service effectiveness using reliable and valid assessment instruments.

*Strategies must include an ADRC Annual Program Improvement Plan (APIP) and detail the role of the ADRC's Local Coalition Work Group (LCWG) in the development and evaluation of the APIP. The APIP plan should address specific ADRC performance improvement goals and actions steps to implement and evaluate the performance goals. Strategies must also include quality assurance efforts specific to ADRC functions.*

## APPENDIX 1: PROGRAM MODULE REVIEW CHECKLIST

Please complete the form provided by indicating whether each item is included in the Area Plan Update (Yes/No/Not Applicable) and identifying the Area Plan Update page number(s) where the items can be found.

### PROGRAM MODULE REVIEW CHECKLIST

Program Module	YES	NO	N/A	PAGE
<b>Table of Contents</b>				
<i>The location of each section of the Program Module is accurately reflected.</i>				
<b>P. I. INTRODUCTION to the PROGRAM MODULE TEMPLATE</b>				
<b>OVERVIEW</b>				
Describe the specific services to be provided.				
<b>P. II. PROGRAM AND CONTRACT MODULE CERTIFICATION</b>				
<i>The form is properly completed.</i>				
<i>The form is signed by Board President (or Designee) and dated.</i>				
<i>The form is signed by Advisory Council Chair and dated.</i>				

Program Module	YES	NO	N/A	PAGE
<i>The form is signed by Executive Director and dated.</i>				
<b>P.III. (a) Executive Summary</b>				
This section describes major highlights.				
This section is limited to three pages or fewer.				
<b>P.III. (b) Mission and Vision Statement</b>				
This section includes the mission and vision of the agency.				
<b>P.IV. Needs Assessment</b>				
<b>P.IV. (a) Profile</b>				
<b>A. Identification of Counties and/or Major Communities</b>				
This section identifies the counties and/or major communities within the PSA. Include at least one map to visually display the PSA.				
<b>B. Description of Service System</b>				
This section describes the current services that are in place to meet the needs of elders. Includes private and public funding sources.				
<b>C. Economic and Social Resources</b>				
This section describes the economic and social resources available to elders in the PSA.				
<b>D. Role in Interagency Collaborative Efforts</b>				
This section describes collaborative efforts, partnerships, special initiatives by the PSA and/or DOEA.				
<b>E. Socio-Demographic and Economic Factors</b>				
This section includes a description of the social and economic climate in the PSA, including how this impacts elders.				
Highlight the following characteristics:				
1. Elders with low incomes				
2. Socially isolated elders				
3. Minority and culturally diverse elders				
4. Urban and rural areas				
Include the use of maps and charts to illustrate data provided				
<b>P.IV. (b) Unmet Needs/Gaps</b>				

Program Module	YES	NO	N/A	PAGE
<b>A. Types of Information to Demonstrate Unmet Needs</b>				
1. Home and Community-Based Services (HCBS)				
Number of People 60+ with ADL limitations not receiving services				
Number of people 60+ with IADL limitations not receiving services				
Number of people 60+ with mobility limitations not receiving services				
Number of people 60+ who qualify for Food Stamps, but are not receiving them				
People on wait list not yet receiving any services				
Existing clients needing additional services				
Analysis of Service implications of identified HCBS unmet needs.				
2. Caregiver				
Caregiver unmet needs				
Number of elder caregivers, including number of grandparents raising grandchildren				
Condition of elder caregivers				
Analysis of Service implications of identified caregiver unmet needs.				
3. Access to Services				
Information about services				
Counties or communities with limited access to transportation				
Counties or communities with limited access to significant supportive services				
Counties or communities with limited access to social services agencies				
Analysis of Service implications of identified unmet access needs				

Program Module	YES	NO	N/A	PAGE
4. Health Care				
Preventative health				
Medical care needs				
Ancillary health care needs (hearing aids and eyeglasses)				
Availability of medical/health care, including mental health counseling				
Analysis of Service implications of identified unmet health care needs				
5. Communities				
Transportation				
Limited access to senior centers				
Housing and safety needs				
Employment training or related assistance				
Housing conditions and availability of affordable housing				
Analysis of Service implications of identified unmet community needs				
<b>B. Significant differences among counties</b>				
Include a county level analysis for unmet needs/gaps in service. Use charts and graphics with narrative if desired.				
<b>P.V. Targeting and Outreach</b>				
<b>Targeting Report</b> — The purpose of the targeting report is to show how effective the targeting efforts were through the report of services provided to the specific population groups.				
<i>Used table provided, properly completing the cells of the table.</i>				

Program Module	YES	NO	N/A	PAGE
<b>Targeting Plan Summary Update</b>				
<i>Included targeting plan summary update.</i>				
<i>Update addresses progress in addressing the identified service needs of targeted populations, including barriers and achievements.</i>				
<i>Outreach section includes discussion of AAA's participation in community events and status of oversight of the providers' activities.</i>				
<b>P.VI. Goals and Objectives</b>				
<b>Goal 1:</b> Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care.				
<b>Objective 1.1.</b> Provide streamlined access to health and long-term care options through Aging and Disability Resource Centers.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 1.2.</b> Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 1.3.</b> Ensure that complete and accurate information about resources is available and accessible.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 1.4.</b> Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 1.5.</b> Increase public awareness of existing mental and physical health and long-term care options.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				

Program Module	YES	NO	N/A	PAGE
<b>Objective 1.6.</b> Identify and serve target populations in need of information and referral services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 1.7.</b> Provide streamlined access to Medicaid Managed Care and address grievance issues.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Goal 2:</b> Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.				
<b>Objective 2.1.</b> Identify and serve target populations in need of home and community-based services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 2.2.</b> Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 2.3.</b> Provide high quality services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 2.4.</b> Provide services, education, and referrals to meet specific needs of individuals with dementia.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 2.5.</b> Improve caregiver supports.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 2.6.</b> Facilitate the voluntary transition of identified nursing home residents to a safe community setting.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				

Program Module	YES	NO	N/A	PAGE
<b>Goal 3:</b> Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status.				
<b>Objective 3.1.</b> Continue to increase the use of Evidence-Based (EB) programs at the community level.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 3.2.</b> Promote good nutrition and physical activity to maintain healthy lifestyles.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 3.3.</b> Promote the adoption of healthy behaviors.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 3.4.</b> Promote social connectivity, community service, and lifelong learning to maintain positive mental health.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 3.5.</b> Advocate for prevention and early intervention of mental health and substance abuse services for elders.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Goal 4:</b> Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation.				
<b>Objective 4.1.</b> Collaborate and coordinate within the community and aging network to increase accessible legal services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 4.2.</b> Facilitate the integration of Older Americans Act elder rights programs into Aging Services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 4.3.</b> Improve the identification and utilization of measurable consumer outcomes for elder rights programs.				

Program Module	YES	NO	N/A	PAGE
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 4.4.</b> Promote primary prevention of elder abuse, neglect, and exploitation.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 4.5.</b> Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 4.6.</b> Increase the awareness of health care fraud and other elder rights issues.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Goal 5:</b> Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.				
<b>Objective 5.1.</b> Foster opportunities for elders to be an active part of the community.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 5.2.</b> Promote safe and affordable communities for elders that will benefit people of all ages.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Goal 6:</b> Maintain effective and responsive management.				
<b>Objective 6.1.</b> Promote and incorporate management practices that encourage greater efficiency.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 6.2.</b> Ensure federal and state funds are used to effectively and efficiently serve elders' needs.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				

Program Module	YES	NO	N/A	PAGE
<b>Objective 6.3.</b> Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 6.4.</b> Accurately maintain the Client Information and Registration Tracking System (CIRTS) data.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				
<b>Objective 6.5.</b> Promote volunteerism by and for older people whenever possible.				
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>				

**Other Changes:**

**Program Module Comments and Recommendations:**  
**(to be completed by DOEA staff)**

Table of Contents:

Certification Page:

Section P.IV. Needs Assessment, Profile, Unmet Needs/Gaps:

Section P.V. Targeting:

Section P.VI. Goals and Objectives:

Appendix 1. Program Module Review Checklist:

Other changes: Identify section and provide comments or recommendations.