

DEPARTMENT OF AGING

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PROGRAM MEMO

TO: Area Agency on Aging (AAA) Directors	NO.: PM 02-13 (P)
SUBJECT: Title III E Area Plan Addendum for Fiscal Year (FY) 2002-03	DATE ISSUED: May 30, 2002
REVISED:	EXPIRES: Until Superseded
REFERENCES: PM 01-10 (P), PM 01-11 (P), PM 01-16 (P), PM 02-14 (P), Older Americans Act Title III, Part E, Sections 371-374	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>Update Requirements</u>	
INQUIRIES SHOULD BE DIRECTED TO: Assigned AAA-Based Team	

The purpose of this Program Memorandum (PM) is to convey to the AAAs the requirements for the FY 2002-03 Title III E Area Plan Addendum. The requirements are based upon the provisions of PM 01-10 (P), Family Caregiver Support Program (FCSP) Guidelines. With this Addendum, the Department is requiring AAAs to provide a narrative description of any identified unmet needs in their Planning and Service Area (PSA) and challenges encountered during implementation.

The Service Matrix has been revised to include the three new "Other" Supplemental Services—Peer Counseling, Interpretation/Translation, and Income Support Material Aid. The new Service Matrix is attached to this PM and is also being sent under separate cover (PM 02-14 (P)). AAAs are reminded that they can submit a request for approval of additional program categories/service units during this fiscal year. Once approved, these categories/service units will be reported under Supplemental Services, and a separate reporting form will be required.



The following components **must be** included in the FY 2002-03 Title III E Area Plan Addendum submitted to the Department:

- Checklist for Updating the Area Plan Addendum
- Transmittal Letter with appropriate signatures
- Narrative description of relevant changes to the AAA's FY 2001-02 Title III E Area Plan Addendum
- A description of any needs assessment activities planned for the coming fiscal year
- A description of unmet needs and implementation challenges
- New, revised, or continued objectives for FY 2002-03
- Title III E Service Unit Plan
- A signed copy of the FY 2002-03 original Title III E Budget (CDA 269)
- Any applicable Appendices

An original plus two copies of the FY 2002-03 Title III E Area Plan Addendum must be submitted no later than **August 1, 2002** to:

California Department of Aging
ATTN: AAA-Based Team ____ (assigned Team 1, 2, or 3)
1600 K Street
Sacramento, CA 95814

After submission of the 2002-03 Addendum, AAAs can submit updated objectives to the Title III E Area Plan Addendum at any time during the year. A diskette which includes the PM and all attachments is enclosed.

Lynda Terry
Director

Attachments

Enclosure: Diskette

1. Transmittal Letter as a cover letter	REQUIRED
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- Have you submitted a transmittal letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board? (Place the Transmittal Letter behind the cover page of your Area Plan Update.)

2. Narrative Description of Relevant Changes	REQUIRED
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- Have you attached a narrative describing relevant changes to your FY 2001-02 Title III E Area Plan Addendum?

Does the Narrative Describe:

- Amended sections of the Area Plan Addendum?
- Affected goals?
- Location of objectives that are new, revised, or continued?
- New needs assessment findings, which have influenced the AAA's planned direction?

3. Revised Goals and Objectives	REQUIRED
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Revised goal and objective pages may include objectives that have already been accomplished along with those that have yet to be attained.

- Is there a goal and/or objective for each of the five FCSP services funded by the AAA?
- Do all goals and objectives comply with the requirements of the California Code of Regulations, Title 22, Article 3, §7300(c)?

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.

- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.

Have you included all new, revised, or continued goals and objectives?

Do all objectives contain a completion date?

4.	Targeted Populations	REQUIRED
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Do updated objectives target services to the eligible service population? (PM 01-10 (P) and OAA, Section 102(26))

5.	Needs Assessment Activities	REQUIRED
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Does the Addendum include a description of any needs assessment activities planned for the coming fiscal year?

6.	Unmet Needs	REQUIRED
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Does the Addendum include a description of any identified unmet needs and challenges to implementation encountered by the AAA?

7.	Service Units	REQUIRED
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Is the FY 2002-03 Title III E Service Unit Plan attached?

Are all programs identified in the Title III E Service Unit Plan included in the Title III E Budget (CDA 269)?

8.	Budget	REQUIRED
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Is a signed copy of your FY 2002-03 Title III E Budget attached? (See PM 01-18 for master format.)

Are all Title III E budgeted programs reflected in the Title III E Service Unit Plan?

9. Waivers

REQUIRED

- Has there been a change in direct service activities for Title III E?
- If so, did you attach a revised Appendix IA (III E) and/or IB (III E)?
- If you did not fund one or more of the five FCSP Support Services, did you complete and attach Appendix IX (III E) "Notice of Intent for Non-Expenditure of Funds"?

10. Copies of Updated Material

REQUIRED

- Did you attach the completed Checklist for the Title III E Area Plan Addendum?
- Is all updated information provided on single-sided sheets?
- Have you provided an original and two copies of the Addendum?

TRANSMITTAL LETTER

Instructions: Please submit a Transmittal Letter (with required language as shown in the sample below). Include your PSA number, official name of the appropriate governing body (Board of Directors, Governing Board, etc.), and signatures of the Chair of the Governing Board, Chair of the Advisory Council, and the AAA Director. The Transmittal Letter should be placed behind the title page of your Title III E Area Plan Addendum.

Please note that the language used in this transmittal letter may also be used in local resolutions required for transmittal of the Area Plan.

SAMPLE TRANSMITTAL LETTER WITH REQUIRED LANGUAGE

This FY 2002-03 Update of the Title III E Area Plan Addendum for Planning and Service Area (PSA#) is hereby submitted to the California Department of Aging for approval. The (appropriate Governing Board) supports the development of community-based systems of care and recognizes the responsibility within each community to establish systems in order to address the care needs of older individuals and individuals 18 and older with disabilities, their families, and caregivers.

1. (Signed) _____ Date _____
Chair, Governing Board

The Area Agency Advisory Council has had the opportunity to participate in the planning process and to review and comment on the Area Plan.

2. (Signed) _____ Date _____
Chair, Area Agency on Aging
Advisory Council

3. (Signed) _____ Date _____
Director, Area Agency on Aging

Title III E Service Unit Plan: 2002-03
Second Year of the Title III E 2001-03 Two-Year Planning Period

Indicate the number of units of service to be provided with ALL funding sources, including federal funds, State funds, program income, and all local funds. Use only units of service identified in the Family Caregiver Support Program Service Matrix and approved services in the "Other" category. Only the programs identified should be listed in the budget.

The Goals and Objectives column provides the AAA with an opportunity to relate each Title III E funded service/program to an objective statement. Goals and/or Objectives are required for every support service funded goal and/or objective by the AAA for FCSP.

<u>TITLE III E</u>	Program	<u>Goals and Objectives</u> (Required)
	<u>Outreach</u> Units of Service _____ (1-contact)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Community Education</u> Units of Service _____ (1-hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Information and Assistance</u> Units of Service _____ (1-hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Comprehensive Assessment</u> Units of Service _____ (1-hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Case Management</u> Units of Service _____ (1-hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____

Transportation

Units of Service _____ (1 one-way trip)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Assisted Transportation

Units of Service _____ (1 one-way trip)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Counseling

Units of Service _____ (1-hour)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Caregiver Support Group

Units of Service _____ (1-hour meeting)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Caregiver Training

Units of Service _____ (1-contact)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Respite Care Services

Units of Service _____ (1-hour)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Minor Home Modifications

Units of Service _____ (1-occurrence)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Placement

Units of Service _____ (1-placement)

Goal # _____
Objective #s _____
Objective #s _____
Objective #s _____

Personal Care

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Homemaker

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Chore

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Home Security and Safety

Units of Service _____ (1-occurrence)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Assistive Devices

Units of Service _____ (1-single occurrence)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Visiting

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Home Delivered Meals

Units of Service _____ (1-meal)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Legal Assistance

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

“Other” (Approved by CDA)

Peer Counseling

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Translation/Interpretation

Units of Service _____ (1-hour)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Income Support/Material Aid

Units of Service _____ (1-occurrence)

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

“Other-Specify” (Requires prior approval by CDA)

Other: _____

Units of Service _____

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

Other: _____

Units of Service _____

Goal # _____

Objective #s _____

Objective #s _____

Objective #s _____

APPENDIX IA (III E)

**NOTICE OF INTENT FOR AREA AGENCY ON AGING
TO PROVIDE SPECIFIED FAMILY CAREGIVER SUPPORT SERVICES
California Code of Regulations, §7320 and Older Americans Act, as amended 2000**

CDA has determined that the specific Title III E services listed below are considered part of the function of an Area Agency on Aging. These services may be provided directly by the Area Agency because it has a leadership role and the mandated responsibility to meet the service needs of the targeted populations in the Planning and Service Area (PSA).

Based upon completion of this Appendix, the Area Agency will receive authorization through the Area Plan Addendum approval process to provide these services for the Title III E two-year planning period, Fiscal Years 2001-03.

On the basis of completion of Appendix IA, the AAA will receive authorization to provide these services for the years checked below.

<u>Check all applicable Services</u>	<u>If the Notice of Intent is not for both years of the planning period, check the applicable Fiscal Year</u>	
<input type="checkbox"/> Information and Assistance for Caregivers	01-02___	FY 02-03___
<input type="checkbox"/> Comprehensive Assessment to collect Information about Caregivers	01-02___	FY 02-03___
<input type="checkbox"/> Case Management for Caregivers	01-02___	FY 02-03___
<input type="checkbox"/> Outreach to Caregivers	01-02___	FY 02-03___

- Describe the methods that will be used to assure that the above direct services will be available to the eligible service population throughout the PSA.

APPENDIX IB (III E)

**REQUEST FOR APPROVAL TO PROVIDE TITLE III E DIRECT SERVICES
Older Americans Act, Section 307(a)(8)
California Code of Regulations, Article 3, §7320(c)**

Complete a separate Appendix for each type of Family Caregiver Support Program service category for which the Area Agency is requesting direct service approval. Do not include any of the services identified in Appendix IA (III E). Approval for the direct service waiver will be included in the Title III E Area Plan Addendum approval process.

Type of Service: _____

• Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Services

-OR-

Comparable Quality is More Economical if Provided by the AAA

If this request is not for both years of the two-year planning period, check each applicable Fiscal Year:

___FY 01-02

___FY 02-03

Justification

Summarize the process followed and the facts that support this request. List the documentation available and place an asterisk next to the items that are provided as attachments.

APPENDIX IX (III E)

FAMILY CAREGIVER SUPPORT PROGRAM Notice of Intent for Non-Expenditure of Funds

Based on review of current family caregiver support needs and services, the Area Agency on Aging does not intend to fund the following federal support services(s) defined in Title III, Part E, Section 373 (b):

Support Service

- Service Information
(Information to caregivers about available services)
- Access
(Assistance to caregivers in gaining access to services)
- Caregiver Support Services
- Respite
(Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities)
- Supplemental Services
(Supplemental services, on a limited basis, to complement the care provided by caregivers)

Justification

For any of the five support services not funded, explain why services will not be funded or how these services are being addressed in the PSA.

Family Caregiver Support Program
Service Matrix

<u>Caregiver Criteria</u> Eligible for Title III E Funded Services	<u>Care Receiver Criteria</u> Qualifies the Caregiver to Receive Title III E Funded Services
18 or older Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual. (Older individual is defined as one who is 60 or older). Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(2).	60 or older Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 373(a)(1) and Title I, Section 102(26).
Grandparent or step-grandparent or relative by blood or marriage, who is 60 or older , lives with the child, is the primary caregiver (because the parents are unable or unwilling), and has a legal relationship or is raising the child informally. Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(3).	18 or under Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(1).

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
Service Information	Outreach - 1 Contact Interventions initiated by an agency or organization for the purpose of identifying potential caregivers and encouraging their use of the existing services and benefits. (Note: Units refer to individual, one-on-one contacts between a service provider and a caregiver.)	N 14	N/A	N/A
	Community Education – 1 Hour To educate groups of caregivers about available services.	MIS 09	N/A	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
<p>Access (Assistance to caregivers in gaining access to services)</p>	<p>Information and Assistance – 1 Contact A service for caregivers that: (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; and (D) to the extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p>	N 13	N/A	N/A
	<p>Comprehensive Assessment – 1 Hour To collect information about a caregiver with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs (may require a home visit).</p>	MIS 32	YES	YES
	<p>Case Management – 1 hour To provide assistance either in the form of access or care coordination in circumstances where caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.</p>	N 06	YES	YES
	<p>Transportation – 1 One Way Trip To provide a means for caregivers to go from one location to another.</p>	N 10	N/A	N/A
	<p>Assisted Transportation – 1 One Way Trip To provide assistance, including escort, to a caregiver who has difficulties (physical or cognitive) using regular vehicular transportation.</p>	N 09	YES	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
Caregiver Support	<p>Counseling – 1 Hour To provide guidance and casework support for caregivers by trained social workers or other professionals, in order to enable the caregiver to make more effective use of services.</p> <p>Caregiver Support Group – 1 Hour Meeting A group of three to twelve caregivers led by a competent facilitator, having the purpose of providing the caregivers with a forum to exchange “histories,” information, encouragement, hope, and support.</p> <p>Caregiver Training –1 Contact A workshop or one-on-one session to assist caregivers to develop the skills necessary to perform caregiving activities, including decision making and problem solving.</p>	<p>MIS 07 CBSP 57</p> <p>MIS 18</p> <p>NEW</p>	<p>YES</p> <p>N/A</p> <p>N/A</p>	<p>YES</p> <p>N/A</p> <p>N/A</p>
Respite	<p>Respite Care Services – 1 Hour To provide temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis. Specify in-home, day care, or institutional.</p>	CBSP 34	YES	YES
Supplemental Services (Complements the care provided by caregivers- Limited to 20%)	<p>Minor Home Modification – 1 Occurrence Minor modifications of homes that are necessary to facilitate the ability of caregivers to remain at home and that are not available under other programs.</p> <p>Placement – 1 Placement To assist a caregiver in securing appropriate living arrangements.</p>	<p>MIS 01</p> <p>MIS 22</p>	<p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p>

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2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
	<p>Homemaker – 1 Hour To provide assistance to caregivers with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.</p> <p>Chore – 1 Hour To provide assistance to caregivers having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p> <p>Home Security and Safety – 1 Occurrence To provide services for the caregivers' security and safety screening of their home environment, and by the provision of safety features such as: medical alert, grab bars, lock and deadbolts, smoke and burglar alarms, and emergency cash assistance for one time payment of energy bills.</p> <p>Assistive Devices – 1 Single Occurrence To provide for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide caregiver access to meet emergency needs (does not include telephones). Provides for purchase of items such as body braces, orthopedic shoes, walkers, and wheelchairs.</p> <p>Visiting – 1 Hour To visit a caregiver to provide reassurance and comfort.</p>	<p>N 02</p> <p>N 03</p> <p>MIS 36 MIS 15</p> <p>CBSP 39</p> <p>MIS 31</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference ¹	Caregiver Profile Data ²	Care Receiver Profile Data ²
	<p>Translation/Interpretation – 1 Hour To provide bilingual staff to translate/interpret for caregivers (e.g., medical appointments, Social Security, etc.), brochures, or other relevant materials informing caregivers about available benefits.</p> <p>Income Support/Material Aid – 1 Occurrence Arrange for and provide assistance to caregivers in the form of emergency cash assistance or service vouchers for the purchase of goods or services (e.g., personal hygiene supplies, nutritional supplements, utility bills or other caregiver support), as needed, on an emergency basis.</p> <p>Other (Requires prior CDA approval). Send a written request describing the proposed service including: The service name, a precise definition, the unit of measure, and a justification.</p>	<p>MIS 4</p> <p>MIS 15</p> <p>N 15</p>	<p>N/A</p> <p>YES</p> <p>To be determined</p>	<p>N/A</p> <p>YES</p> <p>To be determined</p>

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.