

Lynn Daucher, Director, California Department of Aging
Hoover Commission Testimony

The California Department of Aging's (CDA's) mission is to help older adults and adults with disabilities age in place with dignity. CDA oversees supportive services that enable older adults to continue living in the community. CDA administers the Older Americans Act and two Medi-Cal programs providing community-based services: Adult Day Health Care (ADHC) and the Multipurpose Senior Services Program (MSSP).

The Older Americans Act established a system for Home and Community Based Services (HCBS) to support aging in place. Older Americans Act federal funding, matched with state and local funds, flows to the states. California then passes these funds to 33 Area Agencies on Aging (AAAs) who in turn contract with local entities to provide OAA services. These local entities usually enhance the OAA funds with additional revenue thus leveraging the federal and state dollars.

The governance system is locally-driven. CDA provides policy guidance and oversight but leaves funding priorities to the AAAs. This locally-driven system is unique in California and results in HCBS tailored to the unique needs and resources of the local community.

All OAA services are provided free of charge but voluntary donations are encouraged. Services include congregate and home-delivered meals, caregiver support including respite, disease prevention, senior employment training, information and assistance, legal services and a broad array of supportive services including transportation, home modification, homemaker and chore, adult day care and case management. In addition, CDA oversees a counseling program (HICAP) for older adults enrolling in or having problems with Medicare.

CDA also certifies ADHC Centers for Medi-Cal reimbursement. ADHC serves adults 18 years and older who require both medical and day care services. ADHC supports frail adults so their caregivers can continue to work, have respite and to maintain the health of these adults and delay institutionalization.

CDA administers the MSSP as a Medi-Cal waiver. MSSP provides case management for adults 65 and older who are eligible for nursing home placement. By arranging for coordinated care and services, these frail adults delay or prevent institutional placements. Many clients of both these programs also utilize In Home Supportive Services (IHSS).

For more information on these services, see the attached Fact Sheets.

While there is anecdotal evidence suggesting that these services and programs achieve their goal of preventing or delaying institutionalization, there is no research verifying this. The SCAN Foundation is partnering with the University of California, the DHCS and other departments in CHHS to conduct a data analysis of Medi-Cal programs which should provide outcome information for the State.

One available measure, however, is the percent of Medi-Cal dollars spent on institutional care in nursing homes. In California, this percent has decreased such that California is among the states scoring the lowest on rates of institutional care. While no one can be certain of the reasons for this rebalancing success, some of the growth in the IHSS program is likely responsible. MSSP clients, all of whom are nursing home eligible, successfully avoid institutionalization and most use IHSS. The SCAN study should shed additional light on the benefits of these programs.

CMS is implementing a new version of the Nursing Facility (NF) Client Assessment instrument, the Minimum Data Set (MDS 3.0). The new MDS 3.0 requires all nursing home residents to be asked whether they want to leave the facility and move to the community. If the resident answers “yes”, CMS suggests that a referral be made to a state-designated entity such as the local AAA, Independent Living Center (ILC), or Aging Disability Resource Center (ADRC) to assist in the transition to the community. California has six ADRCs funded by Administration on Aging grants which link the HCBS provided by the local AAAs and ILCs.

Finally, the recently published Home and Community Based Long Term Care: Recommendations to Improve Access for Californians Final Report not only provides a complete overview of OAA and Medi-Cal services and programs in California but also provides recommendations for developing an integrated system of care. Included in the recommendations is a Single Entry Point (SEP) which resembles the new CMS requirement of a state-designated entity to provide transition services and Options Counseling for nursing home residents wanting to transition to the community.

This recognition of the importance of HCBS and the need to link consumers with these services could be the beginning of an integrated system of care. By linking HCBS with medical services, older adults and adults with disabilities will have the greatest opportunity to age in place. Long Term Care Integration proposals have been introduced in many legislative sessions (twice by this Administration) but the challenges are great and have not been overcome to date. In addition, the appropriate targeting of HCBS and Medi-Cal services could save money by avoiding institutionalization and hospitalization.



CALIFORNIA
DEPARTMENT OF AGING

Long-Term Care and Aging Services Division

**Statistical Fact Sheets
and
Program Narratives**

Data Covering Periods:
Fiscal Year 2006-07 through Fiscal Year 2010-11

March 2010

Introduction to the California Department of Aging Long-Term Care and Aging Services Division Statistical Fact Sheets and Program Narratives March 2010

Statistical Fact Sheets

The California Department of Aging (CDA) *Long-Term Care and Aging Services Division Statistical Fact Sheets* provide service performance data, demographic statistics, State operations budget allocations and local services expenditures, and local assistance expenditures for programs and services administered by CDA. Many of these programs are funded with both Federal and State funds under the Older Americans Act (OAA) and Older Californians Act (OCA) respectively. However, the amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for specified Community Based Services Programs (CBSP) and all future GF.¹ The eliminated State funded programs are: Alzheimer's Day Care Resource Center, Brown Bag, Linkages, Respite Purchase of Services, and Senior Companion. However, the statutory authority for these programs continues.

CDA contracts with its statewide network of 33 Area Agencies on Aging (AAA) to plan, develop, and deliver services to assist older adults, adults with disabilities, and their caregivers. Each AAA is responsible for service delivery in one of 33 designated Planning and Service Areas (PSA). The AAAs may provide services directly or by contract. PSAs are geographic service regions consisting of one or more counties (and Los Angeles City) within the State. A listing of PSAs by County is attached for your reference (see Attachment A).

The Statistical Fact Sheets also include data for two Medi-Cal funded programs administered by CDA: the Multipurpose Senior Services Program (MSSP) and Adult Day Health Care (ADHC) Program. These programs are Medi-Cal programs administered directly by CDA through local contractors.

For programs administered by AAAs, the data in the Statistical Facts Sheets are extracted from individual reports submitted by AAAs quarterly and annually for the prior fiscal year. The Administration on Aging (AoA) requires State Units on Aging (SUAs) to compile and submit Federal program data via the National Aging Program Information System (NAPIS) by January 31 of each year. AoA also requires SUAs to collect "unduplicated" client counts for registered services and "estimated unduplicated" counts for clients receiving services from a non-registered service. Registered services require an exact unduplicated count of clients. Non-registered services are those services where it is not practical to collect client specific information or where requiring the client to register may serve as a barrier to receiving a service.

¹ The other two CBSPs, the Foster Grandparent Program (FGP) and Health Insurance Counseling and Advocacy Program (HICAP) are not included. The GF for the FGP was eliminated in previous budget years. The HICAP is not GF supported and was not affected by these GF reductions. The statutory authority for the FGP continues.

While most programs display their data numerically, the Disease Prevention and Health Promotion program uses a narrative style to discuss their demographic and performance accomplishments. These are available by request.

Since the current State budget proposal has not been finalized, and programs may incur decreases in funding levels from the previous year, the uncertainty does not make it prudent to forecast future estimates and/or performance levels at this time. Therefore, the “estimated” data column was not completed for a number of programs.

New this Year

In Fiscal Year 2008-09, CDA implemented the California Aging Reporting System (CARS) that substantially changed data collection and reporting requirements for a number of programs administered by AAAs. CARS requires client-level reporting, as opposed to aggregate reporting, to more accurately capture unduplicated clients served. Modifications were also made in the collection of various demographic and performance data elements to meet State and Federal data collection requirements. Due to these changes, CDA expects some data fluctuation in the next few years.

Program Narratives

A Program Narrative provides information on the purpose of the program, eligibility requirements, and a brief history of the program. Links to narratives and histories of each program and service can be found under Program Fact Sheets and Program Narratives at www.aging.ca.gov. Recent changes to any program will be contained in the narrative. This information is often helpful in placing the data in context. We highly recommend using program narratives together with the presented data.

Expenditures

For programs funded under OAA, fluctuations in the reported expenditures between years may not necessarily reflect an increase or decrease in overall funding allocations. Unexpended Federal funds from OAA programs may be carried forward to a subsequent State fiscal year (SFY) within the same Federal fiscal year. Additionally, funds may be transferred among certain Federal programs within a SFY.

The prior year budget, in most cases, is used as the projected budget for the current year. Actual expenditure data for the current year is not available until year-end closeouts are received, which is generally at the end of October.

Similarly, for programs funded through the OAA and the OCA, the actual prior year number of clients served is also often used as an estimate for the anticipated number of clients that will be served in the current year, since actual client counts are reported only at the close of each year.

Consistently throughout the Fact Sheets, the total program cost figures for Current Year (CY) Budget and Budget Year (BY) reflect the “budget authority” as shown in the final Governor’s Budget. The estimated performance and demographics data would be based on allocated funding, not the budget authority amounts. This should be taken into account when comparing future proposed expenditures and future proposed performance.

Within six Community-Based Services Programs [there are seven, but the Health Insurance Counseling and Advocacy Program (HICAP) is exempt] AAAs are allowed to transfer funds between the six programs as long as the total budget authority for all six programs equals the total allocation each year.

Program Performance

Most performance data for the Statistical Fact Sheets are extracted from the individual reports submitted by the AAAs both quarterly and annually. Performance data is representative of actual clients served and various services provided in each fiscal year. Figures under an “estimated” column assume that the number of sites and/or client slots will remain relatively constant from year to year. However, not all programs project estimated counts for future years. In addition, not all program Statistical Fact Sheets include performance data.

Demographics

Demographic elements do not necessarily sum to total client counts due to missing data in each variable or clients declining to provide information. Individual programs' Statistical Fact Sheets have footnote explanations regarding demographic data that explain other variances. Also note that not all program Statistical Fact Sheets include demographic data.

California Department of Aging

Senior Companion Program Narrative

Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.70

Description

The Senior Companion Program (SCP) provides supportive services to adults with physical, emotional or mental health limitations, the majority of whom are elderly, in an effort to achieve and maintain their highest level of independent living. The Program has a dual purpose: first, to engage in volunteer service persons aged 60 years and older, particularly those with limited income; second, to meet critical community needs and to provide a high-quality experience that will enrich the lives of the volunteers and those they serve.

Senior Companion volunteers assist homebound clients with chores, light housekeeping, paying bills, grocery shopping, and transportation to medical and other appointments. In institutional settings, such as mental health and skilled nursing facilities, Senior Companion volunteers assist with validation therapy and encourage participation in prescribed activities designed to help the individual to regain independence. Many Senior Companion volunteers have prior work experience with persons diagnosed with Alzheimer's disease, stroke, diabetes, and mental illness.

The amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for the Senior Companion Program in FY 2009-10 and all future GF. However, the statutory authority for the Program continues under the OCA.

Benefits

Senior Companion volunteers receive a tax-exempt stipend of \$2.65 per hour, a free meal or meal reimbursement for each day of service; reimbursement for transportation to and from the work site; supplemental accident, personal liability and excess automobile insurance coverage; an annual physical examination; and personal recognition for their efforts. In many instances, the Senior Companion volunteer is an integral part of a care management team and is trained in how and when to alert doctors and/or family members of their clients' potential health problems and other needs.

Eligibility

<i>Age</i>	60 or older
<i>Income</i>	Cannot exceed \$1,083 per month / \$13,000 per year
<i>Other</i>	Senior Companion volunteers must be willing to serve between 20 to

	40 hours per week, up to a maximum of 2,088 hours per year. Participants must receive 20 hours of pre-service orientation training before assignment and monthly in-service training thereafter.
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Access

Information about SCP and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging website at www.aging.ca.gov. Information also is available through the federal Corporation for National and Community Service (CNCS) at www.seniorcorps.gov.

Current Year Funding Information

<i>Source</i>	State GF, local funds, and in-kind contributions The amended State Budget for FY 2009-10 eliminated the equivalent of nine months of OCA GF for the Senior Companion Program in FY 2009-10 and all future GF.
<i>Allocation Formula</i>	CDA distributes OCA Community-Based Services Program (CBSP) allocations uniformly to the AAAs, except when a specific allocation has been established through the legislative process.
<i>Match Requirements</i>	10 percent
<i>Other Funding Information</i>	Allocated Senior Companion funds can be transferred to other CBSPs. AAAs can choose not to fund/administer the Senior Companion Program.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Senior Community Service Employment Program Narrative

Older Americans Act Title V

Program / Element / Component -- 20

Description

The Senior Community Service Employment Program (SCSEP) provides part-time work-based training opportunities for older workers in local community service agencies and assists program participants in obtaining unsubsidized employment. While training in community service positions, participants provide non-profit or government “host agencies” with support to provide much needed community services.

The Program provides a variety of supportive services to the individual such as personal and job-related counseling, job-related training prior to and as preparation for community service assignments, job search assistance and job referral.

The United States Department of Labor, Employment Training Administration (DOL), is the federal organization responsible for the administration of the program. Current funding supports 1,011 enrollee positions administered by California Department of Aging (CDA) and 3,944 enrollee positions administered by the eight National Contractors operating in California. CDA contracts with 15 Area Agencies on Aging (AAA) to provide AAA SCSEP services locally, and collaborates with the National Contractors for equitable distribution of the remaining California enrollee positions.

Each AAA is responsible for service delivery in one of 33 designated Planning and Service Areas (PSA). The 15 AAAs may provide services directly or by contract.

In Fiscal Year (FY) 2008-09, the federal American Recovery and Reinvestment Act (ARRA) of 2009 awarded \$2,035,078 to California’s SCSEP to support additional job training positions. The ARRA funding continues through June 2010.

Benefits

The SCSEP fosters individual economic self-sufficiency and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors. Placing older individuals in community service employment training positions strengthens their ability to become self-sufficient, provides support to organizations that benefit from increased civic engagement, and strengthens the communities served by such organizations.

Eligibility

<i>Age</i>	55 or older
<i>Income</i>	Must not exceed 125 percent of the federal poverty level.
<i>Other</i>	<p>Must be a California resident, unemployed at the time of enrollment, and have poor employment prospects.</p> <p>The CDA's website has available a SCSEP eligibility calculator to assist individuals in determining their SCSEP income eligibility. The calculator is a guide only; individuals should confirm their eligibility with local SCSEP staff.</p>

Access

Information about SCSEP and how to access services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and CDA's directory of SCSEP programs at www.aging.ca.gov/programs/titleV.

Current Year Funding Information

<i>Source</i>	<p>Federal DOL, local funds, in-kind contributions</p> <p>In FY 2008-09, the ARRA awarded \$2,035,078 to California's SCSEP to support additional job training positions, to feed seniors in need and to restore nutrition services and local food service positions eliminated due to cost increases and funding losses. The ARRA funding continues through June 2010.</p>
<i>Allocation Formula</i>	Allocation formula based on DOL SCSEP grant enrollee position allocation for CDA and equitable distribution agreement with National SCSEP Contractors operating in California.
<i>Match Requirements</i>	<p>10 percent cash or "in-kind"</p> <p>Currently, participating AAAs meet the State's 10 percent match requirement.</p>
<i>Other Funding Information</i>	The amended State Budget for FY 2008-09 eliminated State General Fund support for SCSEP.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Respite Purchase of Services Program Narrative
Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.60

Description

This Respite Purchase of Services (RPOS) Program provides relief and support to caregivers in order to delay premature or inappropriate institutionalization of both the person receiving care and the caregiver.

The RPOS provides limited funding for purchasing short term in-home care; day care services such as Alzheimer’s Day Care Resource Center, Adult Day Care, and Adult Day Health Care; or 24-hour care at a licensed skilled, intermediate, or residential care facility.

Area Agencies on Aging (AAA) have the option of administering the RPOS through the local Linkages Program, providing the Program directly or contracting with a local agency. The RPOS Program is not limited to Linkages clients.

The amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for the RPOS Program in FY 2009-10 and all future GF. However, the statutory authority for the Program continues under the OCA.

Benefits

RPOS provides relief and support to caregivers, by providing short-term respite care that enables frail elderly and functionally impaired adults to remain living in their home.

Eligibility

<i>Income</i>	No income criteria
<i>Age</i>	18 and older
<i>Other</i>	The RPOS Program services may be provided to a caregiver that is primarily responsible for providing care to a frail elderly person or and adult with functional impairments who is at risk of institutional placement and is not receiving respite services from other programs. The caregiver or the client must reside in the AAA’s service area.

Access

Information on the RPOS Program and how to access services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	State GF, local funds, and in-kind contributions The amended State Budget for FY 2009-10 eliminated the equivalent of nine months of OCA GF for the RPOS Program in FY 2009-10 and all future GF.
<i>Allocation Formula</i>	CDA distributes OCA Community-Based Services Program (CBSP) allocations uniformly to the AAAs, except when a specific allocation has been established through the legislative process.
<i>Match Requirements</i>	N/A
<i>Other Funding Information</i>	Allocated RPOS funds can be transferred to other CBSPs. AAAs can choose not to fund/administer the RPOS Program.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Ombudsman / Advocacy Assistance Program Narrative
Older Americans Act Titles IIIB and VIIA

Program / Element / Component – 30.20

Description

The Office of the State Long-Term Care Ombudsman has oversight responsibility for 35 local Ombudsman programs throughout the State. Approximately 150 paid staff and 980 volunteers advocate on behalf of residents of long-term care (LTC) facilities. These facilities include 1,319 skilled nursing and intermediate care facilities, and 7,849 residential care facilities for the elderly with a combined total of 290,974 long-term care beds in California.

Staff and volunteers of the local programs receive, investigate, and resolve complaints made by or on behalf of, residents of LTC facilities. Local programs work with licensing agencies and law enforcement in the investigation of abuse in facilities. They also provide community education, maintain a regular presence in facilities, advocate to influence public policy related to long-term care, serve as members of interdisciplinary teams within their counties, witness advance health care directives for residents in nursing facilities, and address quality-of-care practices in facilities. State Office responsibilities include: providing technical assistance and evaluating local programs; conducting semi-annual statewide training conferences; acting as liaison with licensing and regulatory agencies; working to influence public policy through legislative bill analyses and promulgation of policies and regulations; acting as a clearinghouse for information and data related to LTC issues; compiling statewide data on the Ombudsman Program; and providing a 24-hour CRISISline telephone service to receive complaints.

Benefits

The Program provides assistance to residents, their friends, families, and the public in the following areas: (1) resolution of quality-of-life and quality-of-care issues while residing in a facility; (2) education about laws and regulations related to LTC; and (3) witnessing advance health care directives and certain property transfers for residents of skilled nursing facilities.

Paid staff and volunteers visit all licensed LTC facilities, providing a regular presence to ensure that the rights of residents are protected.

Eligibility

<i>Income</i>	No requirements
<i>Age</i>	All residents of LTC facilities in the State, 60 years and older, are eligible for Ombudsman services. Assistance is also provided to residents under 60 years of age, as time and resources permit.
<i>Other</i>	The Ombudsman Program investigates elder and dependent abuse cases occurring in LTC facilities, adult residential facilities, adult day programs, adult day health care facilities, and other types of community care facilities.

Access

Ombudsman Program Information and Assistance is available 24 hours a day via the CRISISline at **1-800-231-4024**. Every licensed LTC facility in the State is required to display at least one poster, in an area accessible to residents, advertising this number. Each poster also displays the telephone number of the local LTC Ombudsman Program. Ombudsman services also can be accessed through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	<p>State Operations State General Fund (GF) Federal Older Americans Act (OAA) Title IIIB-Supportive Services – Ombudsman Federal OAA Title VIIA-Ombudsman Federal OAA Title VIIB-Elder Abuse Prevention State Special Deposit Fund (that derives from federal Citation Penalty fund)</p> <p>Local Assistance Federal OAA Title IIIB-Ombudsman Federal OAA Title VIIA-Ombudsman Federal OAA Title VIIB-Elder Abuse Prevention (not all local programs receive this funding) State Special Deposit Fund (that derives from federal Citation Penalty fund) Grants, local fund-raising, donations</p> <p>The 2008/09 Budget Act eliminated all State GF for local assistance.</p>
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<i>Allocation Formula</i>	<p>The Ombudsman Funding Formula is established in the Welfare & Institutions Code 9719.5 for allocations to local Ombudsman programs:</p> <ul style="list-style-type: none"> ▪ 50 percent allocated based on number of long-term care facilities in proportion to total facilities in the State. ▪ 40 percent allocated based on number of long-term care beds in proportion to total beds in the State. ▪ 10 percent allocated based on total square miles in proportion to total square miles in the State. ▪ No less than \$35,000 will be allocated each year except in areas where there are less than 10 facilities and less than 500 beds. ▪ Allocations in areas where less than 10 facilities and less than 500 beds is no less than the base allocation established in the 1986 Budget Act.
<i>Match Requirements</i>	No match required
<i>Other Funding Information</i>	None
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Multipurpose Senior Services Program Narrative
Medi-Cal Home- and Community-Based Services Waiver

Program / Element / Component -- 40.40

Description

The Multipurpose Senior Services Program (MSSP) provides both social and health care case management services for frail elderly clients who wish to remain in their own homes and communities. The Program's goal is to use available community services and resources to prevent or delay institutionalization of these frail clients. The services must be provided at a cost lower than that of a skilled nursing facility.

The MSSP exists under a Medicaid (Medi-Cal in California) Home- and Community-Based Services (HCBS) waiver approved by the federal Centers for Medicare and Medicaid Services (CMS). The current waiver extends from July 1, 2009 through June 30, 2014. The California Department of Aging (CDA) administers the MSSP under an interagency agreement (IA) with the Department of Health Care Services (DHCS). The CDA's MSSP Branch oversees the programmatic, fiscal and service components of local MSSP site operations.

Benefits

A team of health and social service professionals provide each client with a complete health and psychosocial assessment to determine needed services. The team then works with the client, their physician, family, and others to develop an individualized care plan.

Services include, but are not limited to: case management; adult day social care; housing assistance; in-home chore and personal care services; respite services; transportation services; protective services; meal services; and special communication assistance.

Eligibility

<i>Income</i>	Currently eligible for Medi-Cal under a qualifying primary Medi-Cal aid code.
<i>Age</i>	65 and older
<i>Other</i>	Certified or certifiable for placement in a nursing facility.

Access

Information on MSSP and how to receive services can be obtained through the statewide toll-free Senior Information Line at **1-800-510-2020** and the CDA website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	The total local assistance budget is \$45,464,000 funded jointly by the State General Fund (GF) and the Federal Medicaid Program (Social Security Act Title XIX).
<i>Allocation Formula</i>	N/A
<i>Match Requirements</i>	50 percent from the GF and 50 percent from Medicaid As a HCBS waiver, MSSP is eligible for the increase in federal matching funds for state Medicaid local assistance expenditures authorized by Title V of the American Recovery and Reinvestment Act (ARRA) of 2009. The ARRA temporarily increased the federal match from 50 percent to 61.59 percent through December 31, 2010.
<i>Other Funding Information</i>	The \$45,464,000 above reflects the current 10% budget reduction. The prior total was \$50,515,000.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Linkages Program Narrative

Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.50

Description

The Linkages Program is a care management program, which serves frail older adults and adults with functional impairments who are at risk of being placed in an institutional setting. Linkages professionals, known as care managers, link their clients to services that assist them to remain independent in their own communities. There is usually a waiting list for services. Services available through the Linkages Program fill the gaps for individuals who are not eligible for other case management services, such as those offered through the Departments of Developmental Services, Mental Health, and Rehabilitation. Linkages staff are expected to use the individual's family, other informal support networks, and existing community services to their fullest capacity. If other resources are unavailable, the Linkages Program has available limited funds to purchase some one-time assistance.

The amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for the Linkages Program in FY 2009-10 and all future GF. However, the statutory authority for the Program continues under the OCA.

Benefits

A Linkages Program care manager is assigned to each individual and completes a thorough in-home assessment. The care manager works with client and the family or friends involved in their care. The care manager develops a care plan for the individual's approval that seeks to enhance the person's strengths and address their needs. The care manager may link the person to a variety of community services, such as transportation to medical appointments, home-delivered meals, homemaker and personal care, and caregiver support. Linkages staff also help the client to obtain various devices, including ramps, hand-held showerheads, and nutritional supplements. Staff contact the client regularly and follow-up to ensure the services and products are satisfactory to the individual.

Eligibility

<i>Income</i>	No income criteria
<i>Age</i>	18 and older

<i>Other</i>	To be eligible for the Linkages Program, a client must be an adult with functional impairments. Individuals must have the need for assistance in at least two activities of daily living, such as transportation, housework, dressing, or bathing. They must live in an area served by the Linkages Program and be willing to participate.
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Access

Information on the Linkages Program can be obtained through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	State GF, local funds, in-kind contributions The amended State Budget for FY 2009-10 eliminated the equivalent of nine months of OCA GF for the Linkages Program in FY 2009-10 and all future GF.
<i>Allocation Formula</i>	CDA distributes OCA Community-Based Services Program (CBSP) allocations uniformly to the AAAs, except when a specific allocation has been established through the legislative process.
<i>Match Requirements</i>	N/A
<i>Other Funding Information</i>	Allocated Linkages funds can be transferred to other CBSPs. AAAs can choose not to fund/administer the Linkages Program.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Home-Delivered Nutrition Program Narrative

Older Americans Act Title III C-2

Program / Element / Component – 10.20

Description

The Home-Delivered Nutrition Program provides nutritious meals, nutrition education, and nutrition risk screening to individuals 60 years of age or over who are homebound by reason of illness or disability, or who are otherwise isolated. Program goals are targeted to the reduction of social isolation and the promotion of better health through nutrition. Meals meet nutritional standards by incorporating the Dietary Guidelines for Americans and providing a minimum of one-third of the Dietary Reference Intakes (DRIs).

Most home-delivered meal programs provide their clients with a hot meal five days a week delivered by staff or volunteer drivers. In addition, nutrition education is provided and nutrition counseling may be available.

The Program is funded by the federal Older Americans Act (OAA), the State General Fund (GF), local funds, grants, and in-kind contributions. In FY 2008-09, the American Recovery and Reinvestment Act (ARRA) of 2009 awarded \$3,242,063 of additional funding to California’s Home-Delivered Nutrition Program to feed seniors in need and to restore nutrition services and local food service positions eliminated due to cost increases and funding losses. The ARRA funding continues through September 2010.

Benefits

Providing meals to homebound eligible individuals is a vital service which in many cases facilitates the individual’s ability to remain independent and in their own home. This prevents premature institutionalization and its associated costs.

Eligibility

<i>Income</i>	No requirements
<i>Age</i>	60 and older
<i>Other</i>	Eligible individuals must be 60 years of age or older, homebound by reason of illness, incapacity, disability, or are otherwise isolated. Spouses and caregivers of eligible participants, regardless of age, may receive meals if it is deemed beneficial to the participant. An individual with a disability who resides at home with an older individual may receive a meal

	if it is deemed in the best interest of the homebound senior. The OAA emphasizes serving individuals in greatest economic or social need, older individuals living in rural areas, and low-income minority older individuals.
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Access

Information on the Home-Delivered Nutrition Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	OAA federal funds, State GF, local funds, in-kind contributions In FY 2008-09, the American Recovery and Reinvestment Act (ARRA) of 2009 awarded \$3,242,063 of additional funding to California's Home-Delivered Nutrition Program to feed seniors in need and to restore nutrition services and local food service positions eliminated due to cost increases and funding losses. The ARRA funding continues through September 2010.
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirements</i>	5 percent State GF 10 percent local program funds 25 percent local administrative funds
<i>Other Funding Information</i>	Transfers: Statewide 40 percent of funds can be transferred between Title III C-1 (congregate) and Title III C-2 (home-delivered); 30 percent of funds can be transferred between Title IIIB (supportive services) and Title III C-1 and Title III C-2. There are no fees for participation in the Program; donations are encouraged.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Health Insurance Counseling and Advocacy Program Narrative

Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.10

Description

The Health Insurance Counseling and Advocacy Program (HICAP) is a consumer-oriented health insurance counseling and education program. The Program offers the following services: (1) community education regarding Medicare Parts A and B, Medicare Part D Prescription Drug Plans, Medicare Advantage Plans, Medicare Supplement insurance and long-term care insurance; (2) individual health insurance counseling that provides objective and accurate comparisons of choices; and informal advocacy services regarding enrollment, disenrollment, claims, appeals prescription drug exceptions and other urgent Part D Plan coverage issues; and (3) legal referral and in some geographic areas, legal assistance.

The California Department of Aging (CDA) contracts with 26 Area Agencies on Aging (AAA) to provide HICAP services throughout the State. Services are available in all 58 counties and Planning and Service Areas (PSAs). The 26 AAAs may provide services directly or by contract.

Benefits

The HICAP community presentations enhance the community's knowledge of Medicare Advantage Plan benefits, local access to primary and emergency care and premiums; Medicare Prescription Drug Plan coverage, formularies and co-payments; other Medicare Health Plans; Medicare beneficiary rights including appeal procedures; and long-term care insurance. Medicare beneficiaries requiring individual counseling or answers to Medicare questions also benefit from HICAP. Individual counseling services can help with eligibility issues, understanding insurance policy conditions, evaluating health insurance options, and many other problems related to Medicare coverage and health plan coverage. Finally, limited legal assistance is available in some areas to advocate on behalf of HICAP clients.

Eligibility

<i>Income</i>	No requirements (see Other)
<i>Age</i>	Counseling is for individuals aged 65 or older on Medicare; those younger than age 65 with a disability and on Medicare; and those imminent of becoming eligible for Medicare and at least age 60. There are no age restrictions on attending educational events to the public.

<i>Other</i>	Eligibility for HICAP services is limited to Medicare beneficiaries and persons imminent of Medicare eligibility. Medicare/Medi-Cal dual eligibles may also receive HICAP services.
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Access

Information on HICAP and how to receive services is available through several avenues. The primary access point is the statewide HICAP toll-free telephone number at **1-800-434-0222**. Registered HICAP Counselors are available by appointment in person or by phone by calling the HICAP toll-free number or the local HICAP direct number. In some instances, counseling sites can accommodate walk-in clients.

The statewide toll-free Senior Information Line at **1-800-510-2020** provides information on HICAP community presentation schedules and referrals to local HICAP offices. The CDA website at www.aging.ca.gov lists a calendar of local HICAP community events. HICAP information also is available through local senior centers, community organizations, and notices in community newspapers.

Current Year Funding Information

<i>Source</i>	State Insurance Reimbursement Fund State HICAP Fund Federal Centers for Medicare and Medicaid Services (CMS)/State Health Insurance Assistance Program (SHIP) Funds
<i>Allocation Formula</i>	50 percent flat to 26 local programs. 50 percent by the proportional share of Medicare beneficiaries.
<i>Match Requirements</i>	No match required.
<i>Other Funding Information</i>	Administration on Aging (AoA)/CMS funding through the Medicare Improvements for Patients and Providers Act (MIPPA) to enroll beneficiaries in Part D Low Income Subsidy (LIS) and Medicare Savings Programs (MSP).
<i>Funding Cycle</i>	April 1 – March 31

California Department of Aging
Family Caregiver Support Program Narrative
Older Americans Act Title III E

Program / Element / Component – 30.10

Description

The Family Caregiver Support Program (FCSP) addresses the emotional, physical, and financial consequences of unpaid family caregiving through access to multifaceted systems of support. Preventing the collapse of these fragile family caregiving networks and loss of unpaid care helps high-risk individuals avoid long-term care facility placement and spend down to the Medi-Cal eligibility level.

The FCSP provides support to (1) unpaid family caregivers of older adults and (2) grandparents or other older relatives with primary caregiving responsibilities for a child. FCSP services include:

- **Information Services** to provide FCSP and other caregiver support resources and service information through media campaigns, electronic information systems, and community education events.
- **Access Assistance** involving both, provider-initiated outreach to overwhelmed caregivers to encourage their use of support services, and caregivers access to information assistance and legal programs for help.
- **Support Services** to provide caregivers avenues to seek advice and guidance related to their caregiving responsibilities, including caregiver assessment, counseling, support groups, and training.
- **Respite Care** to offer brief periods of relief or rest from caregiving responsibilities temporarily on an intermittent, occasional, or emergency basis through multifaceted options.
- **Supplemental Services** to support and strengthen care provided by unpaid caregivers through assistive devices, home modifications, services registries for matching care workers with caregivers willing to use personal resources, and emergency cash or material aid.

Benefits

The FCSP services can diminish caregiver burden, permit caregivers to remain in the workforce, and prevent or delay more costly unwanted institutional placement and rapid spend down of assets. Information about the caregiving role and available resources

empowers those facing (or who will face) a challenging long-term care situation. Proactive outreach and service access assistance are vital to preserving and promoting unpaid family support networks for high-risk individuals. The FCSP support services help caregivers to cope with stress, depression, multiple personal demands, and competing priorities. This can reduce reliance on more costly formal supports. The availability of emergency or intermittent respite enables an unpaid caregiver to provide care by giving them a needed break from their caregiving responsibilities. Limited supplemental services address unique needs that threaten the caregiver's ability to provide care.

Eligibility

<i>Income</i>	<p>No requirement</p> <p>Priority for service access given to caregivers with greatest social need and greatest economic need (with particular attention to low-income individuals, including low-income minority individuals, individuals with limited English proficiency, and individuals residing in rural areas).</p>
<i>Age</i>	<p>Family caregivers must be adult (18 years of age or older) family members or other individuals (e.g., friend or neighbor) and willing informal (i.e., unpaid) providers of care.</p> <ul style="list-style-type: none"> • Priority given to family caregivers who are older individuals (60 years of age or older) with greatest social need and greatest economic need (with particular attention to low-income); and • Priority given to family caregivers of older individuals (60 years of age or older) with Alzheimer's disease or related disorders. <p>Family caregivers' older care receivers must be:</p> <ul style="list-style-type: none"> • Adults 60 years of age or older; or • Individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction. <p>Grandparent, step-grandparent, or other older relative caregivers* must be aged 55 or older; related to the child by blood, marriage, or adoption; living with the child; and serving as the primary caregiver through a legal or informal arrangement because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver.</p> <ul style="list-style-type: none"> • Priority given to those caring for children with severe disabilities. <p>Child care receivers must be:</p>

	<ul style="list-style-type: none"> • Children 18 years of age or younger; or • Individuals of any age with a disability. <p>*Note: Older caregivers providing care to their adult children with disabilities can be served in the FCSP if the adult children are 60 years of age or older.</p>
<i>Other</i>	Respite Care and Supplemental Services are available only to a grandparent/older relative caregiver of a child, or to a family caregiver of person 60 years of age or older having two or more limitations in activities of daily living or a cognitive impairment requiring substantial supervision.

Access

Information on FCSP and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding Information:

<i>Source</i>	OAA federal funds, local funds, in-kind contributions
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirements</i>	Federal share shall not exceed 75 percent of total FCSP costs. The non-federal share shall be at least 25 percent of local program costs. Currently, the Area Agencies on Aging meet this requirement.
<i>Other Funding Information</i>	State may not allow more than ten percent of the total federal share and required match to provide FCSP services to grandparents and other older relatives caring for a child.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Elder Abuse Prevention Program Narrative
Older Americans Act Title VIIB

Program / Element / Component – 30.20

Description

The Elder Abuse Prevention Program’s goal is to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of elder abuse. Allowable activities include, but are not limited to, public education and outreach; coordination of services with adult protective services, law enforcement, and the courts; and training. The California Department of Aging (CDA) allocates funding and monitors activities of the Program.

Benefits

The Program provides funding to educate the public about how to prevent, recognize, and respond to elder abuse.

Eligibility

<i>Income</i>	No requirements
<i>Age</i>	No requirements
<i>Other</i>	N/A

Access

Information about Elder Abuse Program activities is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the CDA website at www.aging.ca.gov.

Current Year Funding

<i>Source</i>	OAA federal funds, local funds, in-kind contributions The 2008-09 Budget Act eliminated State General Fund support for this program.
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirements</i>	N/A

<i>Other Funding Information</i>	N/A
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Disease Prevention and Health Promotion Program Narrative

Older Americans Act Title IIID

Program / Element / Component – 30.10

Description

The Disease Prevention and Health Promotion Program (Title IIID) is designed to strengthen preventive health services and health promotion systems. Title IIID supports programs to help older adults prevent and manage chronic diseases. Although illness and disability rates increase with age, a large body of research demonstrates that health promotion and disease prevention activities can help ensure healthy and independent lives for older individuals.

Health promotion programs include health screening, medication management, education, counseling and other activities that promote physical fitness, falls prevention, and emotional well-being. Services are directed to prevent and mitigate the consequences of chronic diseases in participants with an emphasis on evidence-based health promotion programs.

Program services are offered in multipurpose senior centers, at congregate nutrition sites, through home-delivered meals programs, and other appropriate locations.

Benefits

The Disease Prevention and Health Promotion Program benefits healthy aging. Healthy aging is the development and maintenance of optimal physical, mental, and social well-being and function in older adults. An active healthy lifestyle is a key component to successful aging and can help even frail older adults to prolong their independence and improve their quality of life. Title IIID medication management services provide medication screening and education to individuals and/or their caregivers to prevent incorrect medication and adverse drug reactions.

Eligibility

<i>Income</i>	No requirement
<i>Age</i>	60 and older
<i>Other</i>	Although the Program does not have income requirements, the Older Americans Act (OAA) emphasizes serving individuals in greatest economic or social need, individuals living in rural areas, those who reside in a

	medically underserved area of the region, and individuals who have chronic medical conditions that can improve with education and non-medical intervention.
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Access

Information on the Title IID Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding

<i>Source</i>	OAA federal funds, local funds, in-kind contributions The 2008-09 Budget Act eliminated General Fund support for this program.
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirements</i>	10 percent local funding
<i>Other Funding Information</i>	AAAs must meet funding requirements for medication management services.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Congregate Nutrition Program Narrative

Older Americans Act Title III C-1

Program / Element / Component – 10.10

Description

The Congregate Nutrition Program addresses dietary inadequacy and social isolation among individuals aged 60 and older. The Program provides nutrition education, nutrition risk screening and, in some Planning and Service Areas (PSA), nutrition counseling. The program targets older individuals with the greatest economic or social need, with particular attention given to low-income minority older individuals and older individuals living in rural areas. The program encourages the use of volunteers and gives all participants the opportunity to contribute to the meal cost. Meals incorporate the Dietary Guidelines for Americans and provide a minimum of one-third of the Dietary Reference Intakes (DRIs).

The Congregate Nutrition Program is funded by the federal Older Americans Act (OAA), the State General Fund, participant donations, local funds, grants, and non-participant donations. In FY 2008-09, the American Recovery and Reinvestment Act (ARRA) of 2009 awarded \$6,585,441 of additional funding to California's Congregate Meals Program to feed seniors in need and to restore nutrition services and local food service positions eliminated due to cost increases and funding losses. The ARRA funding continues through September 2010.

Benefits

The Program is designed to improve participants' dietary intakes and to offer participants opportunities to form new friendships and create informal support networks. Since adequate nutrition is critical to health, functioning, and the quality of life, the Program is an important component of home- and community-based services for older people.

Eligibility

<i>Income</i>	No requirement
<i>Age</i>	60 and older
<i>Other</i>	Also eligible for meals and other nutrition services are spouses of eligible participants, regardless of age, volunteers who provide needed services during meal service hours, persons with disabilities, persons who live with an eligible person, and older individuals who live in senior housing facilities

	with meal services. The OAA emphasizes serving individuals in greatest economic or social need, older individuals living in rural areas, and low-income minority older individuals.
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Access

Information on the Congregate Nutrition Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	OAA federal funds, State General Fund (GF), local funds, in-kind contributions In FY 2008-09, the American Recovery and Reinvestment Act (ARRA) of 2009 awarded \$6,585,441 of additional funding to California's Congregate Meals Program to feed seniors in need and to restore nutrition services and local food service positions eliminated due to cost increases and funding losses. The ARRA funding continues through September 2010.
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirements</i>	5 percent State GF 10 percent local program funds 25 percent local administrative funds
<i>Other Funding Information</i>	Transfers: Statewide 40 percent of funds can be transferred between Title III C-1 (congregate) and Title III C-2 (home-delivered); 30 percent of funds can be transferred between Title IIIB (supportive services) and Title III C-1 and Title III C-2. There are no fees for participation in the Program; donations are encouraged.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Brown Bag Program Narrative

Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.30

Description

The Brown Bag Program provides surplus and donated edible fruits, vegetables, and other food products to low-income individuals 60 years of age and older. Food products are distributed at various locations throughout the State. The types of food distributed vary depending on the season, weather, and other factors that impact availability. Volunteers, the majority of whom are older individuals, help provide the time and energy needed to clean, sort, and distribute these food items. There is no fee charged to participants, although voluntary contributions can be made.

The amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for the Brown Bag Program in FY 2009-10 and all future GF. However, the statutory authority for the Program continues under the OCA.

Benefits

The Brown Bag Program provides surplus and donated food products to supplement the nutritional resources of low-income older individuals. Food distributed by the Brown Bag Program frees the resources seniors otherwise would spend on food, allowing seniors to purchase other necessities such as medication and utilities. Volunteers donate their time to the Program, providing them with the sense of purpose and satisfaction derived from helping others.

Eligibility

<i>Income</i>	Must not exceed 100 percent of the California State Supplementary Income/State Supplemental Payment (SSI/SSP) rate for a blind applicant. Local Brown Bag programs have the option to serve those with an income up to 125 percent of the SSI/SSP rate for the blind, contingent upon the availability of surplus food and within the limits of available funds.
<i>Age</i>	60 and older
<i>Other</i>	N/A

Access

Information on the Brown Bag Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging (CDA) website at www.aging.ca.gov.

Current Year Funding

<i>Source</i>	State GF, local funds, in-kind contributions The amended State Budget for FY 2009-10 eliminated the equivalent of nine months of OCA GF for the Brown Bag Program in FY 2009-10 and all future GF.
<i>Allocation Formula</i>	CDA distributes OCA Community-Based Services Program (CBSP) allocations uniformly to the AAAs, except when a specific allocation has been established through the legislative process.
<i>Match Requirements</i>	25 percent cash match and 25 percent in-kind match
<i>Other Funding Information</i>	Allocated Brown Bag Program funds can be transferred to other CBSPs. AAAs can choose not to fund/administer the Brown Bag Program.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Alzheimer's Day Care Resource Center Program Narrative Older Californians Act Community-Based Services Program

Program / Element / Component -- 40.90.20

Description

Alzheimer's Day Care Resource Centers (ADCRC) provide services to persons with Alzheimer's disease and related dementias and their families and caregivers. Center staff work together with families/caregivers to determine how best to serve the participants' medical and psycho-social needs. The centers also:

- Provide respite for families/caregivers who care for these persons at home.
- Provide training opportunities for professionals and other persons caring for this population.
- Disseminate information to the public regarding Alzheimer's disease and related dementias.
- Serve as a resource to family/caregiver support groups.
- Act as a source of information regarding services available to this population.

Persons in the moderate to severe stages of Alzheimer's disease and related dementias and caregivers are eligible to participate in the Program.

The amended State Budget for Fiscal Year (FY) 2009-10 eliminated the equivalent of nine months of Older Californians Act (OCA) State General Fund (GF) for the ADCRC Program in FY 2009-10 and all future GF. However, the statutory authority for the Program continues under the OCA.

Benefits

Persons with dementia participate in day programs specifically designed to minimize cognitive decline and improve their quality of life by eliminating isolation and minimizing behaviors often associated with dementia, such as wandering and combativeness. Families/caregivers benefit from the respite provided while the participant is at the Program.

Eligibility

<i>Income</i>	No income criteria
<i>Age</i>	18 and older

<i>Other</i>	Participants must have a medical diagnosis of dementia to participate in the services provided by the ADCRC.
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Access

Information on the ADCRC Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging website at www.aging.ca.gov.

Current Year Funding Information

<i>Source</i>	State GF, local funds, in-kind contributions The amended State Budget for FY 2009-10 eliminated the equivalent of nine months of OCA GF for the ADCRC Program in FY 2009-10 and all future GF.
<i>Allocation Formula</i>	CDA distributes OCA Community-Based Services Program (CBSP) allocations uniformly to the AAAs, except when a specific allocation has been established through the legislative process.
<i>Match Requirements</i>	25 percent
<i>Other Funding Information</i>	Allocated ADCRC funds can be transferred to other CBSPs. AAAs can choose not to fund/administer the ADCRC Program.
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging
Adult Day Health Care Program Narrative
Medi-Cal State Plan Service

Program / Element / Component -- 40.50

Description

The Adult Day Health Care (ADHC) Program is a community-based day health program which provides services to frail older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities. The purpose is to delay or prevent institutionalization and maintain individuals in their homes and communities for as long as possible. The majority of ADHC participants are Medi-Cal beneficiaries.

The ADHC Program is administered under an interagency agreement between the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA). ADHC centers are licensed by CDPH and certified for participation in the Medi-Cal Program by CDA.

CDA is responsible for initial certification of new centers, certification renewal of licensed centers, providing ongoing training and technical assistance as needed to the centers, and recommending adverse actions against a center's certification for those centers that are substantially out-of-compliance with program requirements.

Benefits

The ADHC Program is an alternative to institutionalization for those individuals who are capable of living at home with the aid of appropriate health care and rehabilitative and social services. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, and the community in working toward maintaining personal independence.

Each ADHC center has a multidisciplinary team of health professionals who conduct a comprehensive assessment of each potential participant to determine and plan the ADHC services needed to meet the individual's specific health and social needs. Services provided at the center include the following: medical services; nursing services; physical, occupational and speech therapies; psychiatric and psychological services; planned recreational activities; social services; hot meals and nutritional counseling; and transportation to and from the center, if needed.

Eligibility

<i>Income</i>	Currently eligible for Medi-Cal under a qualifying primary Medi-Cal aid code. (See Other)
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<i>Age</i>	Participants must be at least 18 years of age and meet specific medical necessity and eligibility criteria for admission.
<i>Other</i>	ADHC services are an optional benefit under the Medi-Cal Program for individuals eligible for Medi-Cal. Individuals also may pay “out-of-pocket” for ADHC services. Third party payers such as long-term care insurance companies or the Veterans Administration also may pay for ADHC services.

Access

Information on the ADHC Program and how to receive services is available through the statewide toll-free Senior Information Line at **1-800-510-2020**. Information about the ADHC Program and locations of ADHC centers is also available through the CDA website at www.aging.ca.gov by selecting the ADHC tab.

Current Year Funding Information

<i>Source</i>	State General Fund (GF), federal Medicaid program (Social Security Act Title XIX)
<i>Allocation Formula</i>	N/A
<i>Match Requirements</i>	50 percent from the GF and 50 percent from Medicaid The ADHC Program is eligible for the increase in federal matching funds for state Medicaid local assistance expenditures authorized by Title V of the American Recovery and Reinvestment Act (ARRA) of 2009. The ARRA temporarily increased the federal match from 50 percent to 61.59 percent through December 31, 2010.
<i>Other Funding Information</i>	N/A
<i>Funding Cycle</i>	July 1 – June 30

California Department of Aging

Supportive Services Program Narrative

Older Americans Act Title IIIB

Program / Element / Component – 30.10

Description

The Older Americans Act (OAA) seeks to enable all older individuals to maintain their well-being through locally developed community-based systems of services. The OAA Title IIIB Supportive Services Program provides a variety of services to address functional limitations, maintain health and independence, and promote access.

The CDA contracts with its statewide network of 33 Area Agencies on Aging (AAA) to plan, develop, and deliver services to assist older adults, adults with disabilities, and their caregivers. Each AAA is responsible for service delivery in one of 33 designated Planning and Service Areas (PSA). The AAAs may provide services directly or by contract.

The Title IIIB Information and Assistance Program (I&A) is the entry point to services in a PSA. The I&A staff assess individuals' needs and link them to local services or provide referrals to programs in other communities. The I&A staff are also responsible for doing follow-up to ensure individuals have obtained services. In addition, I&A staff work with local agencies on disaster planning and preparedness activities to address older adults' needs during local or statewide disasters.

Title IIIB provides funding to a variety of supportive services programs:

- Personal Care, Homemaker, and Chore programs provide assistance for individuals who otherwise could not remain in their homes.
- Adult Day Care/Adult Day Health offers social and recreational activity in a supervised, protective, congregate setting during some portion of a 24-hour day.
- Case Management provides for an individual to conduct a comprehensive assessment of a frail older adult's needs and arrange for in-home services.
- Assisted Transportation is door-to-door transport, which may include escort services for those who cannot use the public transportation system.
- Transportation includes vouchers for reduced rates on public transit, van transport to congregate meals, medical appointments, etc.

- Legal Assistance includes legal advice, counseling, and representation by an attorney or legal staff.
- I&A services assist with identification of appropriate resources to meet the specific needs of individuals.
- Outreach initiates contacts with potential clients to encourage their use of existing services.

Benefits

The Title IIIB Supportive Services Program enables older adults to access services that address functional limitations, promote socialization, continued health, and independence, and protect elder rights. Together, these services promote older adults' ability to maintain the highest possible levels of function, participation and dignity in the community.

Eligibility

<i>Income</i>	No requirements
<i>Age</i>	60 and older
<i>Other</i>	There is no charge for Title III B Supportive Services. Donations are encouraged.

Access

Information on Supportive Services Program services is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the California Department of Aging website at www.aging.ca.gov.

In addition, the National Elder Care Locator, which is sponsored by the National Association of State Units on Aging, provides referrals to senior services in all states through a toll-free number: **1-800-677-1116**.

Current Year Funding Information

<i>Source</i>	OAA federal funds, State General Fund (GF), local funds, in-kind contributions
<i>Allocation Formula</i>	Intrastate Funding Formula
<i>Match Requirement</i>	Five percent State GF match
<i>Other Funding</i>	There are no fees for participation in the Program;

<i>Information:</i>	donations are encouraged.
<i>Funding Cycle:</i>	July 1 – June 30