

FFY 2005 - 2007 Area Plan on Aging Program Module

FORMS

***For the Period
01/01/2005 through 12/31/2005***



Amended August 2004

PROGRAM MODULE

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PROGRAM MODULE

CERTIFICATION PAGE

1. AREA AGENCY ON AGING INFORMATION:

Executive Director:

Legal Name of Agency:

Mailing Address:

Telephone: []

FEDERAL ID NUMBER :

2. GOVERNING BOARD CHAIR: (Name/Address/Phone)

3. ADVISORY COUNCIL CHAIR: (Name/Address/Phone)

4. FUNDS ADMINISTERED: Check all that apply

- | | | | |
|---|---------------------------------|-------------------------------------|--|
| ☐ OAA Title IIIB | ☐ CCE | ☐ USDA | ☐ EHEAP |
| ☐ OAA Title IIIC | ☐ HCE | ☐ ADA Waiver | ☐ USDA |
| ☐ OAA Title IIID | ☐ ADI | ☐ ALE Waiver | ☐ Contracted Services |
| ☐ OAA Title IIIE | ☐ LSP | ☐ SHINE | ☐ Others (List) |
| ☐ OAA Title VII | ☐ RELIEF | | |

5. CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached document:

- ☐ Reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations of the PSA.
- ☐ Incorporates the comments and recommendations of the Area Agency's Advisory Council.
- ☐ 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 2005 area plan of _____ (insert area agency name).

Name: _____ Signature: _____ Date: _____
(President, Board of Directors)

Name: _____ Signature: _____ Date: _____
(Advisory Council Chair)

Name: _____ Signature: _____ Date: _____
(Area Agency on Aging Director)

PSA: _____

Date: _____

P.I. PROFILE AND NEEDS OF THE PLANNING AND SERVICE AREA

Provide an overview of the social, economic and demographic characteristics of the planning and service area. Focus should be given to geographic areas and population groups within the PSA that have special needs, specifically as they relate to low-income, minority and rural factors. **Use as much space as necessary to fully reply to each section.**

Identification of counties and/or major communities within the planning and service area:

A clear statement of the area agency's definition of community:

Discussion of economic and social resources, including geographic area(s) designated by the Governor as a Front Porch Community:

Description of the service system in place to meet the needs of elders, including area agency funded services and other public and private sector services:

Discussion of the conditions of older persons, focusing on conditions that are significantly better or worse in comparison to statewide or national averages or estimates (e.g., greater number of old-old, greater isolation, higher costs for essential services, fewer family supports, poorer housing):

Discussion of the area agency's role in coordinating and/or participating in interagency collaborative efforts, including coordination with community mental health services if the area agency expends funds for mental health services:

Statistical tables, graphs and maps to amplify the narrative:

At least one map to visually display the planning and service area in relation to the entire state and one map to identify rural areas of the planning and service area:

A discussion of the socio-demographic and economic factors listed below, with attention to rural factors throughout the discussion, where applicable.

Population characteristics of the planning and service area, including the number of low-income minority elders and elders residing in rural areas in the planning and service area:

Increases in the 85+ age group:

Concentration of elders with low incomes:

Concentration of minority and culturally diverse elders:

Locations of socially isolated older elders:

Urban/rural areas:

Counties or communities with limited access to transportation, significant supportive services or social service agencies:

Housing conditions and availability of affordable housing:

Availability of medical/health care, including mental health counseling:

Trends for in or out migration affecting elders:

Number of elder caregivers, including the number of grandparents raising grandchildren:

Condition of elder caregivers:

Assessment of private sector responses to the needs of elders (e.g., recreation, health, employment, transportation, other services):

Significant differences between counties in the planning and service area:

Identification of new or declining retirement communities:

Other socio-demographic and economic factors not addressed above:

Clear identification of the needs of elders and caregivers in the PSA with particular emphasis on assessing the needs of those with greatest economic or social need, low-income minorities and those residing in rural areas:

Summary analysis of the priority needs of elders and caregivers in high and very high need index areas, as defined by the Department of Elder Affairs:

Services currently being provided, including number of people being served and frequencies of types of services offered:

A description of unmet service needs in the PSA, using specific information addressing the areas identified in the instructions, such as the numbers of elders with limitations not receiving services, unmet access and health care needs, etc.:

Comparison of areas with high and very high needs to the rest of the PSA and the state:

Analysis of the service implications of identified unmet needs:

Description of the method employed to assess needs, prioritize funded services, and involve elders and caregivers in the needs assessment process:

Identification of local activities to further identify unmet needs:

Discuss how the supportive services funded by the Older Americans Act address the needs and conditions of elders in the PSA:

Incorporate charts, tables, graphs, or other exhibits to illustrate data relative to service needs, service availability, and funding priorities in each county.

The area plan must also address each of the following topics, using separate headings and according to the instructions, as indicated below:

Targeting:

Cultural and Ethnic Diversity:

Front Porch Communities:

Title III-C Services:

Identify local efforts to link Title III-C services with Title III-D services:

Title III-D Services:

Title III-E Services:

Title VII Services:

Faith-Based Initiatives:

Communities for a Lifetime:

Disaster Plans:

Aging Resource Center Transition Issues:

PSA: _____

Date: _____

P.II. MISSION AND STRATEGIC VISION STATEMENTS

PSA: _____

Date: _____

P.III. COMMUNITY FOCAL POINTS

(Insert WebDB Pages)

Required information on Community Focal Points to be input into the WebDB:

PSA

Center Name

Physical Address

City

Florida

Zip

Mailing Address (if different than physical address)

City

Florida

Zip

Sponsoring Organization

Director's First Name

Director's Last Name

Phone

Fax

E-mail

Web Site

Offers congregate dining?

Offers health and wellness screening and education?

Offers recreational classes?

Offers lifelong learning opportunities?

Regular hours of operation Monday through Friday?

Community Focal Points WebDB report format for area plan:

Facility Name:

Address:

City/State/Zip:

Contact Person:

Phone: ()

PSA: _____

Date: _____

P.IV. SENIOR CENTERS

(Insert WebDB Pages)

Required information on Senior Centers to be input into the WebDB:

PSA

AAA designated Focal Point?

Center Name

Physical Address

City

Florida

Zip

Mailing Address (if different than physical address)

City

Florida

Zip

Sponsoring Organization

Director's First Name

Director's Last Name

Phone

Fax

E-mail

Web Site

Offers congregate dining?

Offers health and wellness screening and education?

Offers recreational classes?

Offers lifelong learning opportunities?

Regular hours of operation Monday through Friday?

Senior Center WebDB report format for area plan:

Facility:

Address:

City/State/Zip:

Contact Person:

Phone: ()

Fax:

E-mail:

PSA: _____

Date: _____

P.V. LEAD AGENCIES

(Insert WebDB Pages)

Required information on Lead Agencies to be input into the WebDB:

PSA

Lead Agency Name

Physical Address

City

Florida

Zip

Mailing Address (if different than physical address)

City

Florida

Zip

Executive Director's First Name

Executive Director's Last Name

Phone

Fax

E-mail

Web Site

Lead Agencies WebDB report format for area plan:

Agency:

Address:

City/State/Zip:

Contact Person:

Phone: ()

Fax:

E-mail:

PSA: _____

Date: _____

P.VI. APPROVED DIRECT SERVICE WAIVER(S)

(Insert completed forms for each service once approved by DOEA)

PSA: _____

Date: _____

**P.VII. OBJECTIVES AND STRATEGIES IN SUPPORT OF THE
ADMINISTRATION ON AGING STRATEGIC GOALS AND THE
DEPARTMENT OF ELDER AFFAIRS PRIORITIES**

AoA Goal 1: Increase the number of older people who have access to an integrated array of health and social supports

DOEA Priority Area 1: Create a long-term care system that is streamlined, cost-effective and consumer-friendly

Objectives:

Strategies:

AoA Goal 2: Increase the number of older people who stay active and healthy

DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders

Objectives:

Strategies:

AoA Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community

Priority Area 2: Create a greater support network for elders, families and caregivers

Objectives:

Strategies:

AoA Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation

DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders

Objectives:

Strategies:

PSA: _____

Date: _____

P.VIII. 2005 OBJECTIVES AND PERFORMANCE MEASURES

OBJECTIVE:

STRATEGIES/ACTION STEPS:

OUTCOME: [2005]

OUTPUT: [2005]

PSA: _____

Date: _____

P.IX. CERTIFICATION OF COMPLIANCE OLDER AMERICANS ACT SECTION 306

(Name of Area Agency on Aging)

hereby certifies that it will comply with the requirements of Section 306, Older Americans Act, as amended in 2000.

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services --

(A) services associated with access to services (transportation, outreach, and information and referral);

(B) in-home services, including supportive services for families of elderly victims of Alzheimer's Disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

(6)(C) as such focal points; and

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

(4)(A)(i) provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared--
 - (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) provide assurances that the area agency on aging will use outreach efforts that will--
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on--
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English-speaking ability; and
 - (VI) older individuals with Alzheimer's Disease or related disorders with neurological and organic dysfunction (and the caretakers of such individuals); and
 - (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals of the ability of such assistance, and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities;

- (6) provide that the area agency on aging will--
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for the elderly within the community in cooperation with agencies, organizations, and individuals participating in activities under the plan by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which affect the elderly;
 - (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and
 - (ii) if possible regarding the provision of services under the title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C.

2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under Section 675 (c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3);

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

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

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

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

(F) coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

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

(7) provide that the area agency on aging will facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes, by means including--

(A) development of case management services as a component of the long-term care services, consistent with the requirements of paragraph (8);

(B) involvement of long-term care providers in the coordination of such services; and

(C) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;

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

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

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

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

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

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

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

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

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will spend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurance that the area agency on aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Commissioner and the State agency -

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss of diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit) disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurance that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title; and

(15) provide assurance that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Signature: _____ Date: _____
(AAA Board President or other authorized official)

Title: _____

PSA: _____

Date: _____

**P.X. CERTIFICATION OF COMPLIANCE
COMMUNITY CARE FOR THE ELDERLY PROGRAM PRIORITIZATION**

(Name of Area Agency on Aging)

hereby certifies that it will comply with the following requirements of the Community Care for the Elderly program prioritization *as established in SB 642 and signed into law by the Governor on 6/2/2003, as Chapter No. 2003-67*. The primary factor for prioritization for Community Care for the Elderly services will be based on frailty and likelihood of nursing home placement without CCE services. Elders who have a lesser "ability to pay" will be given a secondary priority for CCE services over those who are better able to pay for services.

Signature: _____ Date: _____
(AAA Board President or other authorized official)

Title: _____

PSA: _____

Date: _____

P.XI. PROGRAM MODULE REVIEW CHECKLIST

Program Module	YES	NO	N/A	PAGE
Table of Contents				
<i>The location of each section of the program module is accurately reflected.</i>				
Program Module Certification Page				
<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>				
<i>The form is signed by Executive Director and dated.</i>				
Section P.I. Profile and Needs of the PSA				
<i>This section provides an overview of the social, economic and demographic characteristics of the PSA with focus on geographic areas and population groups with special needs relating to low-income, minority and rural factors.</i>				
<i>The following are addressed:</i>				
<i>< Identification of counties and/or major communities.</i>				
<i>< A clear statement of the definition of community.</i>				
<i>< Discussion of economic and social resources, including geographic area(s) designated by the Governor as a Front Porch Community.</i>				
<i>< Description of the service system in place to meet the needs of elders, including area agency funded services and other public and private sector services.</i>				
<i>< Discussion of the conditions of older persons, focusing on conditions that are significantly better or worse in comparison to statewide or national averages or estimates</i>				
<i>< Discussion of the area agency's role in coordinating and/or participating in interagency collaborative efforts, including coordination with community mental health services if the area agency expends funds for mental health services.</i>				

Program Module	YES	NO	N/A	PAGE
< Statistical tables, graphs and maps.				
< At least one map to visually display the PSA in relation to the entire state and one map to identify rural areas area.				
This section incorporates, but is not limited to, a discussion of the socio-demographic and economic factors listed below. Attention to rural factors must be reflected throughout the discussion, where applicable.				
< Population characteristics of the planning and service area, including the number of low-income minority elders and elders residing in rural areas in the planning and service area.				
< Increases in the 85+ age group.				
< Concentration of elders with low incomes.				
< Concentration of minority and culturally diverse elders.				
< Locations of socially isolated older elders.				
< Urban/rural areas.				
< Counties or communities with limited access to transportation, significant supportive services or social service agencies.				
< Housing conditions and availability of affordable housing.				
< Availability of medical/health care, including mental health counseling.				
< Trends for in or out migration affecting elders.				
< Number of elder caregivers, including the number of grandparents raising grandchildren.				
< Condition of elder caregivers.				
< Assessment of private sector responses to the needs of elders (e.g., recreation, health, employment, transportation, other services).				
< Significant differences between counties in the planning and service area.				
< Identification of new or declining retirement communities.				
< Other socio-demographic and economic factors not addressed above.				

Program Module	YES	NO	N/A	PAGE
<i>This section provides a clear identification of the needs of elders and caregivers in the PSA with particular emphasis on assessing the needs of those with greatest economic or social need, low-income minorities and those residing in rural areas.</i>				
<i>This section provides a summary analysis of the priority needs of elders and caregivers in high and very high need index areas, as defined by the Department of Elder Affairs.</i>				
<i>This section identifies services currently being provided, including number of people being served and frequencies of types of services offered.</i>				
<i>This section includes a description of unmet service needs in the PSA, using specific information addressing the following areas identified in the instructions:</i>				
<i>< Number of people 60+ with ADL limitations not receiving services.</i>				
<i>< Number of people 60+ with IADL limitations not receiving services.</i>				
<i>< Number of people 60+ with mobility limitations not receiving services.</i>				
<i>< Caregiver unmet needs.</i>				
<i>< Access service needs (information about services, transportation).</i>				
<i>< Health care needs (preventive health, medical care, ancillary needs such as hearing aids and eyeglasses).</i>				
<i>< Number of people 60+ who qualify for Food Stamps, but are not receiving them.</i>				
<i>< Elders with limited access to Senior Centers.</i>				
<i>< People living in communities they feel are not elder friendly.</i>				
<i>< Elders with housing and safety needs.</i>				
<i>< Elders who would like employment training or related assistance.</i>				
<i>< People on wait list not yet receiving any services.</i>				
<i>< Existing clients waiting for more services.</i>				

Program Module	YES	NO	N/A	PAGE
<i>This section provides a comparison of areas with high and very high needs to the rest of the PSA and the state.</i>				
<i>This section includes an analysis of the service implications.</i>				
<i>This section includes a description of the method employed to assess needs, prioritize funded services, and involve elders and caregivers in the needs assessment process.</i>				
<i>This section identifies local activities conducted to identify unmet needs.</i>				
<i>This section discusses how the supportive services funded by the Older Americans Act address the needs and conditions of elders in the PSA.</i>				
<i>This section incorporates charts, tables, graphs, or other exhibits to illustrate data relative to service needs, service availability, and funding priorities in each county.</i>				
Targeting				
<i>This section summarizes the area agency's strategies for directing services to elders with greatest economic or social need, low-income minorities, and elders residing in rural areas.</i>				
<i>This section identifies outreach efforts to address the needs of older individuals with severe disabilities, with limited English speaking ability and/or with Alzheimer's disease or related disorders.</i>				
<i>This section includes the following:</i>				
<i>< Targeting data – Areas and populations to be targeted are located. A justification for targeting is provided, using needs assessment and other data to support the need for targeting. Population statistics for targeted areas are provided.</i>				
<i>< Service needs and targeted area(s) – The communities or targeted areas are described and service needs that will be the focus of targeting efforts are identified.</i>				
<i>< Targeting activities – All service providers to be directly involved in targeting are listed and the services and activities to be conducted are described. Outreach and information should be included. For a multiple county PSA, information is provided for each county.</i>				

Program Module	YES	NO	N/A	PAGE
<i>< Targeting goal(s) – Based on the identified service needs of targeted areas and population groups as determined through needs assessment and other data, the number and percentage to be served in each county during each year of the three-year plan are projected.</i>				
<i>< Targeting report – The extent to which the 2004 targeting objectives have been met is reported.</i>				
Cultural and Ethnic Diversity				
<i>This section summarizes the area agency's strategies and action steps for addressing cultural and ethnic issues related to providing services to elders from diverse backgrounds.</i>				
Front Porch Communities				
<i>This section summarizes the area agency's plan for directing services to elders in areas designated by the Governor as Front Porch Communities. The summary includes the following:</i>				
<i>< A description of DOEA funded services that are being provided to elders in Front Porch Communities, including funding sources and service providers.</i>				
<i>< A discussion of the area agency's involvement in local and regional Front Porch Community meetings and activities.</i>				
Title III-C Services				
<i>This section summarizes the area agency's plan for meeting nutrition services requirements, including the following:</i>				
<i>< The plan documents that an AAA with direct responsibility for administering and managing OAA Title III C1 and C2 funds and related services has either an employee, a contractor, or a volunteer with the experience, expertise, and technical knowledge to assist the AAA in ensuring all applicable federal and state regulations and other requirements pertaining to food service, food safety, food procurement practices, nutrition education and counseling, and nutrient analysis and menu development are strictly adhered to.</i>				
<i>< The plan documents that sufficient time and relevant resources have been budgeted for the position to allow the AAA to implement a comprehensive nutrition service plan.</i>				

Program Module	YES	NO	N/A	PAGE
<i>The plan incorporates the utilization of the services of a Registered Dietitian or an individual with comparable expertise to:</i>				
<i>< Provide training, technical assistance, and monitoring of local nutrition providers to ensure the provision of meals that comply with the 2000 Dietary Guidelines for Americans and the Recommended Dietary Allowances (RDA's) and Adequate Intakes (AIs) for Older Adults as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.</i>				
<i>< Provide training, technical assistance, and monitoring of local nutrition providers to ensure the provision of quality nutrition education and related information, and nutrition counseling to individuals assessed as nutritionally at risk.</i>				
<i>< Provide training, technical assistance, and monitoring of local nutrition providers to ensure that the program complies with state and local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service and delivery of meals to an older individual.</i>				
<i>< Provide training, technical assistance, and monitoring of local nutrition programs to ensure nutrition programs link nutrition activities with health and wellness programs.</i>				
<i>< Provide training, technical assistance, and monitoring of local nutrition programs to ensure programs address the specific nutritional needs of culturally diverse elders.</i>				
<i>< Assist the AAA in identifying and partnering with local agencies to link nutrition and health and wellness efforts.</i>				
Linkage between Title III-C and Title III-D Services				
<i>This section identifies local efforts to link nutrition activities with health and wellness programs.</i>				
Title III-D Services				
<i>This section summarizes the area agency's programs and activities provided to promote wellness and preventative health under Title III-D of the Older Americans Act, including:</i>				
<i>< Special reference to those targeting medically underserved populations.</i>				

Program Module	YES	NO	N/A	PAGE
< A discussion of innovative, non-traditional approaches to Title III-D service delivery in the planning and service area.				
Title III-E Services				
<i>This section summarizes the area agency's programs and activities provided to support caregivers under Title III-E of the Older Americans Act. It includes the following:</i>				
< Identification of how activities will be integrated and incorporated into the overall home and community-based services system to support caregiver needs and services.				
< A discussion of innovative, non-traditional approaches to Title III-E service delivery in the planning and service area.				
< Identification of how activities will be incorporated into the National Family Caregiver Support Program.				
< Specific reference to programs serving grandparents who are raising grandchildren.				
< Identification of use of allowances for grandparents and supplemental services based on needs assessment and existing support service network.				
Title VII Services				
<i>This section summarizes the area agency's programs and activities provided to prevent elder abuse under Title VII of the Older Americans Act, including:</i>				
< A discussion of innovative, non-traditional approaches to Title VII service delivery in the planning and service area.				
< An assessment of unmet needs in the PSA for serving victims of elder abuse.				
< A description of collaborative efforts with other agencies addressing elder abuse issues.				
Faith-Based Initiatives				
<i>This section summarizes area agency and service provider initiatives involving faith-based organizations and institutions. It includes a description of DOEA funded services, including funding sources and service providers.</i>				

Program Module	YES	NO	N/A	PAGE
Communities for a Lifetime				
<i>This section summarizes the area agency's plan for involvement in the Communities for a Lifetime initiative. The plan incorporates strategies for the following:</i>				
<i>< Increasing awareness of the initiative in communities that have not submitted proclamations of commitment.</i>				
<i>< Making initial contact with city and county elected officials and notifying DOEA for appropriate follow-up.</i>				
<i>< Supporting communities that have submitted proclamations of commitment by participating on local task forces whenever possible.</i>				
<i>< Serving as a source of information and referral.</i>				
<i>< Keeping contact with communities and making recommendations as needed.</i>				
<i>< Promoting community mentoring opportunities.</i>				
<i>< Keeping DOEA staff apprised of CFAL activities or issues in their PSA</i>				
<i>< Assist DOEA with coordination and promotion of state agency facilitated CFAL activities in communities (i.e. workshops).</i>				
Disaster Plans				
<i>This section summarizes the status of the agency's Comprehensive Emergency Management Plan (CEMP) along with the new Continuity of Operations Plan (COOP).</i>				
<i>If the plans have been completed, a summary of the plans is included.</i>				
<i>In the summary, the emergency contact and alternate emergency contact(s) have been identified.</i>				
Aging Resource Center Transition Issues				
<i>This section includes narrative that explains how transitioning the AAA to an Aging Resource Center would effect specific operations of the AAA.</i>				

Section P.II. Mission and Strategic Vision Statements				
<i>The plan includes a mission statement establishing the reason for its existence. It succinctly identifies what the organization does, why and for whom.</i>				
<i>The plan includes a strategic vision statement identifying the future direction of the agency within its statutory mandates and other legal authorizations.</i>				
Section P.III. Community Focal Points				
<i>The required information has been entered correctly in the WebDB.</i>				
<i>The program module includes a hard copy of the WebDB report format.</i>				
Section P.IV. Senior Centers				
<i>The required information has been entered correctly in the WebDB.</i>				
<i>The program module includes a hard copy of the WebDB report format.</i>				
Section P.V. Lead Agencies				
<i>The required information has been entered correctly in the WebDB.</i>				
<i>The program module includes a hard copy of the WebDB report format.</i>				
Section P.VI. Approved Direct Service Waivers				
<i>The completed form for each service approved by DOEA for direct provision is attached.</i>				
Section P.VII. Objectives and Strategies in Support of the AoA Strategic Goals and the DOEA Priorities				
<i>Appropriate objectives and strategies have been listed for AoA Goal 1 and DOEA Priority 1:</i> <i>AoA Goal 1: Increase the number of older people who have access to an integrated array of health and social supports</i> <i>DOEA Priority Area 1: Create a long-term care system that is streamlined, cost-effective and consumer-friendly</i>				

<i>Appropriate objectives and strategies have been listed for AoA Goal 2 and DOEA Priority 3:</i> <i>AoA Goal 2: Increase the number of older people who stay active and healthy</i> <i>DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders</i>				
<i>Appropriate objectives and strategies have been listed for AoA Goal 3 and DOEA Priority 2:</i> <i>AoA Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community</i> <i>Priority Area 2: Create a greater support network for elders, families and caregivers</i>				
<i>Appropriate objectives and strategies have been listed for AoA Goal 4 and DOEA Priority 3:</i> <i>AoA Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation</i> <i>DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders</i>				
Section P. VIII. Objectives and Performance Measures				
Objective 2: <i>To prevent/delay premature nursing home placement.</i>				
<i>Implementation strategies are logical steps toward assuring that at least 97% of most frail elders will remain at home or in the community instead of going into a nursing home.</i>				
Objective 3: <i>To provide prompt and appropriate services to elders referred from Adult Protective Services who meet the frailty level criteria</i>				
<i>Implementation strategies are logical steps toward assuring that at least 97% of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm are served within 72 hours of referral.</i>				
Objective 4: <i>To use long-term care resources in the most efficient and effective way</i>				

Implementation strategies are logical steps toward achieving average monthly savings of \$2,384 per consumer for home and community-based care versus nursing home care for comparable consumer groups.				
Objective 5: To help elders to have home environments that are as safe as possible				
Implementation strategies are logical steps toward assuring that at least 79.3% of elders with high or moderate risk environments will improve their environment score.				
Objective 6: To improve the nutritional status of elders				
Implementation strategies are logical steps toward assuring improvement in the nutritional status of at least 66% of new service recipients with high-risk nutrition scores. The PSA-specific target for the number of congregate meals to be served is correct. The statewide target is 5,105,950.				
Objective 7: To assist elders to maintain their independence and choices in their home as long as possible.				
Implementation strategies are logical steps toward assuring improvement or maintenance in the ADL assessment score of at least 63% of new service recipients.				
Objective 8: To assist elders to maintain their independence and choices in their communities as long as possible				
Implementation strategies are logical steps toward assuring improvement or maintenance in the IADL assessment score of at least 62.3% of new service recipients.				
Objective 9: To provide caregivers with assistance/respite to help them to be able to continue providing care				
Implementation strategies are logical steps toward assuring that no less than 89% of family and family-assisted caregivers will self report that they are very likely to continue to provide care.				
Implementation strategies are logical steps toward assuring that 90% of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and assessor).				
Objective 10: To leverage a variety of non-state resources whenever possible				

Implementation strategies for Objective 1d are logical steps toward assuring that the average time for CCE consumers defined as “probable Medicaid eligibles” remain in the CCE program for no more than 2.8 months .				
Objective 11: To provide prompt and appropriate services to elders who are at risk of nursing home placement.				
Implementation strategies are logical steps toward assuring that at least 90% of customers who are at imminent risk of nursing home placement are served with community based services.				
Objective 14: To maximize the number of people receiving registered long-term care services				
Implementation strategies are logical steps toward achievement of the area-specific target for the number of people receiving registered long-term care services. The statewide target is 167,250.				
Objective 15: To achieve annual co-pay goal established for the PSA				
Implementation strategies are logical steps toward achievement of 100% of the PSA co-pay goal.				
Objective 16: To maintain accurate data in Client Information Registration and Tracking System (CIRTS)				
Implementation strategies are logical steps toward achievement of the outcome assuring that CIRTS data entry is 99% error free.				
Objective 17: To effectively manage state and federal funds awarded in area agency contracts for consumer services				
Implementation strategies are logical steps toward achieving 100% expenditure of state and federal funds for consumer services.				
Objective 18: To maximize state resources by evaluating and using, as appropriate, the Adult Care Food Program as a reimbursement mechanism for meals provided to the elderly				
Implementation strategies are logical steps toward assuring a 10% increase in the number of providers participating in the Adult Care Food Program.				

Objective 19a: To ensure collection and maintenance of a database on information and referral services for each county in the planning and service area				
Implementation strategies are logical steps toward assuring the Area Agency will operate under the AIRS Standards for Professional Information and Referral, which are included as an attachment to the OAA contract.				
Implementation strategies are logical steps toward assuring the following are provided to the department upon request:				
< The number of calls received by Elder Helplines.				
< The type/level of services requested.				
< The timely entry of accurate data in the online database.				
Objective 19b: To ensure a system is in place for collecting and organizing inquirer data to identify gaps in service and overlaps.				
Implementation strategies are logical steps toward assuring the Area Agency will ensure:				
< Accuracy of data entered in the resource database for use by the information specialists under the inclusion/exclusion criteria.				
< Quarterly reports from the Elder Helplines are submitted with regard to information and referral activity.				
Objective 20: To target service to elders most in need				
Implementation strategies are logical steps toward assuring the following:				
< Percent of high risk consumers (priority levels 4 and 5) served				
< The average time for applicants assessed as priority levels 4 and 5 to start services other than case management is less than the average time for applicants assessed as priority levels 1, 2, or 3 to start services.				
Objective 21: To ensure services provided to consumers are meeting consumer needs				
Implementation strategies include activities to assess consumer satisfaction with services provided.				

Objective 22: To ensure that Medicaid Waiver funds are appropriately managed to ensure as many consumers are served as possible with the budget constraints				
Implementation strategies are logical steps toward assuring the following:				
< Procedures for managing Medicaid Waiver expenditures.				
< Care plan review protocols and surplus/deficit management.				
Objective 23: To maximize resources				
Implementation strategies are logical steps toward assuring the following:				
< Procedures to identify funding alternatives to be used prior to relying on Community Care for the Elderly funds.				
< Identification of volunteer and other community resources to be accessed prior to relying on DOEA-funded services.				
< Service coordination to prevent duplication of efforts.				
Section P.IX. Certification of Compliance with Section 306, Older Americans Act				
The form is properly completed, signed by Board President (or other authorized official) and dated.				
Section P.X. Certification of Compliance with Community Care for the Elderly Program Prioritization				
The form is properly completed, signed by Board President (or other authorized official) and dated.				
Section P.XI. Program Module Review Checklist				
The form indicates if each item is included.				
The form identifies the page location(s) of the items.				

Other comments (identify relevant sections):

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

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Other changes: Identify section and provide comments or recommendations.